



# Current Status of MBQIP and Beyond: Meet the Telligen Team

December 12th, 2023

# Outline of the Multi-State Collaborative Learning Series



- **12/12/23: Current Status MBQIP and Beyond: Meet the Telligen Team**
- 2/13/24 : Learn about the 2025 MBQIP Measures
- 4/16/24 : Embedding QI in Organizational Culture
- 6/11/24: How to leverage MBQIP Data for Improvements: SDOH and Health Equity
- 8/13/24: CAH Quality Infrastructure Implementation



# Objectives for Today

- Meet the Telligen RQITA team. Hear about the expertise we bring to MBQIP
- Learn about MBQIP resources we offer, and the services provided to you by the RQITA team
- Learn about MBQIP performance for your region and state: how is performance in your state and how can we improve? What due dates and reporting deadlines are approaching?
- Quality Improvement and MBQIP: how can Telligen help?
- Connect with peers

# About Telligen

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**50 years** providing expertise and solutions that produce true, measurable results



Team Telligen is made up of more than **600 clinical and technical** professionals supporting clients nationwide



As a **100-percent employee-owned** company, our employee-owners drive our business, our solutions and share in our success



# Our Work



## Health & Well-Being Solutions

- Working with employers, unions and Taft-Hartley plans to understand their population and provide solutions to reduce costs and obtain better health outcomes

*Client types include self-funded employers, unions & municipalities*

## State Health Solutions

- Configurable cost-containment strategies that help state Medicaid agencies meet their goals related to the health of their populations and improved care delivery

*Working with state Medicaid agencies in 11 states: Colorado, Idaho, Iowa, Maryland, Massachusetts, Minnesota, Montana, Nebraska, Oklahoma, Virginia & Wyoming*

## Federal Health Solutions

- Supporting value-based care transformation, including alternative payment models, as well as quality improvement, learning systems, data analytics and IT solutions for federal agencies and national programs

*Federally designated Quality Improvement Organization for Iowa, Illinois, Colorado & Oklahoma  
Hospital Quality Improvement Contractor in 15 states*



# Our Services



DATA  
MANAGEMENT &  
ANALYTICS



LEARNING  
DISSEMINATION &  
IMPLEMENTATION



PROGRAM  
IMPLEMENTATION  
& MONITORING



SYSTEM &  
APPLICATION  
DEVELOPMENT



QUALITY  
MEASURES &  
REPORTING



QUALITY &  
PERFORMANCE  
IMPROVEMENT



ASSESSMENTS



CARE  
MANAGEMENT



UTILIZATION  
MANAGEMENT



DIABETES  
PREVENTION



CASE  
MANAGEMENT

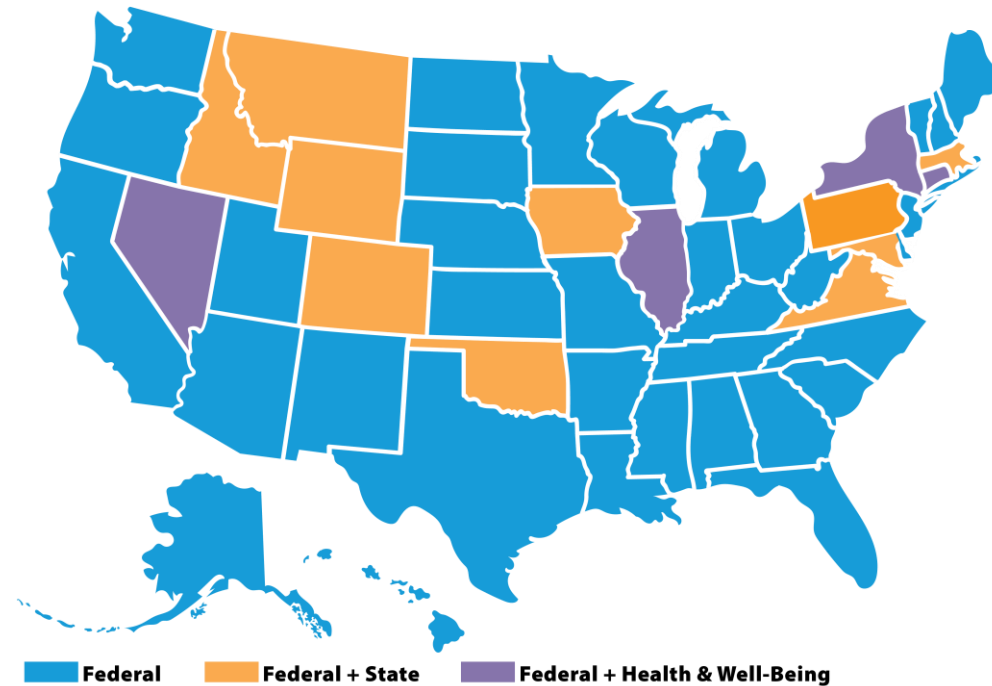


WELLNESS  
SOLUTIONS

We deliver customized solutions that improve the quality and cost-effectiveness of healthcare and help people live their healthiest lives



# Providing Population Health Solutions Nationwide



# Telligen – Rural Experience



- Hospital Quality Improvement Contractor (HQIC) – Prime, CMS
- Frontier Community Health Integration Program (FCHIP), Sub, CMS
- Quality Innovation Network Quality Improvement Organization (QIN-QIO), Prime, CMS
- Quality Payment Program Small Underserved Rural Support (QPP SURS), Prime, CMS
- Medicare Beneficiary Quality Improvement Program, (MBQIP), Sub, HRSA
- American Indian Alaska Native Healthcare Quality Initiative (AIANHQI), Sub, CMS





## *What makes the Telligen team RQITA Subject Matter Experts?*

- ✔ Built over 50 years of quality improvement expertise using data to improve health & safety outcomes
- ✔ Telligen's proposed RQITA Program Director has overseen our HQIC program for the past 3 years, bringing up-to-the-minute knowledge of MBQIP; CAH quality measurement, reporting & improvement; & existing relationships with FLEX coordinators & rural stakeholders
- ✔ Assisted thousands of rural healthcare organizations during the past decade through HQIC, FCHIP, QIN/QIO and QPP SURS
- ✔ Understand eCQM development, testing, specifications & implementation through our Quality Measures Center of Excellence
- ✔ Coordinate advisory councils, e.g., a biannual QIN/QIO Governing Body & monthly Beneficiary & Family Advisory Council for the current QIN/QIO scope which began in 2019
- ✔ Telligen Rural SMEs include physicians, nurses, quality improvement specialists, data analysts & health informaticists



# RQITA Team



**Alaina Brothersen**  
Lead QI



**Ann Loges**  
Sr. Quality Improvement  
Facilitator



**Courtnay Ryan**  
Sr. Quality Improvement  
Facilitator



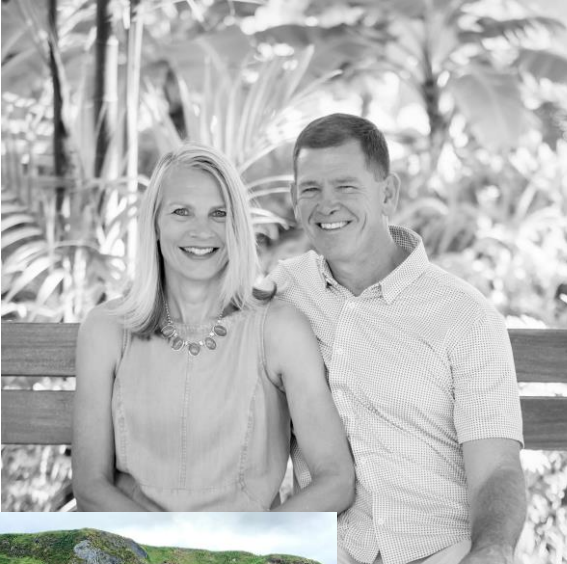
**Meg Nugent**  
Program Manager



**Susan Buchanan**  
Sr. Director

# RQITA Resource Center Staff

Susan Buchanan



## About me:

IA>CA>IA

- I have 3 adult children, plus a daughter-in-law
- 2 of my kids have Fragile X Syndrome, an intellectual disability
- Family history: farming & health care
- My main hobby is running
- I love traveling and being outside





# RQITA Resource Center Staff

Meg Nugent, MHA, RN



## About me:

IA>TX>KS>IA>NC

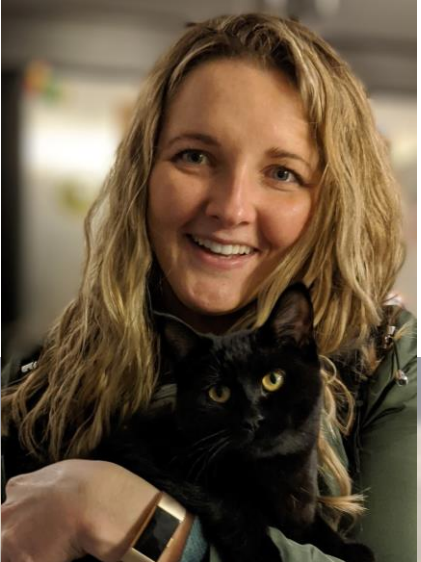
- I have 3 children
- I have 3 dogs
- I am a nurse – Go Hawks!
- I am STILL in school
- My hobbies are traveling and spending time on the beach



# RQITA Resource Center Staff



Alaina Brothersen, MPH



## About me:

IA>AL>CO

- Animal lover
- Proud aunt
- My hobbies include hiking, being in nature, gardening, and birdwatching.





# RQITA Resource Center Staff



Ann Loges, RN



## About me:

>IA>MN>MO>IA

- I live in rural Iowa.
- I have practiced nursing in metro and rural settings.
- I support my elderly parents to remain healthy & independent.
- My husband and I have 2 daughters and a foreign exchange student.
- My hobbies are golf and cards.



# RQITA Resource Center Staff



Courtney Ryan



## About Me:

>CO>AZ>TX>WA>CO

- Small town country girl and former professional barrel racer
- Mom of two amazing boys, and two Australian Shepards
- Wife of avid Buffalo Bills fan
- Currently in nursing school to pursue my passion around improving healthcare in our rural communities

# Role of Rural Quality Improvement Technical Assistance Center (RQITA)

- RQITA's goal is to improve quality and health outcomes in rural communities through technical assistance to beneficiaries of Federal Office of Rural Health Policy (FORHP) quality initiatives, which are focused on quality measure reporting and improvement:
  - o Small Health Care Provider Quality Improvement Grantees (SCHPQI)
  - o Medicare Rural Hospital Flexibility (Flex) Program Medicare Beneficiary Quality Improvement Project (MBQIP)
- Intended to add expertise related to quality reporting and quality improvement, not to replace technical assistance support already in place

## General Resources and Services:

- Monthly Newsletter
- Up-to-date resources, guides, and tools
- 1:1 technical assistance
- Learning and action webinar events
- Recorded trainings
- TASC Rural Center website [here](#)



# 1:1 Technical Assistance

- Measure Information/Specs/Deadlines
- Data Collection Assistance
- Reporting Application Assistance
- Accessing & Sharing FMT Reports
- Analysis Of FMT Reports For QI
- Quality Improvement Assistance

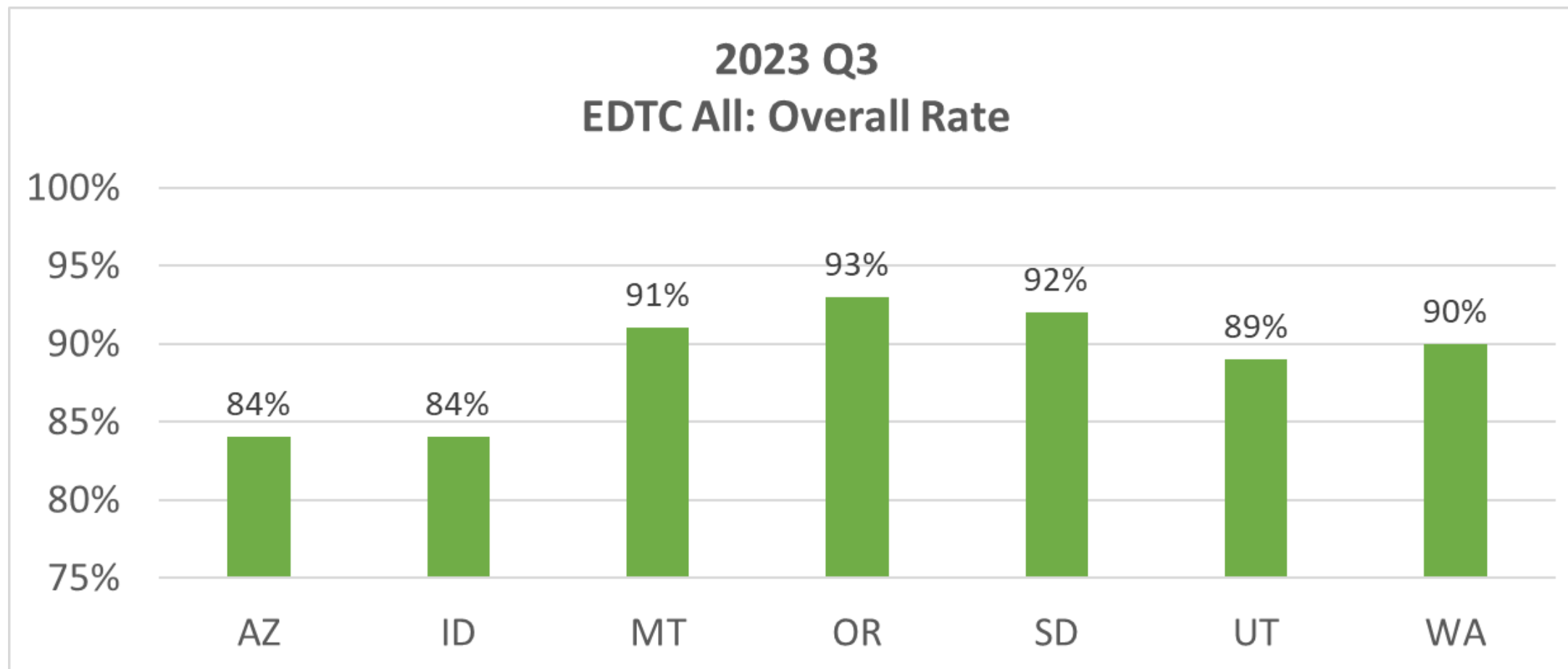


# MBQIP Performance

# Core MBQIP Measures

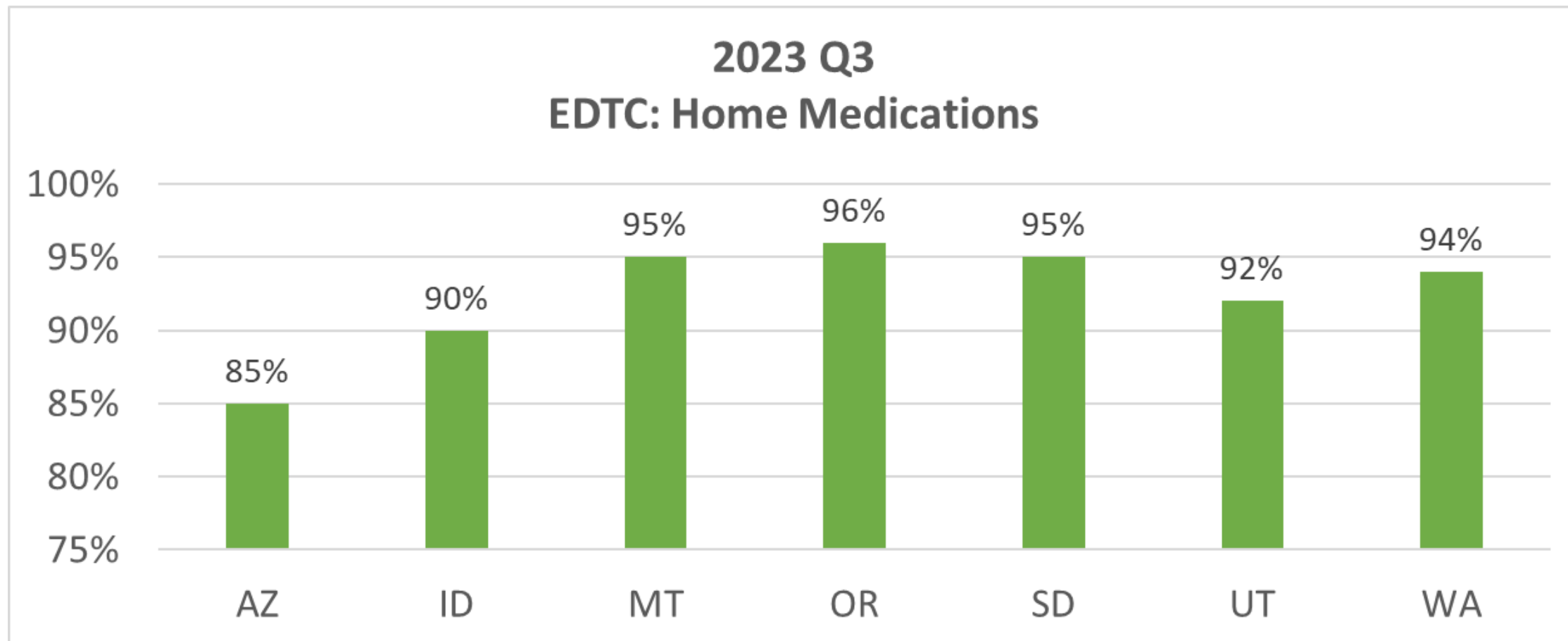
Core MBQIP Measures			
<i>Patient Safety/Inpatient</i>	<i>Patient Engagement</i>	<i>Care Transitions</i>	<i>Outpatient</i>
<p><b>HCP/IMM-3 (formerly OP-27):</b> Influenza Vaccination Coverage Among Healthcare Personnel (HCP)</p> <p><b>Antibiotic Stewardship:</b> Measured via Center for Disease Control National Healthcare Safety Network (CDC NHSN) Annual Facility Survey</p>	<p><b>Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)</b></p> <p><i>The HCAHPS survey contains 21 patient perspectives on care and patient rating items that encompass eight key topics:</i></p> <ul style="list-style-type: none"> <li>• Communication with Doctors</li> <li>• Communication with Nurses</li> <li>• Responsiveness of Hospital Staff</li> <li>• Communication about Medicines</li> <li>• Discharge Information</li> <li>• Cleanliness of the Hospital Environment</li> <li>• Quietness of the Hospital Environment</li> <li>• Transition of Care</li> </ul> <p><i>The survey also includes screener questions and demographic items. The survey is 29 questions in length.</i></p>	<p><b>Emergency Department Transfer Communication (EDTC)</b> 1 composite; 8 elements</p> <ul style="list-style-type: none"> <li>• <b>All EDTC Composite</b></li> <li>• Home Medications</li> <li>• Allergies and/or Reactions</li> <li>• Medications Administered in ED</li> <li>• ED provider Note</li> <li>• Mental Status/Orientation Assessment</li> <li>• Reason for Transfer and/or Plan of Care</li> <li>• Tests and/or Procedures Performed</li> <li>• Test and/or Procedure Results</li> </ul>	<p><b>ED Throughput</b></p> <ul style="list-style-type: none"> <li>• <b>OP-18:</b> Median Time from ED Arrival to ED Departure for Discharged ED Patients</li> <li>• <b>OP-22:</b> Patient Left Without Being Seen</li> </ul> <p><i>*The AMI Outpatient measures, OP-2 and OP-3 are being removed by the center for Medicare &amp; Medicaid Services (CMS) following submission of Quarter 1 2023 data.</i></p>

# MBQIP Performance in your State: Care Transitions



Benchmark: 100%; National Average Current Quarter: 91%

# MBQIP Performance in your State: Care Transitions

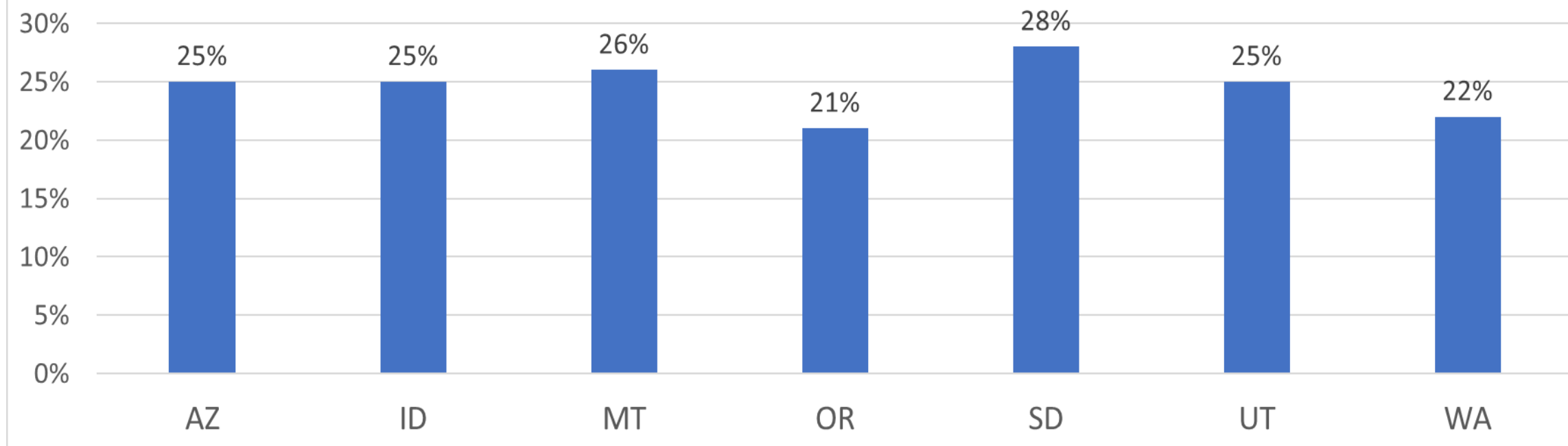


Benchmark: 100%; National Average Current Quarter 95%

# MBQIP Performance in your State: Patient Engagement



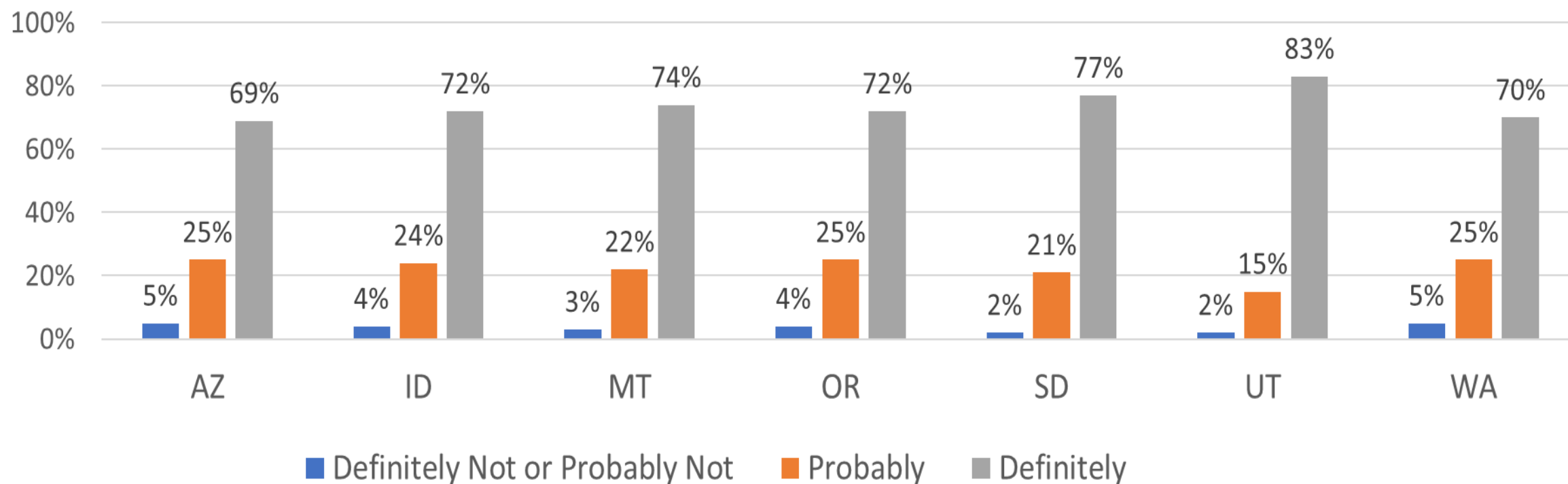
HCAHPS 2023 Q1  
Response Rate



# MBQIP Performance in your State: Patient Engagement

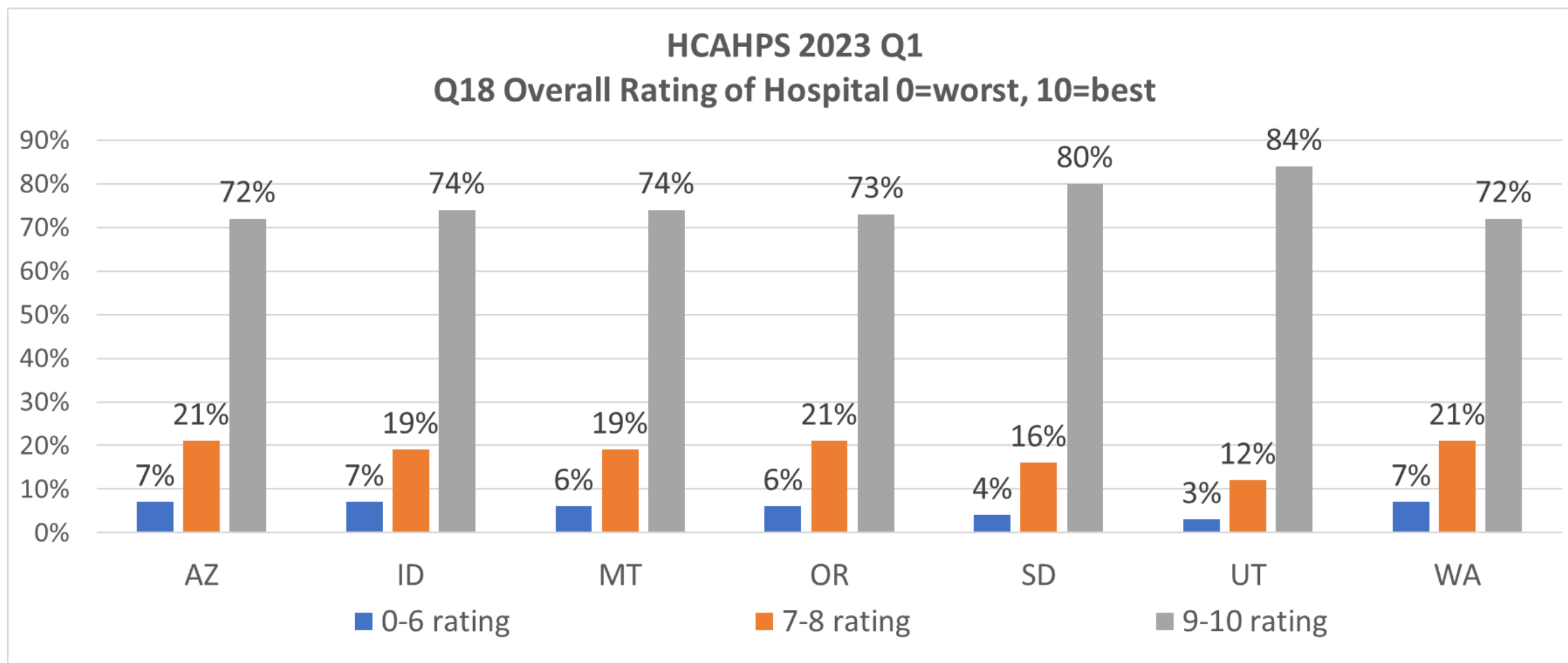


HCAHPS 2023 Q1  
Q19 Willingness to Recommend



National CAH Data: 74% Definitely

# MBQIP Performance in your State: Patient Engagement



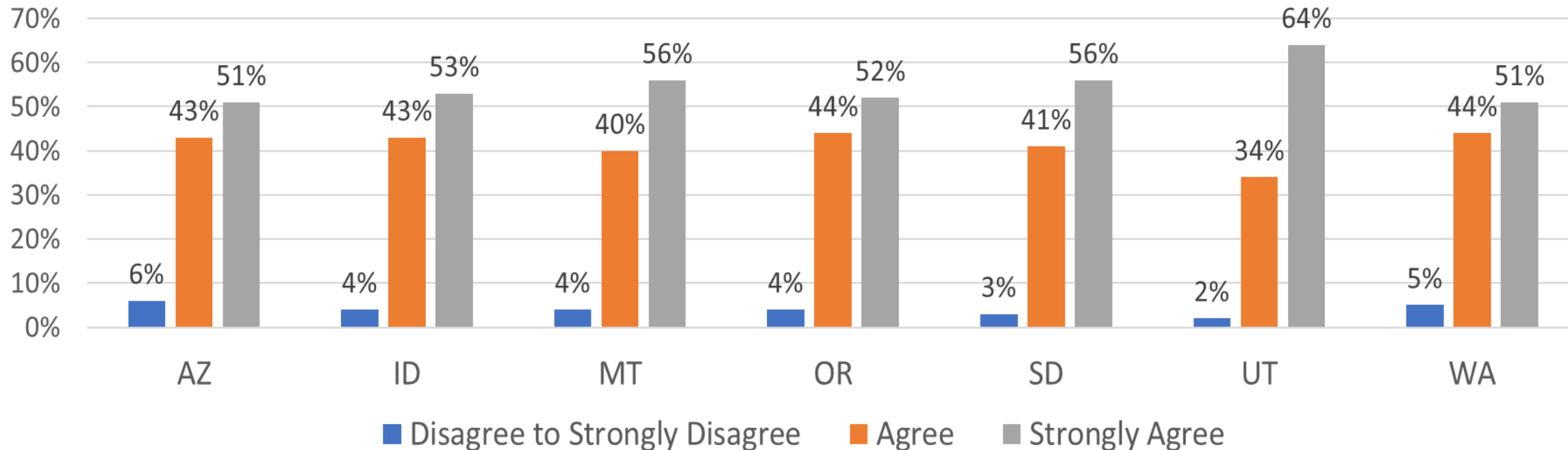
Benchmark: 86% 9-10 Rating; National CAH Data: 77% 9-10 Rating



# MBQIP Performance in your State: Patient Engagement

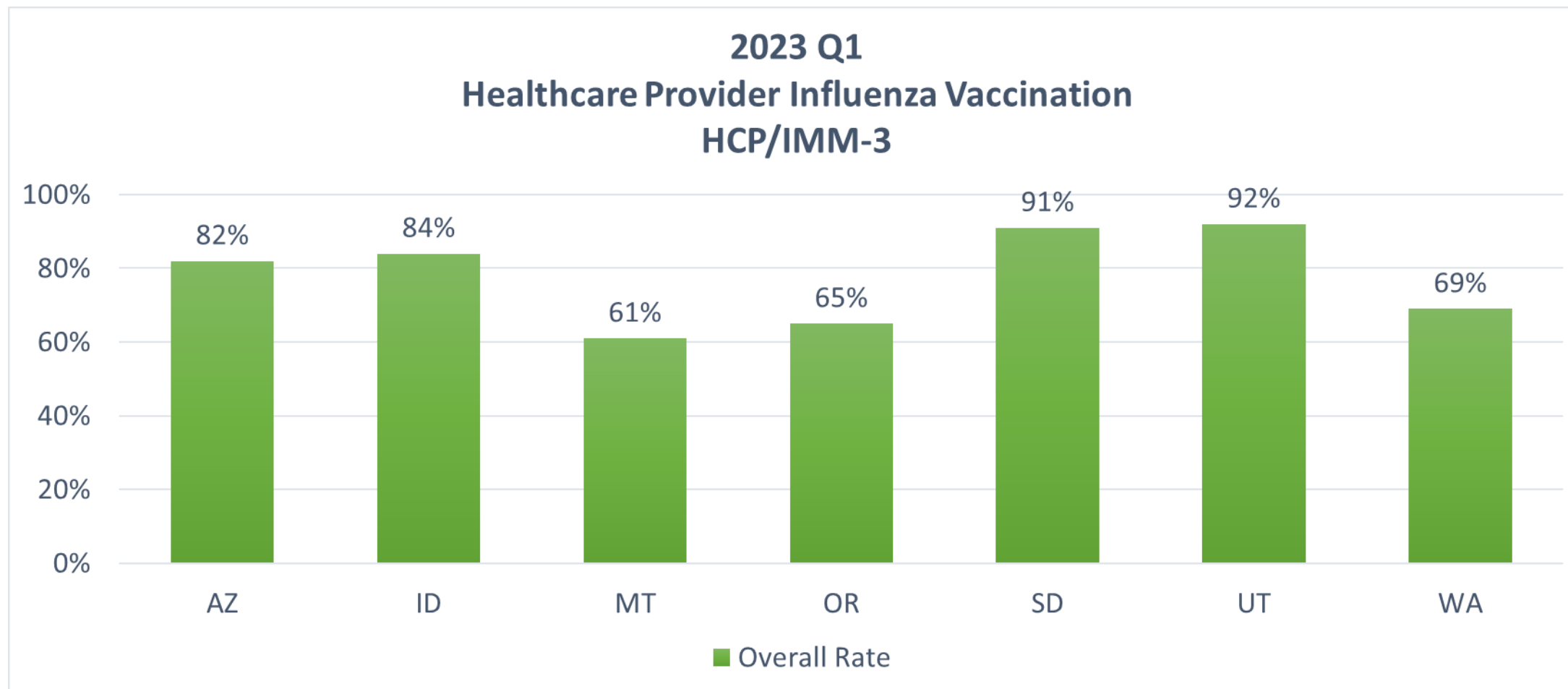


HCAHPS 2023 Q1  
Composite 7: Care Transitions (Q20-Q22)



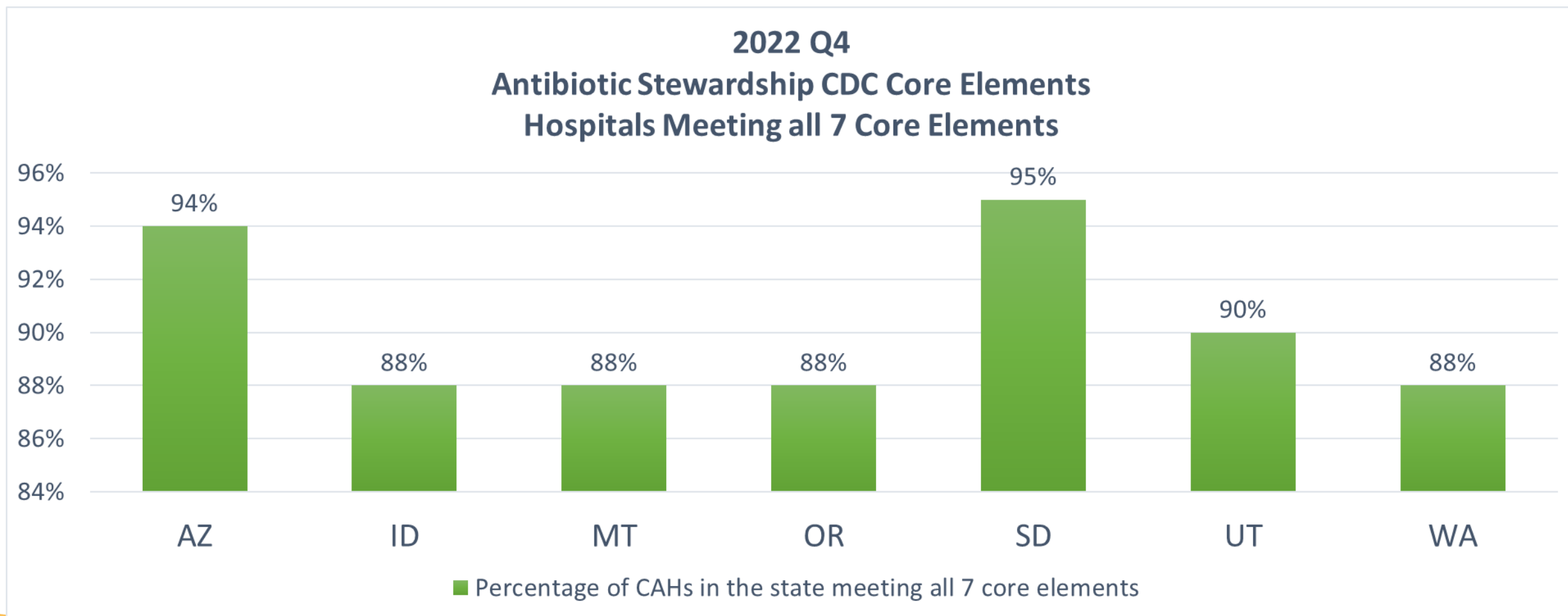
Benchmark: 64% Strongly Agree; National CAH Data: 55% Strongly Agree

# MBQIP Performance in your State: Patient Safety



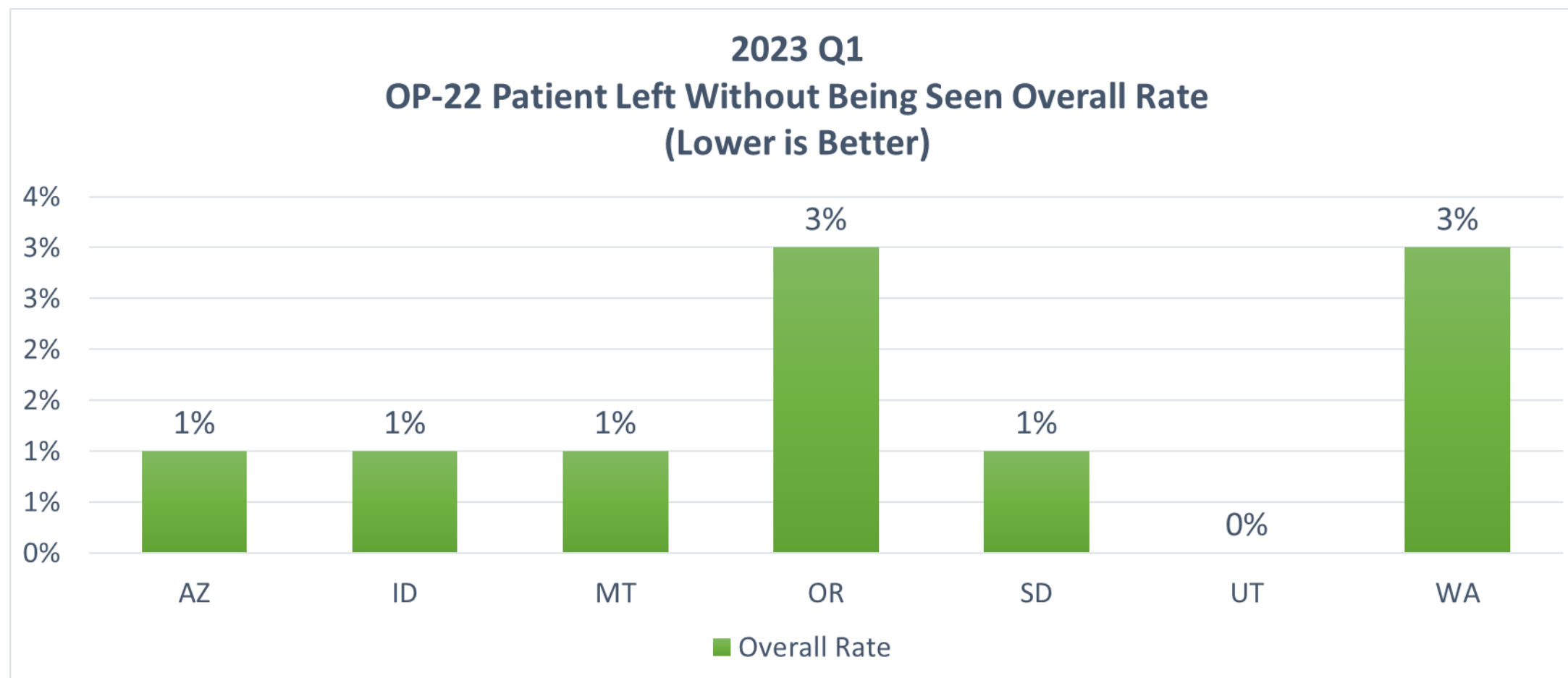
Benchmark: 100%; National CAH 2023 Flu Season: 79%

# MBQIP Performance in your State: Patient Safety



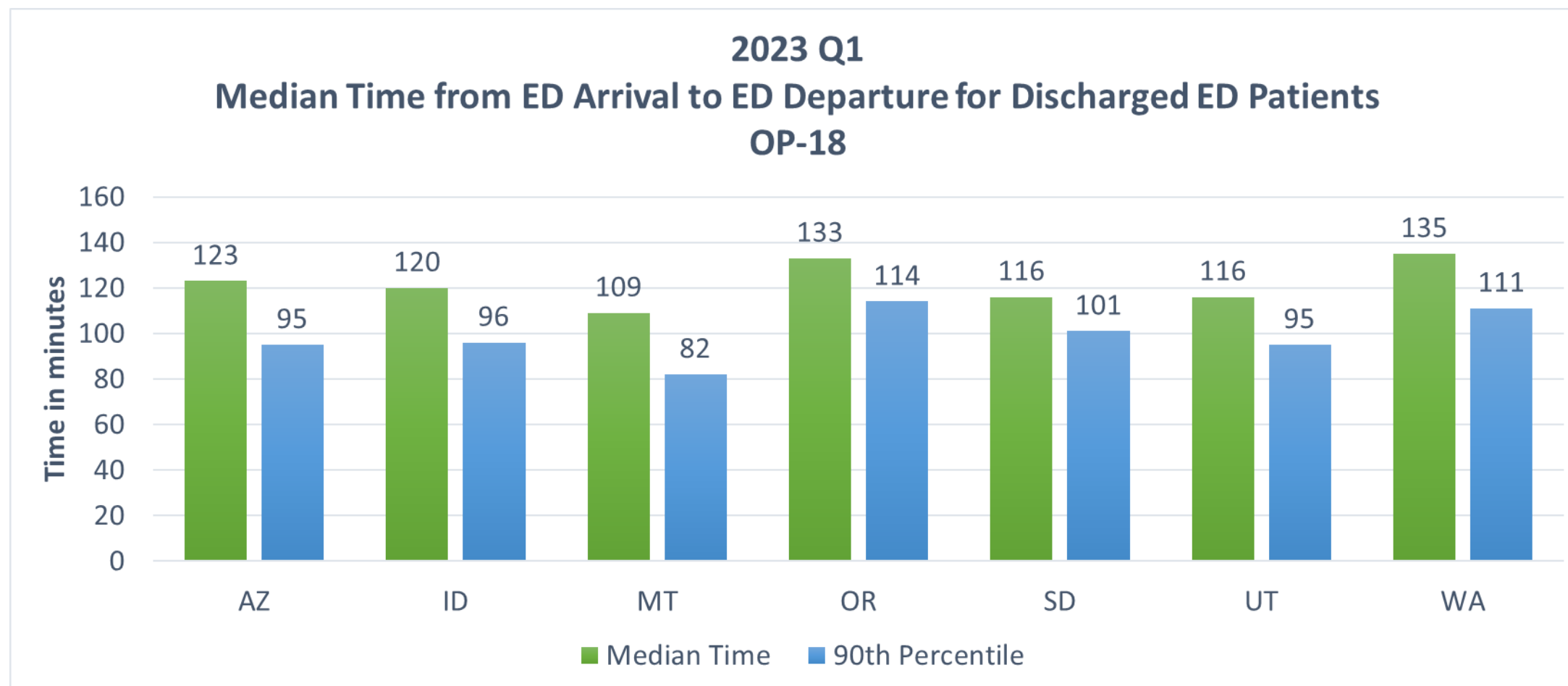
Benchmark: 100%

# MBQIP Performance in your State: Outpatient



Benchmark: 0%; National CAH Current Year: 0%

# MBQIP Performance in your State: Outpatient

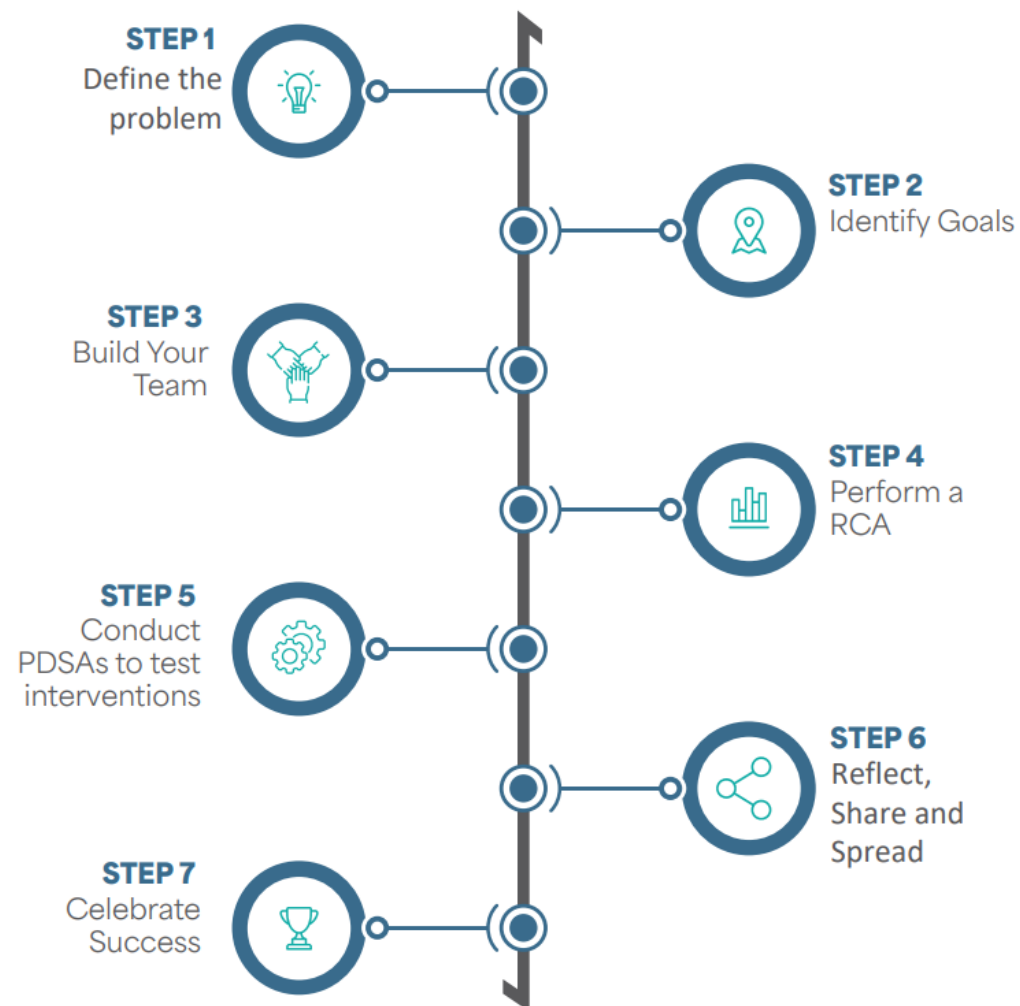


Benchmark: 84 Minutes; National CAH Current Quarter: 117 Minutes

# How can your hospital improve?

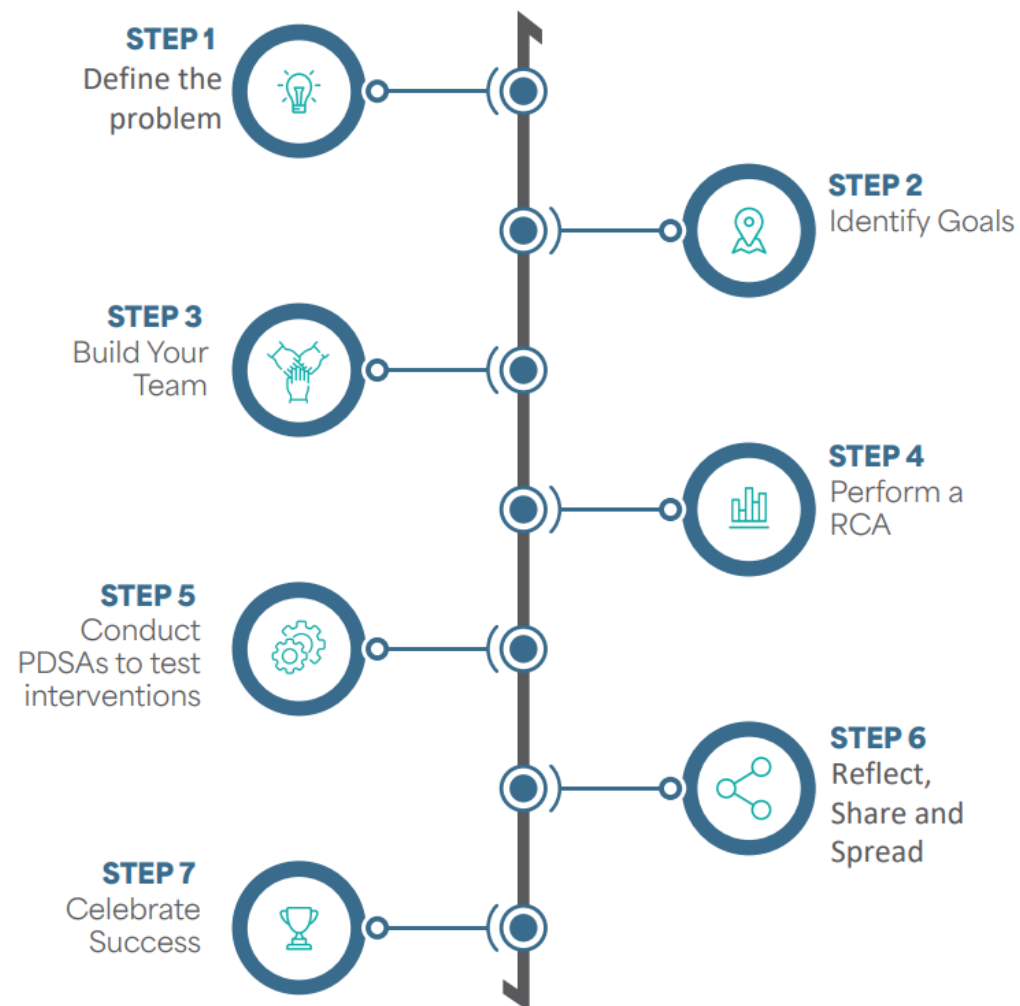
Your hospital can participate in quality improvement by working through these 7 steps.

Check out our [Quality Improvement Workbook!](#)



# How can your hospital improve?

1. Define your problem.  
Reviewing your data can help  
understand your areas for  
improvement.








# How can your hospital improve?



## 2. Set SMART goals or create a goal statement

### Develop Your Own Quality Improvement Goal Statement

Use the following template to create your own statement for your quality improvement project.

By  \_\_\_\_\_, the  <sup>ED</sup> \_\_\_\_\_ at  \_\_\_\_\_ will

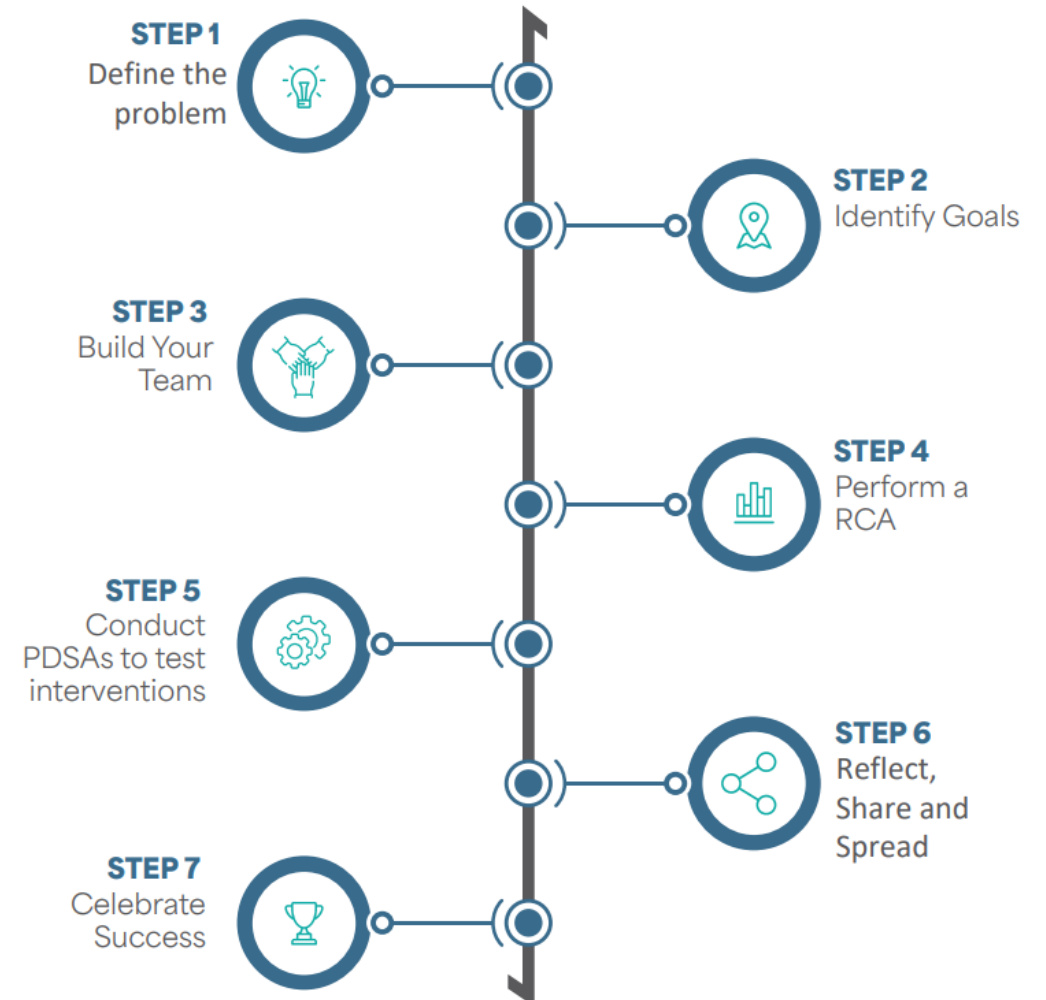
implement  \_\_\_\_\_ to improve  **Pressure Injury**

by  \_\_\_\_\_ to benefit  \_\_\_\_\_.

*Calendar Date*      *Team/Department*      *Organization*

*Intervention*      *Problem/Issue*

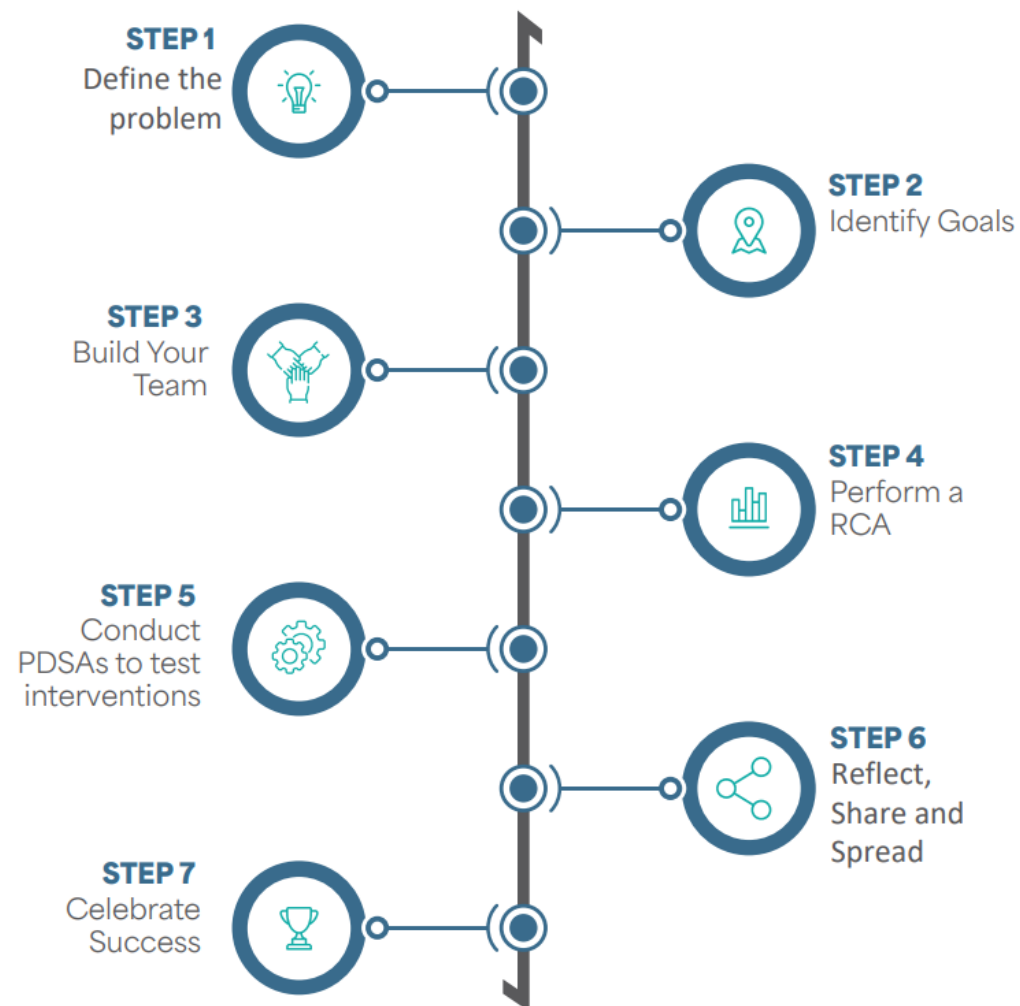
*How Much*      *Whom*





# How can your hospital improve?

3. Build your team by mapping actors and utilizing PIP tools



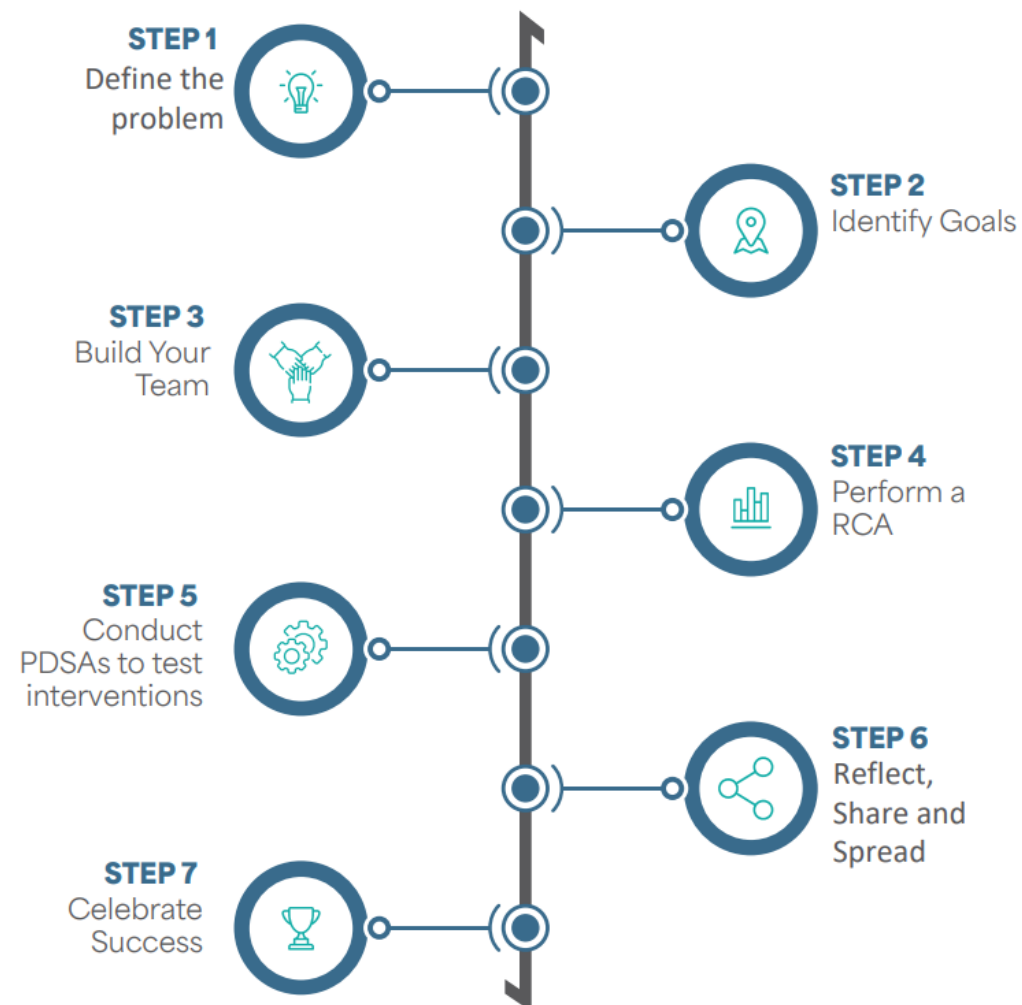
# How can your hospital improve?

## 4. Perform a root cause analysis of the problem

### Five Whys Worksheet

Accurately state the problem. (5 Whys is used in trouble shooting, quality improvement and problem solving. It is best suited for simple or moderately complex problems.)

<b>PROBLEM:</b>		
<b>REASON #1</b>	<b>REASON #2</b>	<b>REASON #3</b>
↓	↓	↓
<b>WHY?</b>	<b>WHY?</b>	<b>WHY?</b>
↓	↓	↓
<b>WHY?</b>	<b>WHY?</b>	<b>WHY?</b>



# How can your hospital improve?

## 5. Conduct PDSAs to test interventions to address the problem

### PDSA Worksheet

#### Three Fundamental Questions for Improvement

1. What are we trying to accomplish (AIM/GOAL)?

2. What changes can we make that will lead to improvement (CHANGE)?

3. How will we know that a change is an improvement (MEASURE)?

#### Plan - Describe the Change (intervention) to be Implemented

What is your first (or next) test of change?

Test population?

Due Date

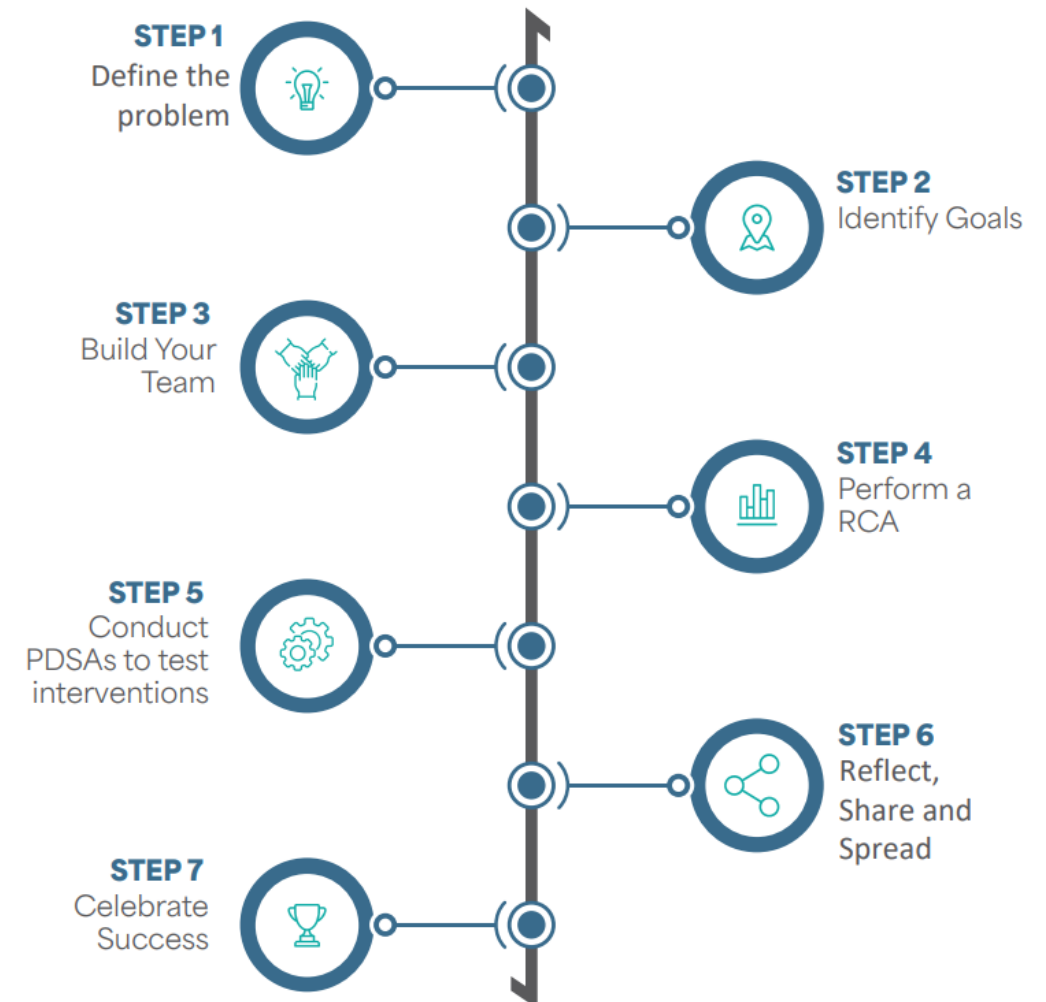



List the tasks needed to set up this test of change:

Who is responsible?

Due Date





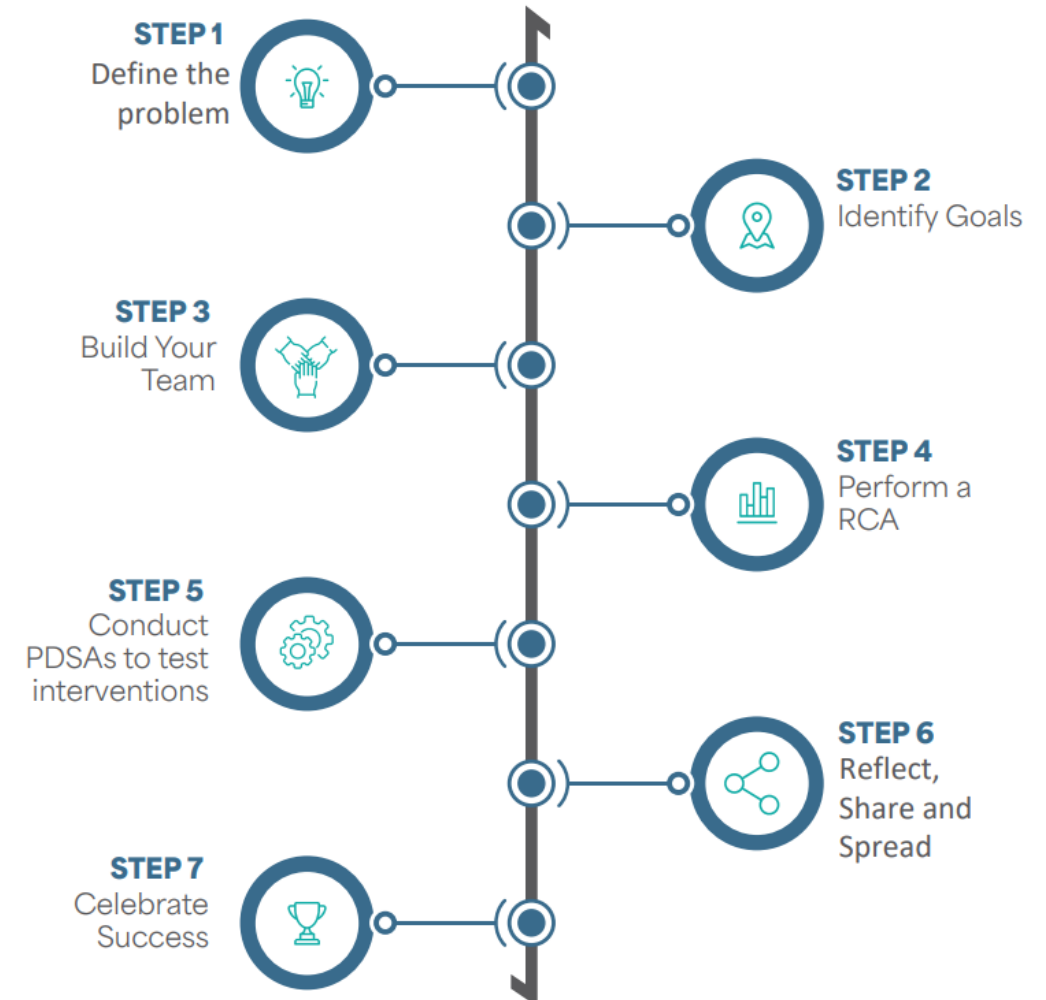
# How can your hospital improve?

6. Reflect, share, and spread your findings.

This will require a plan that includes:

- Developing the scope of the spread
  - Communication of the spread
- Evaluation and feedback for the spread
- Monitoring to ensure sustainment of change

7. Celebrate your successes



# Peer to Peer Connection

**We want to hear from you!**

What does peer to peer connection mean to you?

How can RQITA help with making connections?



# Upcoming Deadlines

National CAH Quality Inventory and Assessment due **December 15<sup>th</sup>**



Measure ID	Description	MBQIP Domain	Reported To	Encounter Period & Due Date			
				Q3 / 2023 Jul 1 - Sep 30	Q4 / 2023 Oct 1 - Dec 31	Q1 / 2024 Jan 1 - Mar 31	Q2 / 2024 Apr 1 - Jun 30
HCP/IMM-3 <sup>3</sup>	Influenza vaccination coverage among health care personnel	Patient Safety	NHSN	N/A	May 15, 2024 (Q4 2023 - Q1 2024 aggregate)		N/A
Antibiotic Stewardship	CDC NHSN Annual Facility Survey	Patient Safety	NHSN	March 1, 2024 <sup>4</sup> (CY 2023 data)		March 1, 2025 <sup>4</sup> (CY 2024 data)	
HCAHPS	Hospital Consumer Assessment of Healthcare Providers and Systems	Patient Experience	HQR via Vendor	January 3, 2024	April 3, 2024	July 3, 2024	October 2, 2024
EDTC	Emergency Department Transfer Communication	Emergency Department	Submission process directed by state Flex Program	October 31, 2023	January 31, 2024	April 30, 2024	July 31, 2024
OP-18	Median time from ED arrival to ED departure for discharged ED patients	Emergency Department	HQR via Outpatient CART/Vendor	February 1, 2024	May 1, 2024	August 1, 2024	November 1, 2024
OP-22	Patient left without being seen	Emergency Department	HQR via HARP Log in	May 15, 2024 (CY 2023 data aggregate)		May 15, 2025 (CY 2024 data aggregate)	



Questions?

# MBQIP Resources

- Medicare Beneficiary Quality Improvement Project (MBQIP)– HRSA
- Medicare Beneficiary Quality Improvement Project (MBQIP) – National Rural Health Resource Center
  - State Flex programs
- QualityNet – CMS
- Quality Reporting Center

# Thank you!

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