Flex Monitoring Team | University of Minnesota
University of North Carolina at Chapel Hill
University of Southern Maine

Past MBQIP Award Winners and Methodology

This document contains information about the methodology used to determine MBQIP Award winners each year since the awards were launched in 2015. For each year, the following are included:

- Top 10 States - ranking of the top 10 performing states for MBQIP as determined by the Flex Monitoring Team (FMT)
- Data/definitions used – details the data that the FMT used and how they was categorized to determine the top 10 rankings
- Methods – details the steps the FMT took in analyzing the data to determine the top 10 rankings
- Most Improved Across All Domains (2015-2019) – details the reasoning behind the recipients selected for exemplary quality reporting and performance improvement
- Most Improved in Each Domain (2015 only) – details the reasoning behind the recipients selected for exemplary commitment to improving performance in each of the four MBQIP domains
- Spirit Award – details reasoning behind selection of recipients recognized for exemplifying the collaborative and innovative spirit of MBQIP

The purpose of this document is to provide some context for how the awards have been determined in the past, but please note that any of the details in each of these categories is subject to change year over year.

If you have questions regarding the Top 10 states, data/definitions used, or methods, please contact Megan Lahr with the Flex Monitoring Team at lahrx074@umn.edu.

If you have questions regarding the Most Improved and Flex QI Award (formerly “MBQIP Spirit Award) categories and your state specific rankings, please contact MBQIP@hrsa.gov.

2023 MBQIP Awards

Top 10 States

1. New Hampshire
2. Illinois
3. Arkansas
4. New York
5. Nebraska
6. Nevada and West Virginia
8. South Carolina
9. Michigan and Utah

Data/definitions used:

- Analysis is based on data reported by CAHs with signed Memorandums of Understanding (MOUs) in the MBQIP program.
- Inpatient, outpatient, HCAHPS, and EDTC data are from Q1-Q4 2021; these are the data that were used to create the FMT 2021 MBQIP Quality Measures Annual Reports.
- Measures used for calculating reporting and performance included: 1) two MBQIP Core inpatient measures (HCP/IMM-3 and Antibiotic Stewardship); 2) four MBQIP Core outpatient measures (OP-2, OP-3b, OP-18b, OP-22); 3) ten HCAHPS measures; and 4) eight EDTC measures.
- Reporting was defined as reporting data on at least one measure with a denominator value for inpatient and outpatient; reporting data with at least one completed survey for HCAHPS; and reporting data on at least one case for EDTC. Due to the lack of population and sampling data for Q1-Q3 2020, a denominator of zero for measures OP-2, OP-3b, or OP-18b reported by a CAH in those quarters was not included for reporting criteria. For all four categories, reporting is calculated out of all CAHs in a state (not just those with signed MOU).
- The number of CAHs by state is from the FMT CAH database and is based on certification status as of December 31, 2021.

Methods:

1. For each state, we calculated:
    - An inpatient reporting percentage (the percent of CAHs in the state reporting data on at least one core inpatient measure)
    - An outpatient reporting percentage (the percent of CAHs in the state reporting data on at least one core outpatient measure)
    - An HCAHPS reporting percentage (the percent of CAHs in the state reporting HCAHPS data for at least one completed HCAHPS survey)
    - An EDTC reporting percentage (the percent of CAHs in the state reporting EDTC data for at least one patient)
    - An inpatient better performance measure (the number of inpatient measures on which CAHs in the state performed significantly better than CAHs in all other states)

- An outpatient better performance measure score (the number of outpatient measures on which CAHs in the state performed significantly better than CAHs in all other states)
- An HCAHPS better performance measure score (the number of HCAHPS measures on which CAHs in each state performed significantly better than CAHs in all other states)
- An EDTC better performance measure score (the number of EDTC sub-measures on which CAHs in each state performed significantly better than CAHs in all other states)

2. We then ranked the 45 Flex states on each of the eight measures above to create four reporting ranks (inpatient, outpatient, HCAHPS, and EDTC) and four performance ranks (inpatient, outpatient, HCAHPS, and EDTC). When multiple states had the same score, they each received the same rank (e.g., several states had 100% of their CAHs reporting inpatient measures and each received a rank of one).

3. Each state's four reporting ranks were summed, and states were re-ranked to create a total reporting rank for each state. Similarly, each state's four performance ranks were summed, and states were re-ranked to create a total performance rank for each state.

4. Each state's total reporting rank and total performance rank were then summed, and states were ranked one last time on this combined reporting and performance sum.

5. This method gives equal weight to reporting and performance across the four types of measures (inpatient, outpatient, HCAHPS, and EDTC).

Flex QI Awards (Formerly, MBQIP Spirit Awards)

This award is presented to Flex Coordinator(s) that exemplify the collaborative and innovative spirit of the MBQIP program. FORHP launched the Flex QI Awards as an opportunity to recognize innovation and excellence within Program Area 1 (Quality Improvement) of the Flex Program. Each year, the Flex program devotes approximately $13 million to support activities in Flex that aim to improve quality of care for rural patients. This is a significant investment of Federal funds and the largest sum overall within the Flex Program. Accordingly, the acknowledgement of state efforts to meet the goals of MBQIP that go above and beyond as demonstrated by collaborative, innovative solutions to real-world challenges within rural facilities is an important recognition to underscore the success of the Flex program in improving quality of care for rural patients.

Activities within Program Area 1 are approved by Flex Project Officers (POs) for each state on a yearly basis. Therefore, this award is a PO-driven annual nomination that receives input and support from all three Flex partners. State Flex Programs that demonstrate excellence and innovation in Program Area 1 are nominated by the MBQIP Program lead and/or the state's PO. The MBQIP Program Lead coordinates a vote and gathers input from Flex partners. The MBQIP Program Lead also develops a list of semi-finalists based on input gathered from Flex partners and POs and then organizes a final PO vote. The Flex Program Lead may also make final decisions before announcing the finalists to the Hospital State Division leadership and the Flex partners.

This year, FORHP focused the theme on "innovation in quality improvement" and recognized the following states:

- Ashley Wallace—Kansas
    - The Kansas Flex Program demonstrated excellence in program area 1 as evidenced by their efforts to develop and implement QI programs through an effective cohort project approach. One example is a cohort that was implemented in September 2022 to assist hospitals in developing/updating their antibiotic stewardship programs. This project was very well received by the nine participating hospitals. Simultaneously, the KS program also launched an innovative approach to patient satisfaction by convening a Learning Collaborative to assist hospitals in implementing patient and family engagement practices. Some of the teams are expanding to work on patient engagement in their clinics too. KS has been successful in implementing learning/networking collaboratives to assist hospitals, a strategy that has proved successful as a model for peer sharing and the model has been scaled up to other areas of QI, such as improving care transitions, educating hospitals on federal guidance, and in identifying and collecting meaningful swing bed measures. In addition, the KS programs go above and beyond in the area of QI by supporting provider-based Rural Health Clinics (RHCs) in discussions around collecting quality measures and developing projects to use this data to drive improvements in their facilities. For example, in the past year, KS conducted focus group meetings and identified the desire for a practical way to assess patient experience. They developed a short survey to be given to the patient at the end of the visit and results are then uploaded to an electronic portal so pilot hospitals can compare with each other. This innovative project launched in May 2022 and has been very successful in helping KS prioritize their activities for improvement.

- Jennifer Wagner—Montana
    - Montana played a leading role in bringing together a group of states for a 4-session learning collaborative that was very successful in meeting quality outcomes. This innovative approach was a catalyst in MBQIP for utilizing cross-state collaborative efforts that were specifically driven by the state's leadership to help the MT hospital QI outcomes in a way that is uniquely informed by other states' work.

- Ronnie Rom—Massachusetts
    - In the state of MA, new QI ideas were planted related to special initiatives to prevent adverse drug events. MA demonstrated excellence in QI by launching MA Rural Hospital Health Equity Affinity Group in partnership with the MA Quality Innovation Network – Quality Improvement Organization (QIN-QIO), and using the Health Equity Organizational Assessment (HEOA) survey tool from CMS as a measure of the hospital's progress and accomplishments. This unique work showcased the state's role as a collaborative force behind the multi-partner initiative that ultimately encouraged all hospitals in MA to join forces on an important patient safety topic.

- John Olson – Vermont
    - Vermont demonstrated innovation in quality improvement strategies particularly as it related to hospital engagement for improving quality of care in the area of mental health. Vermont pushed efforts to encourage all hospitals to choose an area of focus and provided exceptional leadership in supporting and advocating for the needs of hospitals. Collectively, they chose to expand work on new and fresh ideas for a reducing Emergency Department (ED) wait times that help improve suicide prevention services that initiate within an acute care setting. VT worked closely with hospitals to align

regulatory requirements, monetary and technical assistance resources to bring together a group of subject matter experts. Under the state's leadership, the group of experts was linked with local funding sources to help expand the impact of this initiative that ultimately benefited the outcomes and expanded the impact for hospitals. In this past FY, all CAHs in the state of VT focused on reducing wait times in EDs, specifically for pediatric patients experiencing mental health crises. This is a novel idea that has not been explored before and coordinating this project with other state and federal funding helped VT in maximize technical assistance to hospitals. This has now become a 3-year project.

2022 MBQIP Awards

Top 10 States

3. Utah
4. Wisconsin
7. South Carolina
8. West Virginia
9. Nebraska
10. Maine and Pennsylvania
10. Michigan and New Hampshire
10. Virginia

Data/definitions used:

- Analysis is based on data reported by CAHs with signed Memorandums of Understanding (MOUs) in the MBQIP program.
- Inpatient, outpatient, HCAHPS, and EDTC data are from Q1-Q4 2020; these are the data that were used to create the FMT 2020 MBQIP Quality Measures Annual Reports.
- Measures used for calculating reporting and performance included: 1) two MBQIP Core inpatient measures (HCP/IMM-3 and Antibiotic Stewardship); 2) four MBQIP Core outpatient measures (OP-2, OP-3b, OP-18b, OP-22); 3) ten HCAHPS measures; and 4) eight EDTC measures.
- Reporting was defined as reporting data on at least one measure with a denominator value for inpatient and outpatient; reporting data with at least one completed survey for HCAHPS; and reporting data on at least one case for EDTC. Due to the lack of population and sampling data for Q1-Q3 2020, a denominator of zero for measures OP-2, OP-3b, or OP-18b reported by a CAH in those quarters was not included for reporting criteria. For all four categories, reporting is calculated out of all CAHs in a state (not just those with signed MOU).
- The number of CAHs by state is from the FMT CAH database and is based on certification status as of December 31, 2020.

Methods:

6. For each state, we calculated:
    - An inpatient reporting percentage (the percent of CAHs in the state reporting data on at least one core inpatient measure)

- An outpatient reporting percentage (the percent of CAHs in the state reporting data on at least one core outpatient measure)
- An HCAHPS reporting percentage (the percent of CAHs in the state reporting HCAHPS data for at least one completed HCAHPS survey)
- An EDTC reporting percentage (the percent of CAHs in the state reporting EDTC data for at least one patient)
- An inpatient better performance measure (the number of inpatient measures on which CAHs in the state performed significantly better than CAHs in all other states)
- An outpatient better performance measure score (the number of outpatient measures on which CAHs in the state performed significantly better than CAHs in all other states)
- An HCAHPS better performance measure score (the number of HCAHPS measures on which CAHs in each state performed significantly better than CAHs in all other states)
- An EDTC better performance measure score (the number of EDTC sub-measures on which CAHs in each state performed significantly better than CAHs in all other states)

7. We then ranked the 45 Flex states on each of the eight measures above to create four reporting ranks (inpatient, outpatient, HCAHPS, and EDTC) and four performance ranks (inpatient, outpatient, HCAHPS, and EDTC). When multiple states had the same score, they each received the same rank (e.g., several states had 100% of their CAHs reporting inpatient measures and each received a rank of one).

8. Each state's four reporting ranks were summed, and states were re-ranked to create a total reporting rank for each state. Similarly, each state's four performance ranks were summed, and states were re-ranked to create a total performance rank for each state.

9. Each state's total reporting rank and total performance rank were then summed, and states were ranked one last time on this combined reporting and performance sum.

10. This method gives equal weight to reporting and performance across the four types of measures (inpatient, outpatient, HCAHPS, and EDTC).

Flex QI Award (Formerly, MBQIP Spirit Award)

This award is presented to Flex Coordinator(s) that exemplify the collaborative and innovative spirit of the MBQIP program. This year, FORHP also considered state efforts to maintain engagement with hospitals and problem-solve around COVID-19 related challenges. FORHP Project Officers presented nominations and asked Flex partners to review nominees and put forward other nominations. Selection was based on compelling evidence that SFCs innovatively problem solved issues to drive quality improvement activities in their state.

- Scott Daniels – Hawaii
  - Hawaii demonstrated innovation in quality improvement strategies particularly as it related to conducting and/or adapting activities in a culturally competent way, and through their commitment to obtain data in order to enhance quality related activities in the state. Hawaii has made significant progress on preparing the CAHs for the enhance quality payments from

the Hawaii State Medicaid (MedQUEST) program despite initial delays experienced around July 2021. Hawaii was able to take advantage of this delay to better educate the CAHs on the program and to help better prepare them for the program. In addition, Hawaii uses MBQIP data to make important decisions on program activities. For example, they discovered that some CAHs had suddenly stopped reporting the OP-18b measure that was being monitored for the quality payment. The delay during the pandemic propelled Hawaii to design a **Quality Innovation Lab** (QIL) project for the 2021 project year, and during that time, they recruited all hospitals and also got all hospitals to properly report the OP-18b measure. This project has helped with Hawaii's CAHs having a better appreciation of value-based payments and the role of quality in the future of healthcare reimbursement. Scott has been very involved with working directly with Hawaii MedQuest to make decisions about the project to ensure its success despite many challenges faced during the Pandemic.

2021 MBQIP Awards

Top 10 States

5. Virginia and South Carolina
11. Nebraska
12. Massachusetts
13. Utah
14. Wisconsin
7. Michigan and North Dakota
11. Georgia and New York

Data/definitions used:

- Analysis is based on data reported by CAHs with signed Memorandums of Understanding (MOUs) in the MBQIP program.
- Inpatient, outpatient, HCAHPS, and EDTC data are from Q1-Q4 2019; these are the data that were used to create the FMT 2019 MBQIP Quality Measures Annual Reports.
- Measures used for calculating reporting and performance included: 1) 3 MBQIP Core inpatient measures (HCP/IMM-3, ED-2b, Antibiotic Stewardship); 2) 4 MBQIP Core outpatient measures (OP-2, OP-3b, OP-18b, OP-22); 3) 10 HCAHPS measures; and 4) 7 EDTC measures.
- Reporting was defined as reporting data on at least one measure with a denominator of 1 or more for inpatient and outpatient; reporting data with at least one completed survey for HCAHPS; and reporting data on at least one case for EDTC. For all four categories, reporting is calculated out of all CAHs in a state (not just those with signed MOU).
- The number of CAHs by state is from the FMT CAH database and is based on certification status as of December 31, 2019.

Methods:

11. For each state, we calculated:
    - An inpatient reporting percentage (the percent of CAHs in the state reporting data on at least one core inpatient measure)
    - An outpatient reporting percentage (the percent of CAHs in the state reporting data on at least one core outpatient measure)
    - An HCAHPS reporting percentage (the percent of CAHs in the state reporting HCAHPS data for at least one completed HCAHPS survey)
    - An EDTC reporting percentage (the percent of CAHs in the state reporting EDTC data for at least one patient)
    - An inpatient better performance measure (the number of inpatient measures on which CAHs in the state performed significantly better than CAHs in all other states)
    - An outpatient better performance measure score (the number of outpatient measures on which CAHs in the state performed significantly better than CAHs in all other states)
    - An HCAHPS better performance measure score (the number of HCAHPS measures on which CAHs in each state performed significantly better than CAHs in all other states)

- An EDTC better performance measure score (the number of EDTC sub-measures on which CAHs in each state performed significantly better than CAHs in all other states)

12. We then ranked the 45 Flex states on each of the eight measures above to create four reporting ranks (inpatient, outpatient, HCAHPS, and EDTC) and four performance ranks (inpatient, outpatient, HCAHPS, and EDTC). When multiple states had the same score, they each received the same rank (e.g., several states had 100% of their CAHs reporting inpatient measures and each received a rank of one).

13. Each state's four reporting ranks were summed, and states were re-ranked to create a total reporting rank for each state. Similarly, each state's four performance ranks were summed, and states were re-ranked to create a total performance rank for each state.

14. Each state's total reporting rank and total performance rank were then summed, and states were ranked one last time on this combined reporting and performance sum.

15. This method gives equal weight to reporting and performance across the four types of measures (inpatient, outpatient, HCAHPS, and EDTC).

Spirit Award

This award is presented to the Flex Coordinator that exemplifies the collaborative and innovative spirit of the MBQIP program. This year, FORHP also considered state efforts to maintain engagement with hospitals and problem-solve around COVID-19 related challenges.

- Robert Shaw – Texas
    - Texas exemplifies the MBQIP spirit through their innovation in quality improvement strategies, and commitment to get CAHs to easily report and track measures. Texas successfully problem-solved around challenges related to maintaining and strengthening communication with CAHs. With the largest amount of CAHs from any State Flex Program, Texas invested resources to regionalize the state and to make MBQIP trouble-free for CAHs. In the past year, Texas implemented a user-friendly measure reporting portal, and rolled out other CAH engagement resources that have served as examples to other states.
- Jill Bullock – Arizona
    - Jill exemplifies the collaborative spirit of MBQIP and embodies the quality improvement culture that is crucial for success in MBQIP. Through innovative collaboration with another state and FORHP, Arizona began to explore tangible approaches to engage tribal and IHS hospitals. These facilities have traditionally had low participation in MBQIP. Through a demonstrated commitment to engage tribal and IHS hospitals, Arizona has become a leader in raising awareness of the reporting challenges and the need for equitable engagement across the state's CAHs. In collaboration with FORHP, Jill has also encouraged the intervention of stakeholders like IHS to solve the problem of low CAH engagement in Arizona. She is always willing to lend a hand to other state Flex programs and despite delays and challenges, continues her commitment to improve measure reporting among these CAHs.
- Alia Hayes – New Hampshire

- For her coordination efforts to sustain innovative quality improvement initiatives. New Hampshire has leveraged best practices learned in previous years to continue building a culture of quality improvement among CAHs. Despite staff changes in the past year, Alia has demonstrated commitment to maintain strong relationships with CAHs.

2020 MBQIP Awards

Top 10 States

1. Virginia
2. South Carolina
3. Wisconsin
4. Idaho
5. Michigan
6. Georgia
7. Nebraska
8. Massachusetts
9. Illinois and Utah

Data/definitions used:

- Analysis is based on data reported to Hospital Compare and suppressed data from CMS for inpatient, outpatient and HCAHPS measures, and on MBQIP EDTC data reported to FORHP.
- Inpatient, outpatient, and HCAHPS data are from Q1-Q4 2018; these are the data that were used to create the FMT 2018 State HCAHPS Reports and State Inpatient, Outpatient and Structural Measure Quality Reports. The EDTC data are from Q1-Q4 2019.
- Measures used for calculating reporting and performance included: 1) 3 MBQIP Core inpatient measures (OP-27/IMM-3, ED-2b, Antibiotic Stewardship); 2) 4 MBQIP Core outpatient measures (OP-2, OP-3b, OP-18b, OP-22); 3) 10 HCAHPS measures; and 4) 7 EDTC measures.
- Reporting was defined as reporting data on at least one measure with a denominator of 1 or more for inpatient and outpatient; reporting data with at least one completed survey for HCAHPS; and reporting data on at least one case for EDTC. For all four categories, reporting is calculated out of all CAHs in a state (not just those publicly reporting).
- The number of CAHs by state is from the FMT CAH database and is based on certification status as of December 31, 2018.

Methods:

1. For each state, we calculated:
    - An inpatient reporting percentage (the percent of CAHs in the state publicly reporting data on at least one inpatient measure out of all CAHs in the state)
    - An outpatient reporting percentage (the percent of CAHs in the state publicly reporting data on at least one outpatient measure out of all CAHs in the state)
    - An HCAHPS reporting percentage (the percent of CAHs in the state reporting HCAHPS data for at least one completed HCAHPS survey)
    - An EDTC reporting percentage (the percent of CAHs in the state reporting EDTC data for at least one patient)
    - An inpatient better performance measure (the number of inpatient measures on which CAHs in the state performed significantly better than CAHs in all other states)

- An outpatient better performance measure score (the number of outpatient measures on which CAHs in the state performed significantly better than CAHs in all other states)
- An HCAHPS better performance measure score (the number of HCAHPS measures on which CAHs in each state performed significantly better than CAHs in all other states)
- An EDTC better performance measure score (the number of EDTC sub-measures on which CAHs in each state performed significantly better than CAHs in all other states)

2. We then ranked the 45 Flex states on each of the eight measures above to create 4 reporting ranks (inpatient, outpatient, HCAHPS, and EDTC) and 4 performance ranks (inpatient, outpatient, HCAHPS, and EDTC). When multiple states had the same score, they each received the same rank (e.g., several states had 100% of their CAHs reporting inpatient measures and each received a rank of 1).

3. Each state's 4 reporting ranks were summed, and states were re-ranked to create a total reporting rank for each state. Similarly, each state's 4 performance ranks were summed, and states were re-ranked to create a total performance rank for each state.

4. Each state's total reporting rank and total performance rank were then summed, and states were ranked one last time on this combined reporting and performance sum.

5. This method gives equal weight to reporting and performance across the 4 types of measures (inpatient, outpatient, HCAHPS, and EDTC).

Spirit Award

This award is presented to the Flex Coordinator that exemplifies the collaborative and innovative spirit of the MBQIP program.

The award selection involved a formal call for nominations that was sent to all states and Flex partners. FORHP convened a selection committee with three Federal staff members. Committee members reviewed all applications submitted by the deadline, and ranked the applications based on a pre-determined set of criteria. For 2020, the scoring criteria included the following:

- The nomination gives a clear understanding of why the person is being nominated.
- How well does the nomination demonstrate that the nominee(s) have made remarkable strides in the areas of innovation as it relates to MBQIP?
- How well does the nomination demonstrate that the nominee(s) have made remarkable strides in improvements, and/or collaborations to advance MBQIP objectives in their state?

The final rankings were based on the top score averages from the criteria listed above. The following awardees were selected:

- Kyle Cameron, Wyoming, Program Manager, SHIP and Flex Program
    - Kyle exemplifies commitment and dedication to CAHs in Wyoming. She demonstrated a drive to support CAH efforts towards MBQIP reporting and improvement. Kyle uses MBQIP data to drive program planning and to make decisions on the allocation of resources to CAHs and goes the extra mile to maintain relationships with each of the CAH quality improvement and leadership team members. She builds program activities and creates opportunities that include all hospital departments.

- Nick Galvez, North Carolina, Rural Hospital Program Manager
    - For his positive energy, enthusiasm and drive to develop relationships with hospitals and other stakeholders in order to improve the Rural Hospital Program in North Carolina. He visited all 20 Critical Access Hospitals within the first year and continued to strengthen connections with CAHs by the close of his second year.

- Stephanie Sayegh, Idaho, Health Program Manager, Flex and SHIP Coordinator
    - Stephanie exemplifies the collaborative and innovative spirit of MBQIP through her on-going willingness to go the extra mile to support Idaho CAHs and Flex peers nationwide. She has a unique ability to instill confidence in new CAH MBQIP staff. She is insightful and acutely aware of Idaho's unique CAH challenges and implements many creative strategies to address them. Stephanie invests significant time and effort building successful collaborative relationships with CAH staff and partner organizations. She

2019 MBQIP Awards

Top 10 States

1. Pennsylvania
2. Massachusetts
3. Michigan
4. Utah
5. Alabama & Nebraska
7. Illinois & Maine
9. Minnesota
10. Wisconsin

Data/definitions used:

- Analysis is based on data reported to Hospital Compare and suppressed data from CMS for inpatient, outpatient and HCAHPS measures, and on MBQIP EDTC data reported to FORHP.
- Inpatient, outpatient, and HCAHPS data are from Q1-Q4 2017; these are the data that were used to create the FMT 2017 State HCAHPS Reports and State Inpatient, Outpatient and Structural Measure Quality Reports. The EDTC data are from Q1-Q4 2018.
- Measures used for calculating reporting and performance included: 1) 4 MBQIP Core inpatient measures (IMM-2, OP-27/IMM-3, ED-1b, ED-2b); 2) 5 MBQIP Core outpatient measures (OP-2, OP-3b, OP-5, OP-18b, OP-22); 3) 10 HCAHPS measures; and 4) 7 EDTC measures.
- Reporting was defined as reporting data on at least one measure with a denominator of 1 or more for inpatient and outpatient; reporting data with at least one completed survey for HCAHPS; and reporting data on at least one case for EDTC. For all four categories, reporting is calculated out of all CAHs in a state (not just those publicly reporting).
- The number of CAHs by state is from the FMT CAH database and is based on certification status as of December 31, 2017.

Methods:

1. For each state, we calculated:
    - An inpatient reporting percentage (the percent of CAHs in the state publicly reporting data on at least one inpatient measure out of all CAHs in the state)
    - An outpatient reporting percentage (the percent of CAHs in the state publicly reporting data on at least one outpatient measure out of all CAHs in the state)
    - An HCAHPS reporting percentage (the percent of CAHs in the state reporting HCAHPS data for at least one completed HCAHPS survey)
    - An EDTC reporting percentage (the percent of CAHs in the state reporting EDTC data for at least one patient)
    - An inpatient better performance measure (the number of inpatient measures on which CAHs in the state performed significantly better than CAHs in all other states)
    - An outpatient better performance measure score (the number of outpatient measures on which CAHs in the state performed significantly better than CAHs in all other states)

- An HCAHPS better performance measure score (the number of HCAHPS measures on which CAHs in each state performed significantly better than CAHs in all other states)
- An EDTC better performance measure score (the number of EDTC sub-measures on which CAHs in each state performed significantly better than CAHs in all other states)

2. We then ranked the 45 Flex states on each of the eight measures above to create 4 reporting ranks (inpatient, outpatient, HCAHPS, and EDTC) and 4 performance ranks (inpatient, outpatient, HCAHPS, and EDTC). When multiple states had the same score, they each received the same rank (e.g., several states had 100% of their CAHs reporting inpatient measures and each received a rank of 1).

3. Each state's 4 reporting ranks were summed, and states were re-ranked to create a total reporting rank for each state. Similarly, each state's 4 performance ranks were summed, and states were re-ranked to create a total performance rank for each state.

4. Each state's total reporting rank and total performance rank were then summed, and states were ranked one last time on this combined reporting and performance sum.

5. This method gives equal weight to reporting and performance across the 4 types of measures (inpatient, outpatient, HCAHPS, and EDTC).

Most Improved Across All Domains

This award indicates exemplary quality reporting and performance improvement in MBQIP.

- Reporting: Nevada (+14 change)
- Performance: Massachusetts (+19 change)
- Overall: Mississippi (+15 change)

As indicated by the largest change in rankings in reporting, performance, and overall rankings across all domains from data submitted between Q1-Q4 2016 (EDTC Q1–Q4 2017) to this year's rankings from data submitted between Q1–Q4 2017 (EDTC Q1–Q4 2018).

2018 measures include: 5 inpatient, 10 outpatient, 11 HCAHPs, and 7 EDTC measures

2019 measures include: 4 inpatient, 5 outpatient, 11 HCAHPS, 7 EDTC measures

Spirit Award

This award is presented to the Flex Coordinator that exemplifies the collaborative and innovative spirit of the MBQIP program.

- Marie Wawrzyniak – New Hampshire
  - For her creation of innovative quality improvement initiatives to provide CAHs with promising best practices grounded in data. She is consistently positive, enthusiastic and focused on relationship building.
- Jennifer Wagner - Montana
  - For making MBQIP trouble-free for CAHs through the creation of user-friendly, guides, tools, and spreadsheets. She coordinates the Quality Awards and the

annual Flex Regional meeting for QI Coordinators and Directors of Nurses for the 46 CAHs in her state.

- Lannette Fetzer - Pennsylvania
    - With 25 years of clinical and CAH expertise, she utilizes data to drive quality improvement and CAH action plan development. She is always willing to lend a hand to other state Flex programs and present at national conferences in quality improvement.

2018 MBQIP Awards

Top 10 States

1. Maine
2. Michigan
3. Pennsylvania
4. Wisconsin
5. Indiana and Nebraska
6. Illinois
7. Utah
8. Tennessee
9. Alabama
10. West Virginia

Data/definitions used:

- Analysis is based on data reported to Hospital Compare and suppressed data from CMS for inpatient, outpatient and HCAHPS measures, and on MBQIP EDTC data reported to FORHP.
- Inpatient, outpatient, and HCAHPS data are from Q1-Q4 2016; these are the data that were used to create the FMT 2016 State HCAHPS Reports and State Inpatient, Outpatient and Structural Measure Quality Reports. The EDTC data are from Q1-Q4 2017.
- Measures used for calculating reporting and performance included: 1) 2 MBQIP Core inpatient measures (IMM-2, OP-27/IMM-3); 2) 9 MBQIP Core outpatient measures (OP-1, OP-2, OP-3b, OP-4, OP-5, OP-18b, OP-20, OP-21, OP-22) 3) 11 HCAHPS measures; and 4) 7 EDTC measures.
- Reporting was defined as reporting data on at least one measure with a denominator of 1 or more for inpatient and outpatient; reporting data with at least one completed survey for HCAHPS; and reporting data on at least one case for EDTC. For all four categories, reporting is calculated out of all CAHs in a state (not just those publicly reporting).[1]
- The number of CAHs by state is from the FMT CAH database and is based on certification status as of December 31, 2016.

Methods:

1. For each state, we calculated:
   - An inpatient reporting percentage (the percent of CAHs in the state publicly reporting data on at least one inpatient measure out of all CAHs in the state)
   - An outpatient reporting percentage (the percent of CAHs in the state publicly reporting data on at least one outpatient measure out of all CAHs in the state)
   - An HCAHPS reporting percentage (the percent of CAHs in the state reporting HCAHPS data for at least one completed HCAHPS survey)

[1] Note: There are 50 CAHs nationally that opted to not publicly report any measures to Hospital Compare, and these measures are not included as "reporting" since there were no public data available. The number of CAHs by state include: AK - 1; AZ - 2; CA - 1; HI - 3; KS - 4; LA - 4; MS - 1; MO - 8; MT - 3; SD - 5; TX - 18). Additionally, there are other CAHs that opted to not publicly report individual inpatient or outpatient measures. Since "reporting" in the rankings is based on reporting only 1 measure (not all measures) in the inpatient or outpatient category, the exclusion of these non-public data may or may not impact the rankings.

- An EDTC reporting percentage (the percent of CAHs in the state reporting EDTC data for at least one patient)
- An inpatient better performance measure (the number of inpatient measures on which CAHs in the state performed significantly better than CAHs in all other states)
- An outpatient better performance measure score (the number of outpatient measures on which CAHs in the state performed significantly better than CAHs in all other states)
- An HCAHPS better performance measure score (the number of HCAHPS measures on which CAHs in each state performed significantly better than CAHs in all other states)
- An EDTC better performance measure score (the number of EDTC sub-measures on which CAHs in each state performed significantly better than CAHs in all other states)

2. We then ranked the 45 Flex states on each of the eight measures above to create 4 reporting ranks (inpatient, outpatient, HCAHPS, and EDTC) and 4 performance ranks (inpatient, outpatient, HCAHPS, and EDTC). When multiple states had the same score, they each received the same rank (e.g., several states had 100% of their CAHs reporting inpatient measures and each received a rank of 1).

3. Each state's 4 reporting ranks were summed, and states were re-ranked to create a total reporting rank for each state. Similarly, each state's 4 performance ranks were summed, and states were re-ranked to create a total performance rank for each state.

4. Each state's total reporting rank and total performance rank were then summed, and states were ranked one last time on this combined reporting and performance sum.

5. This method gives equal weight to reporting and performance across the 4 types of measures (inpatient, outpatient, HCAHPS, and EDTC).

Most Improved Across All Domains

This award indicates exemplary quality reporting and performance improvement in MBQIP.

- Reporting: Washington (+11 change)
- Performance: New Hampshire (+13 change)
- Overall: Nevada (+11 change)

As indicated by the largest change in rankings in reporting, performance, and overall rankings across all domains from data submitted between Q1–Q4 2015 (EDTC Q1–Q4 2016) to this year's rankings from data submitted between Q1–Q4 2016 (EDTC Q1–Q4 2017).

2017 measures include: 25 inpatient, 14 outpatient, 11 HCAHPS, and 7 EDTC measures

2018 measures include: 5 inpatient, 10 outpatient, 11 HCAHPS, and 7 EDTC measures

Spirit Award

This award is presented to the Flex Coordinator that exemplifies the collaborative and innovative spirit of the MBQIP program.

Angie Chalet – Illinois

- For her continuous effort with CAHs to ensure they have meaningful data at their disposal through dashboards and benchmarking data. For leading a collaborative pilot on emergency department patient satisfaction measures with 5 states and providing resources and data to further develop swing bed programs.

Stephen Njenga – Missouri

- For his unlimited energy for CAHs in Missouri. His positive attitude, diligence in educating CAHs to use data collection tools and share data, and willingness to go above and beyond for every CAH has earned him the trust and respect of CAHs in Missouri.

Sarah Craig – South Carolina

- For developing a robust MBQIP program that involves providing targeted technical assistance to CAH staff such as bringing hard copies of measure specification manuals to departments that had no printing capacity and providing meaningful engagement to staff and ensuring no lost revenue occurred at the CAH.

2017 MBQIP Awards

Top 10 States

1. Wisconsin
2. Maine
3. Utah
4. Minnesota
5. Illinois and Pennsylvania (tied)
7. Michigan
8. Nebraska
9. Indiana
10. Massachusetts

Data/definitions used:

- Analysis is based on data reported to Hospital Compare and suppressed data from CMS for inpatient, outpatient and HCAHPS measures, and on MBQIP EDTC data reported to FORHP.
- Inpatient, outpatient, and HCAHPS data are from Q1-Q4 2015; these are the data that were used to create the FMT 2015 State HCAHPS Reports and State Inpatient, Outpatient and Structural Measure Quality Reports. The EDTC data are from Q1-Q4 2016. (There is one quarter of data overlap between last year and this year for the data used in the state reports, because we went back to using a calendar year.)
- Measures used for calculating reporting and performance included: 1) 25 inpatient measures (HF-2, IMM-2, OP-27/IMM-3, PC-01, PN-6, SCIP-Card, SCIP-Inf-1, SCIP-Inf-2, SCIP-Inf-3, SCIP-Inf-9, SCIP-VTE-2, STK-1, STK-2, STK-3, STK-4, STK-5, STK-6, STK-8, STK-10, VTE-1, VTE-2, VTE-3, VTE-4, VTE-5, VTE-6); 2) 14 outpatient measures (OP-2, OP-4, OP-22, OP-23, OP-29, OP-30, OP-1, OP-3b, OP-5, OP-18b, OP-20, OP-21, ED-1b, ED-2b); 3) 11 HCAHPS measures; and 4) 7 EDTC measures.
- Reporting was defined as reporting data on at least one measure with a denominator of 1 or more for inpatient and outpatient; reporting data with at least one completed survey for HCAHPS; and reporting data on at least one case for EDTC.
- The number of CAHs by state is from the FMT CAH database and is based on certification status as of December 31, 2016.

Methods:

1. For each state, we calculated:
   - An inpatient reporting percentage (the percent of CAHs in the state reporting data on at least one inpatient measure)
   - An outpatient reporting percentage (the percent of CAHs in the state reporting data on at least one outpatient measure)
   - An HCAHPS reporting percentage (the percent of CAHs in the state reporting HCAHPS data for at least one completed HCAHPS survey)
   - An EDTC reporting percentage (the percent of CAHs in the state reporting EDTC data for at least one patient)
   - An inpatient better performance measure (the number of inpatient measures on which CAHs in the state performed significantly better than CAHs in all other states)

- An outpatient better performance measure score (the number of outpatient measures on which CAHs in the state performed significantly better than CAHs in all other states)
- An HCAHPS better performance measure score (the number of HCAHPS measures on which CAHs in each state performed significantly better than CAHs in all other states)
- An EDTC better performance measure score (the number of EDTC sub-measures on which CAHs in each state performed significantly better than CAHs in all other states)

2. We then ranked the 45 Flex states on each of the eight measures above to create 4 reporting ranks (inpatient, outpatient, HCAHPS, and EDTC) and 4 performance ranks (inpatient, outpatient, HCAHPS, and EDTC). When multiple states had the same score, they each received the same rank (e.g., several states had 100% of their CAHs reporting inpatient measures and each received a rank of 1).

3. Each state's 4 reporting ranks were summed, and states were re-ranked to create a total reporting rank for each state. Similarly, each state's 4 performance ranks were summed, and states were re-ranked to create a total performance rank for each state.

4. Each state's total reporting rank and total performance rank were then summed, and states were ranked one last time on this combined reporting and performance sum.

5. This method gives equal weight to reporting and performance across the 4 types of measures (inpatient, outpatient, HCAHPS, and EDTC).

Most Improved Across All Domains

This award indicates exemplary quality reporting and performance improvement in MBQIP.

- Reporting: Georgie (+17 change)
- Performance: South Dakota (+21 change)
- Overall: Utah (+20 change)

As indicated by the largest change in rankings in reporting, performance, and overall rankings across all domains from data submitted between Q2 2014 – Q1 2015 (EDTC Q1 – Q4 2015) to this year's rankings from data submitted between Q1-Q4 2015 (EDTC Q1 – Q4 2016)

Spirit Award

This award is presented to the Flex Coordinator that exemplifies the collaborative and innovative spirit of the MBQIP program.

Team – Oklahoma

- With the recent retirement of the former SFC, a team three (Korie, Pete, and Lara) has made a real difference in the use of MBQIP data in the past year, included maps in their NCC. They are in consistent communication with their project officer, Owmy, and there is a palpable ambition to expand the quality improvement program in Oklahoma in ways that may not have been considered before.

Danielle Messier – Washington

- Jumped in as a new quality coordinator, working with RQITA to learn a lot through enhanced TA, and proactively assessing her CAHs' capacity to engage in quality improvement around MBQIP measures. She also maintain an MBQIP desk manual for new CAH staff and created a simplified EDTC abstraction tool for struggling CAHs with hints, pop-ups, and interactive features.

John Packham – Nevada

- John is a consistent advocate, cheerleader, and positive voice for MBQIP; particularly in his role of experienced Flex Program and mentor to other Flex program staff, (he co-Chairs the NOSORH Flex Committee). Several partners are engaged in MBQIP implementation in Nevada, and they have seen strong improvement over the past two years.

2016 MBQIP Awards

Top 10 States

1. Maine
2. Michigan and Pennsylvania (tied)
4. Wisconsin
5. Indiana
6. Nebraska
7. Illinois and Minnesota (tied)
9. Virginia
10. Ohio

Data/definitions used:

- Analysis is based on data reported to Hospital Compare and suppressed data from CMS for inpatient, outpatient and HCAHPS measures, and on MBQIP EDTC data reported to FORHP.
- Inpatient, outpatient, and HCAHPS data are from Q2 2014 through Q1 2015; these are the data that were used to create the FMT February 2015 State HCAHPS Reports and the forthcoming June 2016 State Inpatient, Outpatient and Structural Measure Quality Reports. EDTC data are from Q1-Q4 2015.
- Reporting was defined as reporting data on at least one measure with a denominator of 1 or more for inpatient and outpatient; reporting data with at least one completed survey for HCAHPS; and reporting data on at least one case for EDTC.
- The number of CAHs by state is from the FMT CAH database and is based on certification status as of December 31, 2015.

Methods:

1. For each state, we calculated:
    - An inpatient reporting percentage (the percent of CAHs in the state reporting data on at least one inpatient measure)
    - An outpatient reporting percentage (the percent of CAHs in the state reporting data on at least one outpatient measure)
    - An HCAHPS reporting percentage (the percent of CAHs in the state reporting HCAHPS data for at least one completed HCAHPS survey)
    - An EDTC reporting percentage (the percent of CAHs in the state reporting EDTC data for at least one patient)
    - An inpatient better performance measure (the number of inpatient measures on which CAHs in the state performed significantly better than CAHs in all other states)
    - An outpatient better performance measure score (the number of outpatient measures on which CAHs in the state performed significantly better than CAHs in all other states)
    - An HCAHPS better performance measure score (the number of HCAHPS measures on which CAHs in each state performed significantly better than CAHs in all other states)
    - An EDTC better performance measure score (the number of EDTC sub-measures on which CAHs in each state performed significantly better than CAHs in all other states)

2. We then ranked the 45 Flex states on each of the eight measures above to create 4 reporting ranks (inpatient, outpatient, HCAHPS, and EDTC) and 4 performance ranks (inpatient, outpatient, HCAHPS, and EDTC). When multiple states had the same score, they each received the same rank (e.g., several states had 100% of their CAHs reporting inpatient measures and each received a rank of 1).

3. Each state's 4 reporting ranks were summed, and states were re-ranked to create a total reporting rank for each state. Similarly, each state's 4 performance ranks were summed, and states were re-ranked to create a total performance rank for each state.

4. Each state's total reporting rank and total performance rank were then summed, and states were ranked one last time on this combined reporting and performance sum.

5. This method gives equal weight to reporting and performance across the 4 types of measures (inpatient, outpatient, HCAHPS, and EDTC).

Most Improved Across All Domains

This award indicates exemplary quality reporting and performance improvement in MBQIP 2014 – 2016.

- Reporting: Arkansas (+21 change)
    - 100% reporting in EDTC, HCAHPS reporting increased from 41% to 75%
- Performance: Hawaii (+26 change)
    - Increased in HCAHPS by 20%
- Overall: South Carolina (+22 change)
    - Maintained 100% in IP, maintained 20% reporting in OP, increased 40% in HCAHPS, 90% in EDTC report

As indicated by the largest change in rankings in reporting, performance, and overall rankings across all domains from data submitted between Q3 2013 – Q1 2014 to this year's rankings from data submitted between Q2 2014 – Q1 2015.

Most Improved in Each Domain

This award indicates an exemplary commitment to improving performance of CAHs in MBQIP from 2014 – 2016.

- Inpatient: New York: Improved in 3 additional measures significantly better (from 6 to 9) (+1 ranking change)
- Outpatient: Oklahoma: Improved in 2 additional measures significantly better (from 0 to 2)
- HCAHPS: Kentucky: Improved in 5 measures significantly better (1 to 6) (+4 ranking change)
- EDTC: Georgia, Illinois, Indiana, Maine, Mississippi, North Carolina, and Oklahoma (100% reporting, improved in 7 measures)

FORHP compared last year's rankings that FMT analyzed from data submitted between Q3 2013 – Q1 2014 to this year's rankings from data submitted between Q2 2014 – Q1 2015. For Inpatient, Outpatient and HCAHPs the greatest increase in the number of measures a state's CAHs performed significantly better than all other CAHs nationwide plus the greatest increase in state performance rankings determined the winner. For EDTC, performance is from Q1 2015 – Q4 2015 with CAHs performing significantly better than all other CAHs nationwide in all seven EDTC measures.

Spirit Award

This award is presented to the Flex Coordinator that exemplifies the collaborative and innovative spirit of the MBQIP program.

Nominations for Individuals:

- Crystal Barter – Michigan
    - Crystal provides excellent support to MI hospitals and is enthusiastic and appreciative of their participation in MBQIP. Crystal always takes advantage of external resources to provide useful information to her hospitals and asks good questions that help the RQITA team understand needs and concerns of MI CAHs.
- Jill Bullock – Arizona
    - Jill is a strong advocate for AZ CAHs and offers regular suggestions about what resources would be helpful for AZ hospitals. She also actively seeks to understand hospital reporting processes.
- Jennifer Brooks – California
    - New to the Flex Program and has really focused on learning MBQIP with the enhanced TA from RQITA

Nominations for Groups:

- Illinois, California, Wyoming collaboration on MBQIP

2015 MBQIP Awards

Top 10 States

1. Wisconsin
2. Maine
3. Pennsylvania
4. Indiana
5. Nebraska
6. Michigan
7. New Hampshire
8. Ohio
9. Minnesota
10. Alabama and Illinois

Methods

FORHP, with assistance from the Flex Monitoring Team (FMT), established these State Quality Rankings that equally weight state quality reporting and performance on measure outcomes. Reporting was defined as reporting data on at least one measure with denominator of 1 or more for inpatient and outpatient, and reporting data with at least one completed survey for HCAHPS.

For each state, FMT calculated:

a. Inpatient, Outpatient and HCAHPS 'reporting percentage'
b. Inpatient, Outpatient and HCAHPS 'better performance measure score' (the number of measures on which CAHs in the state performed significantly better than CAHs in all other states)

The Reporting and Performance Ranks were then summed, and the Final Rank gives equal weight to reporting and performance across all three measure categories.

Most Improved Participation

This award indicates an exemplary commitment to increased CAH participation in MBQIP from 2014-2015. (As indicated by largest increase in signed MOUs, by both percentage and number.)

1. Louisiana (+8 CAHs; 67% increase)
2. Tennessee (+2 CAHs; 15% increase)
3. Texas (+8 CAHs; 12% increase)

Performance Improvement

This award indicates exemplary quality performance improvement on MBQIP inpatient measures from 2012 to 2014. (As indicated by relative rate of improvement on 2012 aggregate measure performance to 2014 aggregate measure performance.)

Top 10% for 3 of 5 inpatient measures

1. Alabama

Top 10% for 2 of 5 inpatient measures

1. Alaska
2. Montana

3. Nevada
4. South Carolina

Consistently High Performance

This award indicates a dedication to providing a consistently high quality of care on MBQIP inpatient measures in 2014. (As indicated by state aggregate inpatient quality measure performance at or above 95% on 4 of 5 inpatient measures.)

1. New Hampshire
2. Virginia
3. Wisconsin

Spirit Award

This award is presented to the Flex Coordinator that exemplifies the collaborative and innovative spirit of the Flex program.

- Angelia Perez (California)
- Stephanie Sayegh (Idaho)
- Jody Ward (North Dakota)