

## **MBQIP Update Removed Outpatient Measures OP-1, OP-4, OP-20, OP-21**

### **Summary**

CMS has announced that four of the Outpatient Measures that are currently required for MBQIP will be removed following Q1 2018 data submission:

- OP-1: Median Time to Fibrinolysis
- OP-4: Aspirin at Arrival
- OP-20: Door to Diagnosis Evaluation by a Qualified Medical Professional
- OP-21: Median Time to Pain Management for Long Bone Fracture

Submission of these measures will be included in the evaluation of CAH participation in MBQIP for FY 2018, but will be removed from MBQIP evaluation criteria and MBQIP reports starting with Q2 2018 discharges (encounters as of April 1, 2018).<sup>1</sup>

CAHs should continue to collect these measures through Q1 2018 encounters (due 8/1/2018). Starting with Q2 2018 encounters, the measures do not need to be collected, and the QualityNet warehouse will no longer be accepting submission of data for these measures.

One of the 'additional' MBQIP measures, OP-25: Safe Surgery Checklist Use, will also be removed. If hospitals are reporting on this measure, they will be able to do so through Q4 2017, with data submission in 2018.

### **Background:**

As part of the annual rule-making process, CMS regularly removes measures from the Inpatient and Outpatient Quality Reporting programs (IQR, OQR). Once CMS has removed a measure from the IQR or OQR program, it is no longer possible to submit data for this measure to the QualityNet Warehouse. When feasible, FORHP works to align MBQIP measures with other Federal reporting programs. Thus, removal of measures from the IQR or OQR programs typically results in removal of those measures from MBQIP.

The rationale for removal of these required MBQIP measures is summarized below:

- **OP-1: Median Time to Fibrinolysis** – This measure evaluates the same process (timeliness of fibrinolytic therapy) as OP-2: Fibrinolytic Therapy Received within 30 minutes of Arrival. However, the OP-2 measure was designed with a threshold that is based on a clinical standard, and provides more meaningful and clinically relevant data on the receipt of fibrinolytic therapy. Removal of this measure does not change or reduce data collection processes, but the measure will no longer be calculated or included in reports starting with April 1, 2018 discharges.

---

<sup>1</sup> For information about MBQIP criteria for Flex participation: <https://www.ruralcenter.org/resource-library/flex-eligibility-criteria-for-mbqip-participation-and-waiver-templa>

- **OP-4: Aspirin at Arrival** – CMS has identified criteria for removal of quality measures when performance across the country has reached a level of being ‘topped out’ such that performance is so high and unvarying that meaningful distinctions in improvement cannot be made. CMS analysis indicates that OP-4 has reached that level of performance across all reporting hospitals. An analysis of MBQIP data reviewing CAH only performance on this measure indicates similar high performance across reporting hospitals.
- **OP-20: Door to Diagnosis Evaluation by a Qualified Medical Professional** – CMS indicated the decision to remove this measure was related to concerns that there is limited evidence that the measure improves patient outcomes, validity concerns over the accuracy of electronic health record time stamps utilized to capture the information, and potential for skewed performance due to a variety of hospital-specific cofounders.
- **OP-21: Median Time to Pain Management for Long Bone Fracture** – CMS indicated the decision to remove this measure is due to the potential for misinterpretation of the intent. The measure assesses the time to initial, acute administration of pain medication for a specific acute situation (either opioid or non-opioid medications). However, due to an abundance of caution, CMS will be removing the measure such that it removes any ambiguity that it could be interpreted as pressure for hospital staff to prescribe opioids.

## Next Steps

- An article about the removal of these measures will be included in the December MBQIP Monthly that Flex programs can use as a communication mechanism to CAHs.
- Flex programs should encourage their CAHs to continue to report abstracted measure data through Q1 2018 (data submission deadline of August 1, 2018) and web-based measures data through Q4 2017 (data submission deadline of May 15, 2018).
- FORHP and RQITA will be updating MBQIP resources and documents to reflect the removal of these measures from MBQIP as of April 1, 2018.