

# Using MBQIP Reporting and Performance Data for Quality Improvement

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## **Overview of Presentation**

### **MBQIP Data Q4 2011 - Q42012 by Region**

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

**Resources to improve heart failure & pneumonia care**

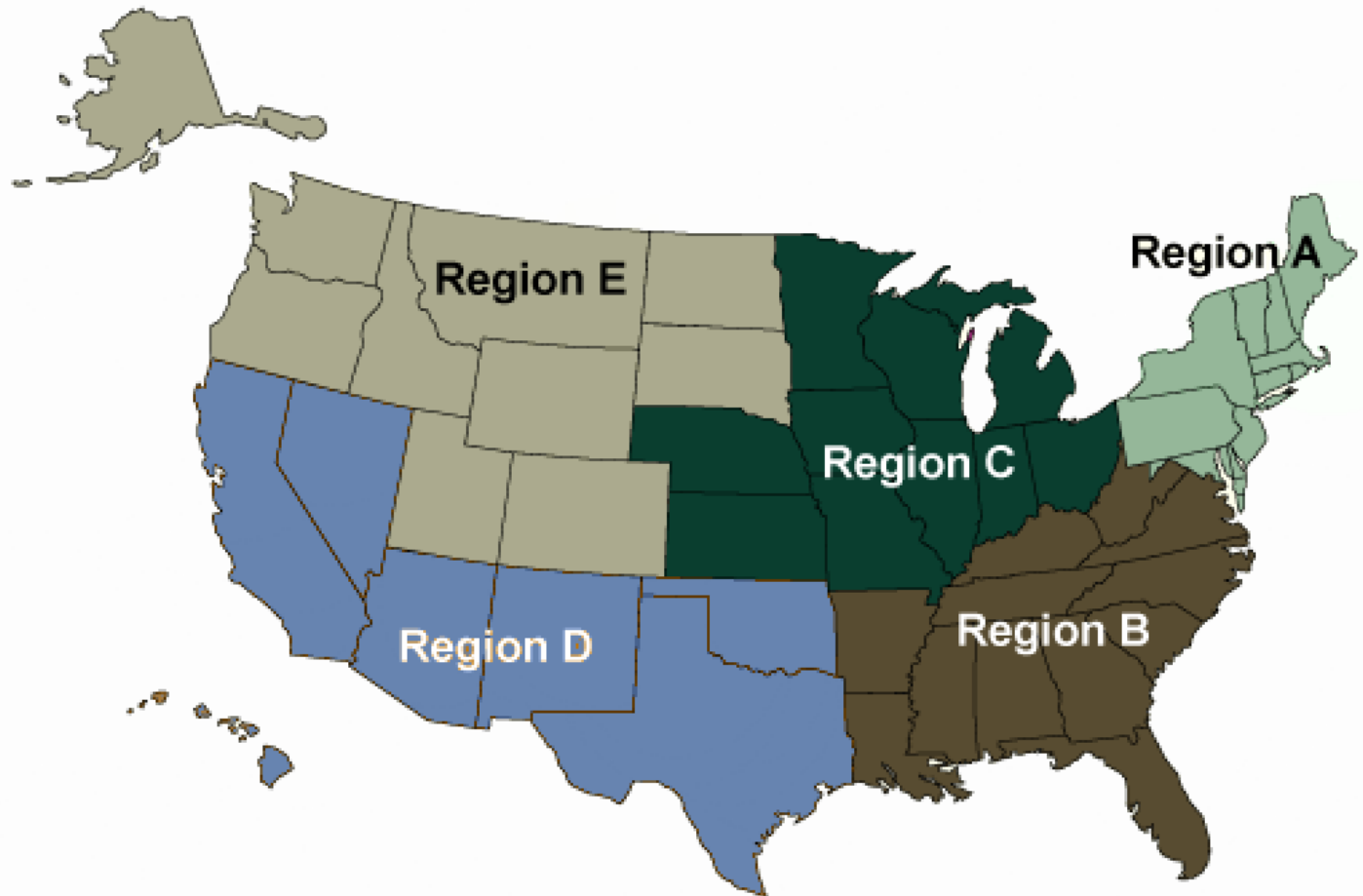


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# Office of Rural Health Policy Regions



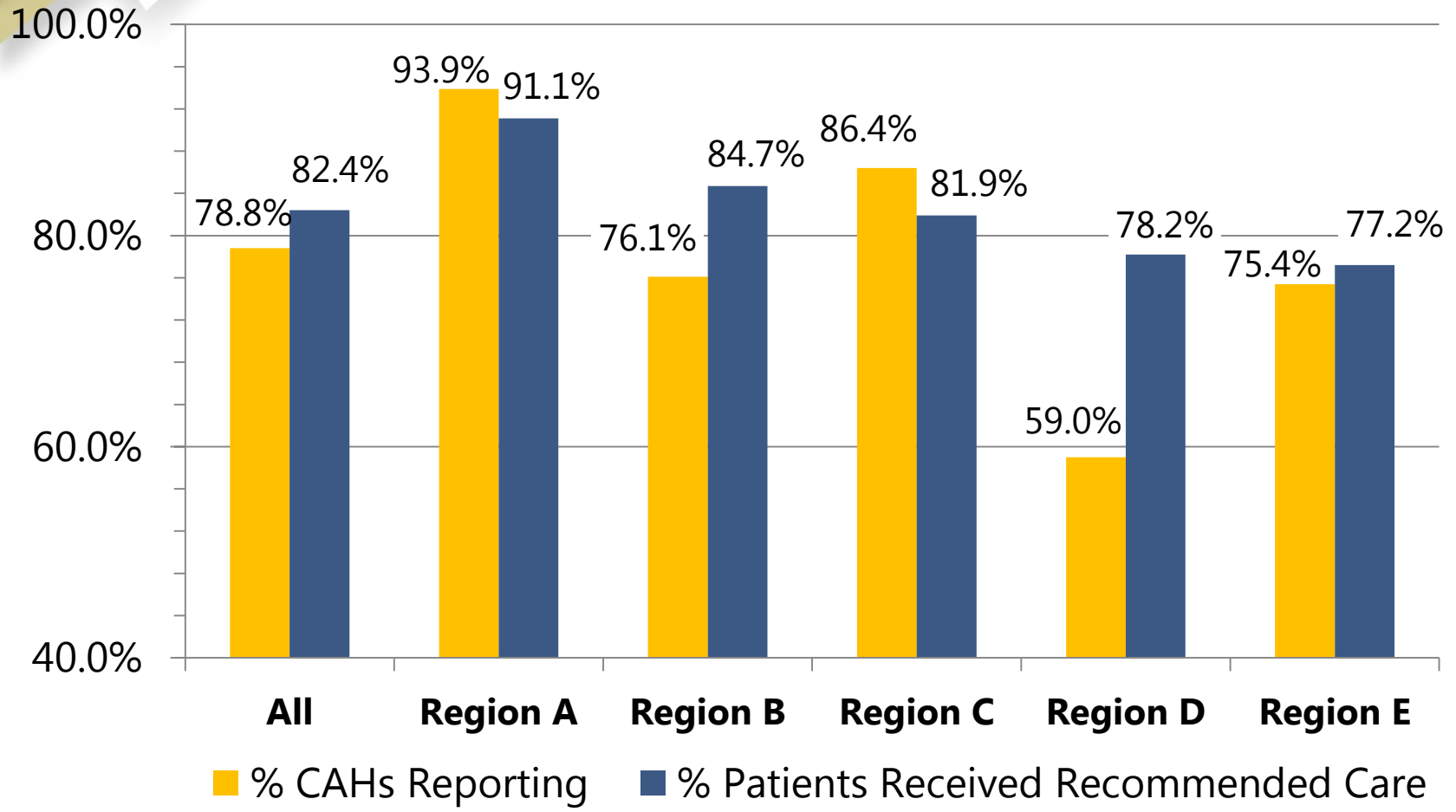


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# Heart Failure: Discharge Instructions



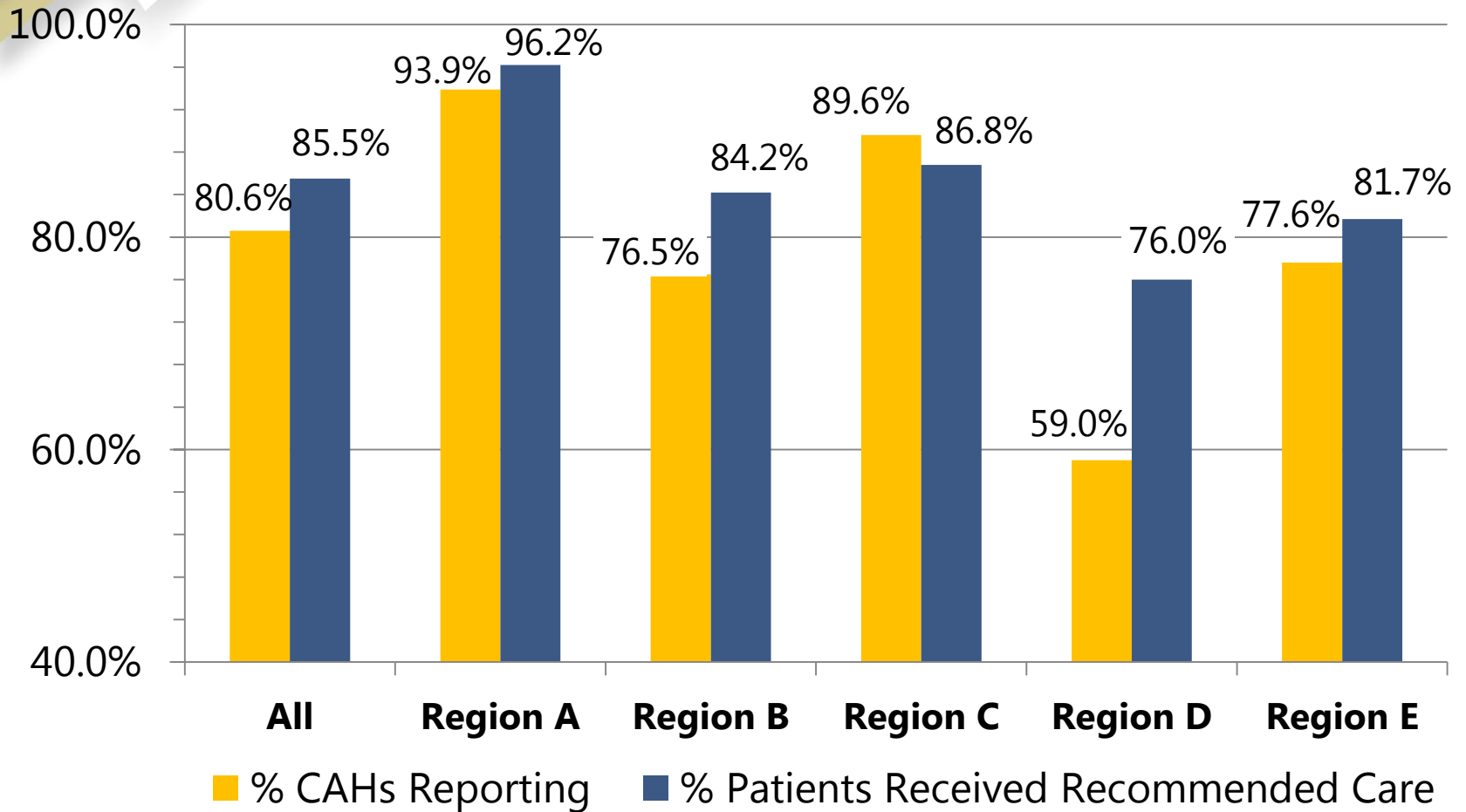


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# Heart Failure: Assessment of LVS



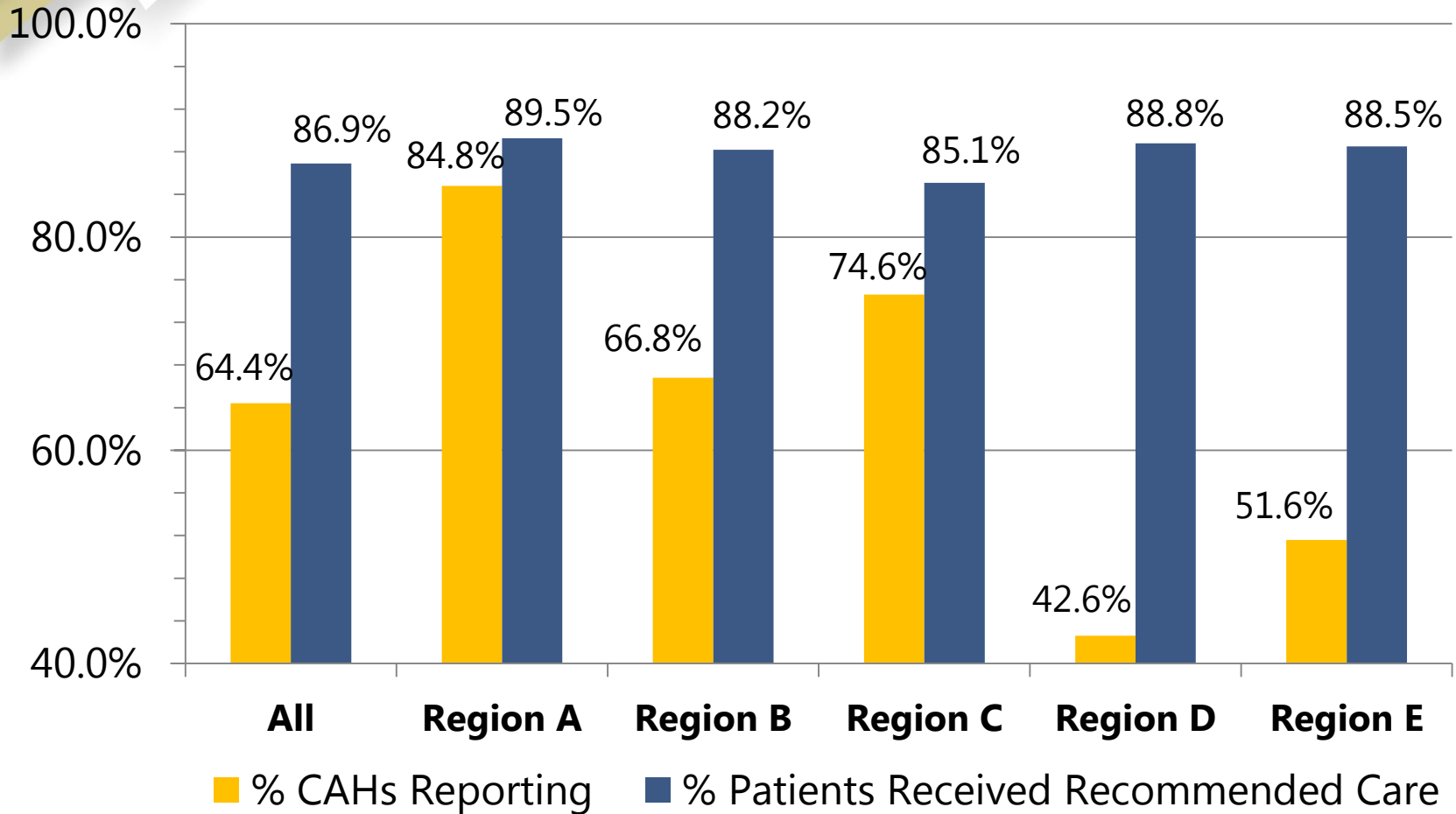


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# Heart Failure: ACEI or ARB for LVSD



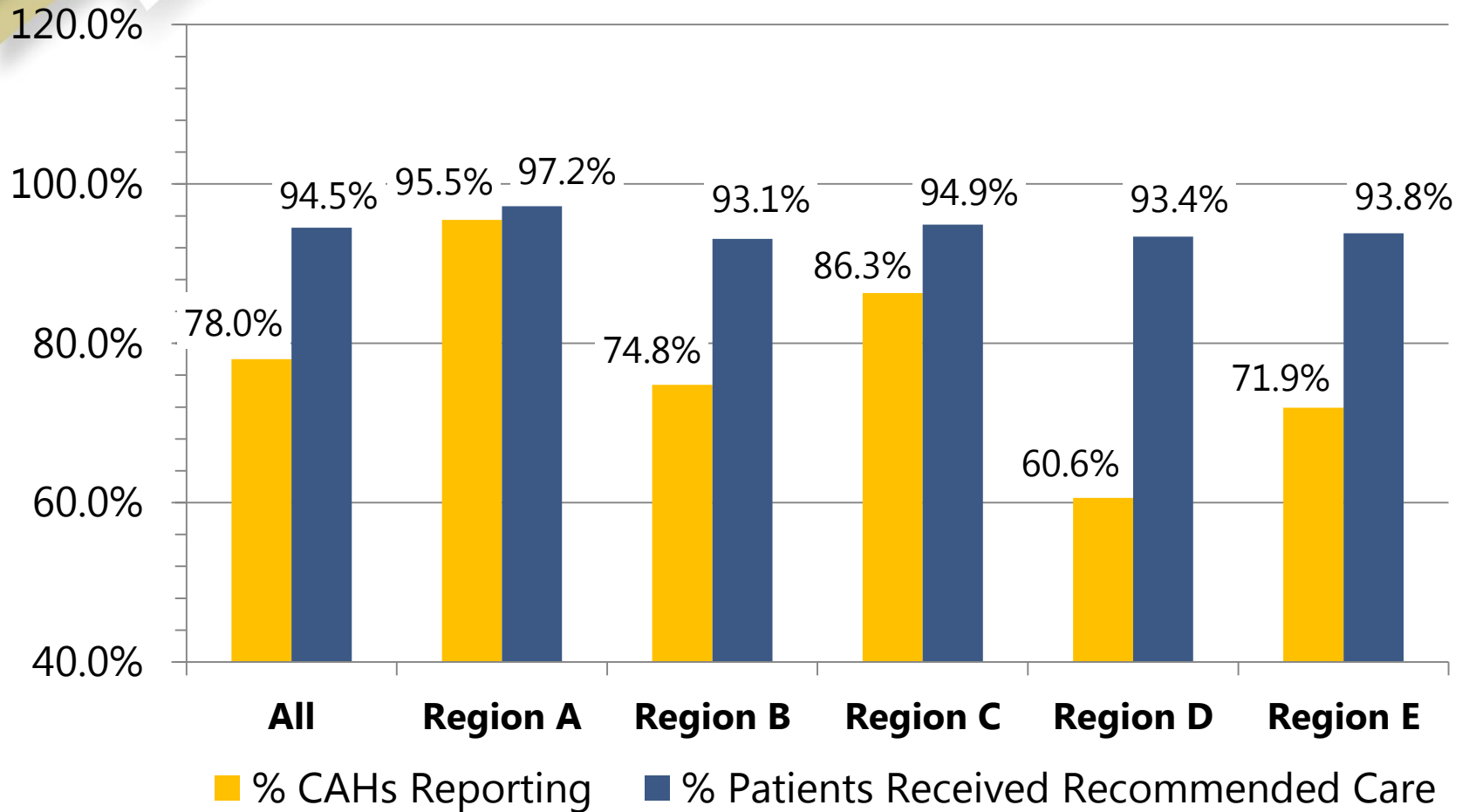


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# Pneumonia: Blood Culture Prior to First Antibiotic



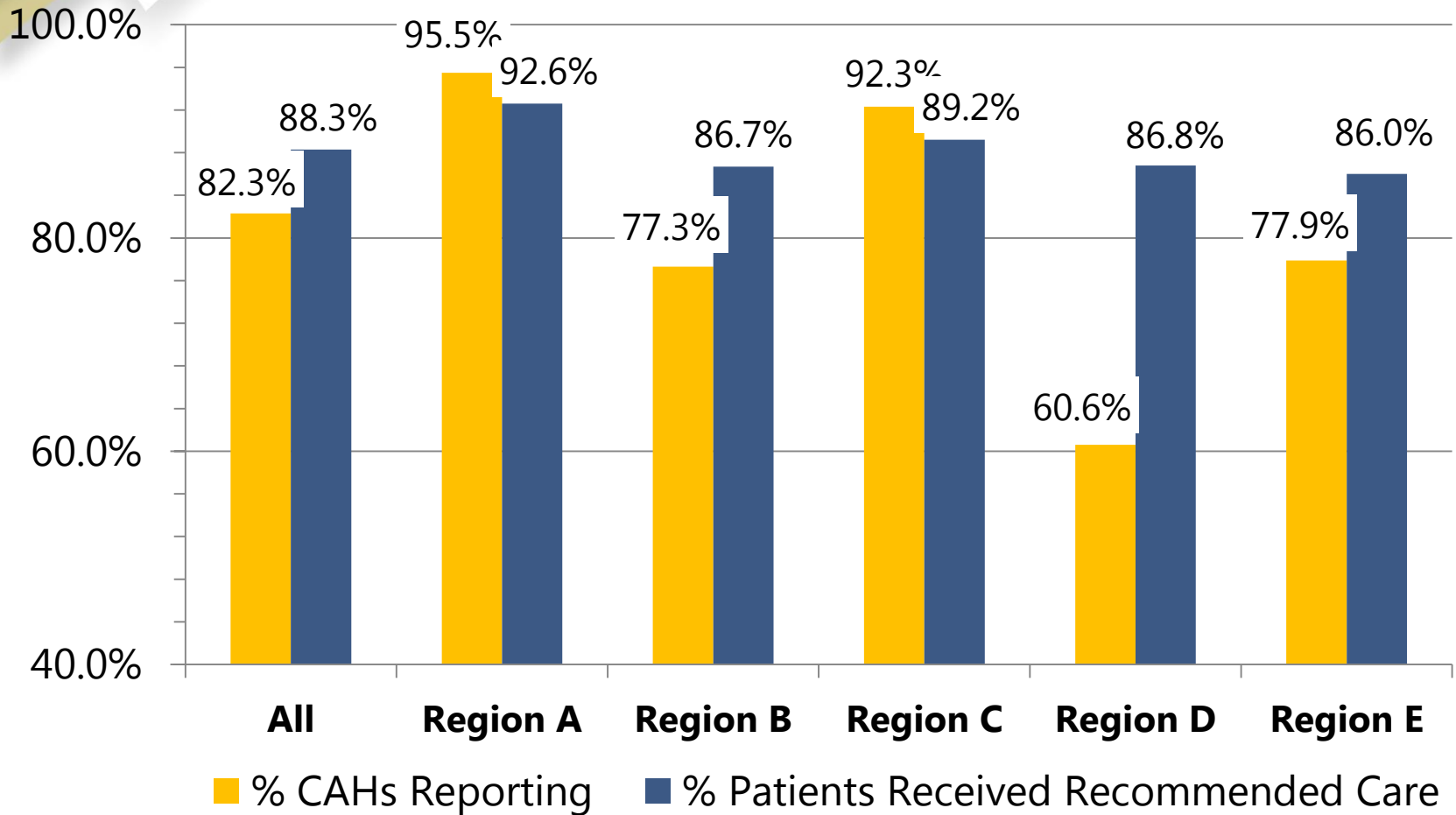


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# Pneumonia: Appropriate Initial Antibiotic







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# Potential Changes to Heart Failure & Pneumonia Measures

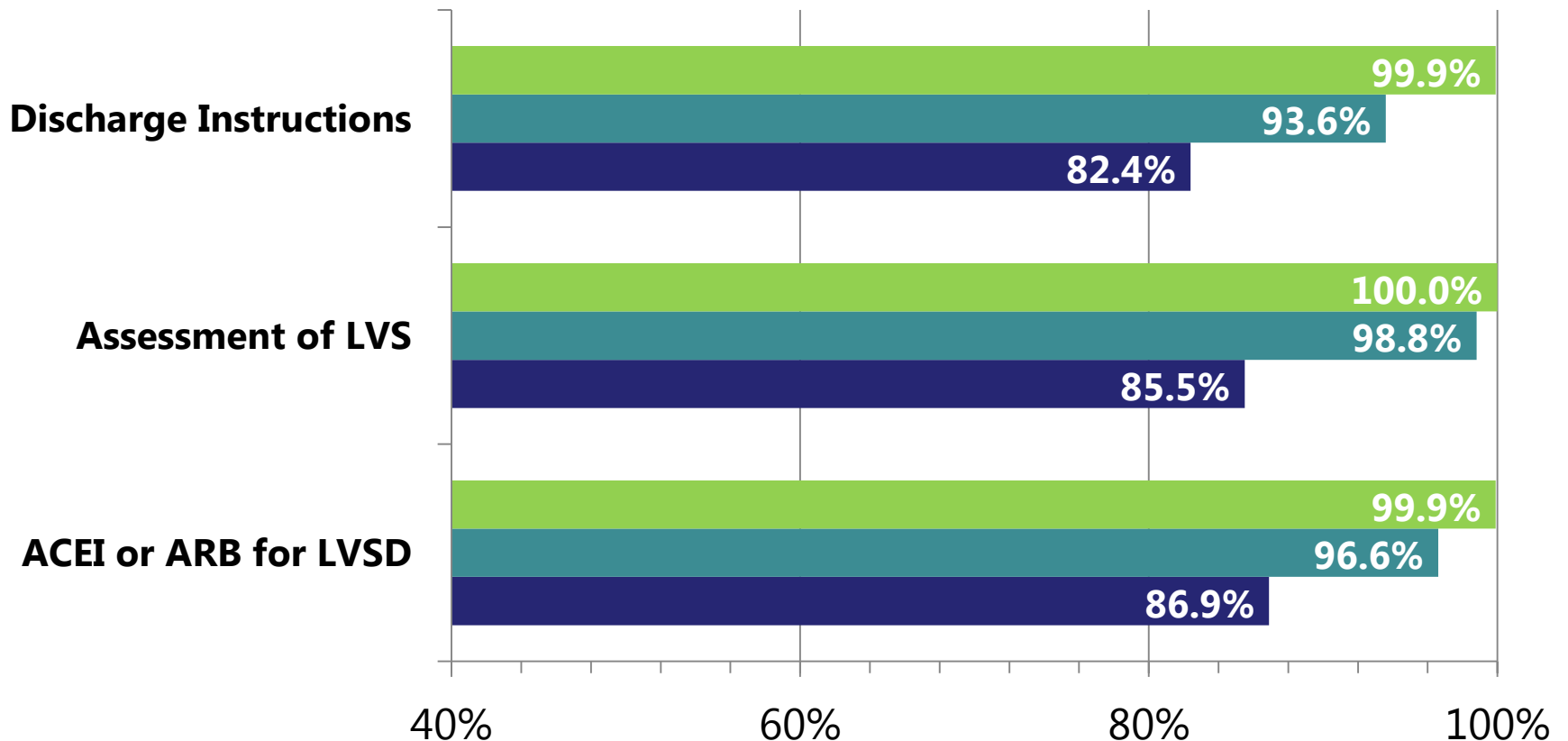
Based on high national performance, CMS has proposed to remove these measures from Inpatient Quality Reporting & Hospital Compare:<sup>1</sup>

- Heart Failure
  - Discharge instructions
  - ACEI/ARB for LVSD
- Pneumonia
  - Blood Culture in the ED prior to first antibiotic

**1. *Federal Register*, 5/10/2013**

# National Comparisons and Benchmarks: Heart Failure

■ National Benchmark (Top 10<sup>th</sup> Percentile)
 ■ All Hospitals in Hospital Compare
 ■ CAHs in MBQIP



(National Benchmark and Hospital Compare data courtesy of Oklahoma Foundation for Medical Quality, 2012)

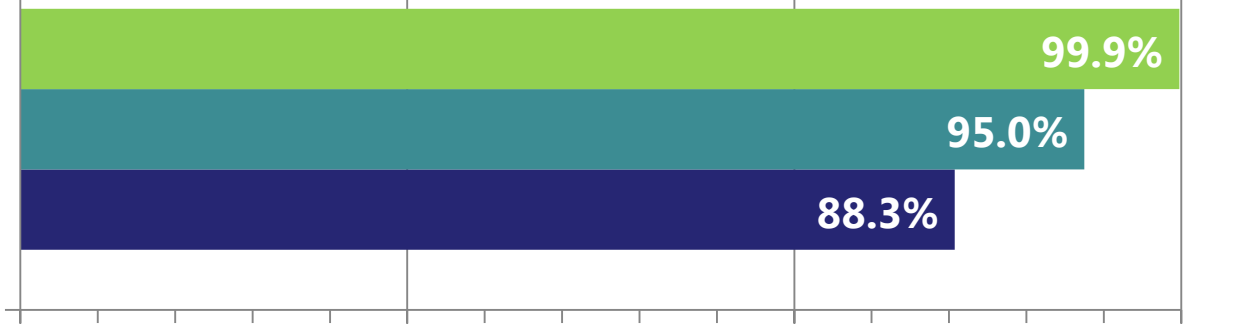
# National Comparisons and Benchmarks: Pneumonia

■ National Benchmark (Top 10<sup>th</sup> Percentile)
 ■ All Hospitals in Hospital Compare
 ■ CAHs in MBQIP

**Blood culture in ED prior to first antibiotic**



**Most appropriate initial antibiotic**



*(National Benchmark and Hospital Compare data courtesy of Oklahoma Foundation for Medical Quality, 2012)*



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# Summary of Reporting and Performance

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- Demonstrable need for CAHs to improve performance on the measures relative to national performance and benchmarks
  - *For process measures, 100% of eligible patients should receive recommended care*
- Considerable variation in CAH reporting and performance on the MBQIP measures
  - Across regions
  - Within regions (handout)



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# Improving Performance on the Measures

- Compare performance with CAHs in other states, regions and national benchmarks to identify opportunities for improvement
- Implement evidence-based QI programs and strategies that have been successfully used by CAHs or can be adapted for CAHs
- Identify partners for collaborative efforts: CAH Networks, State Flex Programs, State Hospital Associations, QIOs, national organizations and State affiliates (e.g., Heart Association)

# FMT Policy Briefs Identify Evidence-Based QI Strategies

Available at [www.flexmonitoring.org](http://www.flexmonitoring.org)

- **Heart Failure: March 2012**
- **Pneumonia Care: June 2011**
- Surgical Care: August 2012
- AMI: August 2012
- Regional STEMI Systems of Care: October 2011
- Medication Safety: May 2013
- Patient Safety Culture in CAHs: May 2012
- Falls Prevention: December 2011
- The Use of Team STEPPS in CAHs: June 2011



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## Programs that Work: Heart Failure

- Minnesota CAHs collaborated with QIO and SORH to improve LVF assessment
  - Each hospital team included physician, nurse, pharmacist, and senior mgmt. rep
  - Implemented QI strategies related to rapid cycle improvement and measurement
- Results: 50% improvement in LVF assessment; 75% improvement in patient education at discharge

**American Health Quality Association. State quality improvement efforts: success stories.** [http://www.ahqa.org/pub/quality/161\\_1101\\_5368.cfm](http://www.ahqa.org/pub/quality/161_1101_5368.cfm)

# Programs that Work: Heart Failure

- Indiana Heart Failure Collaborative (QIO, SORH, Am. Heart Assn., State RHA)
  - 10 CAHs received TA/support using “Get with the Guidelines” tool, developing standard discharge instructions
- Results: % of CHF patients discharged with written instructions quadrupled (20% to 80%), '06-'07; % with LVSD receiving ACEI or ARB increased from 80% to over 90%

**Pagan-Sutton J, Silver L, Gupta J. Achieving Success in QIO and Rural Hospital Partnerships. NORC Walsh Center for Rural Health Analysis, February 2009.**



# Programs that Work: Pneumonia Care

- Oklahoma Foundation for Medical Quality:
  - QIO met with medical staff at hospitals, provided custom performance report on pneumonia indicators and sample QI plan
  - Follow-up QI training, site visits, and/or teleconferences held as requested
- Results: antibiotics in ED increased from 5.9% to 16.8%; blood cultures obtained within 4 hours of arrival increased from 33.7% to 63.4%

**Chu et. al. Improving the Quality of Care for Patients with Pneumonia in Very Small Hospitals. Archives of Internal Medicine, 2003; 163: 326 – 332.**



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## Programs that Work: Pneumonia Care

- Mountain-Pacific Quality Health Foundation and 9 CAHs in Wyoming
  - On-site visits by MPQHF medical directors provided local physicians with evidence-based literature, sample orders, and assistance with data collection and reporting.
- Results: blood culture prior to antibiotic improved from 75.9% to 88.5%.

**The American Health Quality Association. Success Stories: Wyoming.**  
[http://www.ahqa.org/pub/quality/161\\_1101\\_5397.cfm](http://www.ahqa.org/pub/quality/161_1101_5397.cfm)



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