

Inpatient Psychiatric Facilities Quality Reporting Program Public Reporting Preview Reports

Reneé Parks IPFQR Support Contractor Lead HSAG

December 18, 2014

Save the Date

Upcoming IPFQR Program educational webinars:

- Every third Thursday of the month
- 2 p.m. Eastern Time
- Topics, Agenda, and registration links sent out via ListServ Announcements

Objectives

- Inpatient Psychiatric Facilities (IPFs) will understand how to access their individual Public Reporting Preview Report.
- Participants with an active QualityNet account, affiliated with the facility's CMS Certification Number (CCN), will retrieve a copy of the Preview Report.
- Participants will understand how to run a Facility, State, and National Report.

Acronyms

- CCN: CMS Certification Number
- CMS: Centers for Medicare & Medicaid Services
- HBIPS: Hospital-Based Inpatient Psychiatric Services
- **IPF:** Inpatient Psychiatric Facility
- **IPFQR:** Inpatient Psychiatric Facilities Quality Reporting
- SA: Security Administrator

Public Reporting Background

- Section 1886(s)(4)(E) of the Social Security Act requires the Secretary to establish procedures for making the data submitted under the IPFQR Program available to the public.
- Such procedures shall ensure that an IPF has the opportunity to review the data that are to be made public with respect to the psychiatric hospital or unit prior to such data being made public.
- Data collected will be displayed on a CMS Website.
- August 19, 2013 IPPS Final Rule finalized requirements for the FY 2014 payment determination and subsequent years.

Public Display Timeline

Payment Determination Year (Fiscal Year)	Reporting Year (Calendar Year)	Public Display (Calendar Year)
2015	Q2 2013 (April 1, 2013 – June 30, 2013) Q3 2013 (July 1, 2013 – September 30, 2013) Q4 2013 (October 1, 2013 – December 31, 2013)	April 2015
2016	Q1 2014 (January 1, 2014 – March 31, 2014) Q2 2014 (April 1, 2014 – June 30, 2014) Q3 2014 (July 1, 2014 – September 30, 2014) Q4 2014 (October 1, 2014 – December 31, 2014)	April 2016
2017	Q1 2015 (January 1, 2015 – March 31, 2015) Q2 2015 (April 1, 2015 – June 30, 2015) Q3 2015 (July 1, 2015 – September 30, 2015) Q4 2015 (October 1, 2015 – December 31, 2015)	April 2017

Preview Report Access

- Preview Period: December 31, 2014 January 29, 2015
- IPFQR Hospital Compare Preview Report Quick Reference Guide available at:

<u>www.qualityreportingcenter.com/wp-</u> <u>content/uploads/2014/12/IPFQR-Public-</u> <u>Reporting-Quick-Reference-Guide.pdf</u>

How to Access Preview Reports

- Access the public website for *QualityNet* at: <u>www.qualitynet.org</u>
- Select [Login] under the "Log in to QualityNet Secure Portal" header located on the right navigation pane.
- Enter your *QualityNet* User ID, Password, and Security Code and select [Submit].
- Read the Terms and Conditions statement and select [I Accept] to proceed.

How to Run a Preview Report

- Select "Run Reports" from the "My Reports" dropdown.
- Select "IPFQR" from the "Report Program" dropdown.
- Select "Public Reporting Preview Reports" from the list in the "Report Category" drop-down.
- Select "View Reports"; the selected report will display under "Report Name."
- Select "Public Reporting Preview Reports" under "Report Name."
- Select [Run Reports].

How to View a Preview Report

- Select the [Search Reports] tab.
 - The report requested will display, as well as the report status.
 - A green check mark will display in the "Status" column when the report is complete.
 - Once complete, the report can be viewed or downloaded.

Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program Public Reporting Preview Quick Reference Guide

April 2015 Release

Preview Report Access

Preview Period

December 31, 2014 through January 29, 2015

Preview Reports can be accessed by:

- Accessing the public website for QualityNet at <u>www.qualitynet.org</u>. Selecting [Login] under the "Log in to QualityNet Secure Portal" header located on the right navigation pane.
- Entering your QualityNet User ID, Password, and Security Code and selecting [Submit].
- Reading the Terms and Conditions statement and selecting [I Accept] to proceed.

Preview Report can be run by:

- Selecting "Run Reports" from the "My Reports" drop-down.
- Selecting "IPFQR" from the "Report Program" drop-down.
- Selecting "Public Reporting Preview Reports" from the list in the "Report Category" dropdown.
- 4. Selecting "View Reports", the selected report will display under "Report Name".
- Selecting "Public Reporting Preview Reports" under "Report Name".
- 6. Selecting [Run Reports].

Viewing the Report:

Select the **[Search Reports]** tab. The report requested, will display as well as the report status. A green check mark will display in the "Status" column when the report is complete. Once complete, the report can be viewed or downloaded.

Preview Report Content

HBIPS Measures

Data reported for 2Q through 4Q 2013

Facility, State, and National data are reported by age category and overall rate as follows:

- 1. Children (1–12 years old)
- 2. Adolescents (13–17 years old)
- 3. Adults (18-64 years old)
- 4. Older Adults (65 years or over)
- 5. Overall

HBIPS-2 Hours of Physical Restraint Use

HBIPS-3 Hours of Seclusion Use

HBIPS-4 Patients Discharged on Multiple Antipsychotic Medications

HBIPS-5 Patients Discharged on Multiple Antipsychotic Medications with Appropriate Justification

HBIPS-6 Post Discharge Continuing Care Plan Created

HBIPS-7 Post Discharge Continuing Care Plan Transmitted to Next Level of Care Provider Upon Discharge

Footnotes

#1. The number of cases/patients is too few to report. Applied when there are greater than zero (0) and fewer than 11 in the denominator.

Note: When this footnote is applied, data will display on the preview report; however, Hospital Compare will display 'Not Available' with Footnote 1.

- #3. Results are based on a shorter time period than required. Applied when fewer quarters of data than required are displayed.
- #4. Data suppressed by CMS for one or more quarters. Applied at CMS' discretion.
- #5. Results are not available for this reporting period. Applied when no data is available for display for the measure.
- #7. No cases met the criteria for this measure. Applied when there were cases in the population; however, none met the criteria to be included in the measure.

Questions regarding the IPFQR preview report or the IPFQR Program may be directed to the IPF Support Contractor.

Email: IPFQualityReporting@HCQIS.org

Phone: 844-472-4477 or 866-800-8765, Monday-Friday, 8 a.m.-8 p.m. ET.

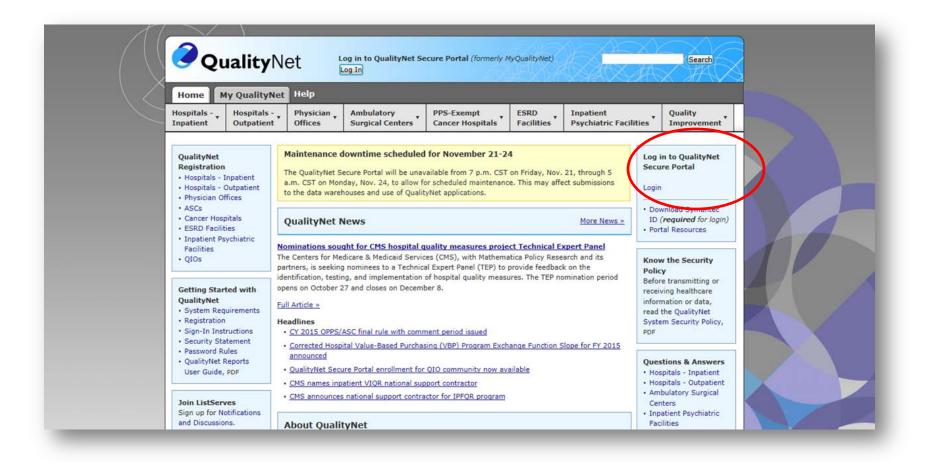
This material was prepared by the Hospital Inpatient Value Incentives, and Quality Reporting (VIQR) Outreach and Education Support Contractor, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. HHSM-500-2013-13007I FL-IQR-Ch8-12152014-02

Required Role to View and Run the Preview Report

Required Role: "File Exchange and Search"

- To obtain the File Exchange and Search role, contact the IPF's designated SA to assign the role.
- If there is only one designated SA, the SA is unable to assign the role to himself.
- The SA may contact the *QualityNet* Help Desk for assistance in obtaining access.

Accessing the Report



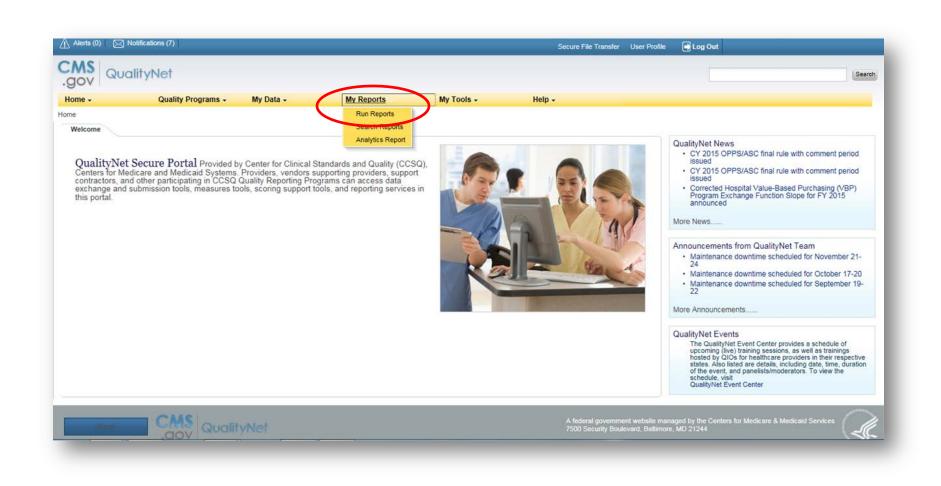
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Ambulatory Surgical Center Quality Reporting Program	
PPS-Exempt Cancer Hospital Quality Reporting Program	
Inpatient Hospital Quality Reporting Program	
Inpatient Psychiatric Quality Reporting Program	
Outpatient Hospital Quality Reporting Program	
Physicians Quality Reporting System / eRx	
Quality Improvement Organizations	
	screen for your QualityNet portal. Secure File Transfer Select your primary quality program: End Stage Renal Disease Quality Reporting Program Ambulatory Surgical Center Quality Reporting Program PPS-Exempt Cancer Hospital Quality Reporting Program Inpatient Hospital Quality Reporting Program Inpatient Psychiatric Quality Reporting Program Outpatient Hospital Quality Reporting Program Physicians Quality Reporting System / eRx

Logging in to QualityNet

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Report Description

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Run Report

Select Program, Category and Report	t Parameters Confirmation	
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Select the parameters that define the report you will run, the * Indicates required fields.	n click RUN REPORT.	
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Preview Report Content

Data reported for 2Q 2013 through 4Q 2013

Facility, State, and National data are reported by age category and overall rate as follows:

- 1-12 years
- 13-17 years
- 18-64 years
- 65 and over
- Overall

HBIPS Measures

- HBIPS-2 Hours of Physical Restraint Use
- HBIPS-3 Hours of Seclusion Use
- HBIPS-4 Patients Discharged on Multiple Antipsychotic Medications
- HBIPS-5 Patients Discharged on Multiple Antipsychotic Medications with Appropriate Justification
- HBIPS-6 Post Discharge Continuing Care Plan Created
- HBIPS-7 Post Discharge Continuing Care Plan Transmitted to Next Level of Care Provider Upon Discharge

Footnotes

1. The number of cases/patients is too few to report.

Applied when there are greater than zero (0) and fewer than 11 in the denominator

Note: When this Footnote is applied, data will display on the preview report; however, Hospital Compare will display "Not Available" with Footnote 1.

Footnotes (cont.)

3. Results are based on a shorter time period than required.

Applied when fewer quarters of data than required are displayed

4. Data suppressed by CMS for one or more quarters.

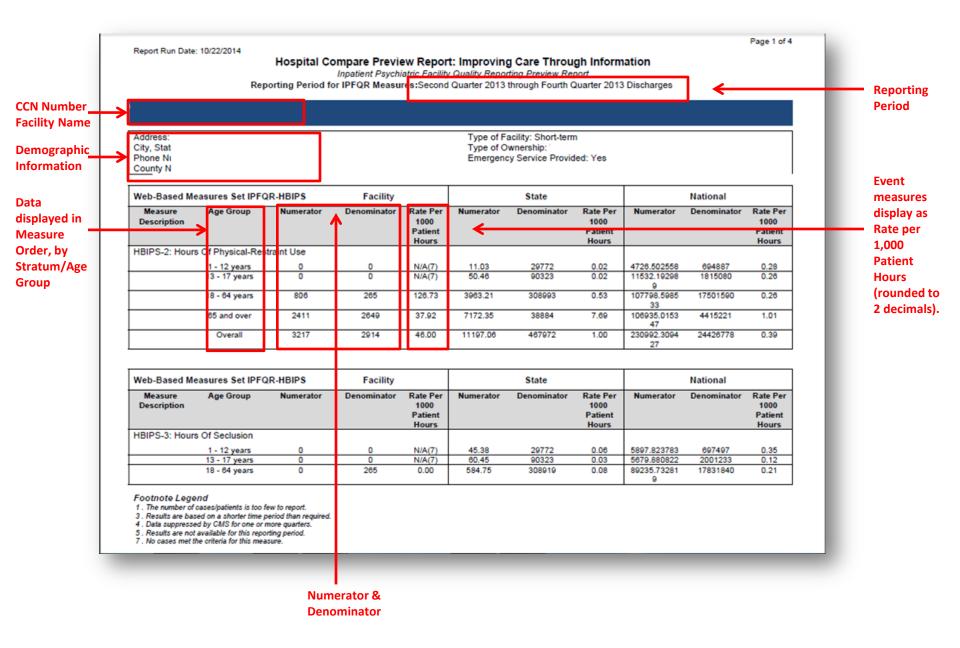
Applied at CMS's discretion

Footnotes (cont.)

5. Results are not available for this reporting period.

Applied when no data are available for display for the measure

7. No cases met the criteria for this measure. Applied when there were cases in the population but none met the criteria to be included in the measure



12/18/2014

Hospital Compare Preview Report: Improving Care Through Information

Inpatient Psychiatric Facility Quality Reporting Preview Report

Reporting Period for IPFQR Measures:Second Quarter 2013 through Fourth Quarter 2013 Discharges

Web-Based Me	asures Set IPFO	R-HBIPS	Facility			State			National			
Measure Description	Age Group	Numerator	Denominator	Rate Per 1000 Patient Hours	Numerator	Denominator	Rate Per 1000 Patient Hours	Numerator	Denominator	Rate Per 1000 Patient Hours		
HBIPS-3: Hours	of Seclusion											
	65 and over	0	2649	0.00	152.58	38879	0.16	12786.85403 7	3569691	0.15		
	Overall	0	2914	0.00	843.17	467893	0.08	113600.2914 61	24100261	0.20		

Web-Based Me	asures Set IPFQ	R-HBIPS	Facility			State		National			
Measure Description	Age Group	Numerator	Denominator	% of Total	Numerator	Denominator	% of Total	Numerator	erator Denominator		
HBIPS-4: Patier	nts Discharged Or	Multiple Antips	chotic Medication	าร							
	1 - 12 years	N/A	N/A	N/A(5)	0	0	0.00%(4)	128	4858	2.59%(4)	
	13 - 17 years	N/A	N/A	N/A(5)	0	1	0.00%(4)	194	8657	2.24%(4)	
	18 - 64 years	N/A	N/A	N/A(5)	85	684	12.43%(4)	6892	73988	9.32%(4)	
	65 and over	N/A	N/A	N/A(5)	14	238	5.88%(4)	2045	30139	6.79%(4)	
	Overall	N/A	N/A	N/A(5)	99	923	10.73%(4)	9257	117642	7.87%(4)	

Web-Based Measures Set IPFQR-HBIPS			Facility		State			National		
Measure Description	Age Group	Numerator	Denominator	% of Total	Numerator	Denominator	% of Total	Numerator	Denominator	% of Total
HBIPS-5: Patie Appropriate Just	nts Discharged O stification	n Multiple Antips	ychotic Medicatio	ns With						
	1 - 12 years	N/A	N/A	N/A(5)	0	0	0.00%(4)	55	126	43.65%(4)
	end cases/patients is too f sed on a shorter time p					_				

Footnotes that may apply to the Preview Reporting.

12/18/2014

Data suppressed by CMS for one or more quarters.
 Results are not available for this reporting period.
 No cases met the criteria for this measure.

Report Run Date: 10/22/2014

Hospital Compare Preview Report: Improving Care Through Information

Inpatient Psychiatric Facility Quality Reporting Preview Report

Reporting Period for IPFQR Measures:Second Quarter 2013 through Fourth Quarter 2013 Discharges

	Measures Set IPFQ	R-HBIPS	Facility			State			National	
Measure Description	Age Group	Numerator	Denominator	% of Total	Numerator	Denominator	% of Total	Numerator	Denominator	% (Tot
HBIPS-5: Pat Appropriate J	tients Discharged Or Justification	n Multiple Antips	sychotic Medication	s With						
	13 - 17 years	N/A	N/A	N/A(5)	0	0	0.00%(4)	94	194	48.45
									8004	
	18 - 64 years	N/A	N/A	N/A(5)	42	85	49.41%(4)	3289	6881	47.80
	18 - 64 years 65 and over	N/A N/A	N/A N/A	N/A(5) N/A(5)	42	85	49.41%(4)	3289	2042	47.80) 42.51

Web-Based Measures Set IPFQR-HBIPS			Facility		State			National		
Measure Description	Age Group	Numerator	Denominator	% of Total	Numerator	Denominator	% of Total	Numerator	Denominator	% of Total
HBIPS-6: Post-	Discharge Continu	uing Care Plan C	reated							
	1 - 12 years	N/A(1)	N/A(1)	N/A(7)	152	200	76.00%	20220	23011	87.87%
	13 - 17 years	N/A(1)	N/A(1)	N/A(7)	593	839	70.68%	41981	48990	85.69%
	18 - 64 years	N/A(1)	N/A(1)	88.46	3647	4986	73.14%	204220	278872	73.23%
	65 and over	N/A(1)	N/A(1)	79.27	594	1155	51.43%	58562	91176	64.23%
	Overall	N/A(1)	N/A(1)	82.84	4986	7180	69.44%	324983	442049	73.52%

Footnote Legend

1. The number of cases/patients is too few to report.

Results are based on a shorter time period than required.
 Data suppressed by CMS for one or more quarters.
 Results are not available for this reporting period.
 No cases met the criteria for this measure.

Page 3 of 4

Hospital Compare Preview Report: Improving Care Through Information

Inpatient Psychiatric Facility Quality Reporting Preview Report

Reporting Period for IPFQR Measures: Second Quarter 2013 through Fourth Quarter 2013 Discharges

Web-Based Measures Set IPFQR-HBIPS			Facility		State			National		
Measure Description	Age Group	Numerator	Denominator	% of Total	Numerator	Denominator	% of Total	Numerator	Denominator	% of Total
	HBIPS-7: Post-Discharge Continuing Care Plan Transmitted To The Next Level Of Care Provider Upon Discharge									
	1 - 12 years	N/A(1)	N/A(1)	N/A(7)	142	201	70.65%	17560	23011	76.31%
	13 - 17 years	N/A(1)	N/A(1)	N/A(7)	465	839	55.42%	36269	48988	74.04%
	18 - 64 years	N/A(1)	N/A(1)	76.92	3087	4986	61.91%	172210	278725	61.78%
	65 and over	N/A(1)	N/A(1)	71.95	494	1155	42.77%	51205	91144	56.18%
	Overall	N/A(1)	N/A(1)	73.88	4188	7181	58.32%	277244	441868	62.74%

Footnote Legend

- 1. The number of cases/patients is too few to report.
- 3. Results are based on a shorter time period than required.
- Data suppressed by CMS for one or more quarters.
 Results are not available for this reporting period.
- 7. No cases met the criteria for this measure.

Continuing Education Approval

- This program has been approved for 1.0 continuing education (CE) unit given by CE Provider #50-747 for the following professions:
 - Florida Board of Nursing
 - Florida Board of Clinical Social Work, Marriage and Family Therapy and Mental Health Counseling
 - Florida Board of Nursing Home Administrators
 - Florida Council of Dietetics
 - Florida Board of Pharmacy
- Professionals licensed in other states will receive a Certificate of Completion to submit to their licensing Boards.

CE Credit Process

- Complete the survey you will receive by email within the next 48 hours.
- The survey will ask you to log in or register to access your personal account in the Learning Management Center.
 - A one-time registration process is required.
- Additional details are available at:
 <u>www.qualityreportingcenter.com/resources/education/co</u>
 <u>ntinuing-education</u>

Thank You For Participating!

Please contact the IPFQR Support Contractor if you have any questions:

- Submit questions online to <u>IPFQualityReporting@HCQIS.org</u>
- Call the IPFQR Support Contractor at 844-472-4477 or 866-800-8765

This material was prepared by the Inpatient Value, Incentives, and Quality Reporting Outreach and Education Support Contractor, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. HHSM-500-2013-13007I, FL-IQR-Ch8-12162014-01