August 13th, 2024

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A Deeper Dive into the MBQIP Measure - CAH Quality Infrastructure

Multi-State Collaborative (AZ,ID,MT, OR, SD, UT, WA)

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Outline of the Multi-State Collaborative Learning Series

- 1/12/24: Current Status MBQIP and Beyond – Meet the RQITA Team

- 2/13/24: Learn about the MBQIP 2025 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

- Identify the nine core elements of the CAH Quality Infrastructure measure and related criteria
- Review assessment results, nationally and as a collaborative
- Discuss how this multi-state collaborative can leverage what we know about the assessment results to improve quality

The RQITA Team

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CAH Quality Infrastructure

Global Measures Domain

Background

- Federal Office of Rural Health Policy (FORHP) and Flex Program partners recognized the importance of assessing quality infrastructure in CAHs

- Lack of information collected to assess quality infrastructure

- Need more information to better support CAHs and State Flex Programs to identify opportunities for additional support

The CAH Quality Infrastructure Assessment was Developed

An Advisory Group made up of State Flex staff, MBQIP subcontractors, and CAH quality experts provided input on questions for the Assessment.

CAH Quality Infrastructure Summit March 2023: Two-day Workshop to identify:

- **Core elements:** Aspects of infrastructure that are necessary to have a successful and robust quality program. These will be used as a framework for the National CAH Quality Inventory and Assessment to ask questions about the criteria.

- **Criteria:** Ways in which core elements can be achieved or demonstrated.

2023 CAH Quality Infrastructure Summit

Convening Outcome

- **Nine core elements** and correlating criteria were developed to gather an inventory of hospital service lines and related quality measures to identify trends and help inform Flex initiatives at the state and national levels. Additionally, we would now be able to assess CAH quality infrastructure to identify gaps and opportunities for enhancements across the following levels:
  - **Hospital**
  - **State**
  - **National**
- Assessments along with completion instructions will be sent out to CAHs by their SFP in late October 2023 with a submission deadline of December 2023.

- **Full report available on the [National Rural Health Resource Center website](#)!**

Benefits to Critical Access Hospitals

- Gain access to an assessment of your CAH's quality infrastructure, and information on areas for improvement for your facility.
- Be able to compare your facility with others in your state and nationally on areas of infrastructure, service lines, general facility characteristics and other important quality-related data.
- Work with your State Flex Program to network and connect with other CAHs in your state or nationally that have similarities. This might include other CAHs with the same EHR vendors and those that provide less common services that either match the services your CAH currently provides or ones it may like to provide in the future (such as labor and delivery, Rural Health Clinics, or Swing Beds).
- Receive more targeted technical assistance and activities through your State Flex Program based on your service lines, quality reporting, quality infrastructure, and other key needs (e.g., based on EHR vendor)
- **Feel comfortable being transparent in your responses! This will help us help you!**

CAH Quality Infrastructure Core Elements

Structural measure to assess CAH quality infrastructure based on the **nine core elements** of CAH quality infrastructure:

1. Leadership Responsibility & Accountability
2. Quality Embedded within the Organization's Strategic Plan
3. Workforce Engagement & Ownership
4. Culture of Continuous Improvement through Behavior
5. Culture of Continuous Improvement through Systems
6. Integrating Equity into Quality Practices
7. Engagement of Patients, Partners and Community
8. Collecting Meaningful and Accurate Data
9. Using Data to Improve Quality

CAH Quality Infrastructure Specifications

Measure Rationale: This measure will provide state and national comparison information to assess your CAH infrastructure, QI processes and areas of improvement for each facility. Using this measure, SFPs can plan quality activities to improve CAH quality infrastructure. Data will provide timely, accurate and useful CAH quality-related information to help inform state-level technical assistance for CAH improvement activities. This measure will provide hospital and state-specific information to help inform the future of MBQIP and national technical assistance and data analytic needs.

Calculations: Hospital score can be a total of zero to nine points (one point for each element, must meet each element's criteria to receive credit).

CAH Quality Infrastructure Specifications

Encounter Period: One year

First MBQIP Reporting Date: The first MBQIP submission deadline was December 2023. Future reporting date is annual each Fall.

Data Source: Information about the hospital's capacity, processes, and infrastructure related to quality

Data Collection Approach: Input from a variety of hospital teams and leaders

Measure Submission and Reporting Channel: Annual submission of the National CAH Quality Inventory and Assessment survey submitted via the FMT- administered Qualtrics platform.

Resources to Support You

- [Critical Access Hospital Quality Infrastructure Data Specifications Manual – June 2024](#)

- [Building Sustainable Capacity for Quality and Organizational Excellence | National Rural Health Resource Center](#)

- [MBQIP 2025 Information Guide](#)

Chat Waterfall Exercise

1. Facilitator will pose a question.

2. Type your state, and response into chat **BUT DO NOT HIT SEND** until prompted.

Watch the waterfall of responses come in!
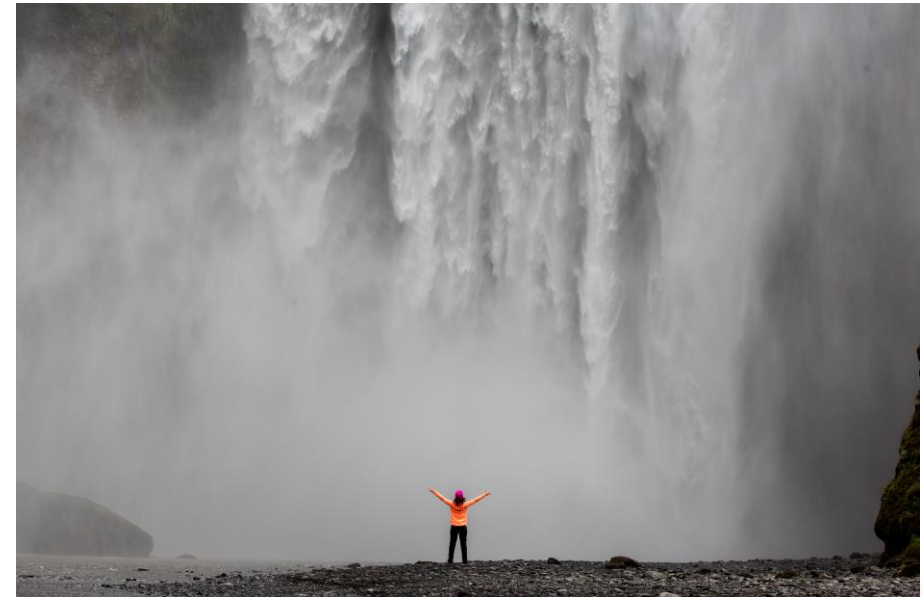
Chat Waterfall

1. Did your hospital complete the CAH Quality Infrastructure Assessment? (Yes/No/Unsure)
   a) Were you part of the **team** that completed the assessment for your CAH? (Yes/No)
   b) For those that did…how was your experience?

CAH Quality Infrastructure: A Closer Look at the Nine Core Elements

Element 1: Leadership Responsibility and Accountability

- **Description:** Actively demonstrate governance and administrative leadership support for improving quality.

- **Criteria:**
  - The organization's board engages in and supports quality improvement.
  - Organizational resources are adequately allocated to support quality improvement.
  - Executive leadership oversees design and functionality of the quality improvement program

Element 2: Quality Embedded Within the Organizations Strategic Plan

- **Description:** Ensure quality is an intentional component of the strategic plan process and the strategic plan in CAHs.

- **Criteria:**
  - Quality leaders participate in organizational strategic planning.
  - Quality is a core component of the organization's strategic plan.
  - Quality is reflected in all core components of the organization's strategic plan

Element 3: Workforce Engagement and Ownership

- **Description:** Develop and support a workforce that embeds quality in everyday work.

- **Criteria:**
  - The organization has formal onboarding and orientation that embed quality as a priority.
  - The organization has regular and ongoing professional development opportunities for staff related to quality.
  - Quality improvement is incorporated into standard work.
  - The organization embeds diversity, equity, and inclusion in workforce development

Element 4: Culture of Continuous Improvement through Systems

- **Description:** Design and manage systems and processes in a manner that supports continuous quality improvement.

- **Criteria:**
  - The organization uses standardized methods for improving processes.
  - Leadership incorporates expectations for quality improvement into job descriptions and department and committee charters.
  - The organization has processes in place for continuous reporting and monitoring of quality improvement data

Element 5: Culture of Continuous Improvement through Behavior

- **Description:** Support quality improvement behaviors in an adaptable organization that embraces innovation, motivation, and accountability.

- **Criteria:**
  - The organization monitors adherence to best practices such as evidence-based protocols/order sets in all clinical areas.
  - The organization intentionally develops strong peer relationships with internal and external partners including those at the local, state, and federal levels.
  - Employees demonstrate initiative to achieve goals and strive for excellence.
  - Managers and leaders regularly evaluate behaviors to ensure they align with organizational values

Element 6: Integrating Equity into Quality Practices

- **Description:** Undertake intentional improvement activities to ensure a fair and just opportunity to be as healthy as possible for all community members.

- **Criteria:**
  - Managers use collected data and other available resources to identify inequities.
  - Leaders routinely assess quality interventions and processes to address identified inequities.
  - Units and departments implement specific health equity projects to improve care and lessen inequities.

Element 7: Engagement of Patients, Partners, and Community

- **Description:** The CAH intentionally builds external relationships with patients, partners, and the community to enhance access and improve the care experience.

- **Criteria:**
  - The organization collects feedback from patients and families beyond patient experience surveys.
  - The organization collaborates with other care providers using closed-loop referral processes to help ensure quality of care.
  - The organization uses a variety of mechanisms to share quality data with patients, families, and the community.
  - Leaders synthesize and develop action plans in response to patient, family, and community feedback.

Element 8: Collecting Meaningful and Accurate Data

- **Description:** Apply a multidisciplinary approach to identify key quality metrics, prioritizing complete and accurate data collection.

- **Criteria:**
  - The organization has a multidisciplinary process for identifying key quality metrics.
  - Leaders identify risks and opportunities based on analyses of key quality metrics.
  - The organization leverages health information technology (HIT) to support complete and accurate data collection.
  - The organization collects and documents race, ethnicity, and language (REL), sexual orientation and gender identity (SOGI), and health related social needs (HRSN) data.

Element 9: Using Data to Improve Quality

- **Description:** Use internal and external data comprehensively, meaningfully, and transparently to inform quality improvement.

- **Criteria:**
  - The organization shares quality data transparently both internally and externally.
  - The organization incorporates external data sources to inform quality improvement efforts.
  - Leaders act on and clearly communicate the data results from quality initiatives.
  - The organization uses benchmarking to identify where quality can be improved.

Chat Waterfall Exercise

1. Facilitator will pose a question.

2. Type your state, and response into chat **<u>BUT DO NOT HIT SEND</u>** until prompted.

Watch the waterfall of responses come in!
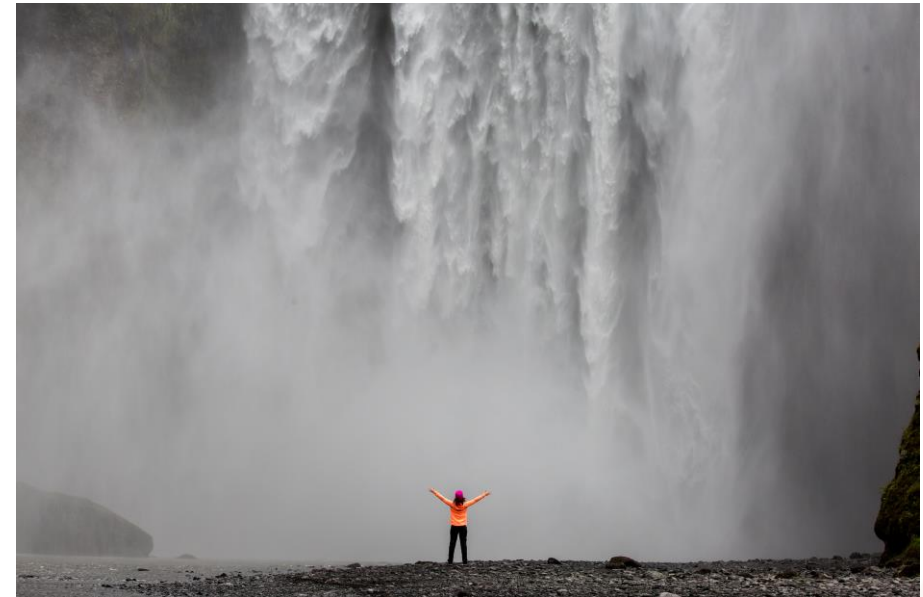
Which Element Do You Feel is Most Challenging?

1. Leadership Responsibility & Accountability
2. Quality Embedded within the Organization's Strategic Plan
3. Workforce Engagement & Ownership
4. Culture of Continuous Improvement through Behavior
5. Culture of Continuous Improvement through Systems
6. Integrating Equity into Quality Practices
7. Engagement of Patients, Partners and Community
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Any Questions/Reflections So Far?

We've covered:

- Background and Specifications for the CAH Quality Infrastructure measure

- A Closer Look at the Nine Core Elements

Assessing the National CAH Quality Infrastructure Results and Landscape

Responses and Characteristics

★ **1,221 Total Responses Received**
89% of CAHs nationally!

TABLE 1: CAH Volume Measures

Description	CAH Respondents (n=1,221)
Median Average Daily Census (2022)	4.0
Median Emergency Department Volume (2022)	5,200

FIGURE 1: CAH System Affiliation

- 16% (198 CAHs)
- 30% (367 CAHs)
- 54% (656 CAHs)

Legend:
- Independent
- Owned by System
- Contract Managed (not owned)

national_cah_quality_assessment_report_2023.pdf (flexmonitoring.org)
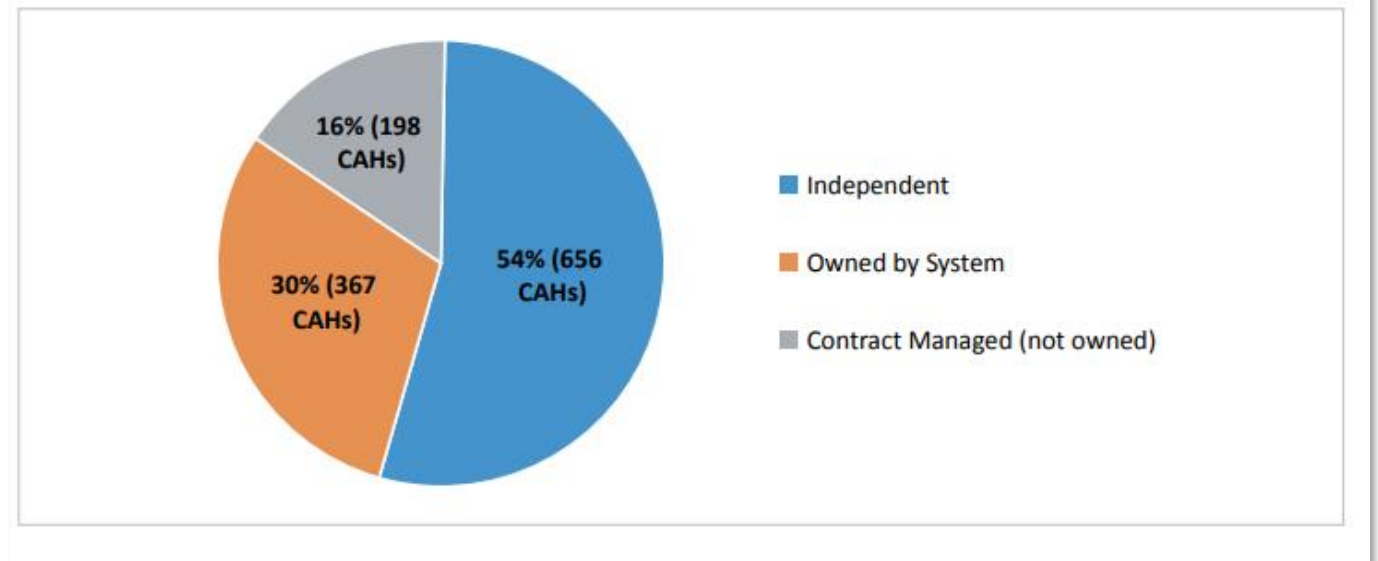
CAH Service Line Data

- Hospital Inpatient Services

- Behavioral Health & Specialty Care Services

- Outpatient and Other Services

**FIGURE 2: Hospital Inpatient Services (n=1,221)**
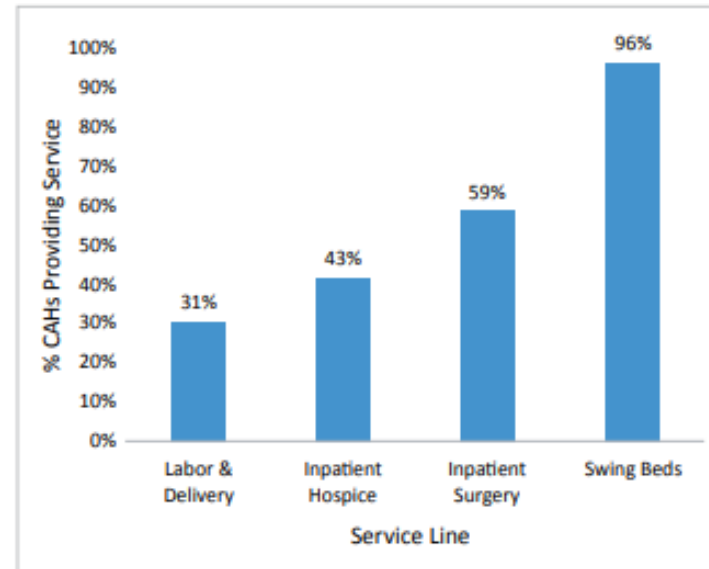
**FIGURE 3: Behavioral Health & Specialty Care Services (n=1,221)**
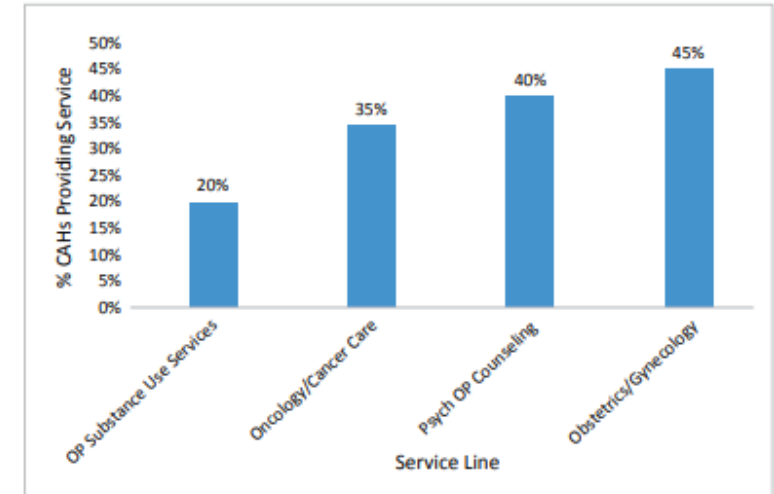
FIGURE 4: Outpatient and Other Services (n=1,221)

national_cah_quality_assessment_report_2023.pdf (flexmonitoring.org)
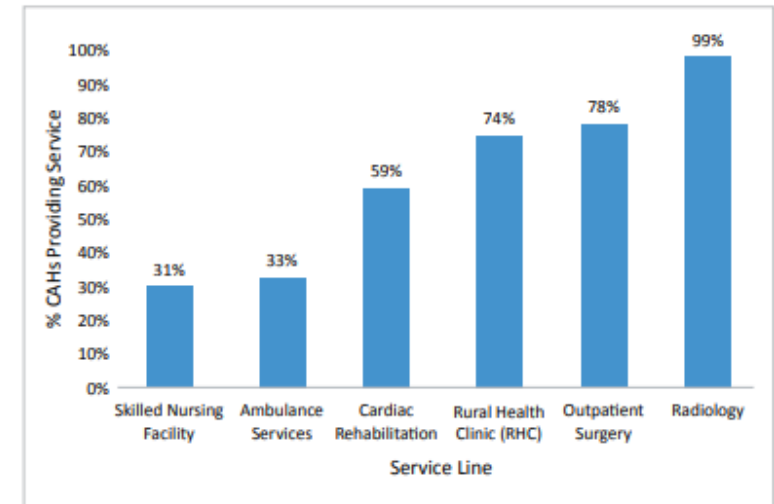
Assessing Your Multistate Collaborative CAH Quality Infrastructure Results and Landscape

Nine Core Elements

# of CAH Responses by State

- AZ = 17
- ID = 27
- MT = 43
- OR = 25
- SD = 40
- UT = 12
- WA = 39

_____

Total = 203
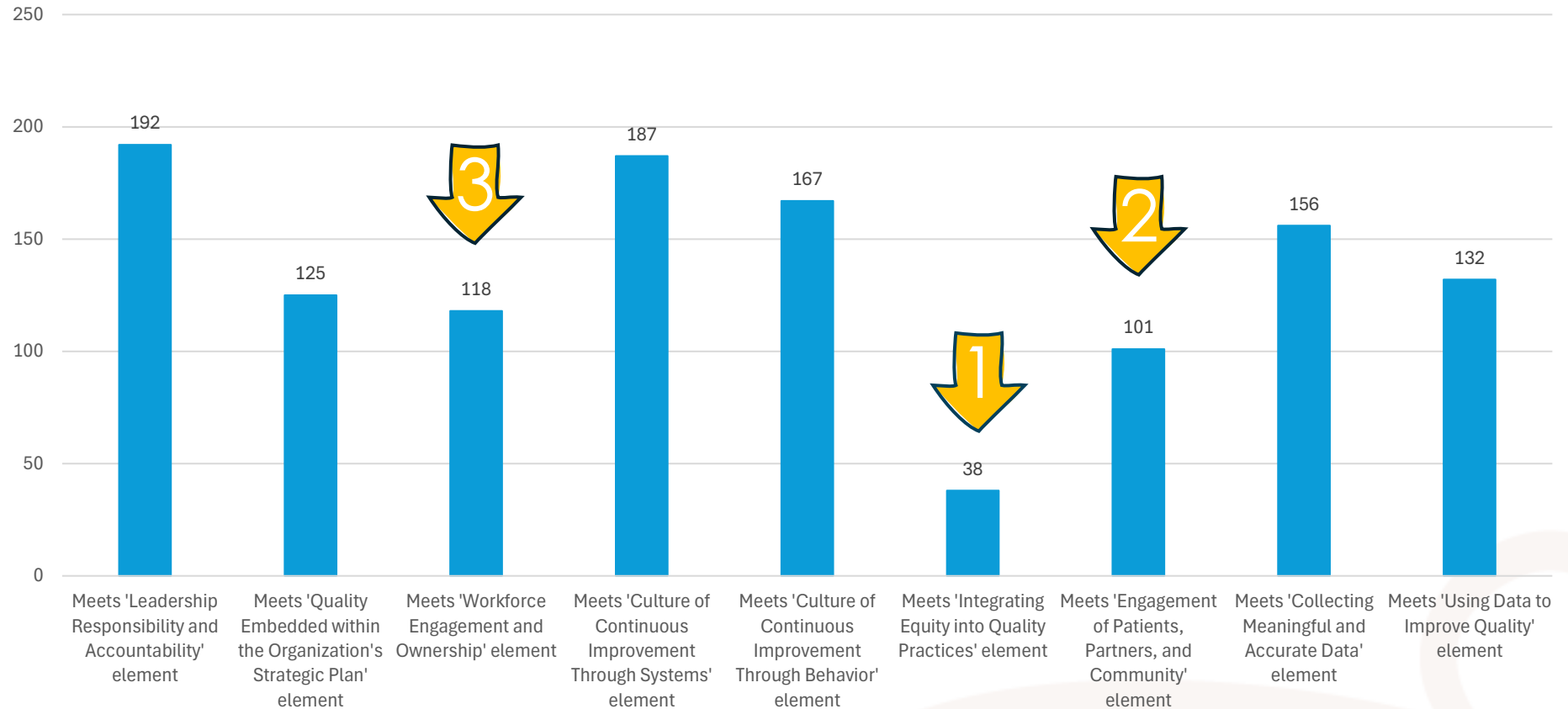
Total Responses
AZ,ID,MT,OR,SD,UT,WA
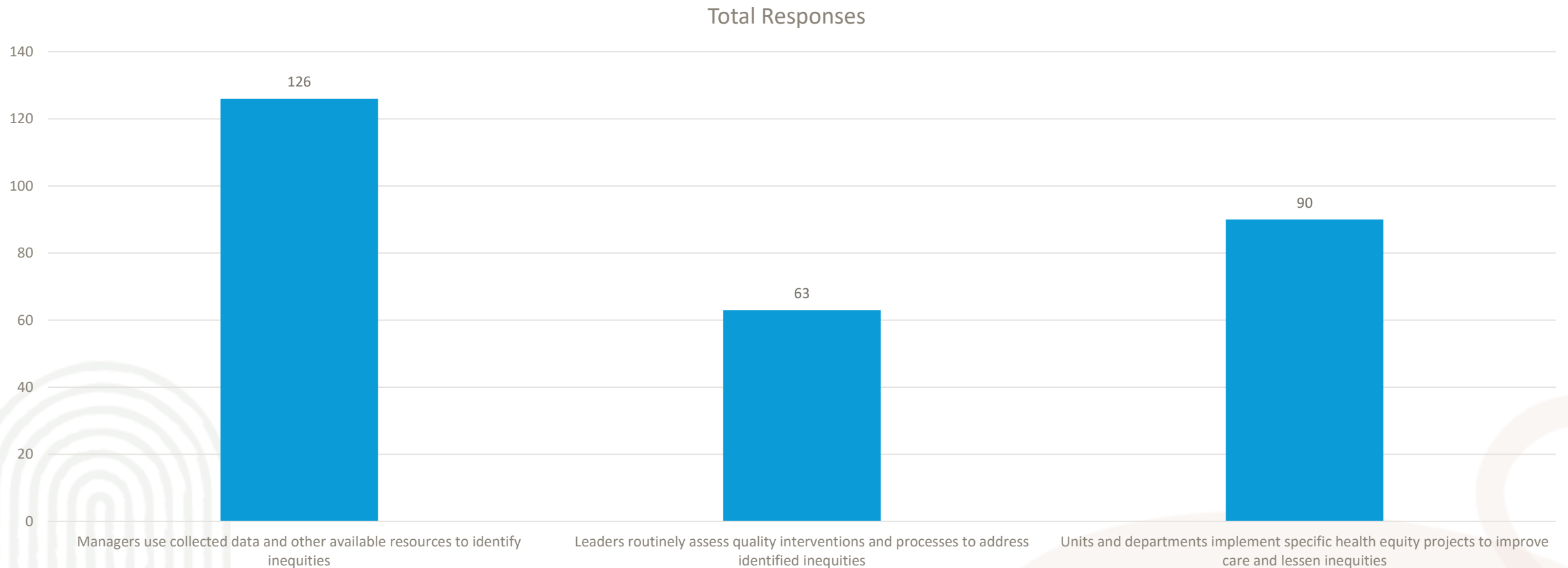
☐ There are (63) CAHs in the collaborative meeting this criteria, anyone willing to share some activities and ideas? Do you need help connecting with someone?

☐ Identify how this aligns with your [Commitment to Health Equity and SDOH](#) measures

☐ Identify how your [Community Health Needs Assessment](#) strategic plan can align and compliment this criteria

Element 7: Engagement of Patients, Partners, and Community
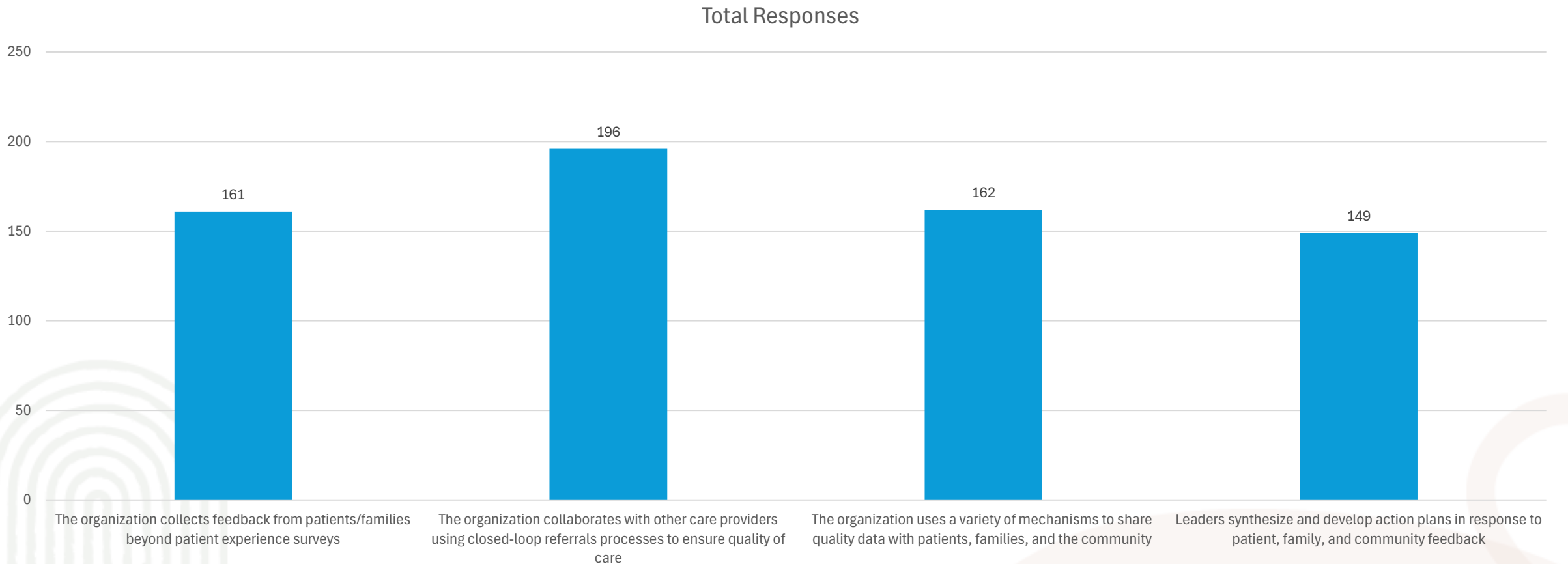
Total Responses

	The organization collects feedback from patients/families beyond patient experience surveys	The organization collaborates with other care providers using closed-loop referrals processes to ensure quality of care	The organization uses a variety of mechanisms to share quality data with patients, families, and the community	Leaders synthesize and develop action plans in response to patient, family, and community feedback
Total	161	196	162	149

❑Identify how your [Community Health Needs Assessment](#) strategic plan can align and compliment this criteria

❑How are you/How can you incorporate Consumer Assessment of Healthcare Providers Systems (HCAHPS) feedback?

❑How is communication with key partners and community events being shared and incorporated? If it's not, what can you do?

Element 3: Workforce Engagement and Ownership

Total Responses

Response	Total
The organization has formal onboarding and orientation that embed quality as a priority	157
The organization has regular and ongoing professional development opportunities for staff related to quality	175
Quality improvement is incorporated into standard work	184
The organization embeds diversity, equity, and inclusion in workforce development	171

❑Work with your HR department to incorporate Quality Improvement 101 into onboarding and orientation.

- RQITA QI Basics On-Demand series coming soon!
- QI Workbook
- Reach out to your State Flex Program
- Reach out to your State Flex Program if you need help connecting to your state Quality Innovation-Quality Improvement Organization for no cost support and ongoing training opportunities.

Next Steps

❑ Review your available CAH Quality Assessment results. Identify where you are in relation to others in your state and across the nation. Pick 1-2 top priorities to work on through a Quality Improvement Project

❑ Identify alignment with other measures, programs and rural requirements

❑ Meet with your QI team to review data, and to co-design a shared vision and action plan

❑ Reach out to your SFP and/or contracting team to support you with coaching, resources and tools to incorporate into your project

❑ **SAVE THE DATE:** Assessment will open September 16th, 2024 and will close on November 22nd, 2024. Begin getting ready for the next report, reviewing specifications, look for a link from your SFP in the coming weeks!

We Want to Hear From You!

- How are you preparing for the assessment that will be coming out next month, as a team.

- How long did it take you to collect the data and complete the online assessment?

- Did you take any action based on your results from the assessment you completed last fall?

- Who can you work with to improve quality components in the assessment?
  - How can you use this to improve care delivery?

Resources

MBQIP 2025
Information Guide

MBQIP 2025
Submission Deadlines

MBQIP Measure List

Additional RQITA Resources

- Measure Submission Guides for MBQIP 2025 core measures

- Recorded on-demand video: MBQIP 2025 measures and reporting details

- Coming Soon: Quality Improvement Basics recorded series

And More!

Series Wrap-Up

- What type of technical assistance and/or topics would you like offered for the next learning series?
    - Please type your responses into chat

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Thank You!

Reach Out to Your State Flex Coordinator!

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