



Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program

Support Contractor

IPFQR Program FY 2019 Data Review

Presentation Transcript

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Louisa Heath: Hello, everyone, and welcome to today's presentation, titled IPFQR Program Fiscal Year 2019 Data Review. My name is Louisa Heath. I'm the Project Manager for Hospital Inpatient Outreach and Education Support Contractor. I work primarily in the Inpatient Psychiatric Facility Quality Reporting Program. I am delighted to introduce you to our speaker for today's presentation, Evette Robinson. Evette is the Program Lead for the IPFQR Program. She has over 18 years of cross-functional experience in the healthcare industry, ranging from biomedical and clinical research to strategic planning and revenue cycle management consulting for a variety of healthcare providers. Evette earned a Master of Public Health degree in Health Management and Policy from Emory University. As a reminder, the slides for this presentation were posted to the *Quality Reporting Center* website prior to this event. If you did not receive the slides beforehand, please go to that website and download them now. On the right side of your screen, you will see a list of upcoming events. Click on the link for this event. Scroll down to the bottom of the page and there you will find the presentation slides available for download. This session is being recorded, and the slides, transcript, webinar recording, and questions and answers from this presentation will be posted on the *QualityNet* and *Quality Reporting Center* websites at a later date. As a reminder, we do not recognize the raised-hand feature in the chat tool during webinars, and we will only respond to questions in the chat tool pertaining to today's webinar topic.

The purpose of this presentation is to review the Fiscal Year 2019 IPFQR Program measure and non-measure data results.

By the end of this presentation, attendees will understand the Fiscal Year 2019 measure and non-measure data results for the IPFQR Program. Now, I will turn the presentation over to our speaker, Evette.

Evette Robinson: Thank you, Louisa. In the next several slides, we will review the Fiscal Year 2019 measure and non-measure results for the IPFQR Program. The Hospital-Based Inpatient Psychiatric Services, or HBIPS, core measure set is a specific set of measures developed and maintained by The Joint Commission for the inpatient psychiatric population, some of which are

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used by CMS in the IPFQR Program. The HBIPS-2 and HBIPS-3 measures are event measures that are calculated as a rate per 1000 patient hours. Lower values for both of these measures are indicative of better performance. This slide shows that, for FY 2019, the mean or average national rate of both physical restraint and seclusion decreased when compared to prior years' data. The HBIPS-2 measure evaluates the total number of hours that all patients admitted to the IPF were maintained in physical restraints, while the HBIPS-3 measure reports the total number of hours of seclusion use for all patients admitted to an IPF. For the Fiscal Year 2019 data submission period, a rate equal to or greater than four hours per 1000 patient hours of care was considered a questionable rate that would require reevaluation. There were several instances where IPFs did report rates higher than the threshold, and, after those IPFs reviewed and recalculated [their data], the majority of the rates were corrected. There were fewer IPFs that submitted outlier data for FY 2019 compared to prior years, and, where outliers were reported, they were not as extreme as in previous years. We believe that it is useful to also look at the median values for these measures, which you will see on the following slide.

As you can see, the median values for both the HBIPS-2 and HBIPS-3 measures are much lower than the mean value displayed on the previous slide. The chart on this slide also shows that the median values for these measures have essentially remained unchanged since the program began collecting these measures for the Fiscal Year 2014 payment determination year. The median values on this slide will not be publicly reported, but we are sharing this information to provide a better understanding of the results reported for these two measures.

Unlike the HBIPS-2 and HBIPS-3 measures, the HBIPS-5 measure is calculated as a percentage. The HBIPS-5 measure assesses the percentage of patients that were discharged on multiple antipsychotic medications with appropriate justification. As you can see, the rate for this has increased to over 65 percent for Fiscal Year 2019. Higher rates indicate better performance for the HBIPS-5 measure. Also displayed in the graph on this slide is the Screening for Metabolic Disorders measure, which

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assesses the percentage of patients discharged with antipsychotics from an IPF for which a structured metabolic screening for four elements was completed in the past year. The summer 2018 data submission period was the first time that IPFs were required to submit Screening for Metabolic Disorders measure data for the IPFQR Program. Therefore, there are no previous data points for comparison purposes. The measure results show that, for this first year of data, approximately 65 percent of patients discharged with antipsychotic medications from an IPF received the metabolic screening, as specified by the measure.

The 2018 summer data submission period was also the first time that CMS required IPFs to submit data for the Transition Record with Specified Elements Received by Discharged Patients and Timely Transmission of Transition Record measures. Therefore, no previous data are available for comparison purposes. The measure results indicate that 49.68 percent of patients received a transition record and 44.61 percent of transition records were transmitted to the next level of care in a timely manner. Higher rates for both of these measures indicates better performance.

The Alcohol Use Screening measure, known as SUB-1, is also measured as a percentage, and, at the national level, the number of patients that were screened for unhealthy alcohol use within the first day of admission remained about the same in Fiscal Year 2019 as compared to Fiscal Year 2018. Higher rates for the SUB-1 measure indicates better performance.

This slide displays national rates for the other Substance Use measures. The Alcohol Use Brief Intervention Provided or Offered, also known as the SUB-2 measure, as well as its subset, SUB-2a, which is Substance [Alcohol] Use Brief Intervention provided during the hospital stay, both increased by about 10 percentage points from Fiscal Year 2018 to Fiscal Year 2019. The SUB-3 measure and the subset SUB-3a were also reported for the first time this year. For the SUB-3 measure, 64.71 percent of patients who were identified with [an] alcohol or drug use disorder received or refused at discharge a prescription for FDA-approved medications of [for an] alcohol or drug use disorder or received or refused a referral for addictions treatment. For the subset measure SUB-3a, 53.93

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percent of patients identified with [an] alcohol or drug disorder received a prescription for FDA-approved medications for [an] alcohol or drug use disorder or a referral for addictions treatment. Higher rates for the SUB-2/-2a and SUB-3/-3a measures indicate better performance.

The results for the Tobacco Use Screening measure, known as TOB-1, are displayed as percentages on this slide. At the national level, the percentage of patients that were screened for tobacco use within the first day of admission increased from 91.31 percent in Fiscal Year 2017 to 96.16 percent in Fiscal Year 2019. Higher rates for the TOB-1 measure indicate better performance.

The Tobacco Use Treatment Provided or Offered, TOB-2 measure, as well as the subset, TOB-2a measure, Tobacco Use Treatment provided during the hospital stay, increased from Fiscal Year 2018 to Fiscal Year 2019, as did the TOB-3 measure, Tobacco Use Treatment Provided or Offered at Discharge, and the subset, TOB-3a, Tobacco Use Treatment at Discharge. Higher rates for both the TOB-2/-2a and TOB-3/-3a measures indicate better performance.

This slide displays data for the two measures pertaining to immunization during the flu season, the Influenza Vaccination Coverage Among Healthcare Personnel measure and the Influenza Immunization Among Discharged Patients measure, known as IMM-2. Among healthcare personnel, flu vaccinations increased from 80 percent in Fiscal Year 2018 to almost 82 percent in Fiscal Year 2019, and immunizations amongst patients remained about the same from Fiscal Year 2018 to Fiscal Year 2019. Higher rates for the Influenza Vaccination Coverage Among Healthcare Personnel and the IMM-2 measures indicate better performance.

This slide displays the results for the claims-based measures in the IPFQR Program. These are measures that are calculated by CMS. The blue and orange bar graphs represent the percentage of follow-up visits that occurred within 7 and 30 days, respectively, after hospitalization for mental illness, as calculated by CMS for Fiscal Years 2017, 2018, and 2019. For the FUH measure, the percent of follow-up slightly decreased

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between 2019 and Fiscal Year 2018 for both the 7-day and the 30-day follow-up. Higher percentages indicate better performance for this measure. Fiscal Year 2019 is the first time that the 30-Day All-Cause Unplanned Readmission Following Psychiatric Hospitalization in an IPF was measured and calculated by CMS. The green bar on the far-right side of the slide shows that just over 20 percent of patients admitted to an inpatient psychiatric facility had an unplanned readmission within 30 days of discharge. Lower percentages indicate better performance for the IPF Readmission measure.

This slide displays data representative of patient survey activity at IPFs. These data indicate that over the last couple of years, more than three quarters of IPFs routinely assessed patients' experience of care using a standardized collection protocol and a structured instrument. For Fiscal Year 2019, 77.83 percent of IPFs selected "Yes" for this measure and identified a structured instrument or survey used to assess patients' experience of care at their facility as of December 31, 2017.

The Use of EHR measure assesses the degree to which facilities use electronic health record systems in their service program, as well as the use of this technology to support health information exchange at times of transitions in care. The first table indicates an increase in the percentage of IPFs that attested to most commonly using a certified EHR, from 39.83 percent in Fiscal Year 2018 to 41.86 percent in Fiscal Year 2019. The second table shows the percentage of IPFs that use an EHR with the capability of exchanging interoperable health information with a Health Information Service ~~Provider~~, Provider, or HISP. Approximately 38 percent of IPFs responded "Yes" to this question during the Fiscal Year 2018 submission, and approximately 39 percent of IPFs answered "Yes" to this question for the Fiscal Year 2019 submission period.

In the next several slides, I will review graphs and tables comprised of the non-measure data that IPFs collected in Calendar Year 2017 and reported during the summer 2018 data submission period. Please note that these data are being presented for informational purposes only. The non-measured data will not appear in the *Hospital Compare* Preview report, nor be publicly

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reported. CMS will use this information to assess measure submissions for accuracy and to contribute to the development of new measures.

This slide shows the distribution of all discharges from IPFs reported for Calendar Years 2015, 2016, and 2017. The majority of IPFs, approximately 60 percent, reported 1000 or less discharges consistently over the last three years.

This slide displays a comparison of total discharges that were reported for Calendar Years 2015, 2016, and 2017, by age group. Three quarters of discharges in all three calendar years were adult patients between the ages of 18 and 64, while the smallest volume of discharges was among children between the ages of 1 and 12 years old.

This slide displays the Calendar Years 2015, 2016, and 2017 total discharges by diagnostic group. The data demonstrate that the highest percentage of discharges for patients that had a primary diagnosis of a mood disorder was relatively consistent all three calendar years and that these rates were more than 30 percentage points greater than the second largest diagnostic discharge group, which was schizophrenia and other psychotic disorders.

This slide displays the Calendar Years 2015, 2016, and 2017 total discharges by payer, and, over the last few years, the total non-Medicare discharges has increased by about two percentage points from 73.65 percent to 75.67 percent. This concludes my portion of today's presentation. I will now turn the presentation over to Louisa.

Louisa Heath:

Thank you, Evette. In the next few slides, we will review several helpful resources.

CMS recommends that IPFs refer to the program manual for information pertaining to the IPFQR Program. This document is available for download, along with various optional paper tools on the *QualityNet* and *Quality Reporting Center* websites at the links on this slide.

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You can click on the title of the table on this slide to access the IPFQR Program Resources page on the *QualityNet* website. Additional active links on this slide are available for you to send us your questions about the IPFQR Program. We encourage you to use the Q&A tool in particular because it provides the best means by which we can track questions and answers and also deliver our responses to your email inbox. Additionally, this is a great way for you to let us know what types of questions and topics you would like for us to address in future webinars. We recommend that you sign up for the IPFQR Program ListServe if you have not already, so that you receive communications that we send out to the IPFQR [Program] community pertaining to webinars, program updates, and other announcements. You can sign up to be added to the ListServe on the *QualityNet* ListServe registration page. We encourage you to utilize available resources found on the *QualityNet* website in the Inpatient Psychiatric Facilities drop-down menu to insure appropriate knowledge of the IPFQR Program requirement and deadlines.

On this slide, we have a couple of upcoming educational webinar events that are planned through the end of 2018. Again, please monitor your emails to ensure that you receive information regarding these webinars via the IPFQR Program ListServe.

Here is a list of acronyms that were referenced during this presentation. This concludes the webinar titled IPFQR Program Fiscal Year 2019 Data Review. Thank you for your time and attention.