



Medicare Beneficiary Quality Improvement Project and Flex FY 2013 - FY 2015

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August 19, 2013

Department of Health and Human Services
Health Resources and Services Administration
Federal Office of Rural Health Policy



Medicare Beneficiary Quality Improvement Project

- Looking back
 - Reporting data
 - Successes and lessons learned
- Moving forward
 - Driving quality improvement
 - Region C Pilot
 - Phase 3



MBQIP Participation



State	CAHs in State	CAHs participating in MBQIP	Percent MBQIP Participation	States at 100%
Region A	66	64	97%	5 of 6
Region B	235	196	83%	7 of 12
Region C	560	550	98%	7 of 10
Region D	189	159	84%	3 of 7
Region E	282	263	93%	3 of 10
National Total:	1332	1232	92%	25 of 45

Successes


- MBQIP Participation
- Quality discussions
- Building/growing partnerships



Lessons Learned

- Questions / FAQs
- Leverage different stages of states/CAHs
- Engaging remaining 8% of CAHs not participating
- CMS measure changes/retirement




 

MBQIP Target-Setting Pilot

Reporting Data


↓


Improving Quality



MBQIP Target-Setting Pilot


- 10 states in Region C participating
 - Identify cohort of CAHs
 - Work with CAHs to set a target for improvement on selected measure(s)
 - Intentional effort to drive quality improvement
- Flex Monitoring Team analyzed MBQIP inpatient data and recommended measure of focus → HF-1: Discharge Instructions (for discussion – measure retirement)
 - Will assist with continued data analysis





MBQIP Target-Setting Pilot

- Improvement is:
 - Increased Reporting Rates
 - Percent of CAHs that reported data for 1 or more patients for each MBQIP measure
 - Improved Performance
 - Percent of CAH patients that received recommended care for each MBQIP measure
 - Comparison of MBQIP CAHs to national benchmarks





Phase 3: Outpatient ED Transfers and Pharmacist CPOE

Outpatient Emergency Department Transfer Communication
(Seven Elements)

- Pre-Transfer Communication Information
- Patient Identification
- Vital Signs
- Medication-related Information
- Practitioner generated information
- Nurse generated information
- Procedures and tests



Pharmacist CPOE/Verification of Medication Orders Within 24 Hours

- Numerator: Number of electronically entered medication orders for an inpatient admitted to a CAH (acute or swing-bed), verified by a pharmacist or directly entered by a pharmacist within 24 hours
- Denominator: Total number of electronically entered medication orders for an inpatient admitted to CAH (acute or swing-bed) during the reporting period.



Flex Grant Program

- Current Year
- FY 2014
- Competitive Grant Cycle, FY 2015 – FY 2017



Flex Grant Program FY 2013

- PIMS online at some point in November, more information to come
- Data workgroup will examine programmatic data that can be used as basis of future grant activities
- Continue to study where and how TA is provided to CAHs and communities (i.e., EMS) – based on state formulas, random acts of kindness, first come first serve, anyone who'll listen, etc.



Flex Grant Program FY 2014

- Questionnaire and survey went out to Flex Coordinators last Friday
- Opportunity to schedule an appointment to discuss state progress, goals and more importantly vision
- Survey will serve as the basis of NCC adjustments for FY 2014; will be a 4-part process (Delphi Technique), where consensus is reached via open-ended answers, then short answers, multiple choice, and Likert scale
- NCC Final Draft due early January 2014



Flex Grant Program FY 2015 – FY 2017

- In recent survey, Flex Coordinators may identify topical area of interest regarding workgroup participation
- Several workgroups (5-8) will discuss subject matter, evaluation, data, monitoring/reporting, application of TA, etc.
- Where possible, we will apply FMT research
- Must collude with CMS QIO program, federal-based community grant programs
- Final draft must be completed by May 2014

Flex Grant Program – Beyond FY 2017

- Can “bonuses” be included in competitive grant cycle for the following cycle, based on state process/quality outcomes (applies to incentivization)?
- What is the long-term mission and vision of the program – at the national and state levels?
- The healthcare environment is rapidly changing – how do we balance flexibility, practicality, and work that must be outcomes-focused?

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