



# MICAHA QN

# Quality Data Review

## August 2025 Meeting

# MICAH QN Data Quality Reporting

- This presentation is meant to provide data in a meaningful way to the MICAH QN. The data measures and compares quality standards and identifies gaps as they relate to the Medicare Beneficiary Quality Improvement Program (MBQIP).
- The data provides information that demonstrates the high-quality services provided by Michigan's Critical Access Hospitals. It identifies opportunities for change that lead to continued improvement in the health status of the population we serve.

## **Objectives:**

- Why Participate in MBQIP
- 2025 MBQIP Measure Review
- Data release dates
- Submission Deadlines
- New Data Review
- HCAHPS Measure Review
- Resources

# Why Participate in MBQIP?

- Reflects a commitment to patient-centered care by using validated data to improve patient outcomes.
- Assists in identifying trends and provides an opportunity that directly benefits rural patients with safer and more effective care.
- Allows CAHs to meet quality benchmarks through best practices and resources.
- Aligns priorities with peer sharing and subject matter experts from the MICAH QN.
- Reaffirms commitment to providing a sustainable, high-quality healthcare model that prioritizes Michigan's rural communities using rural-relevant measures.
- Aligns with CMS Priorities.

## **Goals**

- Improve the quality of care provided in CAHs by increasing quality data reporting by CAHs and driving quality improvement activities based on the data.

## **MICAH QN and MBQIP Alignment**

- The MICAH QN supports and recommends full participation in the MBQIP Program.
- Vision Statement - MICAH QN will be known as the statewide and national leader in the measurement of healthcare quality for Critical Access Hospitals (CAHs).

# MBQIP Quality Reporting 2025 (12 Measures)

## Global Measures:

- CAH Quality Infrastructure Assessment **Annual**

## Patient Safety

- Healthcare Personnel Influenza Immunization **Annual**
- Antibiotic Stewardship **Annual**
- Safe Use of Opioids (required eCQM measure) **Annual**

## Patient Experience

- HCAHPS **Quarterly**

## Care Coordination

- Hybrid All Cause Readmissions **Annual**
- SDOH Screening **Annual**
- SDOH Screening Positive **Annual**

## Emergency Department

- Emergency Department Transfer Communication (EDTC) **Quarterly**
- OP-18 Time from Arrival to Departure **Quarterly**
- OP-22 Left without Being Seen **Annual**

# MBQIP Submission Deadlines

## MBQIP 2025 – Measures Being Added to Core Set

Submission Process and Deadlines <sup>1,2</sup>											
Measure ID	Description	MBQIP Domain	Reported To	Encounter Period							
				Q2 / 2024 Apr - Jun	Q3 / 2024 Jul - Sep	Q4 / 2024 Oct - Dec	Q1 / 2025 Jan – Mar	Q2 / 2025 Apr - Jun	Q3 / 2025 Jul - Sep	Q4 / 2025 Oct - Dec	
TBD	<a href="#">CAH Quality Infrastructure</a>	Global Measures	FMT via Qualtrics	National CAH Inventory and Assessment Continues Submission window September 16, 2024-November 22, 2024			National CAH Inventory and Assessment Continues  Due date TBD				
Safe Use of Opioids	<a href="#">Safe Use of Opioids- Concurrent Prescribing</a>	Patient Safety	HQR Secure Portal	Hospitals may choose to report to CMS <sup>3</sup>  Submission Deadline February 28, 2025 (CY 2024 data)			<a href="#">MBQIP 2025 Core Measure starting with this measurement period<sup>3</sup></a>  Submission Deadline February 28, 2026 (CY 2025 data)				
Hybrid HWR	<a href="#">Hybrid Hospital-Wide Readmission</a>	Care Coordination	HQR Secure Portal	Hospitals may choose to report to CMS  Submission Deadline October 1, 2024 (Q3 2023 - Q2 2024 data)	Hospitals may choose to report to CMS  Submission Deadline October 1, 2025 (Q3 2024 - Q2 2025 data)					<a href="#">MBQIP 2025 Core Measure starting with this measurement period</a>  Submission Deadline October 1, 2026 (Q3 2025 - Q2 2026 data)	
SDOH-1	<a href="#">Social Drivers of Health (SDOH) Screening</a>	Care Coordination	HQR Secure Portal	Hospitals may choose to report to CMS  Submission Deadline May 15, 2025 (CY 2024 data)			<a href="#">MBQIP 2025 Core Measure starting with this measurement period</a>  Submission Deadline May 15, 2026 (CY 2025 data)				
SDOH-2	<a href="#">Screen Positive Rate for Social Drivers of Health (SDOH)</a>	Care Coordination	HQR Secure Portal	Hospitals may choose to report to CMS  Submission Deadline May 15, 2025 (CY 2024 data)			<a href="#">MBQIP 2025 Core Measure starting with this measurement period</a>  Submission Deadline May 15, 2026 (CY 2025 data)				

# MBQIP Submission Deadlines

## MBQIP 2025 – Measures Continuing in Core Set from Prior Years

Submission Process and Deadlines <sup>1,2</sup>										
Measure ID	Description	MBQIP Domain	Reported To	Encounter Period						
				Q2 / 2024 Apr - Jun	Q3 / 2024 Jul - Sep	Q4 / 2024 Oct - Dec	Q1 / 2025 Jan - Mar	Q2 / 2025 Apr - Jun	Q3 / 2025 Jul - Sep	Q4 / 2025 Oct - Dec
HCP/IMM-3 <sup>4</sup>	<a href="#">Influenza vaccination coverage among health care personnel</a>	Patient Safety	NHSN	N/A	N/A	May 15, 2025 (Q4 2024 - Q1 2025 aggregate)		N/A	N/A	May 15, 2026 (Q4 2025 - Q1 2026 aggregate)
Antibiotic Stewardship	<a href="#">CDC NHSN Annual Facility Survey</a>	Patient Safety	NHSN	March 1, 2025 <sup>5</sup> (CY 2024 data)			March 1, 2026 <sup>5</sup> (CY 2025 data)			
HPS	<a href="#">Hospital Consumer Assessment of Healthcare Providers and Systems</a>	Patient Experience	HQR via Vendor	October 2, 2024	January 2, 2025	April 2, 2025	July 2, 2025 anticipated	October 1, 2025 anticipated	January 7, 2026 anticipated	April 1, 2026 anticipated
EDTC <sup>6</sup>	<a href="#">Emergency Department Transfer Communication</a>	Emergency Department	Submission process directed by state Flex Program	July 31, 2024	October 31, 2024	January 31, 2025	April 30, 2025	July 31, 2025	October 31, 2025	January 31, 2026
OP-18	<a href="#">Median time from ED arrival to ED departure for discharged ED patients</a>	Emergency Department	HQR via Outpatient CART/ Vendor	November 1, 2024	February 3, 2025	May 1, 2025	August 1, 2025	November 1, 2025	February 1, 2026	May 1, 2026
OP-22	<a href="#">Patient left without being seen</a>	Emergency Department	HQR Secure Portal	May 15, 2025 (CY 2024 data aggregate)			May 15, 2026 (CY 2025 data aggregate)			

Quarterly Measures

1. Based on currently available information. Submission dates are subject to change.

2. 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 except for Antibiotic Stewardship which will remain March 1 regardless of when that date occurs.

3. The Safe Use of Opioids-Concurrent Prescribing measure is required as part of the Promoting Interoperability Program.

4. The encounter period for HCP/IMM-3 is limited to Q4 and Q1.

5. Hospitals must complete the NHSN Annual Facility Survey by March 1 of each year for NHSN and MBQIP data reporting.

6. State Flex Programs must submit data to FMT by the 10th day of the month following the hospital deadline (e.g. Q3 2023 data due to FMT by Nov 10, 2023).

# MBQIP Quality Reporting 2025

	Report 1	Report 2	Report 3	Report 4
Month Released	January	March	July	September
<p>Date Updated - <b><i>All measures will be included in each report. This timeline shows which reports will include new data for each measures.</i></b></p>	<ul style="list-style-type: none"> <li>* EDTC Q3</li> <li>* OP-18b Q2</li> <li>*CAH Quality Infrastructure</li> </ul>	<ul style="list-style-type: none"> <li>* EDTC Q4</li> <li>* OP-18b Q3</li> <li>*Safe Use of Opioids</li> </ul>	<ul style="list-style-type: none"> <li>* EDTC Q1</li> <li>* OP-18b Q4</li> <li>*IMM-3</li> <li>* Abx Stewardship</li> <li>*OP22</li> <li>*SDoH 1</li> <li>*SDoH 2</li> <li>*HCHE</li> </ul>	<ul style="list-style-type: none"> <li>* EDTC Q2</li> <li>* OP-18b Q1</li> <li>*Hybrid HWR</li> </ul>

# MBQIP Quality Reporting 2025

	Q1 HCAHPS	Q2 HCAHPS	Q3 HCAHPS	Q4 HCAHPS
Quarter Released	Winter	Spring	Summer	Fall
Data Updated	Q1 of current calendar year	Q2 of current calendar year	Q3 of current calendar year	Q4 of previous calendar year
<b>Measures Included</b> <i>All measures are included and updated in each report</i>	<ul style="list-style-type: none"><li>*Communication with Nurses</li><li>*Communication with Doctors</li><li>*Communication about Medicine</li><li>*Care Transitions</li><li>*Discharge Information</li><li>*Cleanliness of Hospital Environment</li><li>*Quietness of Hospital Environmen</li><li>* Hospital Rating</li><li>* Recommend the Hosptial</li></ul>			

# MBQIP Data Report - Updates

## Updates

OP18b Q4 2024

OP 22 CY 2024

IMM-3 Q4 2024 – Q1 2025

Safe Use of Opioids CY 2024

Antibiotic Stewardship CY 2024

SDOH 1 & SDOH 2 CY 2024

HCAHPS Q4 2023-Q3 2024

EDTC Q2



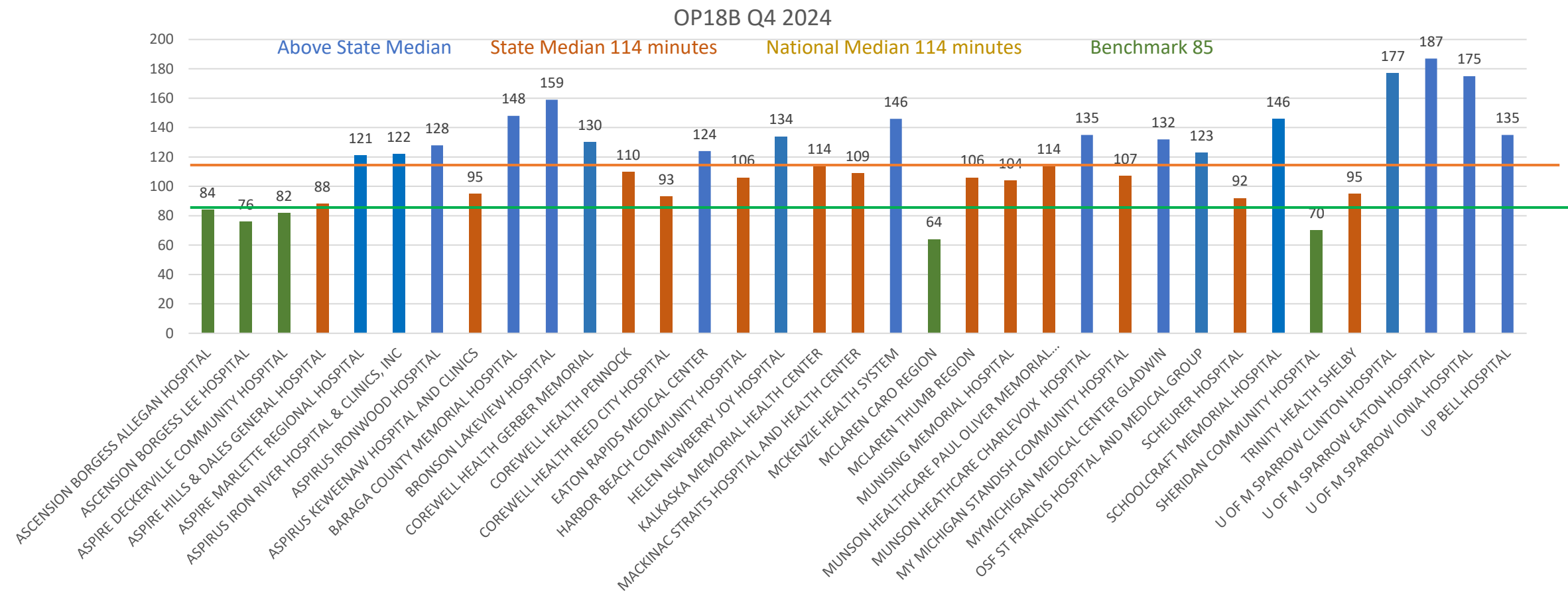
# OP 18B Q4 2024



# OP 18B Q4 2024

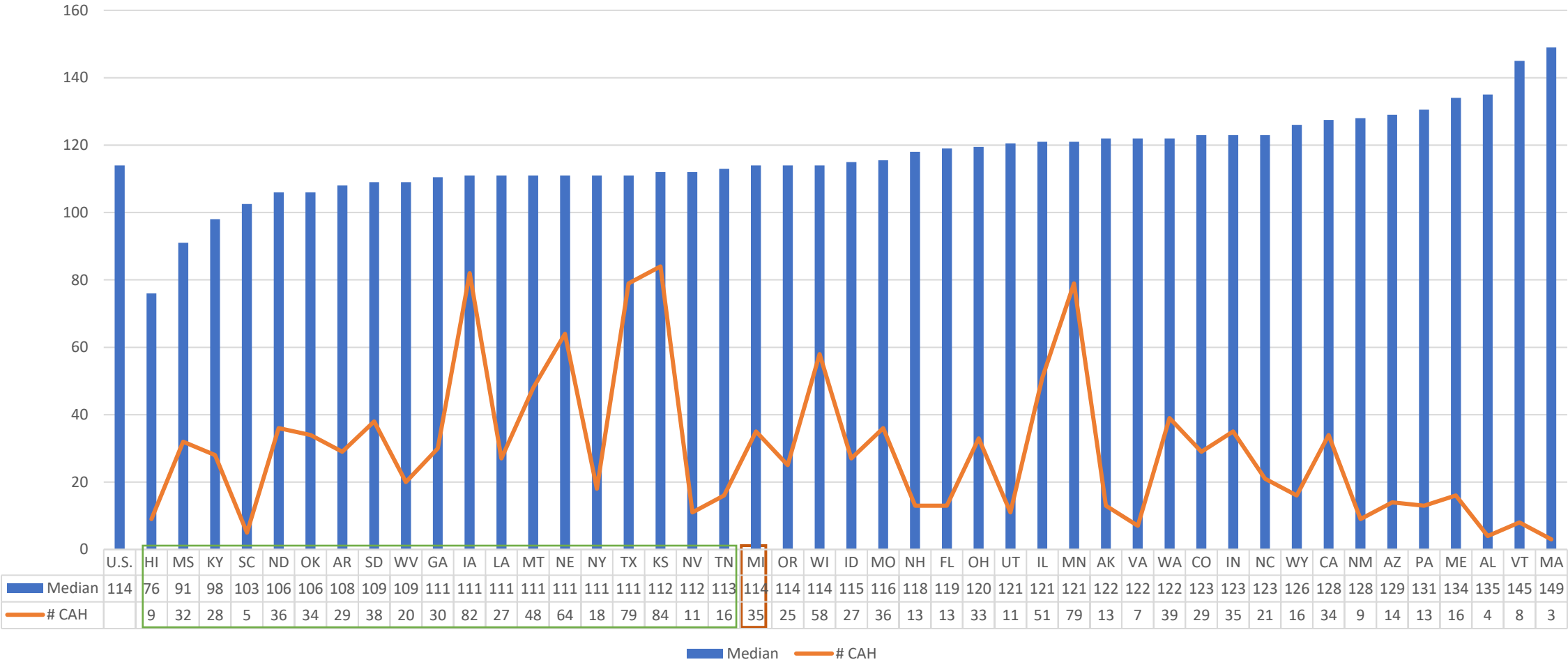
OP - 18B	State by Performance					State Current Quarter				National Current Quarter			Benchmark
Emergency Department – Quarterly Measure	Q1 2024	Q2 2024	Q3 2024	Q4 2024		# CAH Reporting	Median Time	90th percentile		#CAH Reporting	Median Time		90 <sup>th</sup> Percentile
Median Time from ED Arrival to ED Departure for Discharged ED Patients	122 min	113 min	123 min	114 min		35	114 mis	82 min		1172	114 min		85 min
Number of Patients (N)	3070	2844	2947	3179									
					<div>Take aways. * State Median Time Decreased by 9 minutes * State Measure Participation increased to 100% participation * Increase in CAH meeting the State Median of 114 minutes * Increase in CAH meeting the National Benchmark of 85 minutes</div>								
Number CAH Reporting	33/35	32/35	32/35	35/35									
Reporting Percentage	95%	91%	91%	100%									
CAH Above State Median	46%	46%	47%	49%									
CAH Lower than State Median	49%	37%	50%	51%									
National Benchmark	11%	9%	3%	14%									

# OP 18B Q4 2024



# OP 18B Q4 2024

## National Comparison



Top 10

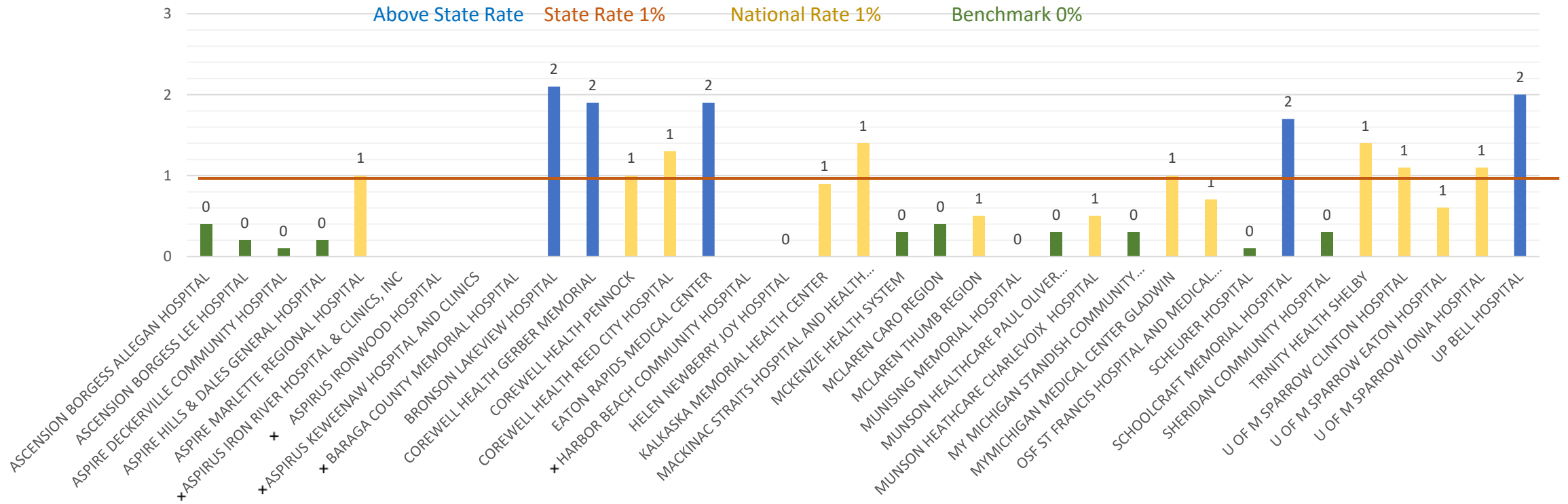
# OP 22

## Calendar Year 2024



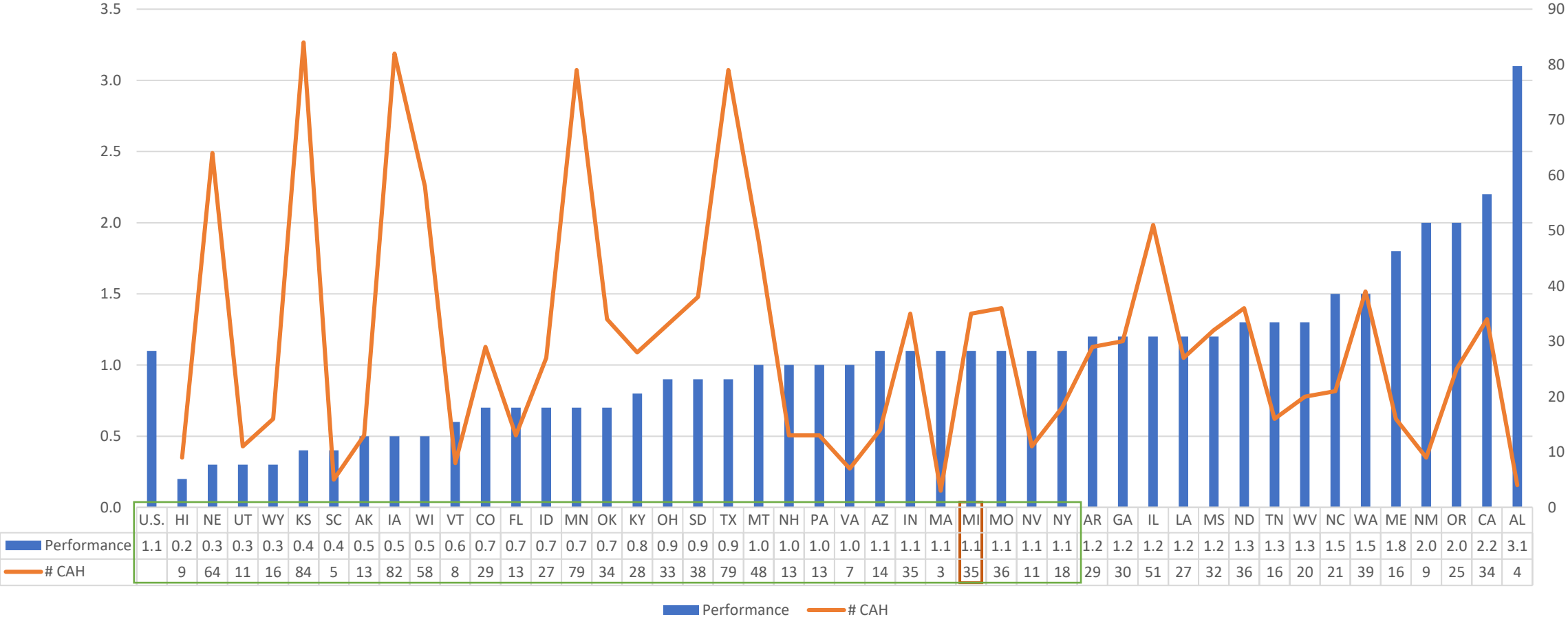


# OP 22 CY 2024



# OP 22 CY 2024

## National Comparison



Top 10

# IMM-3

## Q4 2024 – Q1 2025

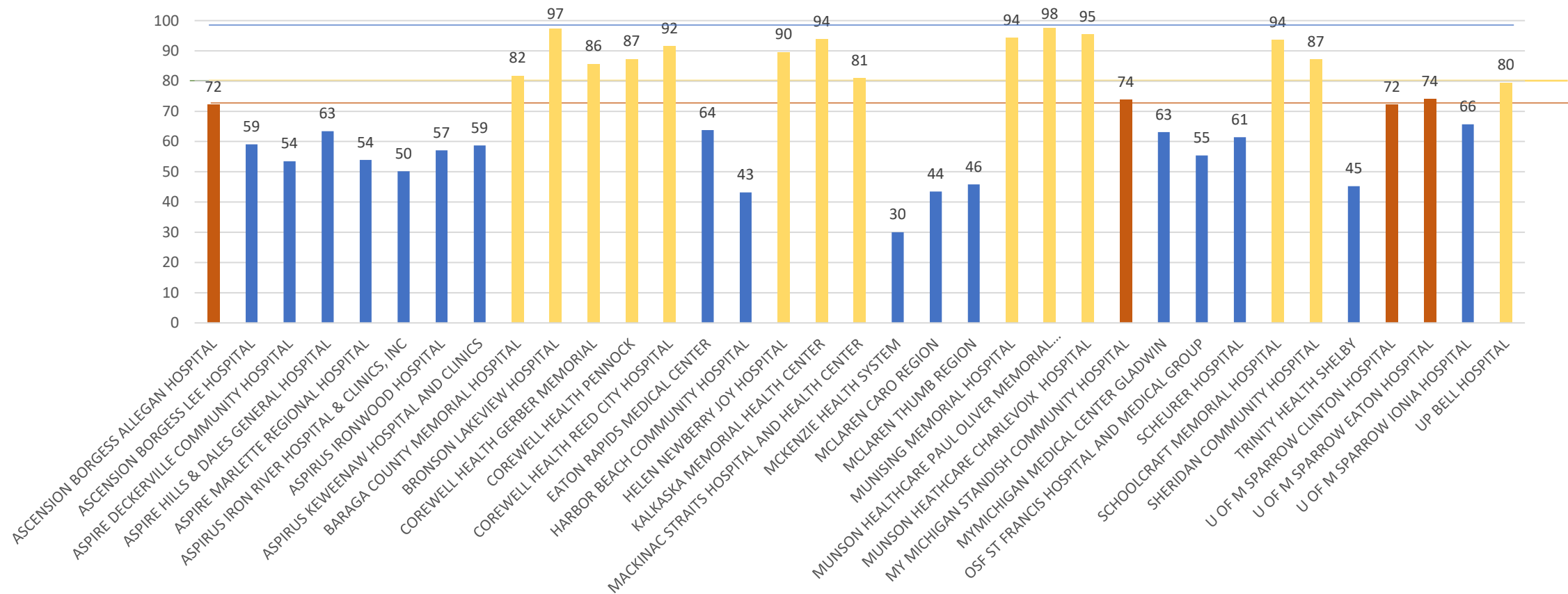


# IMM-3 Q4 2024 – Q1 2025

IMM-3	State by Performance					State Current Quarter				National Current Quarter			Benchmark
Healthcare Provider Influenza Vaccinations	Q4 2021- Q1 2022	Q4 2022- Q1 2023	Q4 2023- Q1 2024	Q4 2024 - Q1 2025		# CAH Reporting	%	90th percentile		#CAH Reporting	%		90 <sup>th</sup> Percentile
Healthcare Provider Influenza Vaccinations	82%	75%	75%	71%		35 0	71%	94%		1289	75%		100%
Number of Patients (N)													
					<div>Take aways. * State Performance increased by 4% * State Measure Participation increased to 100% participation * State Above State Performance increased by 5%</div>								
Number CAH Reporting	27/36	33/36	33/35	35/35									
Reporting Percentage	75%	92%	94%	100%									
CAH Above State Performance	39%	44%	46%	51%									
CAH Lower than State Performance	36%	47%	49%	49%									
National Benchmark	0%	0%	0%	0%									

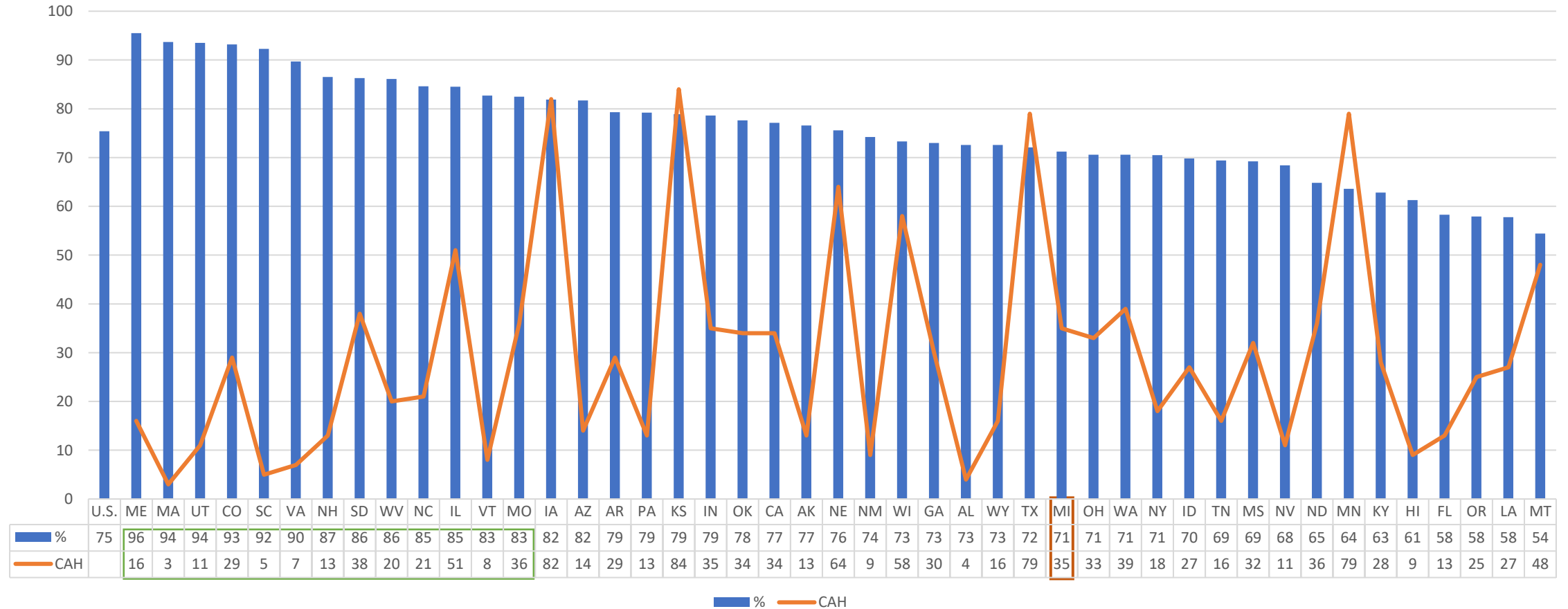
# IMM-3 Q4 2024 – Q1 2025

Below State Rate   State Rate 71%   National Rate 75%   Benchmark 100%



# IMM-3 Q4 2024 – Q1 2025

## National Comparison



Top 10

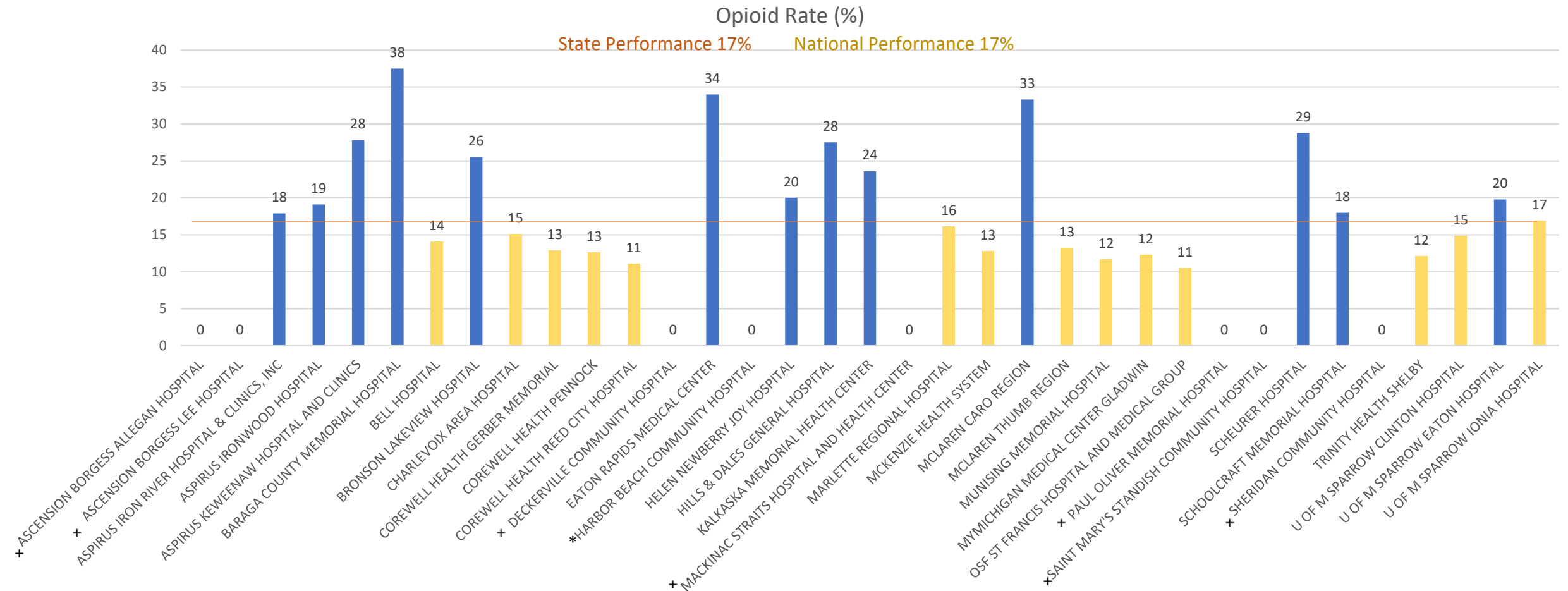
# Safe Use of Opioids Calendar Year 2024



# Safe Use of Opioids

Safe Use of Opioids	State Performance by Calendar Year		State Current Year		National Current Year		Benchmark
NEW Measure	CY 2023	CY 2024	# CAH Reporting	Current Year %	#CAH Reporting	Current Year %	
Safe Use of Opioids Performance	18%	17%	29	17%	1209	17%	NA
Number of Patients (N)	3708	3961			118,881		
Number CAH Reporting	25	29	Take aways. * State Performance improved by 1% * State Participation increased by 12 percentage points * Increase in CAH above state performance percentage (lower score better) * Decrease in CAH at or lower than state performance percentage				
Reporting Percentage	71%	83%					
Above State Performance	44%	45%					
At or lower than State Performance	56%	52%					
* reported had too low volume	0%	3%					

# Safe Use of Opioids

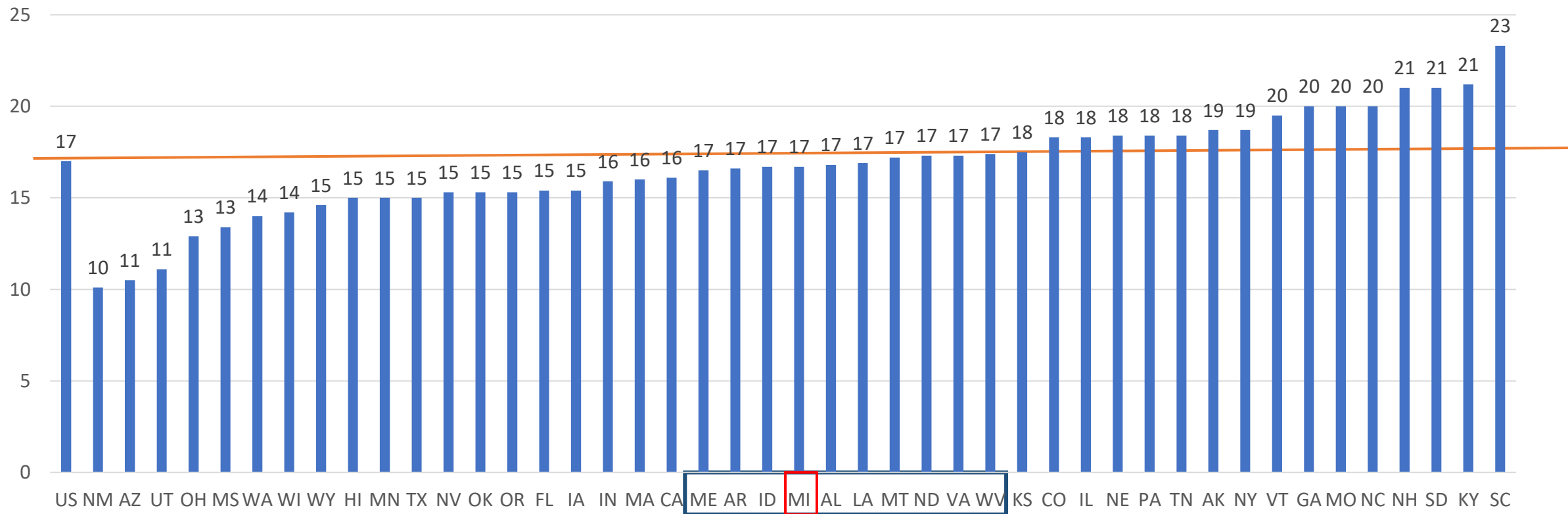


\*CAH had a 0 denominator and/or low volume exemption for all 4 quarters but is still considered reporting

+ Did Not Report the measure

# Safe use of Opioids

## National Comparison



# Antibiotic Stewardship Calendar Year 2024



# Antibiotic Stewardship

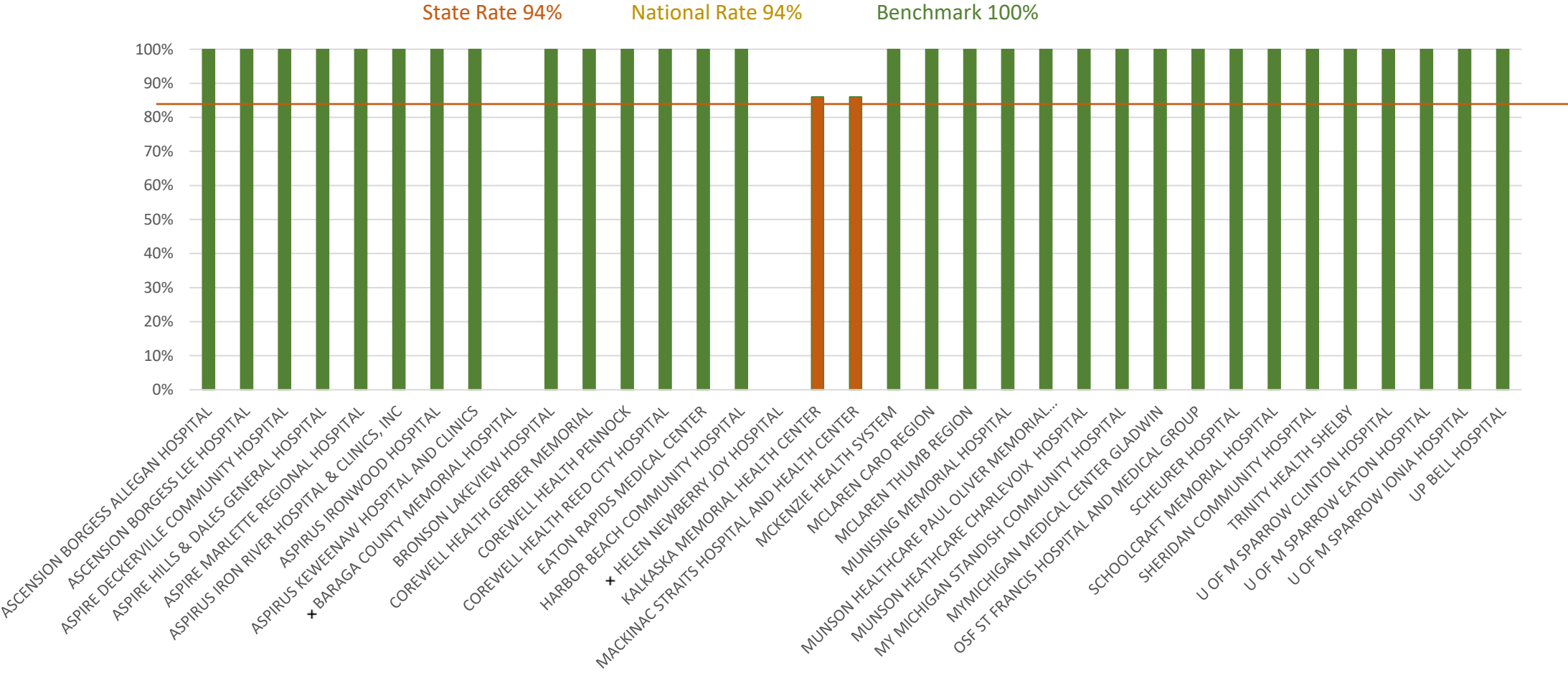
Abx Stewardship	State by Performance				State Current Year			National Current Year		Benchmark
	CY 2021	CY 2022	CY 2023	CY 2024	# CAH Reporting	%	90th percentile	#CAH Reporting	%	90 <sup>th</sup> Percentile
Antibiotic Stewardship Measure - All Measures Met	93%	94%	91%	94%	33	94%		1298	94%	100%

Number CAH Reporting	32/37	34/36	33/35	33/35
Reporting Percentage	86%	94%	94%	94%
All Elements Met	93%	94%	91%	94%
Leadership	93%	94%	94%	97%
Accountability	97%	97%	94%	100%
Drug Expertise	100%	100%	94%	100%
Action	100%	100%	100%	100%
Tracking	97%	97%	100%	100%
Reporting	100%	100%	100%	97%
Education	100%	100%	100%	100%

## Take aways.

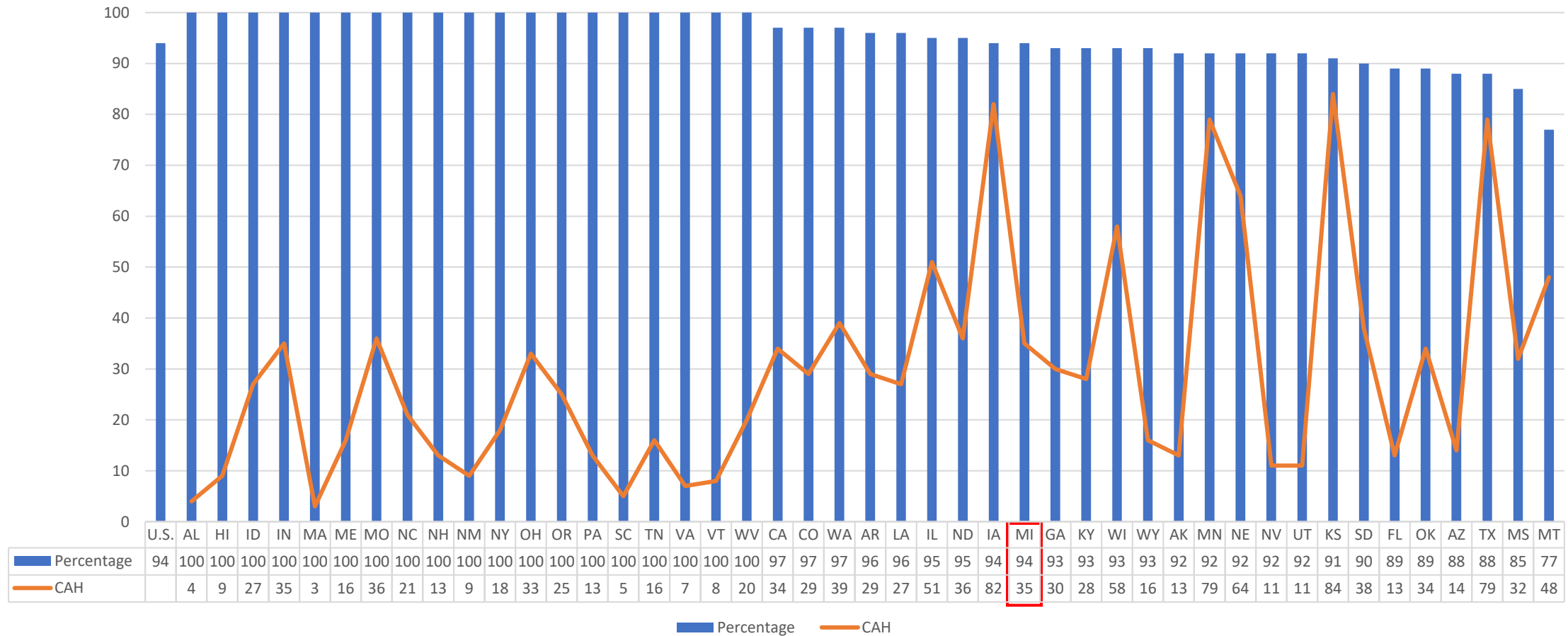
- \* State Performance increased 3% from 2023
- \* CAH meeting all 7 Elements increase 8%
- \* State Measure Participation remained the same at 94%
- \* Saw improvement in Element Participation with 3 Elements
- \* Saw a decrease of reporting of 1 Element

# Antibiotic Stewardship



+ Did Not Report the measure

# Antibiotic Stewardship National Comparison



# SDOH 1 & 2

## Calendar Year 2024



# SDOH 1

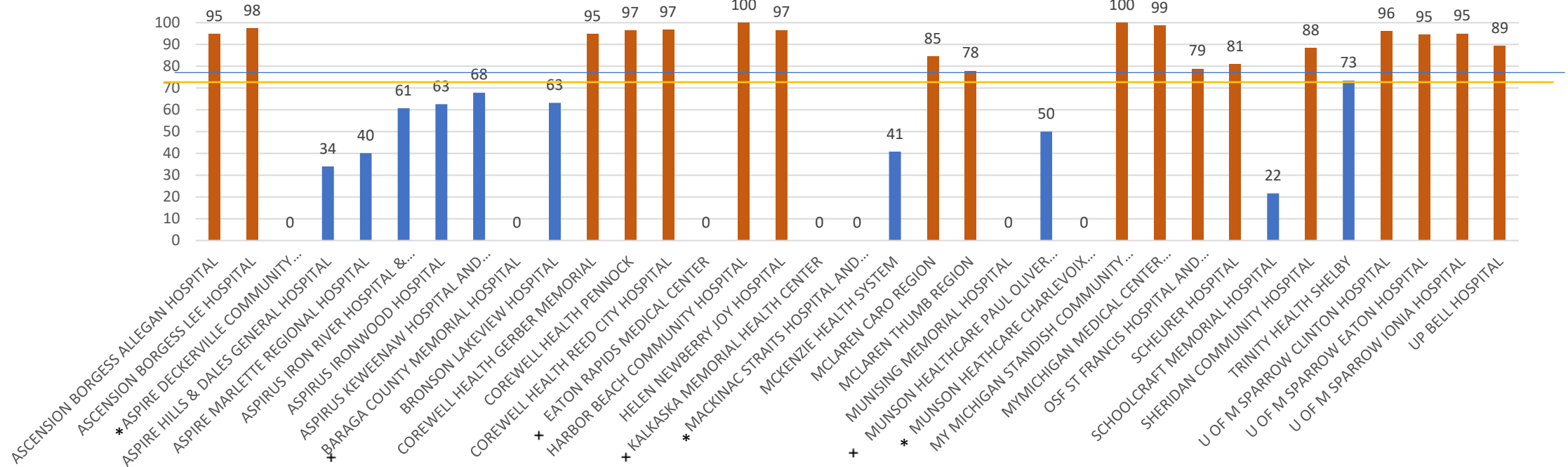
Screening for Social Drivers of Health			State Current Year			National Current Year		Benchmark
SDOH 1	CY 2023	CY 2024	# CAH Reporting	%	90th percentile	#CAH Reporting	%	90 <sup>th</sup> Percentile
Screening for Social Drivers of Health	10%	76%	31	76%	NA	699	74%	NA
	3791	11124		11124		360301		
			Take aways. * State Performance increased 66% * MI CAH Performace is above National Performance by 2% * State Measure Participation Increased 69%					
Number CAH Reporting	7/35	31/35						
Reporting Percentage	20%	89%						

# SDOH 1

State Performance 76%

National Performance 74%

Screening Rate (%)

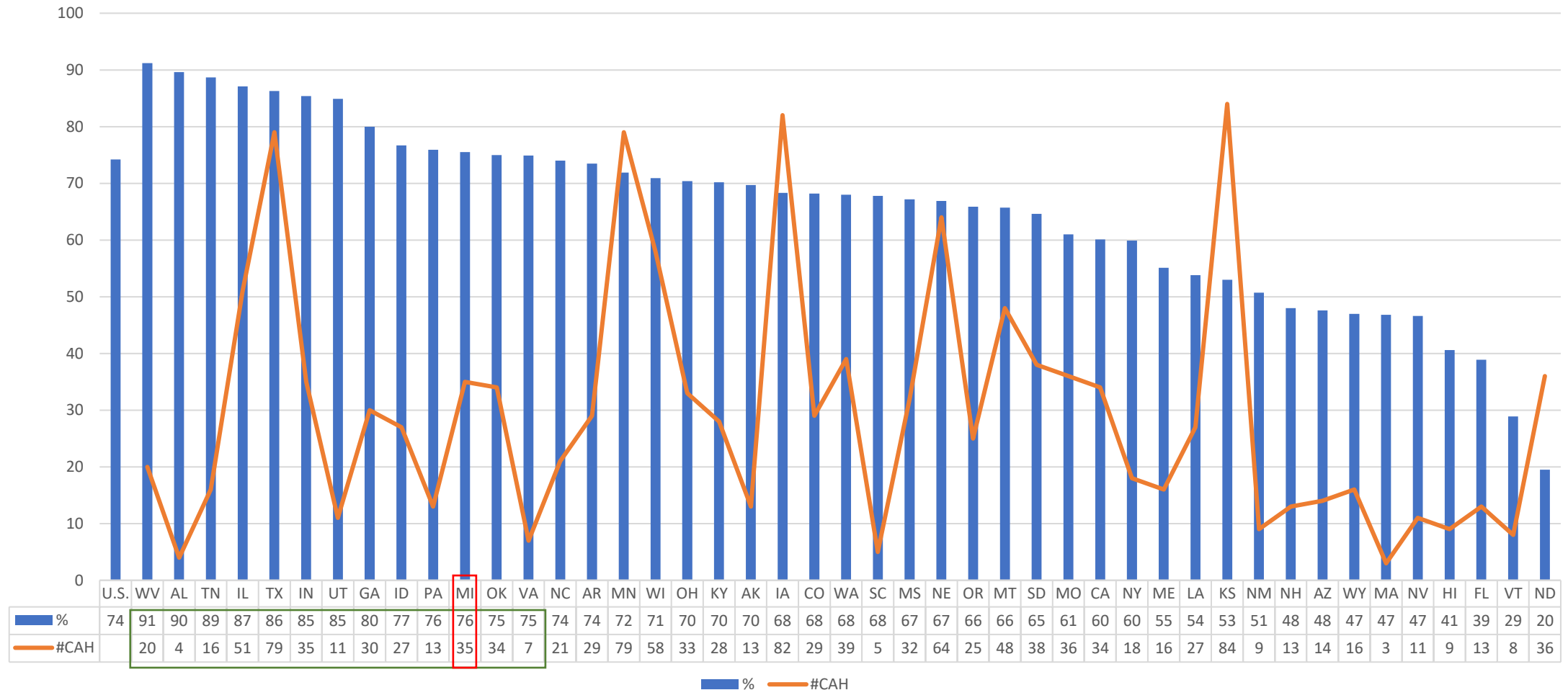


+ Did Not Report the measure

\* Reported with 0 denominator

# SDOH 1

## National Comparison



# SDOH 2

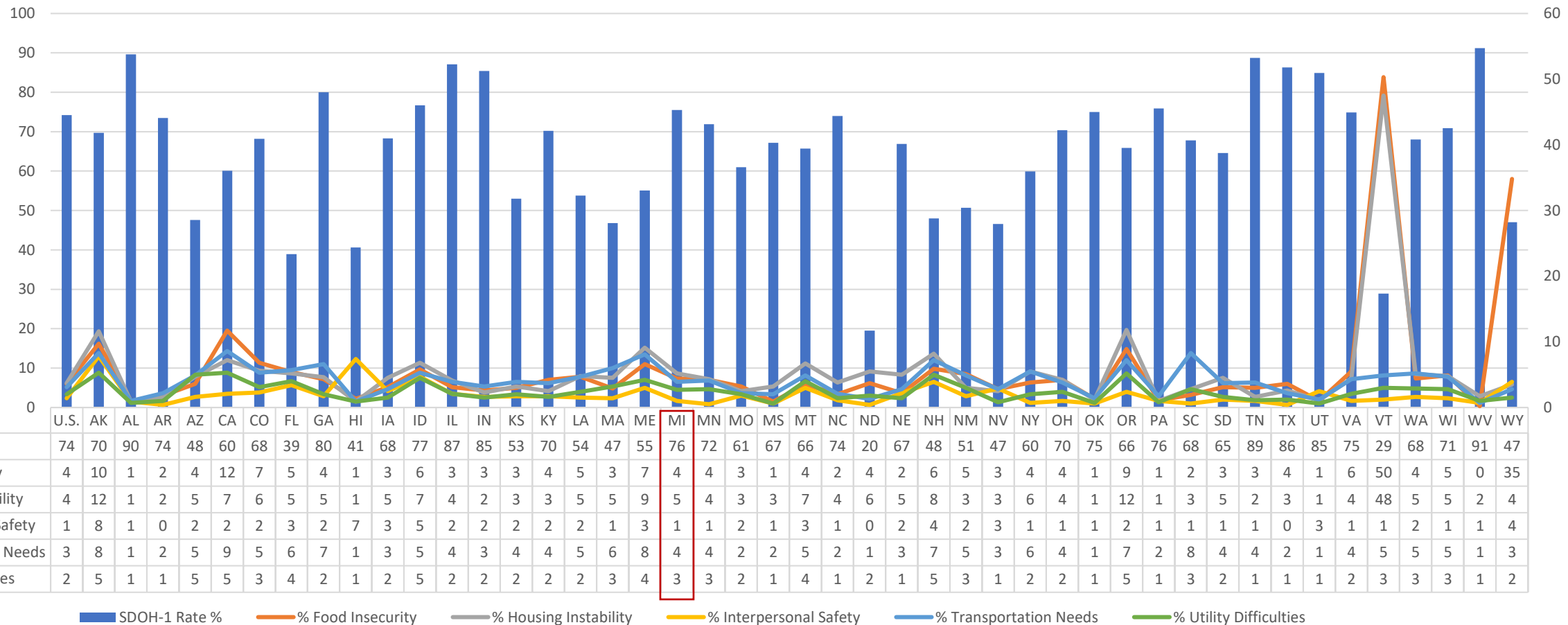
Screening for Social Drivers of Health			State Current Year			National Current Year		Benchmark
	CY 2023	CY 2024	# CAH Reporting	%	90th percentile	#CAH Reporting	%	90 <sup>th</sup> Percentile
<b>SDOH 2 - Screen Positive</b>								
Food Insecurity	6%	4%	31	4%		699	4%	NA
Housing Instability	6%	5%	31	5%		699	4%	
Interpersonal Safety	1%	1%	31	1%	NA	699	1%	
Transportation Needs	5%	4%	31	4%		699	3%	
Utility Difficulties	13%	3%	31	3%		699	2%	
<b>Number of Patients</b>	387	8403				267290		

Take aways.

\* Number of Patients Screen Positive Increased (largely due to increased participation)

# SDOH 2

## National Comparison



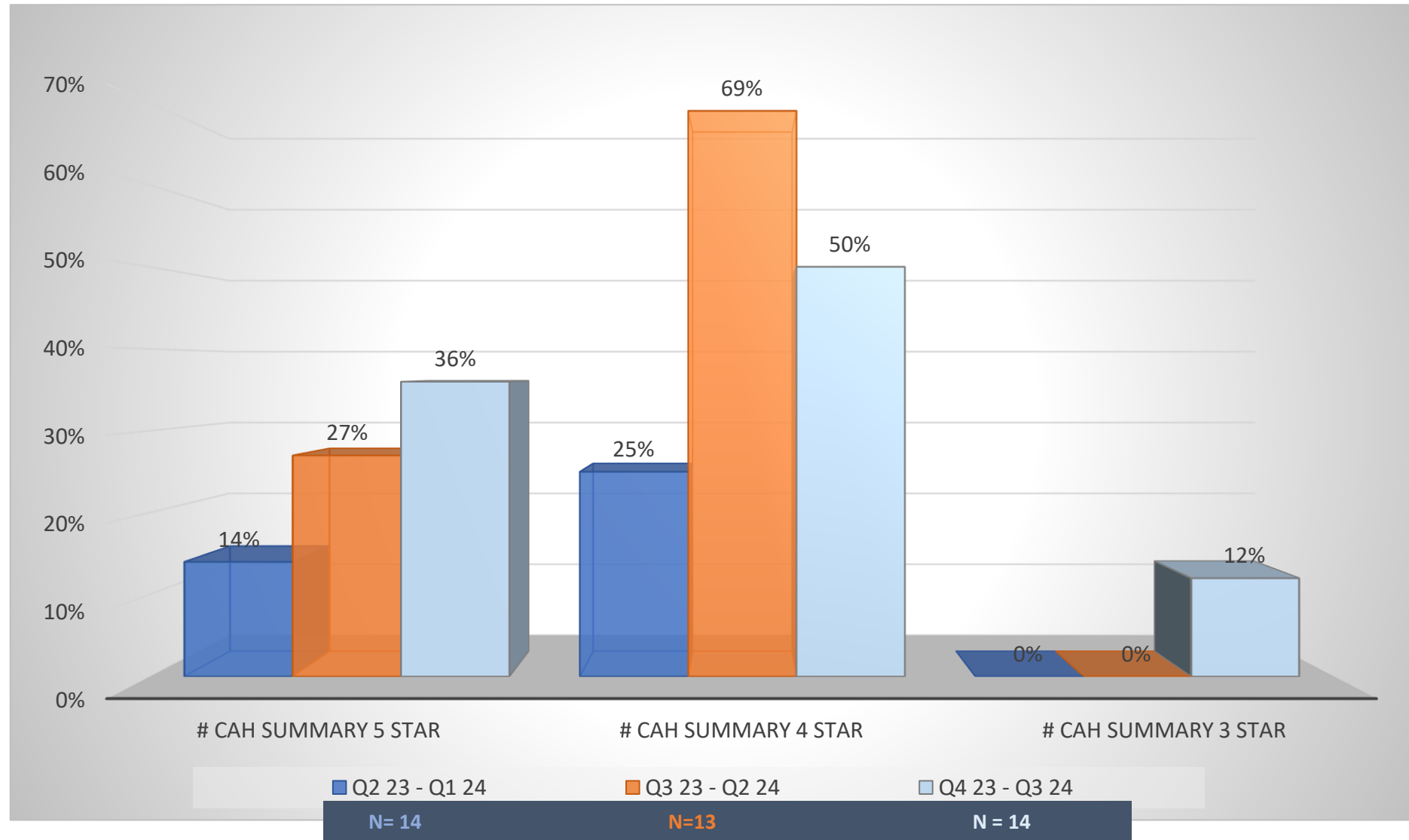
# Future of SDOH Measures

- **Effective FY 2026 Payment Determination:**
  - CMS removing SDOH-1 (Screening for Social Drivers of Health) and SDOH-2 (Screen Positive Rate) from Hospital IQR Program.
- **MBQIP Alignment:**
  - FORHP removing measures from MBQIP Core Set to align with CMS & CDC standards.
- **CMS Rationale (Final Rule 36536 – 8/4/25):**
  - Costs outweigh the benefits of continued use.
- **Impact on Reporting:**
  - CAHs not required to report SDOH-1 or SDOH-2 for FY 2026.
  - Data submitted will not be used for public reporting or payment.
  - Optional reporting period ended May 15, 2025.

# HCAHPS Q4 2023-Q3 2024



# HCAHPS 12 Month Rolling Data Summary Star Comparison



# HCAHPS Q4 2023-Q3 2024

## CAH receiving Summary Star Rating (14)

Critical Access Hospital	Summary Star Rating	Number of Surveys	Responded Rate
HILLS & DALES GENERAL HOSPITAL	5	105	34
TRINITY HEALTH SHELBY	5	138	38
CHARLEVOIX AREA HOSPITAL	5	298	29
MYMICHIGAN MEDICAL CENTER GLADWIN	5	110	39
BRONSON LAKEVIEW HOSPITAL	5	223	32
BELL HOSPITAL	4	112	21
U OF M SPARROW CLINTON HOSPITAL	4	270	44
U OF M SPARROW EATON HOSPITAL	4	294	45
U OF M SPARROW IONIA HOSPITAL	4	222	37
OSF ST FRANCIS HOSPITAL AND MEDICAL GROUP	4	265	26
COREWELL HEALTH GERBER MEMORIAL	4	335	22
COREWELL HEALTH PENNOCK	4	281	27
ASPIRUS IRONWOOD HOSPITAL	3	103	21
MCLAREN THUMB REGION	3	103	22

# HCAHPS Q4 2023-Q3 2024

## CAH with under 100 reported surveys (14)

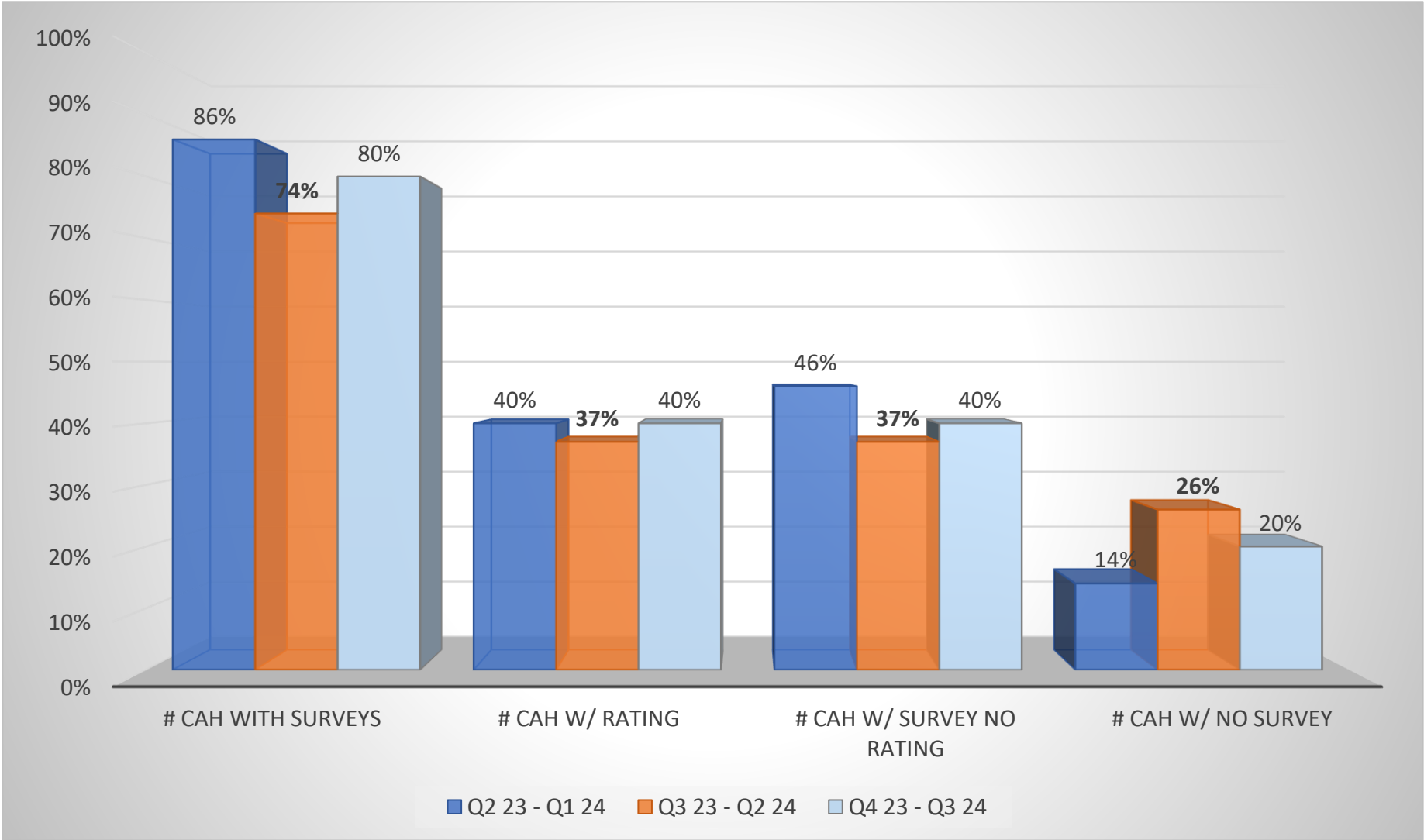
Critical Access Hospital	Summary Star Rating	Number of Surveys	Responded Rate
ASPIRUS KEWEENAW HOSPITAL AND CLINICS		99	21
SCHOOLCRAFT MEMORIAL HOSPITAL		83	37
HELEN NEWBERRY JOY HOSPITAL		76	32
MARLETTE REGIONAL HOSPITAL		74	30
BARAGA COUNTY MEMORIAL HOSPITAL		72	32
MACKINAC STRAITS HOSPITAL AND HEALTH CENTER		60	35
EATON RAPIDS MEDICAL CENTER		50	26
SCHEURER HOSPITAL		47	45
ASPIRUS IRON RIVER HOSPITAL & CLINICS, INC		44	24
COREWELL HEALTH REED CITY HOSPITAL		36	22
MCKENZIE HEALTH SYSTEM		31	36
MUNISING MEMORIAL HOSPITAL		22	39
HARBOR BEACH COMMUNITY HOSPITAL		11	39
MCLAREN CARO REGION		5	23

# HCAHPS Q4 2023-Q3 2024

## CAH with No Surveys Submitted (7)

Critical Access Hospital	Summary Star Rating	Number of Surveys	Responded Rate
PAUL OLIVER MEMORIAL HOSPITAL		Did Not Report	
KALKASKA MEMORIAL HEALTH CENTER		Did Not Report	
SAINT MARY'S STANDISH COMMUNITY HOSPITAL		Did Not Report	
DECKERVILLE COMMUNITY HOSPITAL		Did Not Report	
SHERIDAN COMMUNITY HOSPITAL		Did Not Report	
ASCENSION BORGESS LEE HOSPITAL		Did Not Report	
ASCENSION BORGESS ALLEGAN HOSPITAL		Did Not Report	

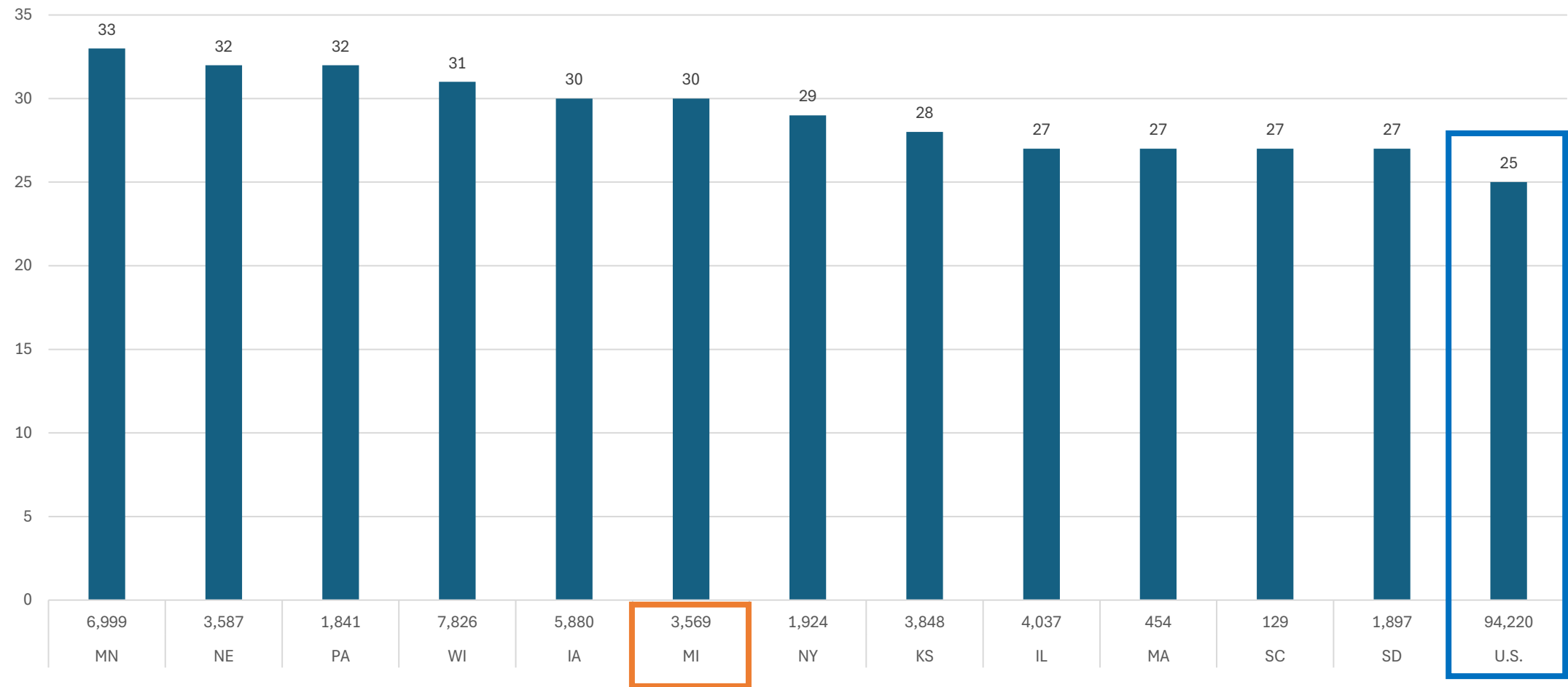
# HCAHPS Rolling Data Comparison Rolling



# HCAHPS Rolling Data

## National Comparison Rolling Q4 2023-Q3 2024

Response Rate (%)



# HCAHPS Composite Questions

## Composite Topics:

- Composite 1
  - Nurse Communication – Questions 1, 2,3
- Composite 2
  - Doctor Communication – Questions 5,6,7
- Composite 3
  - Responsiveness of hospital staff – Questions 4, 11
- Composite 5
  - Communication about medications – Questions 13,14
- Composite 6
  - Discharge Information – Questions 16, 17
- **Composite 7**
  - ***Care Transitions – Questions 20, 21, 22***
  - ***Removed in 2025***

## Individual Topics:

- Cleanliness of hospital environment – Question 8
- Quietness of hospital environment – Question 9

## Global Topics:

- Hospital rating – Question 18
- Willingness to recommend hospital – Question 19

PRC	Press Ganey		NRC	Qualtrics	RCCN	Other/Self Survey	Arbor
Beacon Allegan Hospital	Baraga County Memorial Hospital	OSF St. Francis Hospital	Aspirus Iron River Hospital	Mercy Health Partners Lakeshore Campus	Harbor Beach Community Hospital Inc.	Kalkaska Memorial Health Center	McKenzie Memorial Hospital
Beacon Dowagic	Bronson LakeView Hospital	Paul Oliver Memorial Hospital	Aspirus Ironwood Hospital		Mackinac Straits Hospital		
My Michigan Standish Hospital	Deckerville Community Hospital	Schoolcraft Memorial Hospital	Aspirus Keweenaw Hospital		Munising Memorial Hospital		
MyMichigan Medical Center Gladwin	Eaton Rapids Medical Center	U of M Sparrow Clinton Hospital	Scheurer Hospital				
Sheridan Community Hospital	Helen Newberry Joy Hospital	Uof M Sparrow Eaton Hospital					
	Hills and Dales General Hospital	U of M Sparrow Ionia Hospital					
	Marlette Regional Hospital	Spectrum Health Gerber					
	McLaren Caro Regional Hospital	Spectrum Health Pennock					
	McLaren Thumb Regional Hospital	Spectrum Health Reed City Campus					
	Munson Healthcare Charlevoix Hospital	UP Health System - Bell					

Vendor	# CAH using Vendor	% (N=35)	# CAH with Summary Star Ratings*	% CAH with Summary Star Rating
PRC	8	23%	4	29%
Press Ganey	17	49%	8	57%
NRC Health	4	11%	1	7%
Qualtrics	1	3%	1	7%
RCCN	3	9%	0	0%
Other /Self Survey	1	3%	0	0%
Arbor	1	3%	0	0%

# HCAHPS Composite Questions

Q4 2023-Q3 2024  
Composite Score Comparisons

## Composite 1

Nurse Communication  
Questions 1, 2,3

Composite 1 - <b>6th</b>		
State	Always (%)	Completed Surveys
U.S.	84	94,220
AL	90	136
LA	88	821
TN	88	455
MA	87	454
AR	84	1,354
CO	84	1,642
IA	84	5,880
IN	84	2,034
KS	84	3,848
MI	84	3,569

## Composite 2

Doctor Communication  
Questions 5,6,7

Composite 2 - <b>10th</b>		
State	Always (%)	Completed Surveys
U.S.	84	94,220
AL	90	136
TN	89	455
LA	88	821
UT	88	777
MI	81	3,569

## Composite 3

Responsiveness of hospital staff  
Questions 4, 11

Composite 3 - <b>4th</b>		
State	Always (%)	Completed Surveys
U.S.	75	94,220
AL	81	136
MA	81	454
LA	79	821
UT	79	777
MN	78	6,999
MS	78	813
TN	78	455
TX	78	2,787
MI	77	3,569

# HCAHPS Composite Questions

Q4 2023-Q3 2024

Composite Score Comparisons

## Composite 5

Communication about medications  
Questions 13,14

Composite 5 - 8th		
State	Always (%)	Completed Surveys
U.S.	66	94,220
AL	78	136
SC	78	129
LA	71	821
TX	71	2,787
MA	70	454
ND	70	1,676
UT	70	777
FL	65	304
HI	65	151
MI	65	3,569

## Composite 6

Discharge Information  
Questions 16, 17

Composite 6 - 3rd		
State	Yes (%)	Completed Surveys
U.S.	89	94,220
MA	92	454
AL	91	136
PA	91	1,841
WI	91	7,826
IL	90	4,037
LA	90	821
MI	90	3,569

## Composite 7

Care Transitions  
Questions 20, 21, 22

Composite 7 - 9th		
State	Strongly Agree (%)	Completed Surveys
U.S.	56	94,220
SC	67	129
LA	65	821
AL	64	136
TN	64	455
GA	55	1,621
MI	55	3,569

# HCAHPS Composite Questions

Q4 2023-Q3 2024  
Composite Score Comparisons

## Question 8

Cleanliness of hospital environment

Question 8 - 7th		
State	Always (%)	Completed Surveys
U.S.	80	94,220
AL	90	136
LA	86	821
WV	85	2,275
IA	80	5,880
IN	80	2,034
MI	80	3,569

## Question 9

Quietness of hospital environment

Question 9 - 13th		
State	Always (%)	Completed Surveys
U.S.	66	94,220
SC	81	129
LA	78	821
AL	77	136
KY	66	1,294
MI	66	3,569

## Question 18

Hospital rating

Question 18 - 8th		
State	9-10 rating (%)	Completed Surveys
U.S.	78	94,220
TN	85	455
LA	84	821
MA	83	454
SC	83	129
CO	78	1,642
MI	78	3,569

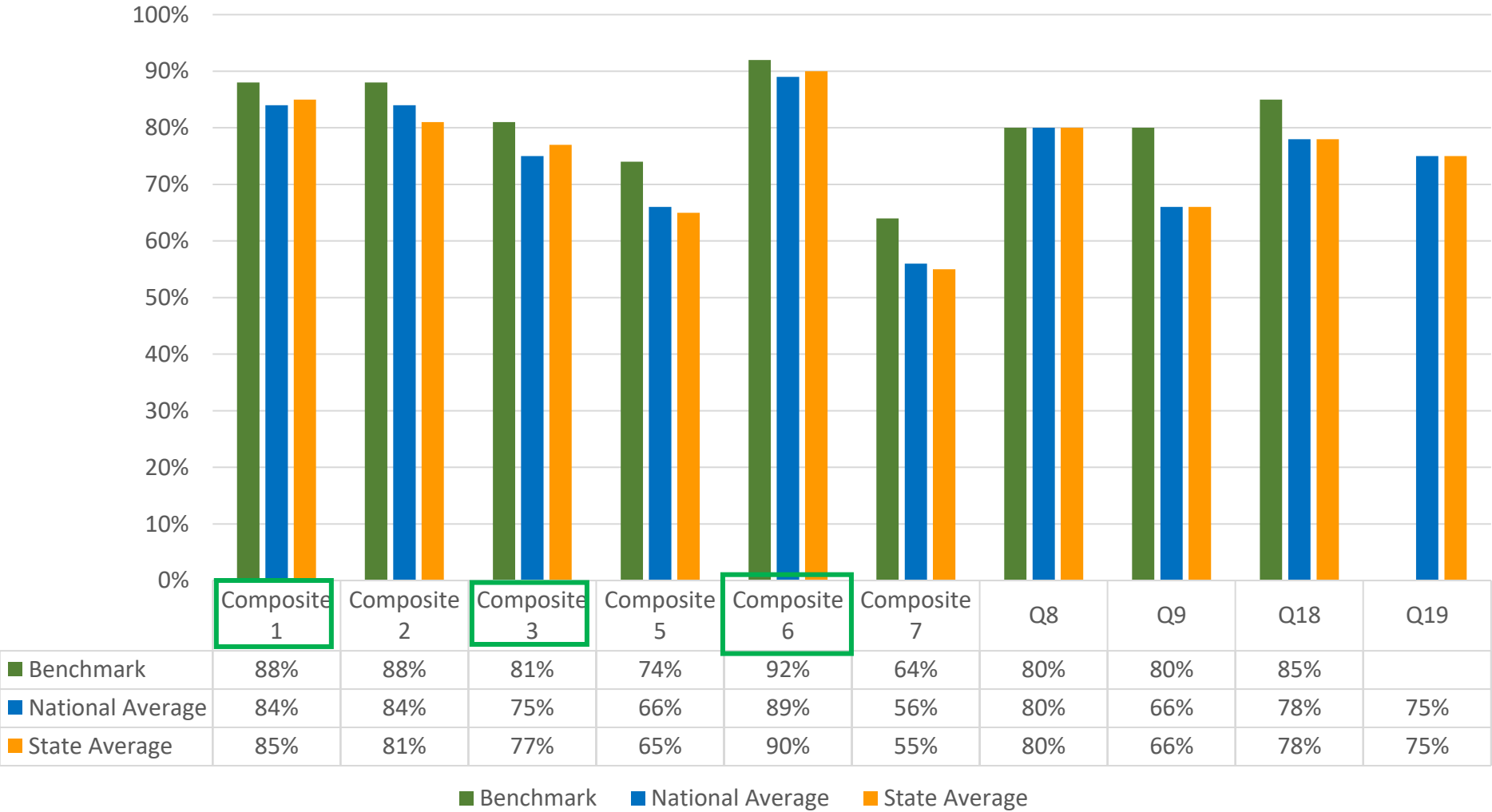
## Question 19

Willingness to Recommend

Question 19 - 10th		
State	Definitely (%)	Completed Surveys
U.S.	75	94,220
AL	86	136
MA	85	454
SC	82	129
CO	75	1,642
MI	75	3,569

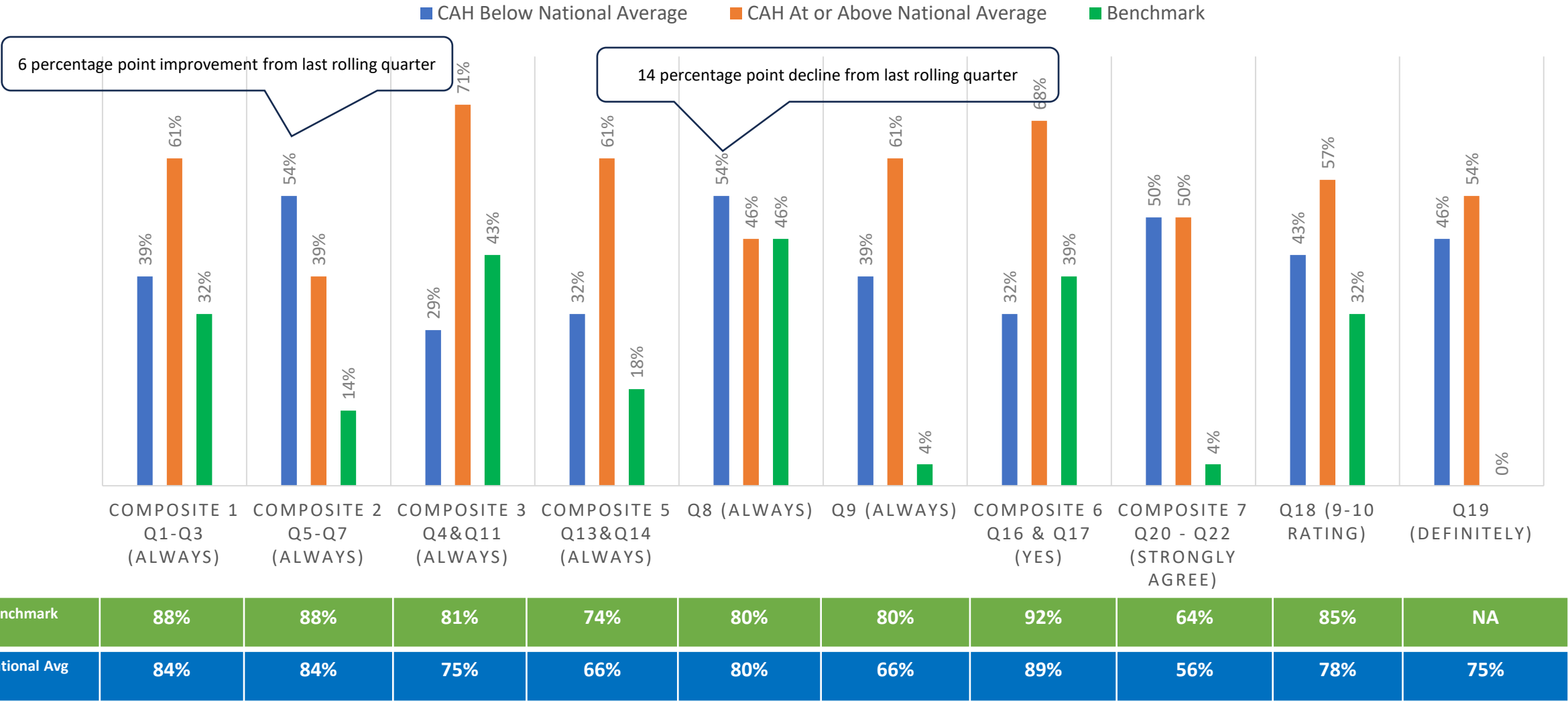
# HCAHPS Q4 2023-Q3 2024

## National Averages vs MI CAH State Data



# HCAHPS Q4 2023-Q3 2024

## Composite Analysis

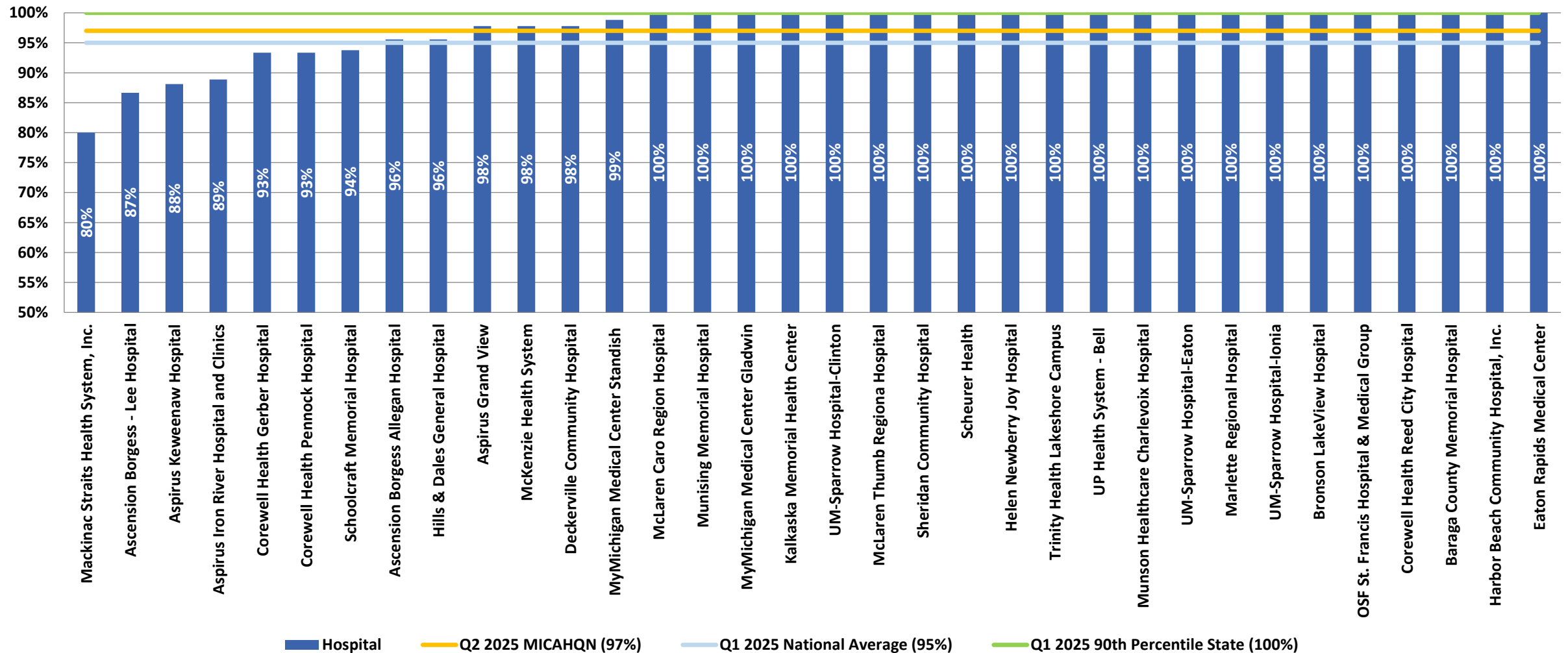


# EDTC Q2 2025



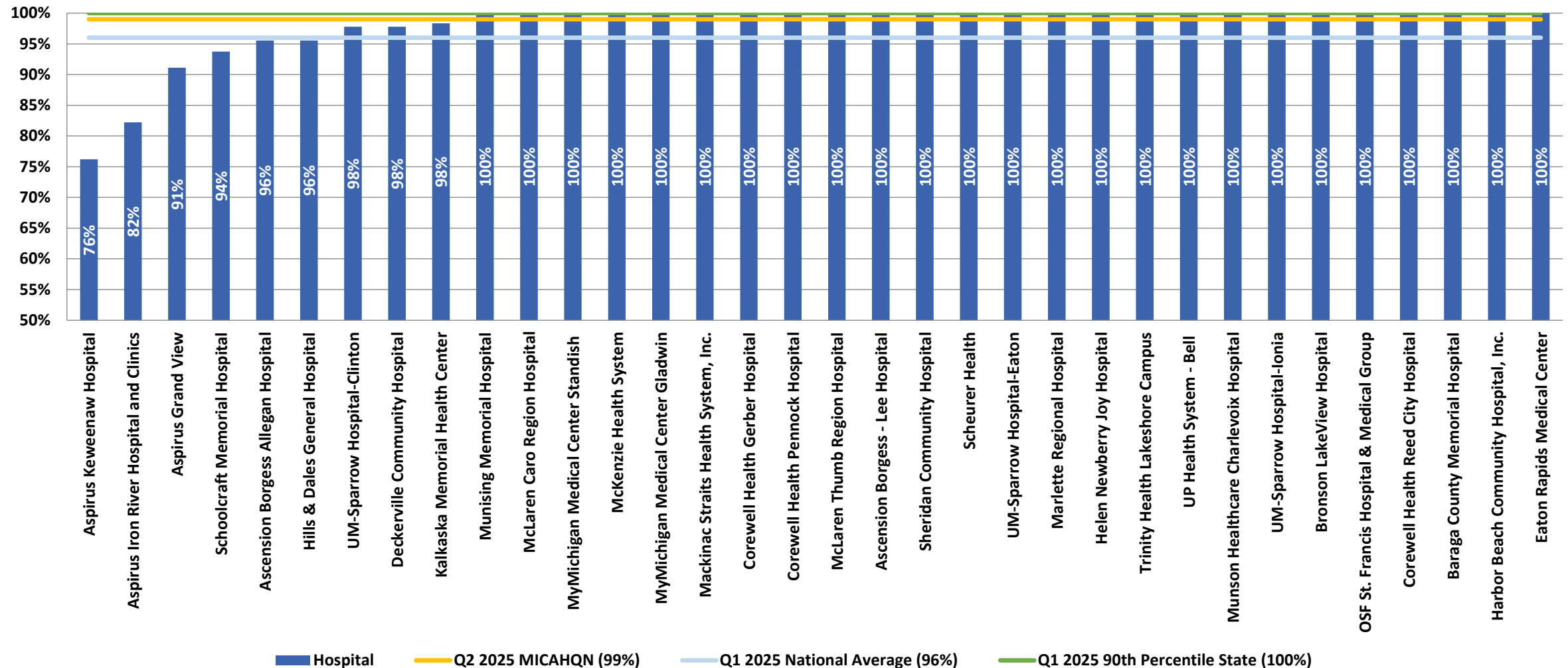
# MI EDTC Q2 2025 – National Data Q1 2025

## EDTC-1 Home Medication



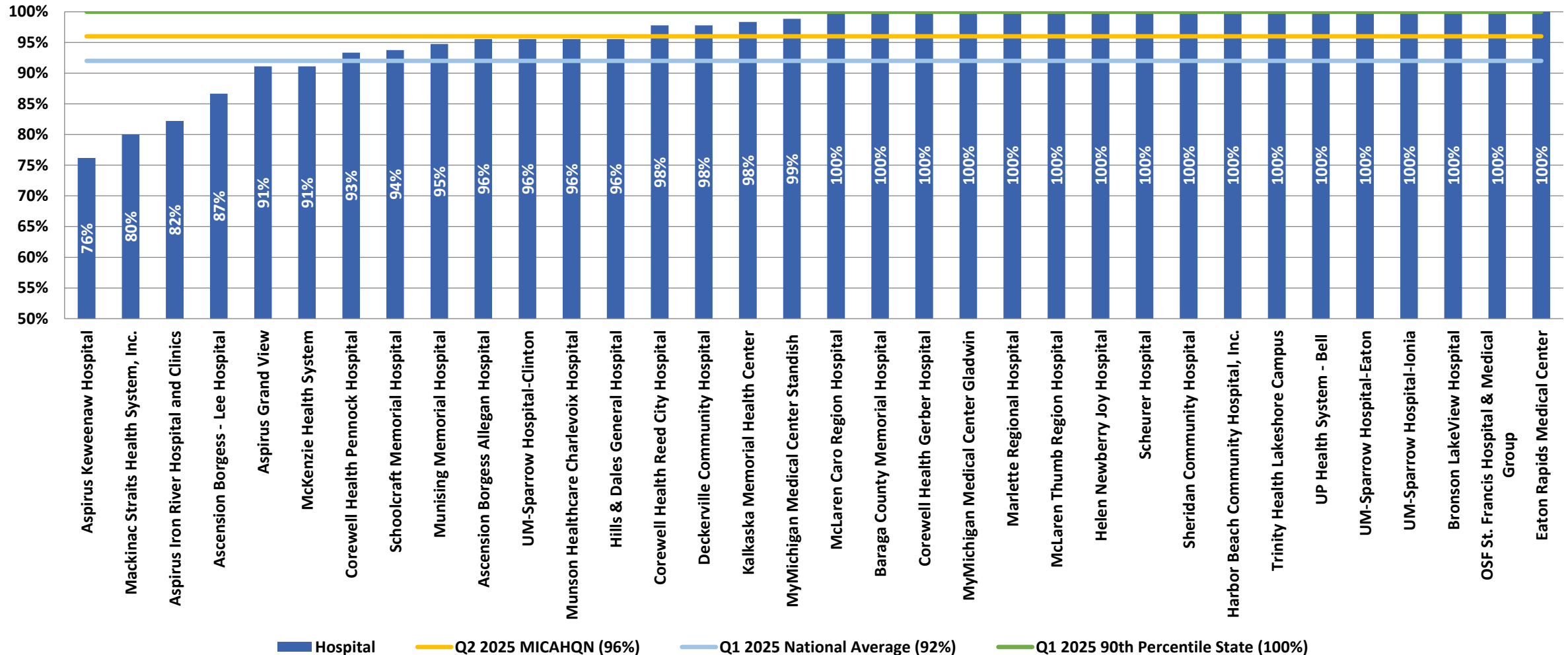
# MI EDTC Q2 2025 – National Data Q1 2025

## EDTC - 4 ED Provider Note



# MI EDTC Q2 2025 – National Data Q1 2025

## All EDTC Measures



# Supplemental Data



## QUARTERLY MBQIP MEASURES

# MICHIGAN CAH QUALITY DASHBOARD

### HCAHPS Composite Breakdown

Composite 1	Composite 2	Composite 3	Composite 5	Composite 6	Composite 7	Question 8	Question 9	Question 18	Question 19
Communication with Nurses	Communication with Doctors	Responsiveness of Hospital Staff	Communication about Medicines	Discharge Information	Care Transition	Cleanliness of Hospital Environment	Quietness of Hospital Environment	Overall Rating of Hospital	Willingness to Recommend This Hospital
Q4 2023 – Q3 2024									
88%	88%	81%	74%	92%	64%	80%	80%	85%	NA
84%	84%	75%	66%	89%	56%	80%	66%	78%	75%
84%	81%	77%	65%	90%	55%	80%	66%	78%	75%

Date Range

Benchmark

National

State

EDTC

OP-18b

Q4 2024

Q4 2024

100%

85

92%

114

94%

114

## ANNUAL MBQIP MEASURES

### SDOH-2 Positive Screens | CY 2023

Food Insecurity	Housing Instability	Interpersonal Safety	Transportation Needs	Utility Difficulties
NA	NA	NA	NA	NA
4%	4%	1%	3%	2%
4%	5%	1%	4%	3%

Benchmark

National

State

### About the Data

The data presented reflects the Medicare Beneficiary Quality Improvement Project (MBQIP) measures reported by Michigan's Critical Access Hospitals (CAHs) to the Centers for Medicare & Medicaid Services (CMS). This document will be updated as new data becomes available to ensure ongoing accuracy and relevance.

OP-22	*CAH Quality Infrastructure	HCHE	IMM-3	Antibiotic Stewardship	Safe Use Opioids	Hybrid HWR	SDOH-1
CY 2024	2024	CY 2023	Q4 2024 – Q1 2025	2024	CY 2024	Q3 2022–Q2 2023	CY 2024
0%	NA	100%	100%	100%	NA	NA	NA
1%	28%	68%	75%	94%	17%	12%	74%
1%	40%	52%	71%	94%	17%	13%	76%

Date Range

Benchmark

National

State



# MBQIP Resources

- **MBQIP Quality Measure Resources**

- [MBQIP 2025 Information Guide](#)
- [MBQIP Quality Reporting Guide](#)
- [MBQIP Submission Deadlines](#)
- [MBQIP Measures](#) -
- This entire [webpage](#) is a good resource to review
- [Webpage](#) Data abstraction tools
- [How to upload a Population and Sampling File](#)
- [How to submit HCHE and SDOH data](#)
- [How to submit Hybrid Measures and View Outcomes](#)
- [CAH Quality Infrastructure](#)
- [MBQIP All Measure Document](#)
- [MBQIP Navigator](#)

## **MBQIP Educational Videos**

**2024**

**October - The Changing Landscape of Quality Measurement and Reporting**

- [The Changing Landscape of Quality Measurement and Reporting](#) - Presentation

- [Video](#)

**March - MBQIP Q&A**

- [MBQIP Q&A](#) - Presentation

- [Video](#)

**January - The Future of MBQIP - Are You Ready?**

- [The Future of MBQIP - Are You Ready?](#) - Presentation

- [Video](#)

**2025**

**May – Hybrid Hospital Wide All Cause Readmission**

- Please reach out to Amanda St. Martin @ [amanda.saintmartin@affiliate.msu.edu](mailto:amanda.saintmartin@affiliate.msu.edu) for the video and power point

# NEW MBQIP Resource

## MBQIP Navigator

### Key Features and Benefits:

- Comprehensive guidance for all MBQIP core measure reporting
- Seamless navigation across all four reporting mechanisms
- Step-by-step setup and submission instructions
- Reporting worksheet for Flex programs and hospitals
- Central hub linking to essential MBQIP resources and tools



# HCAHPS Response Rate By Survey Mode

**HCAHPS Response Rate\* by Survey Mode**  
*(April 2024 Public Reporting: Patients discharged from July 2022 to June 2023)*

	Mail Only	Telephone Only	Mixed Mode
Average	22%	27%	32%
90 <sup>th</sup> percentile	32%	39%	43%
75 <sup>th</sup> percentile	26%	34%	36%
50 <sup>th</sup> percentile	21%	26%	30%
25 <sup>th</sup> percentile	16%	20%	26%

\* Hospital Response Rate = Completed Surveys / Eligible Sampled Patients

## NOTES

Response Rate by Survey Mode is based on hospitals with at least **50 sampled surveys** in each quarter and includes hospitals that employed the same mode across all four quarters.

## **Internet Citation**

<https://www.hcahpsonline.org> Centers for Medicare & Medicaid Services, Baltimore, MD. *Month, Date, Year the page was accessed.*