



GA FLEX Quality Improvement Project Monthly Meeting

June 24, 2025

Agenda

- Welcome
- Upcoming Events
- MBQIP Core Measure Set and Information Guide
- Safe Use of Opioids
- Hospital Action Plans “Quality Council”
- Project Timeline Updates
- Resources
- Q&A/Wrap Up



GA FLEX Improvement Project Lead



Melody "Mel" Brown, MSM

State Quality Manager - Georgia

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Melody has over 40 years of health care experience, including varied roles at Alliant Health Solutions, where she works on the CMS contract for the Quality Innovation Network-Quality Improvement Organization (QIN-QIO). As Georgia's state quality manager, her focus is on quality improvement processes and interventions for health care entities throughout the state.

Self Nomination and QCDR Measure Submission Demonstration



Register Now for the 2026 Self-Nomination and QCDR Measure Submission Demonstration on June 26, 2025

The Centers for Medicare & Medicaid Services (CMS) will host a demonstration webinar on **Thursday, June 26, 2025**, from **1 – 3 p.m. ET** to provide information on the Qualified Clinical Data Registry (QCDR) and Qualified Registry Self-Nomination processes for the 2026 Merit-based Incentive Payment System (MIPS) performance period. This demonstration will provide a walk-through of the QCDR and Qualified Registry Self-Nomination forms available on the [Quality Payment Program \(QPP\) website](#) as well as the QCDR Measure Submission Form for those submitting QCDR measures.

What are QCDRs and Qualified Registries?

QCDRs and Qualified Registries are CMS-approved third party intermediaries that collect clinical data on behalf of clinicians for data submission. Only intermediaries that want to become (and who meet the requirements of) a QCDR and/or Qualified Registry need to complete the Self-Nomination form.

You should attend the webinar if your organization plans to self-nominate as a 2026 QCDR or Qualified Registry. Participation in this demonstration is **optional**. MIPS eligible clinicians that want to report for the 2026 MIPS performance year via a Qualified Registry or QCDR reporting mechanism **don't** need to self-nominate.

Webinar Details

Title: 2026 Self-Nomination and QCDR Measure Submission Form Demonstration

Date: Thursday, June 26, 2025

Time: 1 – 3 p.m. ET





To register for the 2026 Self-Nomination and QCDR Measure Submission Demonstration please email the QCDR Vendor Support Inbox at QCDRVendorSupport@gdit.com and **you will be provided the registration link to participate.**

CMS will answer questions from attendees at the end of the webinar as time permits. Attendees can also ask questions during the 2026 Self-Nomination and QCDR Measure Submission Q&A Session, which will be held on August 21, 2025, from 1 p.m. – 2:30 p.m. ET. Registration information for this session will be distributed via the QPP listserv at a later date.

The slide deck, recording, and transcript from this webinar will be posted to the [QPP Webinar Library](#) in the weeks following the webinar. If you have any questions prior to the event, please contact QPP@cms.hhs.gov.

Quality Payment
PROGRAM

CONTACT US

-  1-866-288-8292
-  QPP@cms.hhs.gov
-  People who are deaf or hard of hearing can dial 711 for TRS Communications Assistant.
-  Create or Track a QPP Service Center Ticket

HOURS

Monday - Friday
8 a.m - 8 p.m ET
Non-peak hours are before 10 a.m and after 2 p.m ET

SOPS Webcast

[About AHRQ](#) [Register](#) [Contact Us](#)

Understanding the CMS Patient Safety Structural Measure Requirements for Hospitals

July 8, 2025 12:00 PM - 12:45 PM EDT

[Register Now ▶](#)

Register for July 8 Webcast on Understanding the CMS Patient Safety Structural Measure Requirements for Hospitals

Description: This 45-minute webcast will provide an overview of the Centers for Medicare and Medicaid Services (CMS) Patient Safety Structural Measure and how the AHRQ Surveys on Patient Safety Culture® (SOPS®) Hospital Survey, and a shorter SOPS pulse survey version, can be used to meet requirements for Domain 3: Culture of Safety & Learning Health Systems.

Speakers:

- **Kristina Rabarison, DrPH, MS**, Social Science Research Analyst, Centers for Medicare and Medicaid Services (CMS)
- **Jonathan Bakdash, Ph.D.**, Social Science Analyst, Agency for Healthcare Research and Quality (AHRQ)
- **Naomi Yount, Ph.D.**, Principal Research Associate, Westat
- **Joann Sorra, Ph.D. (Moderator)**, Vice President, Westat

For questions, please contact the SOPS User Network at SafetyCultureSurveys@westat.com or 1-888-324-9749.

[Agency for Healthcare Research and Quality](#) | [Electronic Policies](#) | [Contact CMA Support](#)

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https://cma.ahrq.gov/cma/welcome.jsp?code=sops_pssm_webinar

MBQIP 2025 Measure Core Set Information Guide Version 2.2

Measures in gold denote ^new measures added for MBQIP reporting within the Flex Program and are to be added to reporting data by calendar year 2025.

Measures in *blue denote existing measures within the MBQIP Flex Program.

MBQIP 2025 Core Measure Set				
Global Measures	Patient Safety	Patient Experience	Care Coordination	Emergency Department
Discontinue → ^CAH Quality Infrastructure <i>(annual submission)</i> Hospital Commitment to Health Equity Add in Sep 2025 →	*HCP/IMM-3: Influenza Vaccination Coverage Among Healthcare Personnel (HCP) <i>(annual submission)</i> *Antibiotic Stewardship: Measured via Center for Disease Control National Healthcare Safety Network (CDC NHSN) Annual Facility Survey <i>(annual submission)</i> ^Safe Use of Opioids (eCQM) <i>(annual submission)</i>	*Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) <i>(quarterly submission)</i>	^Hybrid Hospital-Wide Readmission <i>(annual submission)</i> ^Social Drivers of Health Screening <i>(annual submission)</i> ^Social Drivers of Health Screening Positive <i>(annual submission)</i>	*Emergency Department Transfer Communication (EDTC) <i>(quarterly submission):</i> *OP-18: Median Time from ED Arrival to ED Departure for Discharged ED Patients <i>(quarterly submission)</i> *OP-22: Patient Left Without Being Seen <i>(annual submission)</i>

https://quality.allianthealth.org/wp-content/uploads/2025/04/MBQIP-2025-Information-Guide_v2.2_508.pdf

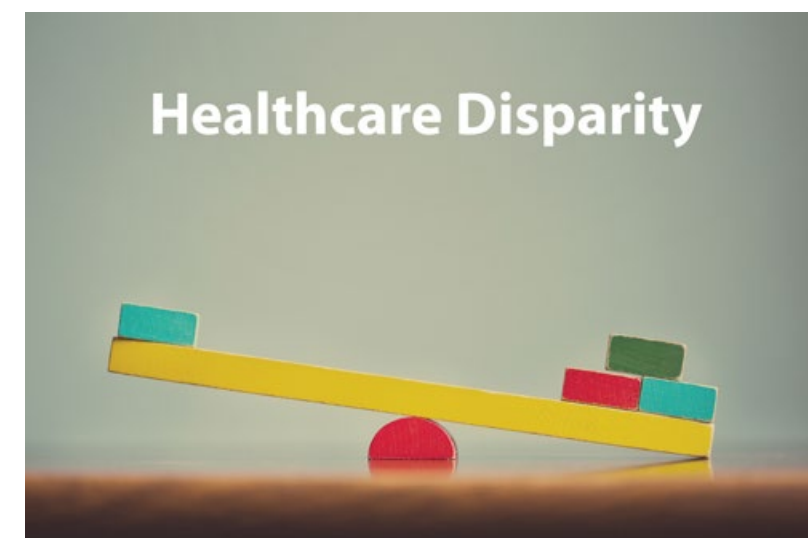
Safe Use of Opioids

Measure Name – Safe Use of Opioids – Concurrent Prescribing	
MBQIP Domain	Patient Safety
Encounter Period	Calendar Year (January 1, 20XX – December 31, 20XX)
Submission Deadline	February 28, 20XX ; Data submission deadlines on a federal holiday or weekend (Saturday or Sunday) will default to the first business day thereafter in this document where applicable.
Measure Description	Proportion of inpatient hospitalizations for patients 18 years of age and older prescribed, or continued on, two or more opioids, or an opioid and benzodiazepine concurrently at discharge.
Measure Rationale	Unintentional opioid overdose fatalities have become an epidemic and major public health concern in the United States. Concurrent prescriptions of opioids, or opioids and benzodiazepines, places patients at a greater risk of unintentional overdose due to increased risk of respiratory depression. Patients who have multiple opioid prescriptions have an increased risk for overdose, and rates of fatal overdose are ten (10) times higher in patients who are co-dispensed opioid analgesics and benzodiazepines than opioids alone. A measure that calculates the proportion of patients with two or more opioids or opioids and benzodiazepines concurrently has the potential to reduce preventable mortality and reduce costs associated with adverse events related to opioids.
Measure Program Alignment	Safe Use of Opioids is a current measure of the Medicare Promoting Interoperability (PI) Program. Critical access hospitals must meet PI Program requirements on an annual basis to avoid a downward payment. One of the program requirements is submission of electronic clinical quality measures (eCQM) data from certified electronic health record technology (CEHRT).

Improvement Noted As	Decrease in the rate
Numerator	Inpatient hospitalizations where the patient is prescribed or continuing to take two or more opioids or an opioid and benzodiazepine at discharge.
Denominator	Inpatient hospitalizations that end during the measurement period, where the patient is 18 years of age and older at the start of the encounter and prescribed one or more new or continuing opioid or benzodiazepine at discharge.
Exclusions	Inpatient hospitalizations where patients have cancer pain that begins prior to or during the encounter or are ordered or are receiving palliative or hospice care (including comfort measures, terminal care, and dying care) during the hospitalization or in an emergency department encounter for observation stay immediately prior to hospitalization, patients receiving medication for opioid use disorder, patients with sickle cell disease, patients discharged to another inpatient care facility or left against medical advice, and patients who expire during the inpatient stay.
Measure Population (Determines the cases to abstract/submit)	Inpatient hospitalizations that end during the measurement period, where the patient is 18 years of age and older at the start of the encounter and prescribed one or more new or continuing opioid or benzodiazepine at discharge.
Sample Size Requirements	No sampling – report all patients that meet data elements
Calculations	Numerator divided by Denominator
Data Source	Certified electronic health record technology (CEHRT)
Data Collection Approach	Electronic Extraction from EHRs via Quality Reporting Document Architecture (QRDA) Category I File
Measure Submission and Reporting Channel	Annually, via Hospital Quality Reporting (HQR) Secure Portal as any combination of: QRDA Category I File, zero denominator declarations and/or case threshold exemptions (<=5 cases in the reporting quarter)
Data Available On	<ul style="list-style-type: none"> • CMS Care Compare • CMS Provider Data Catalog
Measure Resources	<ul style="list-style-type: none"> • RQITA Website: Safe Use of Opioids Concurrent Prescribing • Critical Access Hospital eCQM Resource List National Rural Health Resource Center (ruralcenter.org)

Domain 3: Data Analysis Components

1. Key performance outcome (or process of care measure), e.g., 30-day readmissions, mortality
2. **Stratify priority population**
 1. REaL, e.g., race
 2. SDOH, e.g., transportation
3. Display gaps in dashboard or current way of internal review of quality measures
4. What's currently on your hospital quality dashboard? Readmissions, mortality, length of stay
5. Active quality improvement teams
6. Use charts and graphs
7. Benchmarking against industry standards



**Show the
Health Disparity**

Hospital Action Plan Sharing

- Your time to shine!
- Review your strategic plans.
- Reference Domain 1B in your Strategic Plan (Playbook). We can Email you the Playbook if needed.
- Each hospital will report out on at least one goal and action steps by July 22, 2025.
- Use PPT template plus any data analysis graphs.
- Select date to share with others.

Quality Council Schedule

Presented	May 27	Jun 24	Jul 22
Jeff Davis	Effingham Hospital	Jenkins County	Bacon County
Morgan Medical	Jasper Memorial	Monroe Hospital	Archbold Mitchell
Candler County	Atrium Health Peach	Liberty Regional	Warm Springs
Chatuge Regional	Archbold Brooks	Miller County	Phoebe Worth
	Atrium Health Floyd Polk	Mountain Lakes	Putnam General
	Elbert Memorial	Optim - Screven	Wellstar Sylvan
		Optim - Tattnall	Wills Memorial
		Clinch Memorial	Early Medical Center
		Jenkins County	Bleckley Memorial
			SGMC - Lanier



Hospital Action Plan

Monroe County Hospital

Logan Duncan R.T. (R)(CT)(ARRT), Quality Coordinator

Goals:

- (G1) Identify and trend SDOH disparity categories to determine top two health disparities among our patients.
- (G2) Conduct interventions for readmitted Caucasian patients with respiratory-related illness.
- (G3) Conduct best practice interventions /provide resources for patients who screen positive for health disparities.

Action Plan/Steps	Status	Performance Outcomes (baseline, trending, or target goal)	Lessons Learned
G1: Work with our EHR to create a “Social Determinants of Health” assessment using the PREPARE tool that can be saved within a patients EHR allowing us to easily aggregate data.	Complete	Trending- To assist with aggregating data. E-form created with assistance of CPSI.	
G1: Work with our EHR to create a report that will pull data from the “Social Determinants of Health” assessment saved within the patients EHR to allow us to easily aggregate data.	Complete	Trending- To assist with aggregating data. Report created that will generate data collected with assistance of CPSI.	

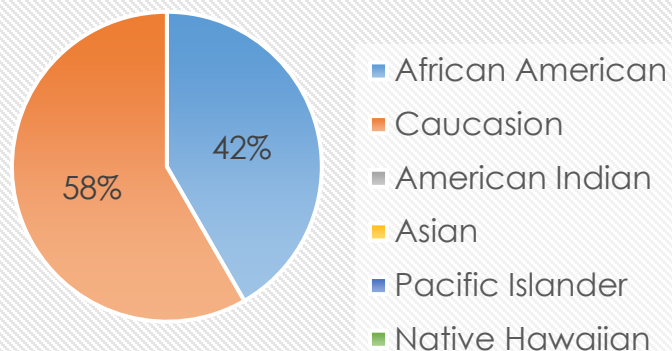
Action Plan/Steps	Status	Performance Outcomes (baseline, trending, or target goal)	Lessons Learned
G1/G3: Complete monthly data tracking/trending for all patients who screened positive in the five categories of transportation, housing, utilities, food insecurity and social insecurity. Present data at monthly UR/HIM and QMS meeting.	Ongoing	Baseline and trending: Screen Positive Rate Overall positivity rate: 38% Top disparity category: 1) Transportation	Lack of affordable transportation is our biggest barrier in Monroe County. Options are limited leaving most patients with little access to routine healthcare.
G1: Create resource document for patients who screen positive in one of the five disparity categories.	Complete	Pamphlet created to include resources from all five disparity categories.	Monroe County has limited resources for patients. Patients must commute further south (Macon) for many of the resources available to them.

Action Plan/Steps	Status	Performance Outcomes (baseline, trending, or target goal)	Lessons Learned
<i>G2: Utilize GA Notify and CM Daily Tracker to identify 30-day readmissions and aggregate data.</i>	Ongoing	Trending	
<i>G2/G3: Report aggregate data monthly in UR/HIM Committee Meeting by race/ethnicity and diagnosis.</i>	Ongoing	Trending	
<i>G2: Create “Discharge Review Form” to assist us in identifying any opportunities for improvement with discharge planning process that could impact readmission rate.</i>	Complete	Form created to review initial admission/readmission-OFI's reported monthly at UR/HIM and taken to QMS.	

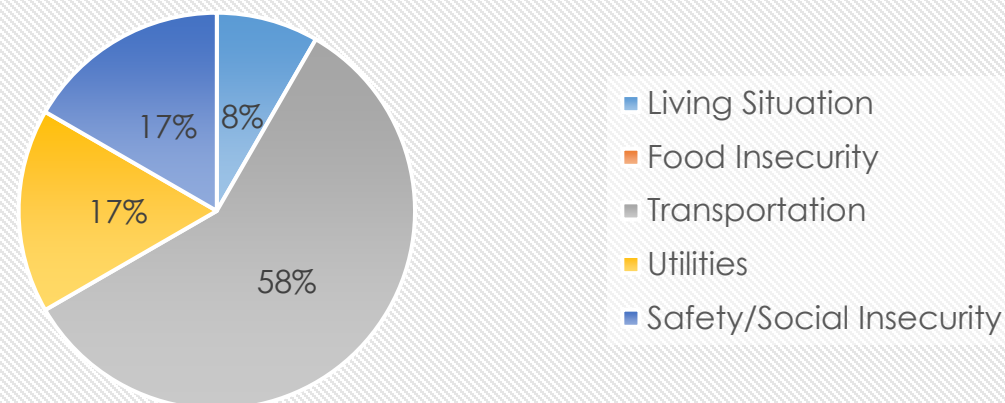
Data Analysis: SDOH

2024-2025 Overall Positivity Rate: 38%

2024-2025 Screened Positive by Race

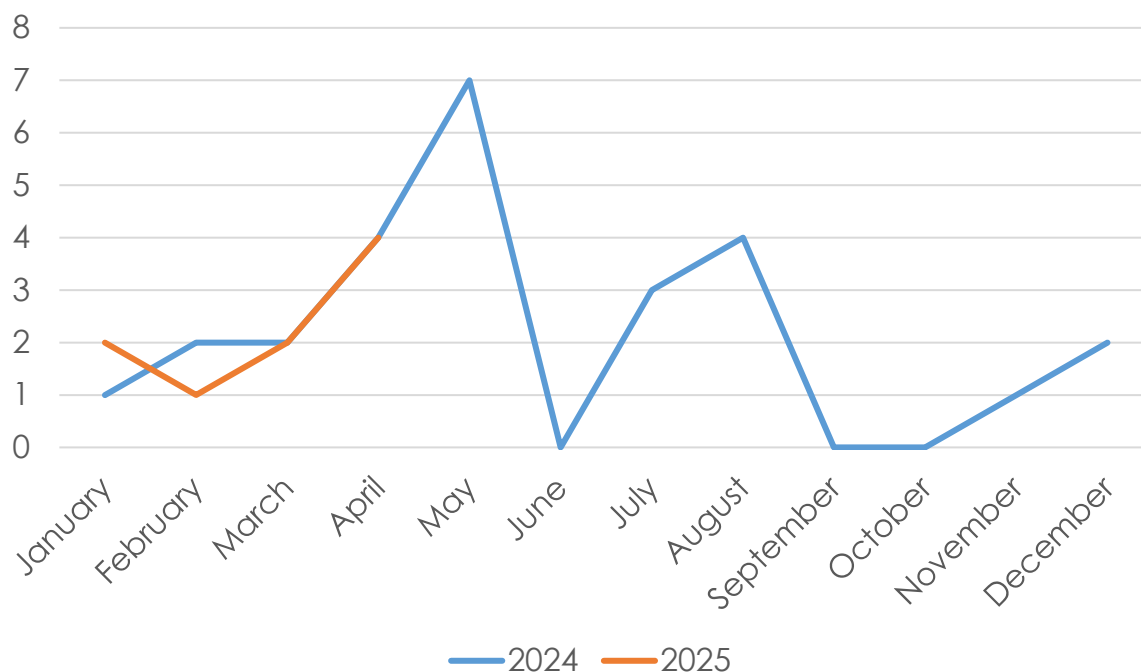


2024-2025 Screened Positive by Category



Data Analysis: Readmissions

2024-2025 Readmissions

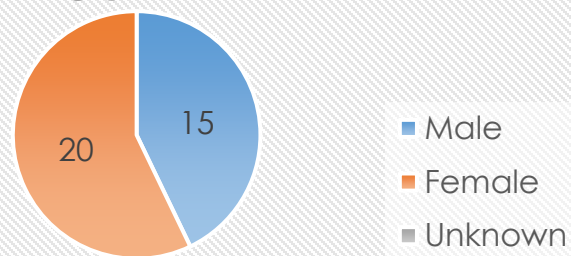


Total Readmissions by Year:

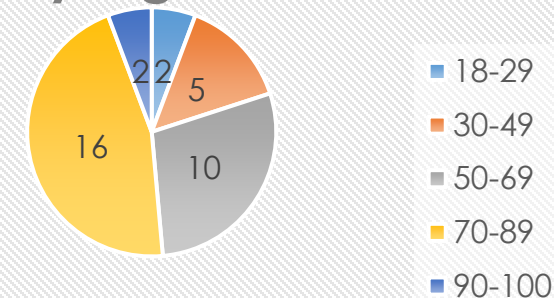
- 2023: 23
- 2024: 26
- 2025: 9

Data Analysis: Readmissions

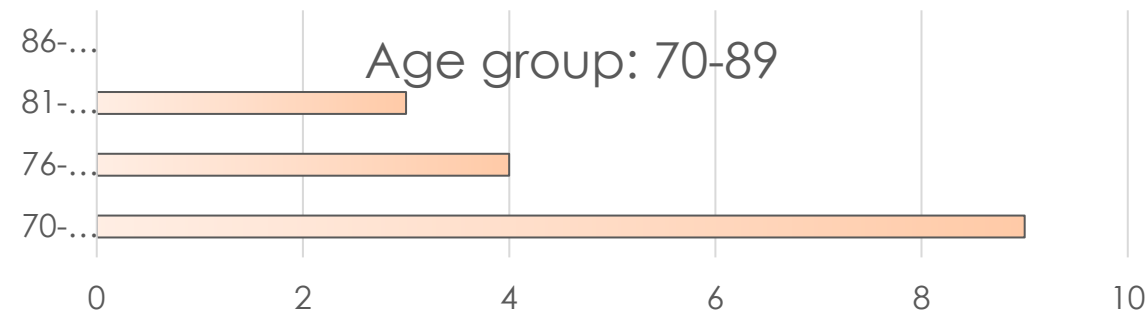
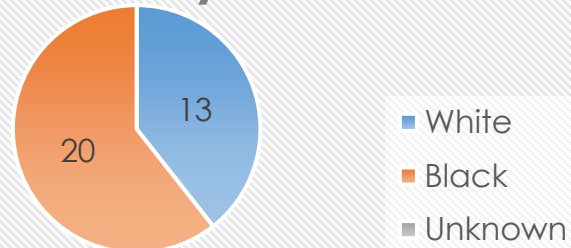
2024-2025 Readmissions by Sex



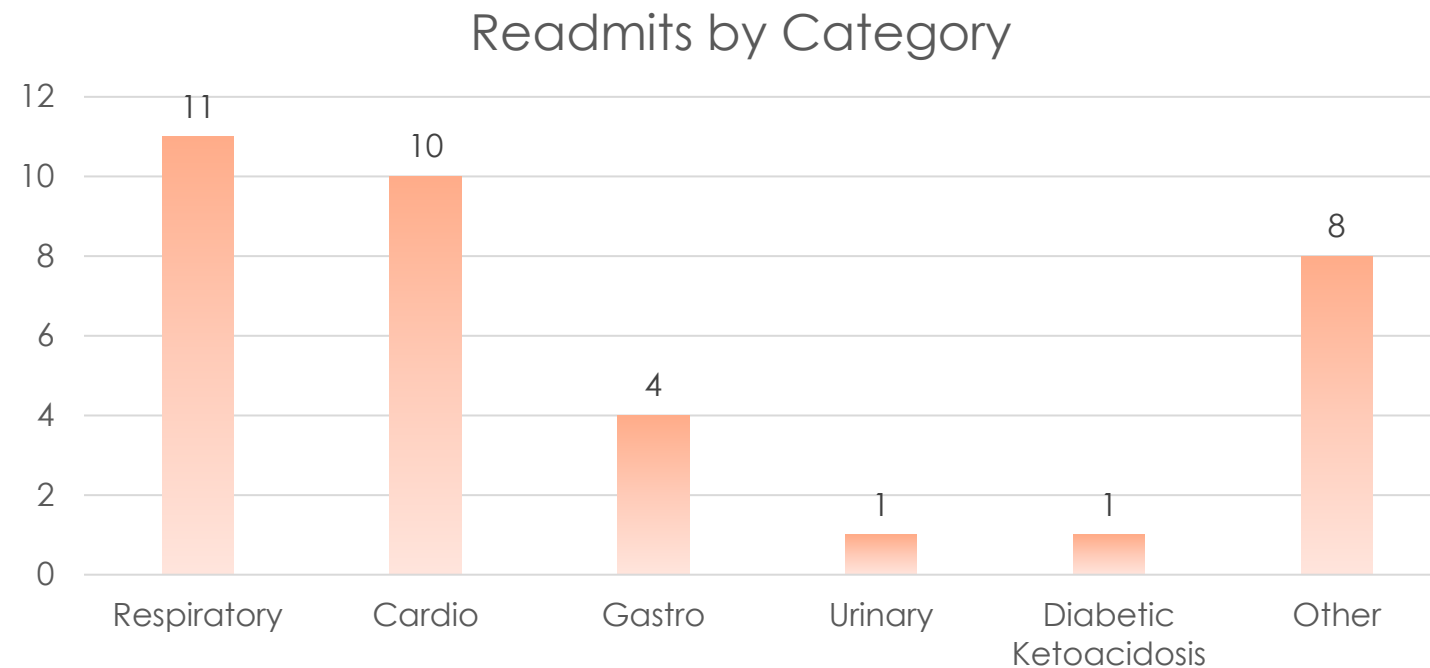
2024-2025 Readmissions by Age



2024-2025 Readmissions by Ethnicity



Data Analysis: Readmissions



Resource List:

Utility Resources

Georgia LIHEAP
Energy Assistance Program
Phone: 404-657-3426

Miscellaneous Resources

Daybreak Day Resource Center
Services: Housing, Breakfast, Showers,
Free Health Clinic, Transportation, etc.
M-F 7:30-11 and 12-3
Tuesday 12:30-3
Address: 174 Walnut St, Macon, GA
Phone: 478-216-9119

United Way
Services: Housing, Childcare, Food,
Transportation, Healthcare, etc.
Address: 277 MLK Jr. Blvd, Macon, GA
Phone: 478-745-4732

Circle of Care
Services: Housing/Rent/Utility/Gas/
Medical Expense Support
Address: 52 W Adams St, Forsyth, GA
Phone: 478-994-4939

**Middle GA Area Agency on Ag-
ing**
Address: 3661 Eisenhower Pkwy, Ma-
con, GA
Phone: 888-548-1456

Social Support Resources

Monroe County Senior Center
Address: 515 MLK Jr Dr, Forsyth, GA
Phone: 478-994-1701

Macon Senior Citizens Center
Address: 132 Willie Smokie Glocer Dr,
Macon, GA
Phone: 478-751-2790

Spalding County Senior Center
Address: 885 Memorial Dr, Griffin, GA
Phone: 770-467-4385

Pike County Senior Center
Address: 9716 Hwy 19 N, Zebulon, GA
Phone: 770-567-3857

Monroe County Hospital

88 Martin Luther King Jr Dr
Forsyth, GA 31029

Phone: 478-994-2521
Fax: 478-994-1517



Discharge Resource List

Resources For:
Food
Housing/Shelter
Utilities
Transportation
Social Support

Transportation Resources

MedPro EMS
Non-Emergent & Wheelchair Van
Phone: 478-974-6000

Direct Connection Transport
Taxi Service
Phone: 478-952-7350

Modivcare
Medicaid Transportation Service
Phone: 1-888-224-7981

Care Runners
Non-Emergent Transport
Phone: 470-507-4946

**United Healthcare Healthy at
Home**
Provides 12 one-way rides to medical
appointments following discharge for
patients with United Healthcare as pri-
mary insurance.
Phone: 1-833-219-1182

Housing/Shelter Resources

Salvation Army Corps
Address: 1955 Broadway, Macon, GA
Phone: 478-746-8572

Address: 329 N 13th St, Griffin, GA
Phone: 770-227-2336

**Centenary Church Community
Ministries**
Transitional Housing Program for Homeless
Men Seeking Recovery for Drugs/Alcohol
Address: 1290 College St, Macon, GA
Phone: 478-742-8926

Loaves and Fishes
Transitional Housing and Homeless Assistance
Address: 651 MLK JR Blvd, Macon, GA
Phone: 478-741-1007

Rescue Mission of Georgia
12-Month Residential Life Recovery Program
Address: 6601 Zebulon Rd, Macon, GA

Food Resources

Middle GA Community Food Bank
Address: 4490 Ocmulgee East Blvd, Macon, GA
Phone: 478-742-3958

**Salvation Army of Macon
Food Distribution Center**
Address: 1925 Broadway, Macon, GA
Phone: 478-746-8572

Food Resources

Forsyth Methodist Church
Food Bank: Third Saturday of Month 9:30-10:30
Address: 68 West Johnston St, Forsyth, GA
Phone: 478-994-5706

**Community Care Counsel Circle of
Care Food Pantry**
Address: 568 N Lee St, Forsyth, GA
Phone: 478-994-4939

Christ Church-Circle of Care
Food Bank: Second Wednesday of Month 10-12
Address: 417 N Frontage Rd, Forsyth, GA
Phone: 478-994-1232

St. James Baptist Church
Food Bank: Fourth Tuesday of Month 10-1
Address: 110 St. James St Forsyth, GA
Phone: 478-994-5559

Breads and Blessings Pantry
Food Pantry: Each Monday 10-12
Address: 365 Pea Ride Rd, Bolingbroke, GA
Phone: 478-974-0002

Labor of Love Food Bank
Food Bank: Each Tuesday 11-12
Address: 1510 Oxford Rd, Culloden, GA
Phone: 478-253-5387

Meals on Wheels Middle GA
Phone: 478-745-9140

Project Timeline

Date	To-Do List
June 24	<input type="checkbox"/> Send any questions about Safe Use of Opioids <input type="checkbox"/> Workgroup discussion "Quality Council" of Hospital Action Plans
July 22	<input type="checkbox"/> Send any questions about Safe Use of Opioids <input type="checkbox"/> Workgroup discussion "Quality Council" of Hospital Action Plans
August 26	<input type="checkbox"/> Wrap up SDOH discussions/overview of Action Plans <input type="checkbox"/> Prepare for next phase: Safe Use of Opioids



Email melody.brown@allianthealth.org to schedule a meeting.

Alliant Health Website and GA Flex Resources

<https://quality.allianthealth.org/ga-flex/>



GA Flex Resources



Hospital Resources

[Medicare Beneficiary Quality Improvement Project \(MBQIP\) 2025 Measure Core Set Information Guide – Version 2.2 – 3.1.2025](#)

[The Rural Quality Improvement Technical Assistance \(RQITA\) Resource Center](#)

Safe Use of Opioids

[Safe Use of Opioids – Concurrent Prescribing](#)

Social Determinants of Health (SDOH)

[Screening for SDOH Measure and the Screen Positive Rate Measure](#)

[FAQs Social Determinants of Health \(SDOH\) Measures](#)

[Discharge Referral List](#)

[Improving the Collection of Social Determinants of Health \(SDOH\) Data with ICD-10-CM Z Codes](#)

[Show More](#)

Resources

1. The Rural Quality Improvement Technical Assistance (RQITA) Resource Center: <https://www.telligen.com/rqita/>
2. Rural Health Information Hub website: <https://www.ruralhealthinfo.org/>
3. Rural Health Research Gateway: <https://www.ruralcenter.org/>



Questions?

