

QUALITY IMPROVEMENT MATTERS

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Top stories in this newsletter



Peer-to-Peer
Sharing



Flex



MBQIP



Flex
Calendar

Welcome back to the Wyoming Flex [Quality Improvement Matters](#) newsletter! The monthly newsletter with information and updates on CAH quality improvement programs, resources, tools, and training opportunities. **Congratulations—we have 100% of WY CAHs (16 out of 16) participating in MBQIP!**

Peer-to-Peer Sharing

Conference takeaways. Hear from your peers and learn about their experiences and lessons learned through participating in Flex funded conferences, workshops, and trainings. If you would like more information, please contact Kyle Cameron.



AHIMA Convention—Cody Regional. “I am so grateful that the Flex Scholarship allowed me to go to our national AHIMA convention in September. The convention had fantastic speakers that shared information regarding HIM, Revenue Cycle, Coding, CDI, Data Analytics, and the future of healthcare in general. It was also an amazing opportunity to network with other HIM professionals from across the country that shared their knowledge, expertise and processes. I witnessed leaders of AHIMA discuss important topics regarding our profession and I look forward to implementing some of the coding workflow and audit practices and our daily routines so that we can optimize our portion of the revenue cycle.” Thank you—Jessica Poley, CCS, CCS-P, CAC

Rural Health Conference—Weston County. “Here are some of the items I found that were great for the financial side. The slide presentations 2, 4, and 5 are for RHCs, which we don’t have but who knows what the future brings. Presentations 11 and 9 are on Medicare Cost Report and are very good. Presentation 13 was the best on Revenue Cycle. So I pulled out specific slides as follows: Revenue Cycle Key Indicators – there are two with some good measurements for Revenue cycle, Cost to Charge slides – good reminders to watch these from year to year, and Medicare Utilization – we don’t track this enough and use the info for marketing. Very good conference. I had not been involved in the financial aspects in a few years so all of this was a good refresher for me.” Thank you—Maureen Cadwell, CEO

Athena Health: My Hospital My Community Contest—Powell. “Hey everyone, I want to share a wonderful tidbit about our entry in the Athena Health *My Hospital My Community* contest in October. The contest had over 600 submissions from small hospitals all across the country, and PVHC was selected as a top 25 pick and entered into the raffle for a chance to win up to \$15,000. Although we didn’t win any money in the raffle, it was quite an accomplishment just to be picked for the opportunity. We were the only hospital from Wyoming to make the top 25. Special thanks to RayAnn Hessenthaler for leading the charge on coordinating staff, Board members, and patients to share their stories. Thank you Boni Katz and Beth Gilb (PVHC Board members), Dr. Nicole Comer, Karolyn Rood, Terry Odom, Sina Coguill, Dr. Clarkson, and Sharae Bischoff for your video and voice talent! Thank you also to everyone who submitted posts about PVHC on the Facebook page and engaged with our video post.” Thank you—Jim Cannon, Community Relations & Marketing

Medicare Rural Hospital Flexibility Program (Flex)

Wyoming Office of Rural Health—CMS Hospital Rating Program. The National Organization of State Offices of Rural Health (NOSORH) is a nonprofit membership association supporting State Offices of Rural Health (SORHs) throughout the nation. On the October 25, 2018 at a NOSORH webinar, Harvey Licht presented recommendations on the proposed CSM Star Rating Program rules.



Recommendations for Improved Rural Hospital Quality Scoring—Overview: NOSORH has prepared several recommendations for how CMS could improve the usefulness of the Star Rating Program for rural hospitals. These recommendations suggest how the single rating system for all hospitals might be disaggregated into a more useful multi-category rating system for comparable subsets of hospitals. The resulting multi-category system would be something akin to the hospital rating system developed for US News and World Reports. While that system is more complex than would be needed by CMS, it demonstrates the usefulness of a multi-category approach: <https://health.usnews.com/best-hospitals/rankings>.

A multi-category system could also incorporate a separate approach for rural hospitals consistent with the NQF Final Report on Rural-Relevant Quality Measures: http://www.qualityforum.org/Publications/2018/08/MAP_Rural_Health_Final_Report_-_2018.aspx

Recommendation 1: Multi-category hospital rating system—Create Multiple Hospital Scoring Categories: NOSORH recommends that CMS establish several separate sets of measures for hospitals based upon services provided & operational characteristics. This approach would reduce instances of non-reporting by hospitals; for example, when hospitals without orthopedic services reports are asked to report on joint replacement outcomes. The approach would also minimize any reweighting of scores necessitated by low volume non-reporting. Each hospital category could include a core set of cross-cutting measures applicable to all facilities.

Multiple hospital categories could also employ separate sets of measures for risk adjusted hospital groups such as Disproportionate Share Hospitals, Sole Community Hospitals and other facilities with larger percentages of low-income patients and uninsured patients. This could be done in a manner consistent with the principles set out by the National Quality Forum in its examination of risk adjustment for socioeconomic factors in quality assessment. http://www.qualityforum.org/Publications/2014/08/Risk_Adjustment_for_Socioeconomic_Status_or_Other_Sociodemographic_Factors.aspx.

Separate categories could also be established for Critical Access Hospitals and other distinct rural hospital groups.

Recommendation 2: Hospital Peer Groups—Create Multiple Hospital Peer Groups for Additional Comparisons: NOSORH recommends that CMS create *peer groups of hospitals* for purposes of comparisons. Multiple peer groups can be created *within* each broad hospital measurement category, using an approach similar to the Centers for Disease Control and Prevention sponsored county peer group approach to health status measurement. <http://www.countyhealthrankings.org/peer-counties-tool>.

Peer hospital groups can reflect the size and location of hospitals as well as risk-sensitive patient population risk similarities. This would allow hospitals to compare themselves not only to a broader hospital category, but to a smaller group of hospitals with similar characteristics.

If you would like additional information or would like to comment on this information, please reach out to NOSORH at 1.888.391.7258 or info@nosorh.org

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Medicare Beneficiary Quality Improvement Project (MBQIP)

MBQIP—HCAHPS Survey Response Rates: How does your hospital compare? Wyoming HCAHPS Survey Response Rates:

3Q16-2Q17	4Q16-3Q17	1Q17-4Q18
<ul style="list-style-type: none">• 27% WY Average• 53% Highest CAH• 18% Lowest CAH	<ul style="list-style-type: none">• 26% WY Average• 53% Highest CAH• 17% Lowest CAH	<ul style="list-style-type: none">• 27% WY Average• 57% Highest CAH• 18% Lowest CAH

The Wyoming Flex Program has added HCAHPS survey response rates to each CAH's HCAHPS dashboard. HCAHPS response rates are important because they affect HCAHPS measure reliability at the hospital level. Measure reliability is better when more patients complete the survey for a hospital. Additionally, we want feedback from all customers, therefore: the more input the better.

For tips on improving HCAHPS survey response rates:

<https://www.beckershospitalreview.com/quality/4-strategies-to-boost-hospitals-hcahps-scores.html>

<https://www.hcahponline.org/globalassets/hcahps/podcasts/improving-rr-podcast-script.pdf>

For questions, please contact Rochelle Spinarski at rspinarski@rhsnow.com or 1.651.731.5211

Flex Program Calendar

Educational Webinars—2018. Below is a list of upcoming events related to education and/or training for the Wyoming Flex Program Activities.



- ◆ **Data Abstraction for Accuracy:** December 12th 2018 @ 11am—12pm
- ◆ **QI Roundtable:** January 10th @ 10 am—11 am
- ◆ **Telemedicine Lunch & Learn:** January 17th @ 12:30pm—1pm
- ◆ **WY Rural Health Conference:** June 5th-7th 2019 in Laramie, WY

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