

# The Changing Landscape of Quality Reporting/Measurement

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**MBQIP Multi-state webinar series**  
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# Stratis Health

- Independent, nonprofit, Minnesota-based organization founded in 1971
  - Lead collaboration and innovation in health care quality and safety, and serve as a trusted expert in facilitating improvement for people and communities
- Work at intersection of research, policy, and practice
- Long history of working with rural providers, CAHs, and the Flex Program

# Rural Quality Improvement Technical Assistance Center (RQITA)

- Cooperative agreement awarded to Stratis Health starting September 2015 from the Health Resources and Services Administration Federal Office of Rural Health Policy (HRSA FORHP).
- Improve quality and health outcomes in rural communities through TA for FORHP quality initiatives
  - Flex/MBQIP
  - Small Health Care Provider Quality Improvement Grantees
- Focus on quality reporting and improvement

# Objectives

- Identify trends in quality measure reporting and discuss implications for critical access hospitals
- Explore topics such as the CMS Overall Quality Hospital Star Ratings and electronic Clinical Quality Measures (eCQM) and how they impact critical access hospitals
- Review the recent MBQIP Measures Under Consideration request for information and related updates

# MBQIP Overview



# MBQIP Overview

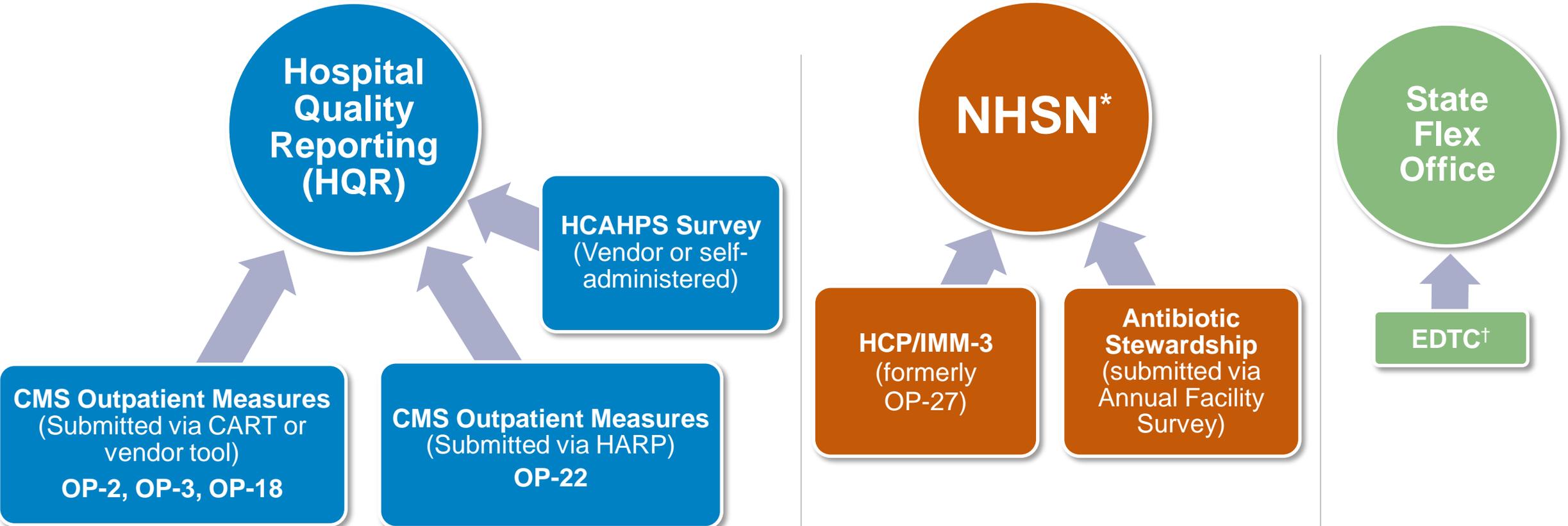
- Quality improvement (QI) activity under the Medicare Rural Hospital Flexibility (Flex) grant program through the Federal Office of Rural Health Policy (FORHP)
- Improve the quality of care in CAHs by increasing quality data reporting and driving improvement activities based on the data
- Common set of rural-relevant hospital metrics, technical assistance, encouragement, and support
- Ability for FORHP to demonstrate impact of hospital and state-based efforts on a national scale

# Goals of MBQIP

- CAHs report common set of rural-relevant measures
- Measure and demonstrate improvement



# Reporting Channels for Core MBQIP Measures



\*National Healthcare Safety Network †Emergency Department Transfer Communication



# Process for CMS Quality Measures

- CMS quality programs and measures are identified and updated through the annual rule-making process:
  - IPPS Rule (Inpatient Prospective Payment System) defines **IQR** (Inpatient Quality Reporting Program) and the **Medicare Promoting Interoperability Program**
  - OPPS Rule (Outpatient Prospective Payment System) defines **OQR** (Outpatient Quality Reporting Program)
- Measures typically endorsed by the National Quality Forum (NQF), and reviewed through a pre-rulemaking process by the NQF Measures Application Partnership (MAP)\*
- CMS measures are regularly added, “topped-out” and retired, or removed

\*Battelle [Partnership for Quality Measurement](#) is replacing the National Quality Forum as the CMS consensus-based entity starting in 2023.

# MBQIP Measure Changes 2014 - 2023

Inpatient/Patient Safety	Patient Engagement	Care Transitions	Outpatient
<del>HF-1</del>	HCAHPS	Emergency Department Transfer Communication	<del>OP-1</del>
<del>HF-2</del>			<del>OP-2*</del>
<del>HF-3</del>			<del>OP-3*</del>
<del>PN-6</del>			<del>OP-4</del>
<del>PN-3b</del>			<del>OP-5</del>
<del>IMM-2</del>			<del>OP-6</del>
<b>OP-27</b> → HCP/IMM-3			<del>OP-7</del>
<del>ED-1</del>			OP-18
<del>ED-2</del>			<del>OP-20</del>
Antibiotic Stewardship (NHSN Annual Facility Survey)			<del>OP-21</del>
			OP-22

\*The last quarter of submission for OP-2 and OP-3 is Q1 2023 encounters



# Changing Landscape: Moving to Measure Modernization



# CMS Meaningful Measures 2.0

Address measurement gaps, reduce burden, and increase efficiency by:

- Utilize only quality measures of highest value and impact focused on key quality domains.
- Align measures across value-based programs and across partners, including CMS, federal, and private entities.
- Transform measures to fully digital by 2025 and incorporate all-payer data.
- Prioritize outcome and patient reported measures.
- Develop and implement measures that reflect social and economic determinants.



Source: <https://www.cms.gov/meaningful-measures-20-moving-measure-reduction-modernization>

# Aligning Quality Measures Across CMS – The Universal Foundation

- Announced in a NEJM article in March 2023  
<https://www.nejm.org/doi/full/10.1056/NEJMp2215539>
- Preliminary Adult and Pediatric Measures for use across all CMS Programs
- Priority measures for stratification and digitization

Preliminary Adult and Pediatric Universal Foundation Measures.*	
Domain	Identification Number and Name
<b>Adult</b>	
Wellness and prevention	139: Colorectal cancer screening 93: Breast cancer screening 26: Adult immunization status
Chronic conditions	167: Controlling high blood pressure 204: Hemoglobin A1c poor control (>9%)
Behavioral health	672: Screening for depression and follow-up plan 394: Initiation and engagement of substance use disorder treatment
Seamless care coordination	561 or 44: Plan all-cause readmissions or all-cause hospital readmissions
Person-centered care	158 (varies by program): Consumer Assessment of Healthcare Providers and Systems overall rating measures
Equity	Identification number undetermined: Screening for social drivers of health
<b>Pediatric</b>	
Wellness and prevention	761 and 123: Well-child visits (well-child visits in the first 30 months of life; child and adolescent well-care visits) 124 and 363: Immunization (childhood immunization status; immunizations for adolescents) 760: Weight assessment and counseling for nutrition and physical activity for children and adolescents 897: Oral evaluation, dental services
Chronic conditions	80: Asthma medication ratio (reflects appropriate medication management of asthma)
Behavioral health	672: Screening for depression and follow-up plan 268: Follow-up after hospitalization for mental illness 264: Follow-up after emergency department visit for substance use 743: Use of first-line psychosocial care for children and adolescents on antipsychotics 271: Follow-up care for children prescribed attention deficit-hyperactivity disorder medication
Person-centered care	158 (varies by program): Consumer Assessment of Healthcare Providers and Systems overall rating measures

\* Domains are from Meaningful Measures 2.0. Identification numbers are CMS Measures Inventory Tool measure family identification numbers; names reflect the descriptions associated with those numbers.

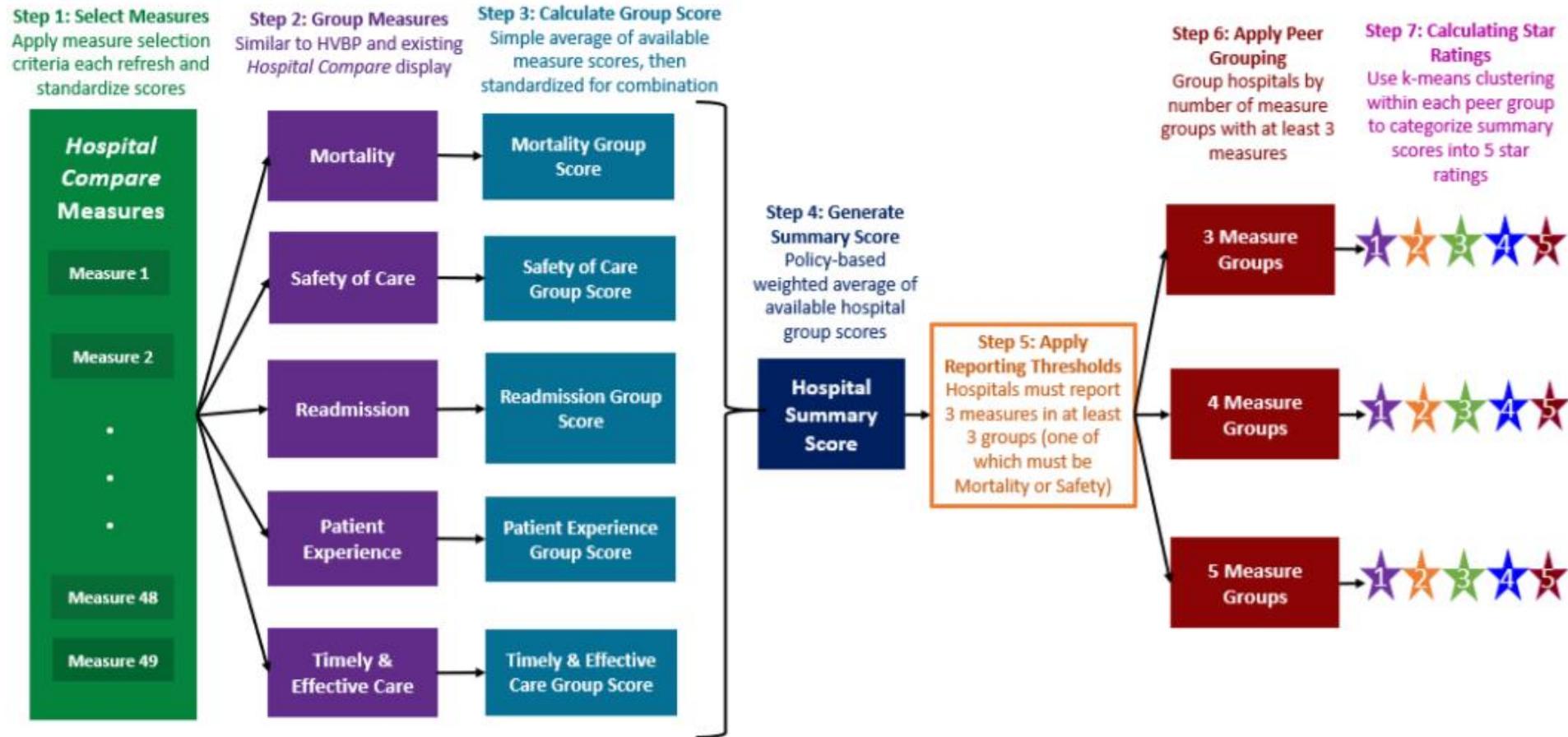
# Overall Hospital Star Rating



# Why Star Ratings for Hospitals?

- CMS has stated that the objective of the Overall Hospital Quality Star Rating project is to summarize information from existing hospital measures on Care Compare in a way that is useful and easy to interpret for patients and consumers.
- Overall Hospital Quality Star ratings, initially released in July 2016, followed CMS release of Star Ratings across a variety of health care provider types, and release of the HCAHPS Star Ratings.
  - Significant changes to the methodology were made in the 2021 rulemaking process.
- Summarizes current Care Compare measures into a single star rating.
- A significant number of small rural hospitals consistently don't meet the threshold to have a rating calculated (60-75%).

# The Seven Steps of the Overall Star Rating Methodology



Source: Comprehensive Methodology Report (v4.1) (02/26/2021), Available here: <https://qualitynet.cms.gov/inpatient/public-reporting/overall-ratings/resources>



# What Measures are Included?

*Current Care Compare* measures in five groupings:

1. **Mortality** (death rate for a variety of patient groups)
2. **Safety of Care** (HAIs and complications)
3. Readmissions (readmission rates, hospital return days)
4. Patient Experience (HCAHPS, at least 100 returned surveys)
5. Timely and Effective Care (Consolidates process measures from Effectiveness of Care, Timeliness of Care, and Efficient Use of Medical Imaging Groups)

## Notes:

- Mortality and Readmissions measures are calculated using Medicare FFS claims
- List of measures used in July 2023 release, including timeframe and data source can be found [here](#)



# What is the Threshold for Calculation?

To have an overall hospital quality star rating calculated, hospitals must have a minimum of three (3) measures in at least three (3) groups, one (1) of which must be an outcome group:

- **Safety of Care**
- **Mortality**

## Notes:

- In the previous methodology, Readmissions was included as an outcome group
- CAHs rarely meet the threshold to have safety of care measures reported on Care Compare
- Mortality measures are typically calculated using claims for a three-year period, and there is a significant time lag in the data (typically 2+ years).
- Due to the COVID-19 PHE, CMS truncated some of the time periods to avoid use of data from Q1 and Q2 2020. The July 2023 release used data from July 1, 2018, to December 1, 2019 and July 1, 2020 – June 30, 2021 for the mortality measures.



# How is the Score Calculated?

- Simple average of measure scores *within* each measure group
- Measure groups are weighted:

Table 3. Overall Star Ratings Weighting by Group

Group	Star Ratings Weight ( $w_d$ )
Mortality	22%
Safety of Care	22%
Readmission	22%
Patient Experience	22%
Timely and Effective Care	12%

## Notes:

- Measure group weights are re-proportioned if no measures are available in a measure group.
  - For example, re-proportioned weights if a hospital had measures in three groups: Mortality (39%), Readmission (39%), and Timely and Effective Care (21%)
- If meet the threshold to have a rating calculated, all measures that are available are included

Source: Comprehensive Methodology Report (v4.1) (02/26/2021)



# How do the peer groups work?

- Intent is to address concerns about comparability of hospitals with fundamental differences such as size, volume, patient case mix, and service mix
- In the updated methodology a peer grouping approach is used for determining the Star Rating ‘cut-points’:

Peer Group	Number (%) of Hospitals in July 2023 Update
Five Measure Groups	2,420 (79%)
Four Measure Groups	462 (15%)
Three Measure Groups	194 (6%)

Source: [Hospital Quality Star Ratings on Hospital Compare \(qualityreportingcenter.com\)](https://www.qualityreportingcenter.com/hospital-quality/star-ratings)



# Star Ratings – July 2023 Refresh

- Timing of Star Ratings release from CMS is not consistent but is generally once per year.
- Next updated Star Rating will be posted on Care Compare in July 2023
  - July 2023 ratings are being calculated using data from the January 2023 Care Compare Refresh
  - Data from Q1 – Q2 2020 not included, so for some measures, data periods are truncated
- **Preview your data:**
  - The July 2023 preview period was: May 3, 2023 through June 1, 2023
    - [Information on reviewing your Overall Star Rating Hospital – Specific Report \(HSR\)](#)
    - HSR provides information regarding how individual measure scores impact your rating
  - CAHs can request that their Star Rating be suppressed from Care Compare, but must do so during the preview period

Source: [Overall Hospital Quality Star Ratings: Impact of the CMS Exception \(qualityreportingcenter.com\)](#)



# Star Rating Takeaways

- Recent changes to the Overall Hospital Star Rating methodology addressed some, but not all, of the broader concerns about the ratings
  - Less than 1/3 of CAHs meet the threshold to have a rating calculated
  - Although the majority of CAHs that have a rating calculated receive 3 or 4 stars, an increased number of CAHs receive 1 or 2 stars under the revised methodology
- Availability of rural-relevant measures is a significant concern
  - Important to be looking forward to measure changes on Care Compare that may have an impact down the road



# eCQMs



# What is an eCQM?

*“Electronic clinical quality measures (eCQM) use data electronically extracted from electronic health records and/or health information technology systems to measure the quality of health care provided.”*

- eCQI Resource Center

# CMS Vision: eCQMs

*“We believe that in the near future, collection and reporting of data elements through EHRs will greatly simplify and streamline reporting for various CMS quality reporting programs, and that **hospitals will be able to switch primarily to EHR-based data reporting** for many measures that are currently manually chart abstracted and submitted to CMS for the Hospital IQR Program.”*

**Federal Register** / Vol. 81, No. 81 / Wednesday, April 27, 2016 / IPPS Proposed Rules/page 25174

# eCQM Reporting Requirements

- **Required for CAHs as part of the Medicare Promoting Interoperability Program\*** (FKA the EHR Incentive Program)
- CY 2023 Submission Deadline will be February 29, 2024
- Starting in CY 2024, increase to six measures, three self-selected, three required

Reporting Period (CY)	Number of Calendar Quarters to Report	Number of Measures to Report on Each Quarter
2020	One self-selected quarter	Four self-selected eCQMs
2021	Two self-selected quarters	Four self-selected eCQMs
2022	Three self-selected quarters	Four: 3 self-selected + Safe Use of Opioids
<b>2023</b>	<b>Four quarters</b>	<b>Four: 3 self-selected + Safe Use of Opioids</b>
2024	Four quarters	Six: 3 self-selected + Safe Use of Opioids, ePC-02, and ePC-07

\*Meeting the eCQM requirement for the Medicare Promoting Interoperability Program also satisfies the Hospital IQR Program eCQM requirement for PPS Hospitals

Sources: [www.qualityreportingcenter.com](http://www.qualityreportingcenter.com), [2021 Final IPPS Rule](#), [2023 Final IPPS Rule](#)



# Available eCQM Measures

Sources: [www.qualityreportingcenter.com](http://www.qualityreportingcenter.com), [2021 Final IPPS Rule](#), [2022 Final IPPS Rule](#), [2023 IPPS Final Rule](#)

Short Name	Available Measures by Reporting Year	CY2022	CY 2023	CY 2024
ED-2	Median Admit Decision Time to ED Departure Time for Admitted Patients^	X	X	
VTE-1	Venous Thromboembolism Prophylaxis	X	X	X
VTE-2	Intensive Care Unit Venous Thromboembolism Prophylaxis	X	X	X
PC-05	Exclusive Breast Milk Feeding^	X	X	
STK-2	Discharged on Antithrombotic Therapy	X	X	X
STK-3	Anticoagulation Therapy for Atrial Fibrillation/Flutter	X	X	X
STK-5	Antithrombotic Therapy By End of Hospital Day 2	X	X	X
STK-6	Discharged on Statin Medication^	X	X	
ePC-02	Cesarean Birth*		X	Required
ePC-07	Severe Obstetric Complications*		X	Required
HH-01	Hospital Harm—Severe Hypoglycemia		X	X
HH02	Hospital Harm—Severe Hyperglycemia		X	X
HH-ORAE	Hospital Harm – Opioid-Related Adverse Events			X
GMCS	Global Malnutrition Composite Score			X
Safe Use of Opioids	Safe Use of Opioids – Concurrent Prescribing	Required	Required	Required

^ Measure finalized for removal beginning with CY 2024 reporting year per 2022 IPPS Final Rule

\* All hospitals are required to report ePC-02 and ePC-07 starting with the CY 2024 reporting period, those that do not provide OB services should submit a zero-denominator declaration for those two measures.



# What does 'reporting' mean?

Submit the required eCQMs through any combination of the following:

- Accepted (Quality Reporting Data Architecture) QRDA Category I files with patients meeting the initial patient population (IPP) of the applicable measures
- Zero denominator declarations\*
- Case threshold exemptions ( $\leq 5$  cases in the reporting quarter)\*

\*Submitted via Hospital Quality Reporting (HQR) system through a HARP account, EHR must have capability to report the measures.

Source: [https://www.qualityreportingcenter.com/globalassets/iqr2021events/ecqm030921/ecqm-webinar\\_qa-session-cy-2020\\_030921\\_slides\\_vfinal508.pdf](https://www.qualityreportingcenter.com/globalassets/iqr2021events/ecqm030921/ecqm-webinar_qa-session-cy-2020_030921_slides_vfinal508.pdf)



# Hardship Exception – Promoting Interoperability Program

“A CAH may, on a case-by-case basis, be granted an exception from this adjustment if CMS or its Medicare contractor determines, on an annual basis, that a significant hardship exists.”

For more information: [https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/PaymentAdj\\_Hardship.html](https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/PaymentAdj_Hardship.html)

**Note:** PPS hospitals would also need to submit an Extraordinary Circumstances Exception (ECE) request for eCQM reporting for the Hospital IQR Program,

# eCQMs and Public Reporting

- eCQM data is *not* currently reported on [CMS Care Compare](#)
- CMS indicated they would start public reporting of eCQM measures starting with CY 2021 data, available to the public as early as Fall 2022:
  - eCQM measures were first included in the [January 2023 Care Compare Preview Reports](#)
  - The January 2023 preview reports indicated that the eCQM data will be released in the [Provider Data Catalog](#) (but not on Care Compare)
  - It is likely that future releases will be included on Care Compare (*timeline TBD*)
- CMS combines the validation processes for eCQMs with the process for IQR chart-abstracted measure data (*CAHs are not subject to CMS data validation requirements*)

Sources: [www.qualityreportingcenter.com](http://www.qualityreportingcenter.com)  
and [2021 Final IPPS Rule](#)

# On the Horizon



# Hybrid Hospital-Wide All-Cause Readmissions

- Submission of clinical variables and linking data elements that are combined with claims data to calculate a risk-standardized readmission rate
- Timeline for implementation as part of **IQR**:
  - Voluntary pilot in CY 2018
  - Full implementation:
    - Two voluntary reporting periods:
      - July 1, 2021, through June 30, 2022 (Data Due September 30, 2022)
      - July 1, 2022, through June 30, 2023 (Data Due October 2, 2023)
    - First required **IQR** reporting period:
      - July 1, 2023 – June 30, 2024 (Data Due October 1, 2024)
- Hybrid HWR measure data to be publicly reported starting with the July 2025 refresh of *Care Compare* (replacing the claims-based only HWR measure)

Reporting information: [Reporting the Hybrid Hospital-Wide Readmission Measure to the Hospital IQR Program \(qualityreportingcenter.com\)](https://www.qualityreportingcenter.com/Reporting-the-Hybrid-Hospital-Wide-Readmission-Measure-to-the-Hospital-IQR-Program)



# Hybrid Hospital-Wide All-Cause Readmissions cont.

- Clinical variables (first captured):
  - ✓ Heart Rate
  - ✓ Systolic Blood Pressure
  - ✓ Respiratory Rate
  - ✓ Temperature
  - ✓ Oxygen Saturation
  - ✓ Weight
  - ✓ Hematocrit
  - ✓ White Blood Cell Count
  - ✓ Potassium
  - ✓ Sodium
  - ✓ Bicarbonate
  - ✓ Creatinine
  - ✓ Glucose
- Linking data elements:
  - ✓ CMS Certification Number
  - ✓ Health Insurance Claims Number or Medicare Beneficiary Identifier
  - ✓ Date of birth
  - ✓ Sex
  - ✓ Admission date
  - ✓ Discharge date.
- Format: QRDA 1 (Quality Reporting Data Architecture)

Source: [www.qualityreportingcenter.com](http://www.qualityreportingcenter.com) and [2020 Final IPPS Rule](#)



# Maternal Morbidity and Birthing Friendly

- Maternal Morbidity Structural Measure\*
  - Participation in perinatal quality improvement program *and* implementation of safety bundles if provide inpatient labor/delivery care
  - Submitted annually reflecting the prior CY, deadline was May 15, 2023
- CMS Birthing Friendly Hospital Designation
  - Initially, the designation will be based on a hospital's attestation to the Maternal Morbidity Structural Measure. Will be reported on Care Compare in Fall 2023
  - In the future rulemaking, CMS intends to proposed a more robust set of metrics, potentially including:
    - Two maternal health electronic clinical quality measures (eCQMs) the Cesarean Birth eCQM and Severe Obstetric Complications eCQM
    - Additional future measures that are equity-focused, and/or measures that capture patient-reported outcomes or experiences of care

\*Reporting Information: [HCP COVID-19 Vaccination Measure and Maternal Morbidity Structural Measure \(qualityreportingcenter.com\)](https://www.qualityreportingcenter.com)

Source: [2022 IPPS Final Rule](#) and [2023 Final IPPS Rule](#)



# 2022 OPPS Final Rule: Quality Measures

- Removal of two chart-abstracted measures in CY 2023\*
  - OP-2: Fibrinolytic Therapy Received Within 30 Minutes
  - OP-3: Median Time to Transfer to Another Facility for Acute Coronary Intervention
- Addition of ST-Segment Elevation Myocardial Infarction (STEMI) eCQM (OP-40) starting in CY 2023\*\*
  - Clinically similar to current OP-2 and OP-3
  - First eCQM under the Outpatient Quality Reporting Program (OQR, not aligned with Promoting Interoperability requirements at this time)
- Breast Screening Recall Rate (OP-39)
  - Claims-based measure (Medicare FFS)
  - Performance score within the target recall range
  - Initial measure calculation data period: July 1, 2020, to June 30, 2021

\*The last quarter of submission for OP-2 and OP-3 is Q1 2023 encounters

\*\*Technical details for OP-40 can be found here: [Outpatient Quality Reporting eQMs | eCQI Resource Center \(healthit.gov\)](#)

Source: [2022 OPPS Final Rule](#)  
Released 11/16/2021



# 2022 & 2023 IPPS Final Rules: New Measures

- COVID-19 Vaccination Coverage among Health Care Professionals
  - Reported quarterly via CDC NHSN
- Hybrid Hospital-Wide All-Cause Risk Standardized *Mortality* Measure (initial voluntary reporting period of 7/1/2022 – 6/30/2023)
- Patient Reported Outcome Measure (PROM): Elective Total Hip/Total Knee Arthroplasty (pre/post)\*
- **Hospital Commitment to Health Equity (Structural Measure, CY 2023)**
- **Health-Related Social Needs (HRSN), % screened AND % positive (CY 2023 voluntary, 2024 mandatory for IQR)**

\*For more information: [THA/TKA PRO-PM Overview \(cms.gov\)](https://www.cms.gov/medicare/ipp/2022-2023-ipp-final-rule)

Source: [2022 IPPS Final Rule](https://www.cms.gov/medicare/ipp/2022-2023-ipp-final-rule) and [2023 Final IPPS Rule](https://www.cms.gov/medicare/ipp/2023-2024-ipp-final-rule)



# Health Equity and Social Needs Measure Details



# CMS Health Equity Measure

## Hospital Commitment to Health Equity (HCHE)

- Domain 1 – Equity is a Strategic Priority
- Domain 2 – Data Collection
- Domain 3 – Data Analysis
- Domain 4 – Quality Improvement
- Domain 5 – Leadership Engagement
- Anticipate reporting will be attestation via the HQR secure portal
- Timeline: Anticipated reporting deadline in Spring 2024 (reflecting CY 2023)
- Hospital score can be a total of zero to five points (one point for each domain, must attest “yes” to all sub-questions in each domain, no partial-credit)
- [Specifications](#) and [Attestation Guidance](#) available on QualityNet

# CMS Social Drivers of Health Measures

- Screening for Social Drivers of Health
  - Percent of patients 18 and older admitted for an inpatient stay that are screened for health-related social needs (HRSN) relating to five areas:
    - Food insecurity
    - Housing instability
    - Transportation needs
    - Utility difficulties
    - Interpersonal safety
- Screen positive rate for social drivers of health
  - Calculated as five separate rates:
    - Numerator: Number that screen positive for each of the five HRSNs
    - Denominator: Total number of patients 18 or older screened for all five HRSNs



# CMS Social Drivers of Health Measures cont.

- Reporting anticipated to be submission of numerators and denominators through the HQR Secure Portal
- CMS is not requiring a specific screening tool be used, but all five areas of HRSN must be included. A list of suggested tools is available.
- Will follow annual structural measure reporting requirements – anticipate a spring deadline for submission reflecting the year prior.
- [Specifications](#) and [FAQ](#) available on QualityNet
- CMS has contracted with Yale CORE to redesign the measure(s) as an inpatient hospital eCQM, with technical expert panel (TEP) activities anticipated from late 2022 through spring 2024.



# Crystal Ball



# 2024 IPPS *Proposed Rule*

- Proposed changes to HCAHPS Survey Administration:
  - Incorporate web-based options to modes of survey distribution starting in January 2025
  - Allow patient proxy to complete the survey
  - Extend data collection period to 49 days (from 42 days)
  - Limit supplemental items to no more than 12
  - Require collection of information about language that the patient speaks while in the hospital, and require official Spanish translation be administered to all patients who prefer Spanish (starting January 2025)

# 2024 IPPS *Proposed Rule*, cont.

- Expand cohort for Hybrid Hospital-Wide Readmissions and Mortality measures to include Medicare Advantage patients
- Three potential new eCQMs:
  - Hospital Harm – Pressure Injury eCQM
  - Hospital Harm – Acute Kidney Injury eCQM
  - Excessive Radiation Dose or Inadequate Image Quality for Diagnostic Computed Tomography (CT) in Adults
- Modification of the COVID-19 Vaccination Coverage Among Healthcare Personnel Measure (“up-to-date” vs. complete)
- Measure removal: Early Elective Delivery (PC-01, starting with CY 2024)

# 2024 IPPS Proposed Rule: Request for Information

- CMS is seeking input on the potential addition of Geriatric Hospital and/or Geriatric Surgical Structural Measure(s)
  - The two measures are similar and include a variety of domains with 1 or 2 attestation statements in each domain.
  - Potential for CMS to establish a publicly reported hospital designation to capture the quality and safety of patient-centered geriatric care.

## Examples

Domain 1: Identifying Goals of Care Attestation Statements:

- Advance Care Planning
- Patient Goals

Domain 3: Cognition and Delirium Attestation Statement:

- Delirium and Cognition Screening

See pages 982 – 985 of the proposed rule for full measure information: [2023-07389.pdf](#)

# MBQIP Going Forward

- Consideration of measures that align with other Federal programs and priorities
  - Equity and social needs-related measures?
  - eCQMs?
  - Readmissions or other claims-based or Hybrid measures?
- Continued exploration regarding measures related to other areas of interest (i.e., swing bed care, etc.)
  - Primary challenge: Availability of nationally standardized measures and reporting channels
- Anticipate increased attention and focus on improvement and infrastructure for improvement

# MBQIP Updates -Timeline

- January – February 2023, feedback request:
  - [MBQIP Measures Under Consideration Request for Feedback](#)
  - Request for input on 10 measures that are available through other Federal programs:
    - Health equity and social needs screening (3 measures)
    - Hybrid Hospital-Wide 30-Day Readmissions
    - eCQMs (4 measures)
    - Antimicrobial Use and Resistance (AUR)
    - Sepsis



# Provide Input!

## Your input is needed to improve quality measurement and reporting:

- Provide comments on proposed recommendations, rules, and regulations
- Participate in discussions at a state and national level – share what works (or doesn't) for your hospital
- [National Quality Forum Rural Health Advisory Group](#) (*Future TBD*)
  - Previous reports and information still available including rural recommendations as framework and guidance (e.g., Key Rural Measures)
  - Anticipate there will be future opportunities to provide feedback and input, but structure and process under new CMS contractor is currently unclear.
  - Future information: [Partnership for Quality Measurement \(p4qm.org\)](#)

# Resources: Overall Star Ratings

- [Understanding CMS Changes to Hospital Overall Star Ratings: American Hospital Association Issue Brief](#)
- Technical Information: <https://qualitynet.cms.gov/inpatient/public-reporting/overall-ratings>
- Articles:
  - Modern Healthcare: [Acute-care hospitals see higher star ratings on new CMS methodology](#) April 28, 2021 (subscription may be required)
  - JAMA Network Viewpoint: [An Evolving Hospital Quality Star Rating System From CMS Aligning the Stars](#) May 17, 2021



# Resources: eCQMs and Hybrid Measure(s)

- [Quality Reporting Center](#): eCQM related webinars and tools, predominantly focused on CMS reporting requirements (IQR/OQR/Promoting Interoperability Program)
- [eCQI Resource Center](#): Supported by CMS and ONC (Office of the National Coordinator), the eCQI (electronic Clinical Quality Improvement) Resource Center is a centralized location for news, information, tools, and standards related to eCQI and eCQMs (*primarily technical information*)
- [QualityNet eCQM Reporting](#): Submission portal, tools, information, resources

For questions on the **Promoting Interoperability Program**  
and **eCQM data submission process**  
contact the *QualityNet* Service Center at  
(866) 288-8912 or [qnetsupport@hcqis.org](mailto:qnetsupport@hcqis.org)



# Questions?

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[www.stratishealth.org](http://www.stratishealth.org)

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