ALLIANT HEALTH SOLUTIONS | SORH State Office of Rural Health
A Division of the Georgia Department of Community Health

GA FLEX Quality Improvement Project Monthly Meeting

April 22, 2025

Agenda

- Welcome
- MBQIP Core Measure Set and Information Guide
- GA Flex "Quality Council"
- Hospital Action Plans
- Project Timeline Updates
- Resources
- Q&A/Wrap Up

GA FLEX Improvement Project Leads

Karen Holtz, MT (ASCP), MS, CPHQ
Education Lead
karen.holtz@allianthealth.org

Karen has over 20 years experience in leading performance improvement programs as well as providing advisory services to hospitals. She recently led the Learning and Action Networks (LANs) in the Hospital Quality Improvement Contractor (HQIC) program. Karen holds a master's degree in healthcare management from the University of Pittsburgh.

Melody "Mel" Brown, MSM
State Quality Manager - Georgia
melody.brown@allianthealth.org

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.

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

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).

Polling Question

Does your hospital have a Pyxis or another automatic medication dispenser?

- Yes
- No
- I don't know

MBQIP 2025 Core Measure Set and CMS Attestation on SDOH Screening

SDOH-1		SDOH-2	
Screening for Social Drivers of Health Measure		**Screen Positive Rate for Social Drivers of Health Measure**	
• Food insecurity • Housing instability • Transportation needs • Utilities difficulties • Interpersonal safety		• Food insecurity • Housing instability • Transportation needs • Utility difficulties • Interpersonal safety	
Numerator	Number of patients who were screened for **one or all** social drivers	Numerator	Number of patients who screened positive for each driver
Denominator	Number of patients 18 or older admitted as an inpatient	Denominator	Number of patients 18 or older admitted as an inpatient and screened for social drivers

- The screening rate (*in blue*) is one rate, but the screen positive rate (*in green*) will result in five unique rates for each of the five categories of social drivers of health.
- Exclusion Criteria:
  - Patients who opt out of screening
  - Patients unable to complete the screening and have no legal guardian or caregiver to do the screening on their behalf or patients who died during admission.
- Reporting period for this data:
  - **Voluntary for the CY 2025 reporting period. Mandatory beginning with the CY 2026 reporting period.**
  - CY 2028 Payment Determination

Reporting: Annual numerator and denominator submission through Hospital Quality Reporting (HQR) platform via web-based data form.

Hospital Quality Reporting (HQR) Data Submission and Timeline

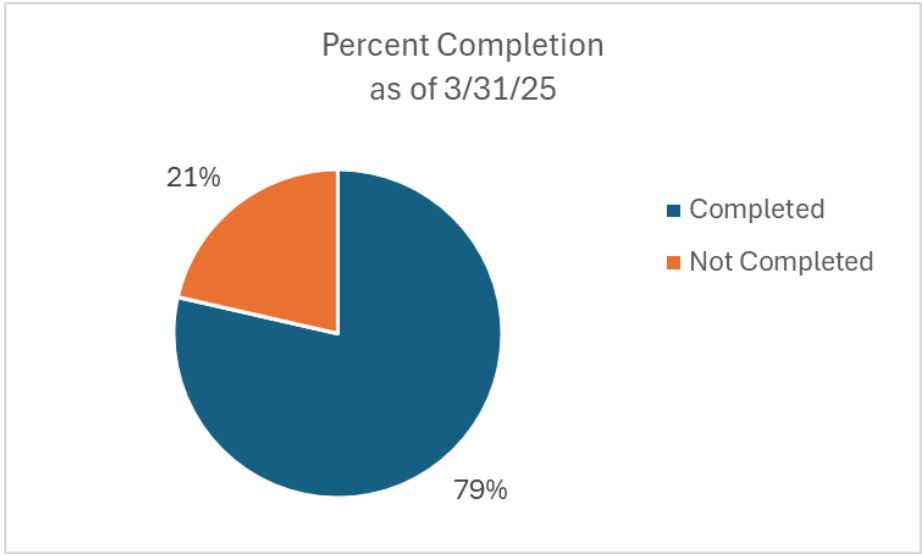
Program	Performance Period	Data Submission Deadline	Potential Public Reporting	Payment Determination
IQR	January 1, 2024 – December 31, 2024	May 15, 2025	October 2025	FY2026
IQR	January 1, 2025 – December 31, 2025	May 15, 2026	October 2026	FY2027

https://qualitynet.cms.gov/inpatient/iqr/measures#tab2

Survey Completion: Homework Assignment 2A, 2B, 2C

Hospitals completed as of 03/31/25:

1. Archbold Brooks
2. Archbold Mitchell
3. Atrium Floyd Polk
4. Atrium Navicent Peach
5. Bacon County
6. Candler County
7. Chatuge Regional
8. Clinch Memorial
9. Early Medical
10. Effingham Health System
11. Elbert Memorial
12. Jasper
13. Jeff Davis
14. Miller County
15. Monroe County
16. Morgan Medical Center
17. Mountain Lakes Medical Center
18. Optim Medical Center Tattnall
19. Putnam General Hospital
20. SGMC Lanier
21. Warm Springs Medical Center
22. Wills Memorial



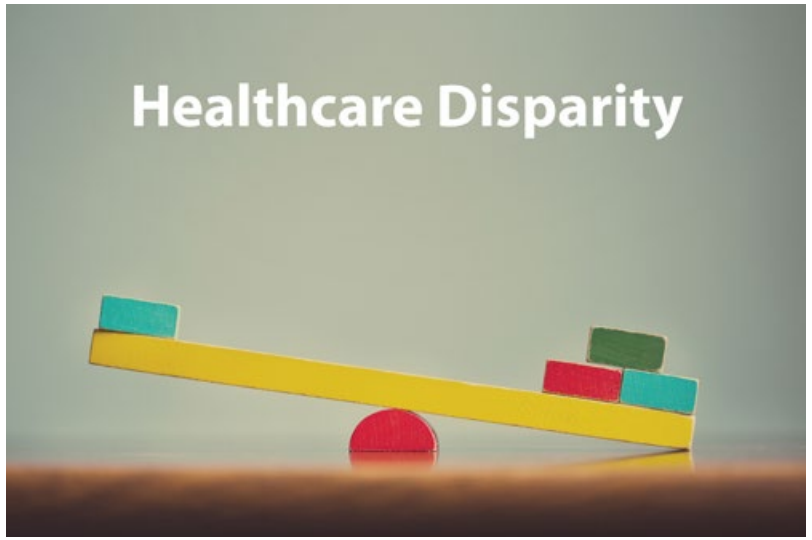
What can we do to help you?

survey

Denominator = 28 CAHs

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

Feb 25/Mar 25	Apr 22	May 27	Jun 24	Jul 22
*Jeff Davis presented Feb 25	Candler County	Effingham Hospital	SGMC - Lanier	Bacon County
Morgan Medical	Bleckley Memorial	Jasper Memorial	Monroe Hospital	Archbold Mitchell (Lynn Buckner)
	Chatuge Regional	Atrium Health Peach (A. Doh and L. Hunt)	Liberty Regional	Warm Springs
	Clinch Memorial	Archbold Brooks (K Thomas)	Miller County	Phoebe Worth
	Early Medical Center	Atrium Health Floyd Polk	Mountain Lakes	Putnam General
		Elbert Memorial	Optim - Screven	Wellstar Sylvan
		Jenkins County	Optim - Tattnall	Wills Memorial

Hospital names in black signed up for date.
Hospital names in red were added.

CHATUGE REGIONAL HOSPITAL
AFFILIATE OF: UNION GENERAL HEALTH SYSTEM

Hospital Action Plan
Chatuge Regional Hospital
Health Equity Lead is in limbo at present

1 - Organize procedural intercessions for our patients who are having problems with access to adequate food resources.
2 - Organize procedural intercessions for our patients who are having issues with utility insecurities.
3 - Organize procedural intercessions for our patients who are experiencing concerns with transportation.

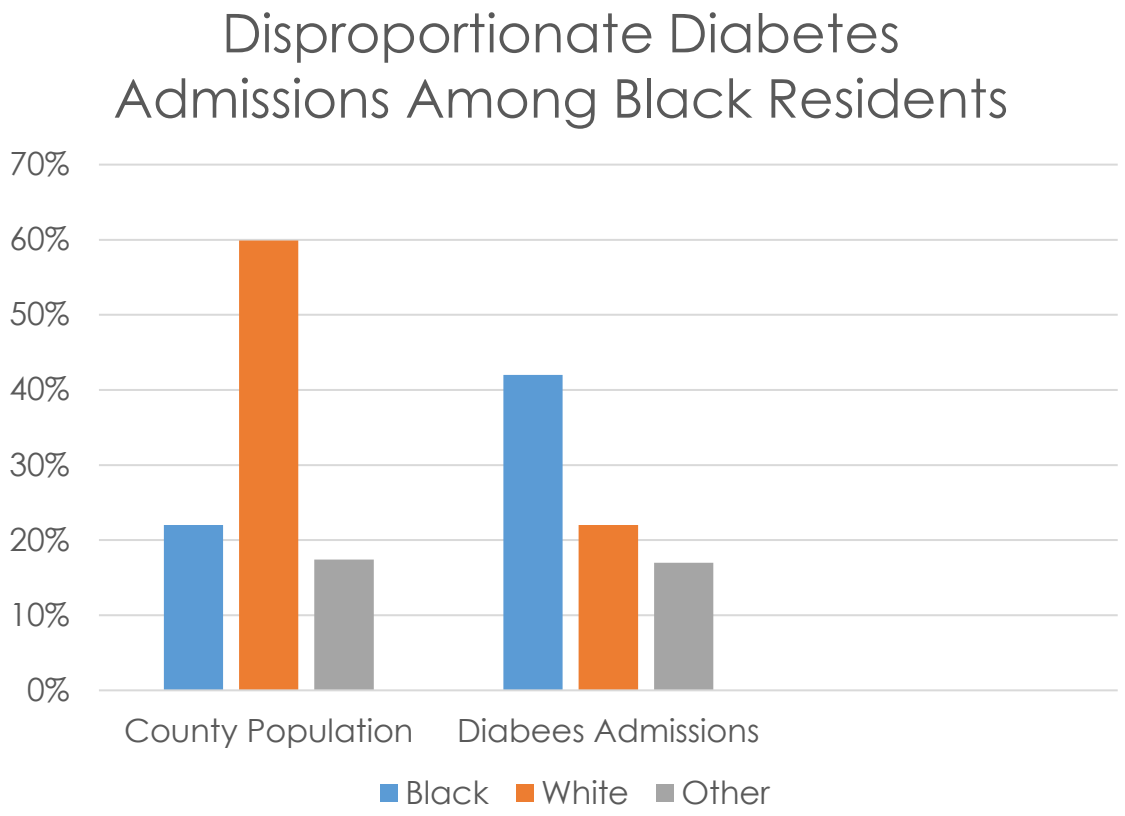
Action Plan/Steps	Status	Performance Outcomes (baseline, trending, or target goal)	Lessons Learned
Chatuge Regional Hospital will trace the number of our patients who communicate issues with food insecurities and monitor progress on our efforts to reduce admission rates for this group of patients.	*Ongoing*	*Baseline and trending: screen positive rate*	*Our biggest issue but good resources*
Chatuge Regional Hospital will trace the number of our patients who communicate issues with utility insecurities and monitor progress on our efforts to reduce admission rates for this group of patients.	*Ongoing*	*Baseline and trending: screen positive rate*	*Our least issue but screened positive for more than one*
Chatuge Regional Hospital will trace the number of our patients who communicate issues with lack of transportation and monitor progress on our efforts to reduce admission rates for this group of patients.	*Ongoing*	*Baseline and trending: screen positive rate*	No issues thus far

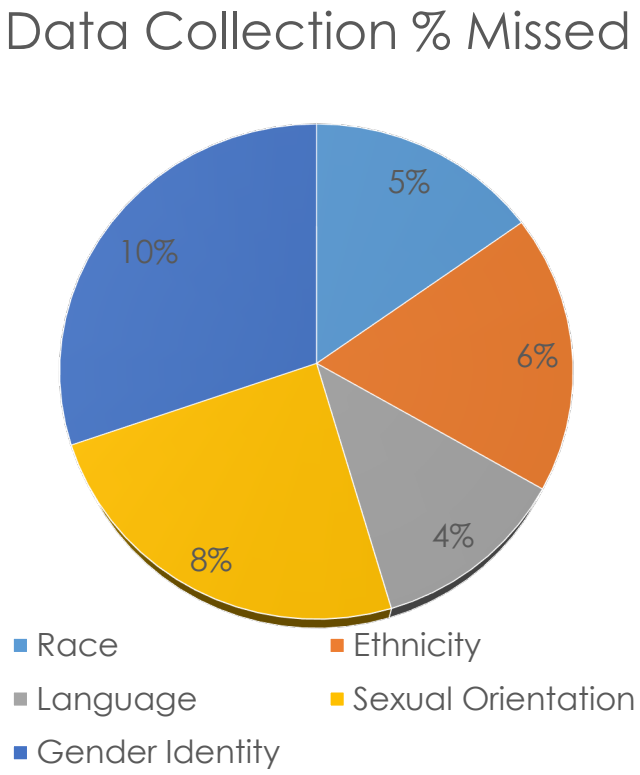
Hospital Action Plan
Candler County Hospital
Shannon Hart, MSN, RN Quality Manager

Goals: Integrate SDOH tracking into EHR, improve rural transitions of care by addressing transportation barriers, and reduce diabetes disparities in Black patients through community partnerships and education.

Action Plan/Steps	Status	Performance Outcomes (baseline, trending, or target goal)	Lessons Learned
1. Conducted a health equity gap assessment, appointed social worker as champion, and built an SDOH e-form in CPSI using the PREPARE tool. 2. Identified disproportionate diabetes admissions in Black population; partnered with UGA Extension and local educators; hosted peer-led community workshops. 3. Identified transportation as a readmission driver; collaborated with local partners for chronic disease and nonurgent transit support.	In progress	1. SDOH data now collected electronically during discharge planning; foundation built for tracking social needs. 2. Increased awareness and culturally relevant education delivered to high-risk populations.	1. **EHR Limitations Hinder Progress**: Inability to generate real-time reports from CPSI limited our ability to track patient education outcomes and stratify by demographics. 2. **Manual Data Collection is Not Sustainable**: Relying on spreadsheets and manual tracking delayed feedback and made performance evaluation cumbersome. 3. **Community Partnerships Are Vital**: Collaborations with the UGA Extension and local diabetes educators expanded our reach and built trust in the community.

Data


Disproportionate Diabetes Admissions Among Black Residents
70%
60%
50%
40%
30%
20%
10%
0%
County Population
Diabees Admissions
Black
White
Other


Data Collection % Missed
5%
6%
4%
8%
10%
Race
Ethnicity
Language
Sexual Orientation
Gender Identity

2025 Focus:

Goals:	Actions:
1. Expand SDOH Data Collection in the ER 2. Strengthen REaL and SOGI Data Collection 3. Expand Community Education on High-Risk Conditions 4. Collaborate with EMS on Transportation Barriers	1. Assess the ER's EHR system to determine if SDOH data can be captured and extracted more efficiently than CPSI. Continue refining the social worker's electronic form to include Z-codes. 2. Provide targeted education to Registration staff to improve confidence and consistency in collecting REaL and SOGI data. 3. Continue diabetes, hypertension, and pulmonary education in partnership with community groups and clinics. 4. Initiate coordination with EMS to explore solutions for non-emergent patient transport.

Project Timeline

Date	To-Do List
April 22	□ Attestation Reporting Period April 1 – May 15, 2025 □ Workgroup discussion "Quality Council" of Hospital Action Plans (Success Stories)
May 27	□ Begin to add Success Stories to the GA Flex webpage □ Workgroup discussion "Quality Council" of Hospital Action Plans (Success Stories)

Email karen.holtz@allianthealth.org or 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?
ALLIANT
HEALTH SOLUTIONS
SORH
State Office of Rural Health
A Division of the Georgia Department of Community Health