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Overview of the 30-Day All-Cause Unplanned Readmission Following Psychiatric Hospitalization in an Inpatient Psychiatric Facility (IPF) Measure

Kyle Campbell, PharmD
Vice President, Pharmacy and Quality Measurement
Health Services Advisory Group (HSAG)

APRIL 18, 2016
Purpose

During this presentation participants will learn about the background of the All-Cause Unplanned Readmission Following Psychiatric Hospitalization in an IPF Measure; the development process for the measure; the final measure specifications; how the measure compares to existing readmission measures; as well as future plans for the IPF Readmission Measure.
At the conclusion of this presentation, attendees will be able to:

• Explain the measure development process
• Interpret the final IPF Readmission measure specifications
• Describe the future plans for the IPF Readmission measure
<table>
<thead>
<tr>
<th>Acronyms</th>
<th>Full Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>AHRQ</td>
<td>Agency for Healthcare Research and Quality</td>
</tr>
<tr>
<td>CC</td>
<td>CMS Hierarchical Condition Categories</td>
</tr>
<tr>
<td>CCS</td>
<td>Clinical Classification Software</td>
</tr>
<tr>
<td>HPSA</td>
<td>Health Professional Shortage Area</td>
</tr>
<tr>
<td>HWR</td>
<td>Hospital-Wide Readmission</td>
</tr>
<tr>
<td>ICD</td>
<td>International Classification of Diseases</td>
</tr>
<tr>
<td>IPF</td>
<td>Inpatient Psychiatric Facility</td>
</tr>
<tr>
<td>IPFQR</td>
<td>Inpatient Psychiatric Facility Quality Reporting Program</td>
</tr>
<tr>
<td>MAP</td>
<td>Measure Applications Partnership</td>
</tr>
<tr>
<td>NQF</td>
<td>National Quality Forum</td>
</tr>
<tr>
<td>RSRR</td>
<td>Risk-Standardized Readmission Rate</td>
</tr>
<tr>
<td>TEP</td>
<td>Technical Expert Panel</td>
</tr>
<tr>
<td>SDS</td>
<td>Sociodemographic Status</td>
</tr>
</tbody>
</table>
OVERVIEW OF THE 30-DAY ALL-CAUSE UNPLANNED READMISSION FOLLOWING PSYCHIATRIC HOSPITALIZATION IN AN INPATIENT PSYCHIATRIC FACILITY (IPF) MEASURE

BACKGROUND
Background

• Readmissions following IPF admissions are common
  ▪ More than 20% of IPF admissions for Medicare beneficiaries were followed by readmission within 30 days of discharge (2012-2013)

• There is a wide variation in readmission rates
  ▪ Unadjusted facility-level 30-day readmission rates varied from 12% in the 10th percentile to 27% in the 90th percentile

• Readmissions are costly
  ▪ Average Medicare payment for IPF admissions in 2012 was nearly $10,000

• Readmission is an undesirable outcome for patients and their caregivers
  ▪ Represents deterioration in condition
  ▪ Disrupts recovery process
IPF Influence on Readmission Rates

There are effective strategies IPFs have used to reduce readmission rates

- Administering evidence-based treatments
- Connecting patients to post-discharge services and follow-up care
- Performing medication reconciliation
- Communicating with the outpatient care provider
- Providing discharge planning including patient education
OVERVIEW OF THE 30-DAY ALL-CAUSE UNPLANNED READMISSION FOLLOWING PSYCHIATRIC HOSPITALIZATION IN AN INPATIENT PSYCHIATRIC FACILITY (IPF) MEASURE

PROCESS FOR DEVELOPING MEASURE SPECIFICATIONS
Proposed for use in the IPFQR Program

- Pay-for-reporting
- Calculated using administrative claims data so no additional data collection burden for facilities
- ICD-10 conversion and Dry Run planned for 2017
- Publicly reported on Hospital Compare in 2018
- Submitted to National Quality Forum (NQF) for endorsement
General Approach to Development

- Develop a 30-day readmission measure for IPFs for initial (index) admissions with psychiatric diagnoses based on Medicare claims
- Where reasonable, align specifications with existing 30-day readmission measures
- Include readmissions for all causes
- Risk adjust measure
- Include all Medicare beneficiaries 18 years and older
Measure Development Process

Guided by Technical Expert Panel with patient/caregivers and expert workgroup

- Develop Business Case
- Develop and test cohort and outcome definitions
- Develop and test risk model phase I
- Conduct national public comment
- Develop and test risk model phase II for sociodemographic status (SDS)
- Submit for NQF Endorsement
- NQF Review (June 2016)
Target Population Development

Discharged with principal psychiatric diagnosis

- Defined as Agency for Healthcare Research and Quality (AHRQ) Clinical Classification Software (CCS) ICD groupings 650-670

<table>
<thead>
<tr>
<th>Diagnosis CCS</th>
<th>Description</th>
<th>Count</th>
<th>Percent Admissions</th>
</tr>
</thead>
<tbody>
<tr>
<td>650</td>
<td>Adjustment Disorders</td>
<td>6,460</td>
<td>0.8</td>
</tr>
<tr>
<td>651</td>
<td>Anxiety Disorders</td>
<td>9,371</td>
<td>1.2</td>
</tr>
<tr>
<td>652</td>
<td>Attention-deficit, conduct, and disruptive behavior disorders</td>
<td>1,119</td>
<td>0.1</td>
</tr>
<tr>
<td>653</td>
<td>Delirium, dementia, and amnestic and other cognitive disorders</td>
<td>109,993</td>
<td>13.9</td>
</tr>
<tr>
<td>654</td>
<td>Developmental disorders</td>
<td>438</td>
<td>0.1</td>
</tr>
<tr>
<td>655</td>
<td>Disorders usually diagnosed in infancy, childhood, or adolescence</td>
<td>474</td>
<td>0.1</td>
</tr>
<tr>
<td>656</td>
<td>Impulse control disorders, NEC</td>
<td>3,082</td>
<td>0.4</td>
</tr>
<tr>
<td>657</td>
<td>Mood disorders</td>
<td>335,028</td>
<td>42.4</td>
</tr>
<tr>
<td>658</td>
<td>Personality disorders</td>
<td>1,611</td>
<td>0.2</td>
</tr>
<tr>
<td>659</td>
<td>Schizophrenia and other psychotic disorders</td>
<td>266,535</td>
<td>33.7</td>
</tr>
<tr>
<td>660</td>
<td>Alcohol-related disorders</td>
<td>21,600</td>
<td>2.7</td>
</tr>
<tr>
<td>661</td>
<td>Substance-related disorders</td>
<td>23,276</td>
<td>2.9</td>
</tr>
<tr>
<td>662</td>
<td>Suicide and intentional self-inflicted injury</td>
<td>291</td>
<td>0.0</td>
</tr>
<tr>
<td>663</td>
<td>Screening and history of mental health and substance abuse codes</td>
<td>287</td>
<td>0.0</td>
</tr>
<tr>
<td>664</td>
<td>screening and history of mental health and substance abuse codes</td>
<td>287</td>
<td>0.0</td>
</tr>
<tr>
<td>670</td>
<td>Miscellaneous disorders</td>
<td>2,421</td>
<td>0.3</td>
</tr>
</tbody>
</table>
Target Population Development

Aged 18 or older with Medicare Parts A & B enrollment 12 months prior to admission, during admission, and 1 month following admission

- Patients younger than 65 with severe mental illness can qualify for Medicare due to disability
- Part A & B claims data are required to identify the eligible cohort, outcome, and risk factors
Exclusions

- Patients discharged against medical advice
- Unreliable vital status data
- Transfers
  - If patient is transferred to acute setting, the intervening admission could influence readmission
- Interrupted stays
  - IPF billing procedure combines readmissions into same claim as the initial admission if the patient is readmitted to the same IPF within 3 days of discharge
## Target Population Development

### Final cohort for measure testing

<table>
<thead>
<tr>
<th>Index File Creation Step</th>
<th>Total</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult IPF admissions with admission and discharge between January 1, 2012 – December 31, 2013, discharged alive with a psychiatric principal discharge diagnosis, and enrolled in FFS Part A and B in the 12 months prior to admission, the month of admission, and at least 1 month post-discharge</td>
<td>781,986</td>
<td>100%</td>
</tr>
<tr>
<td>• Unreliable data</td>
<td>58</td>
<td>0%</td>
</tr>
<tr>
<td>• Transfers and Interrupted Stays</td>
<td>56,644</td>
<td>7%</td>
</tr>
<tr>
<td>• AMA</td>
<td>9,110</td>
<td>1%</td>
</tr>
<tr>
<td>Cohort (index admissions)</td>
<td>716,174</td>
<td>92%</td>
</tr>
</tbody>
</table>

4/18/2016
Outcome Development

All-cause Readmission

• Encourages treatment of the patient as a whole across both psychiatric and medical settings

• Relationship between admission diagnosis and cause of readmission is complex
  ▪ Patient discharged with schizophrenia could be readmitted with a hip fracture due to a fall from side effects of their medications

• Harmonized with other readmission measures

• Allows IPF to implement broader range of quality improvement initiatives
Outcome Development

- 76% of readmissions are for psychiatric diagnoses
- 24% of readmissions are for non-psychiatric diagnoses
- Top 10 principal discharge diagnoses of readmissions:

<table>
<thead>
<tr>
<th>CCS</th>
<th>CCS Description</th>
<th>Frequency</th>
<th>Percent n=149,475 readmissions</th>
</tr>
</thead>
<tbody>
<tr>
<td>659</td>
<td>Schizophrenia and other psychotic disorders</td>
<td>49,672</td>
<td>33.2</td>
</tr>
<tr>
<td>657</td>
<td>Mood disorders</td>
<td>43,160</td>
<td>28.9</td>
</tr>
<tr>
<td>653</td>
<td>Delirium, dementia, and amnestic and other cognitive disorders</td>
<td>8,486</td>
<td>5.7</td>
</tr>
<tr>
<td>660</td>
<td>Alcohol-related disorders</td>
<td>5,059</td>
<td>3.4</td>
</tr>
<tr>
<td>661</td>
<td>Substance-related disorders</td>
<td>4,049</td>
<td>2.7</td>
</tr>
<tr>
<td>2</td>
<td>Septicemia (except in labor)</td>
<td>2,406</td>
<td>1.6</td>
</tr>
<tr>
<td>122</td>
<td>Pneumonia (except that caused by tuberculosis or sexually transmitted disease)</td>
<td>1,961</td>
<td>1.3</td>
</tr>
<tr>
<td>242</td>
<td>Poisoning by other medications and drugs</td>
<td>1,620</td>
<td>1.1</td>
</tr>
<tr>
<td>241</td>
<td>Poisoning by psychotropic agents</td>
<td>1,595</td>
<td>1.1</td>
</tr>
<tr>
<td>159</td>
<td>Urinary tract infections</td>
<td>1,580</td>
<td>1.1</td>
</tr>
<tr>
<td></td>
<td>Other</td>
<td>29,887</td>
<td>20.0</td>
</tr>
</tbody>
</table>
Planned readmissions

- Approach to exclude planned readmissions was harmonized with HWR Measure

<table>
<thead>
<tr>
<th></th>
<th>Count</th>
<th>Readmission Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Index Admissions</strong></td>
<td>716,174</td>
<td></td>
</tr>
<tr>
<td><strong>All Readmissions</strong></td>
<td>153,684</td>
<td>21.5%</td>
</tr>
<tr>
<td><strong>Unplanned Readmissions</strong></td>
<td>149,475</td>
<td>20.9%</td>
</tr>
<tr>
<td><strong>Planned readmissions</strong></td>
<td>4,209</td>
<td>0.6%</td>
</tr>
</tbody>
</table>
30-day incidence period

- Consistent with other NQF-endorsed and publicly reported readmission measures
- Supported by literature as indicator of quality of care
- Efforts already in practice to reduce 30-day readmission rates
- Multiple readmissions in 30 day period are only counted once
Risk Model Development

Adjustment for case mix ensures measure results reflect facility performance

- Case mix adjustment must be complete
- Random factors must be truly random
Risk Model Development

Risk factors must be:

- Patient characteristics
  - Not characteristics of the IPF
- Present at the start of care
- Not reflective of care provided
- Related to outcome conceptually and empirically Available in national datasets
- Parsimonious
Risk Model Development

Phase I – The following types of variables were evaluated:

• Demographics (age, gender)
• Principal discharge diagnoses of index admission
• Comorbidities
• Other psychiatric-specific risk factors identified in the literature

Phase II – SDS variables were evaluated
Risk Model Development – Phase I

Results of risk factor selection process:

- Gender
- Age
  - 7 groupings
- Principal discharge diagnoses
  - 13 modified AHRQ CCS ICD groupings for psychiatric disorders
- Comorbidities
  - Modified CMS Hierarchical Condition Categories (CC) ICD groupings
    - 13 psychiatric CCs
    - 25 non-psychiatric CCs
- Other variables from 12 months prior to admission
  - Discharged against medical advice
  - Suicide attempt or self-harm
  - Aggression
Risk Model Development – Phase II

SDS risk factor selection process:

- Literature review
- Under consideration for other readmission measures
- Workgroup / TEP recommendations

SDS Identification

- Claims data
- American Community Survey
- Health Resources and Services Administration (HRSA) Health Professional Shortage Areas (HPSA) files
- National Provider Identifier Files

Definitions

- Univariate associations
- Cluster analysis
- Exploration of confounding

Variable Selection

- Variable transformation
- Comparison of performance
- Impact on IPF designation

Modeling
## SDS variables tested in phase II of risk model development

<table>
<thead>
<tr>
<th>SDS Factor</th>
<th>Variable</th>
<th>Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income/Wealth</td>
<td>Medicaid Enrollment</td>
<td>Patient</td>
</tr>
<tr>
<td></td>
<td>Unemployment</td>
<td>Neighborhood</td>
</tr>
<tr>
<td></td>
<td>Median Household Income</td>
<td>Neighborhood</td>
</tr>
<tr>
<td>Disability</td>
<td>Percentage below poverty level</td>
<td>Neighborhood</td>
</tr>
<tr>
<td></td>
<td>Crowded Household</td>
<td>Neighborhood</td>
</tr>
<tr>
<td></td>
<td>Property Values</td>
<td>Neighborhood</td>
</tr>
<tr>
<td></td>
<td>Reason for Medicare eligibility</td>
<td>Patient</td>
</tr>
<tr>
<td>Race and Ethnicity/Immigration</td>
<td>Race/ Ethnicity</td>
<td>Patient</td>
</tr>
<tr>
<td></td>
<td>Percent Hispanic/ Latino</td>
<td>Neighborhood</td>
</tr>
<tr>
<td></td>
<td>Limited-English language</td>
<td>Neighborhood</td>
</tr>
<tr>
<td>Access to Care</td>
<td>HPSA Mental Health</td>
<td>Neighborhood</td>
</tr>
<tr>
<td></td>
<td>HPSA Primary Care</td>
<td>Neighborhood</td>
</tr>
<tr>
<td></td>
<td>Psychiatry service access</td>
<td>Neighborhood</td>
</tr>
<tr>
<td></td>
<td>Psychology service access</td>
<td>Neighborhood</td>
</tr>
<tr>
<td></td>
<td>Pharmacy service density</td>
<td>Neighborhood</td>
</tr>
<tr>
<td></td>
<td>Primary Care Provider Density</td>
<td>Neighborhood</td>
</tr>
<tr>
<td></td>
<td>IPF Density</td>
<td>Neighborhood</td>
</tr>
<tr>
<td></td>
<td>Rural Area</td>
<td>Neighborhood</td>
</tr>
<tr>
<td>Education</td>
<td>Medicare Part D Enrollment</td>
<td>Patient</td>
</tr>
<tr>
<td></td>
<td>Low education</td>
<td>Neighborhood</td>
</tr>
<tr>
<td>SES</td>
<td>High Education</td>
<td>Neighborhood</td>
</tr>
<tr>
<td></td>
<td>AHRQ SES categories</td>
<td>Neighborhood</td>
</tr>
</tbody>
</table>
Risk Model Development – Phase II

Results of SDS risk factor testing:

• Some risk factors had univariate associations with readmission that were not supported by conceptual relationship in literature (e.g., provider/patient ratio)

• Correlation between SDS and clinical variables, which limits SDS variable contribution if used in risk model with clinical variables

• Concern about interactions between SDS variables and risk-standardized readmission rates (RSRR)
  ▪ Disabled, black, and Hispanic patients had significantly lower odds of readmission at hospitals with higher performance (lower readmission rates) than hospitals with lower performance (high readmission rates)
  ▪ Adjustment for those variables could partially adjust for IPF quality
Risk Model Development – Phase II

- Inclusion of SDS factors in the risk model **did not improve model performance**
- SDS variables were not included in final risk model

<table>
<thead>
<tr>
<th>Indices</th>
<th>Original Model</th>
<th>Original + SDS risk factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Predictive ability</td>
<td></td>
<td></td>
</tr>
<tr>
<td>P10</td>
<td>Observed 10.2%, predicted 9.0%</td>
<td>Observed 10.2%, predicted 8.8%</td>
</tr>
<tr>
<td>P90</td>
<td>Observed 43.4%, predicted 41.9%</td>
<td>Observed 43.7%, predicted 42.1%</td>
</tr>
<tr>
<td>Discrimination C-statistic</td>
<td>0.660</td>
<td>0.661</td>
</tr>
<tr>
<td>Distribution of residuals</td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt;-2</td>
<td>0.0</td>
<td>0.1</td>
</tr>
<tr>
<td>-2 to &lt;0</td>
<td>79.1</td>
<td>79.1</td>
</tr>
<tr>
<td>0 to &lt;2</td>
<td>13.4</td>
<td>13.3</td>
</tr>
<tr>
<td>&gt;=2</td>
<td>7.4</td>
<td>7.5</td>
</tr>
<tr>
<td>Model $X^2$ (df=57)</td>
<td>37,858</td>
<td>38,461 (p&lt;0.001)</td>
</tr>
</tbody>
</table>
OVERVIEW OF THE 30-DAY ALL-CAUSE UNPLANNED READMISSION FOLLOWING PSYCHIATRIC HOSPITALIZATION IN AN INPATIENT PSYCHIATRIC FACILITY (IPF) MEASURE

FINAL MEASURE SPECIFICATIONS AND TESTING RESULTS
Target Population

Includes admissions for patients:

- Aged 18 years and older
- Discharged alive
- Enrolled in Medicare Parts A & B for 12 months prior to the index admission, the month of admission, and 30 days post discharge

Measure excludes admissions for patients:

- With non-psychiatric principal discharge diagnoses
- Discharged against medical advice
- With unreliable data
- With subsequent admission within 2 days of discharge (transfers and interrupted stays)
Outcome

Facility-level, risk-standardized readmission rates within 30 days of discharge from an IPF

- Readmission defined as unplanned subsequent inpatient admission to an IPF or short-stay acute care hospital, including critical access hospitals, for any cause
- 24 month performance period
- Readmissions are also eligible as index admissions if they meet all other eligibility criteria
Risk Adjustment

- Gender
- Age
  - 7 groupings
- Principal discharge diagnoses
  - 13 modified AHRQ CCS ICD groupings for psychiatric disorders
- Comorbidities
  - Modified CMS CC ICD groupings
    - 13 psychiatric CCs
    - 25 non-psychiatric CCs
- Other variables from 12 months prior to admission
  - Discharged against medical advice
  - Suicide attempt or self-harm
  - Aggression
Risk adjusted results show variation in facility performance

<table>
<thead>
<tr>
<th></th>
<th>N IPFs</th>
<th>Mean</th>
<th>SD</th>
<th>Min</th>
<th>10th Percentile</th>
<th>Lower Quartile</th>
<th>Median</th>
<th>Upper Quartile</th>
<th>90th percentile</th>
<th>Max</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Observed</strong></td>
<td>1,696</td>
<td>19.38%</td>
<td>6.49%</td>
<td>0.00%</td>
<td>12.24%</td>
<td>15.46%</td>
<td>19.10%</td>
<td>22.86%</td>
<td>27.33%</td>
<td>46.67%</td>
</tr>
<tr>
<td><strong>RSRR</strong></td>
<td>1,696</td>
<td>21.00%</td>
<td>3.01%</td>
<td>10.97%</td>
<td>17.34%</td>
<td>18.99%</td>
<td>20.80%</td>
<td>22.75%</td>
<td>24.95%</td>
<td>35.41%</td>
</tr>
</tbody>
</table>
Testing Results

Performance categories determined by assessing whether the national readmission rate lies within the confidence interval for a facility’s score.

<table>
<thead>
<tr>
<th>Category</th>
<th># of IPFs</th>
<th>Percent of IPFs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Better than national rate</td>
<td>140</td>
<td>8.3</td>
</tr>
<tr>
<td>No different than national rate</td>
<td>1,257</td>
<td>74.1</td>
</tr>
<tr>
<td>Worse than national rate</td>
<td>227</td>
<td>13.4</td>
</tr>
<tr>
<td>Fewer than 25 cases during performance period</td>
<td>72</td>
<td>4.2</td>
</tr>
</tbody>
</table>
## Comparison to HWR Measure

<table>
<thead>
<tr>
<th></th>
<th><strong>IPF Readmission Measure</strong></th>
<th><strong>HWR Measure</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cohort</strong></td>
<td>• 24 month performance period</td>
<td>• 12 month performance period</td>
</tr>
<tr>
<td></td>
<td>• Excludes admissions with readmissions on days 0-2 due to transfers and interrupted stays</td>
<td>• Excludes admissions with readmissions on days 0-1 due to transfers</td>
</tr>
<tr>
<td></td>
<td>• Includes patients 18 years or older</td>
<td>• Includes patients 65 years or older</td>
</tr>
<tr>
<td><strong>Outcome</strong></td>
<td>• Readmissions to IPF and Acute Care Hospitals</td>
<td>• Readmissions to Acute Care Hospitals only</td>
</tr>
<tr>
<td><strong>Risk Adjustment</strong></td>
<td>• Age categories</td>
<td>• Age as continuous variable</td>
</tr>
<tr>
<td></td>
<td>• Includes gender</td>
<td>• Does not include gender</td>
</tr>
<tr>
<td></td>
<td>• Includes Part A and Part B data</td>
<td>• Only includes Part A data</td>
</tr>
<tr>
<td></td>
<td>• Paid special attention to psychiatric comorbidities</td>
<td>• All comorbidities operationalized with Condition Categories (CC)</td>
</tr>
<tr>
<td><strong>Model Performance</strong></td>
<td>C-statistic 0.66</td>
<td>C-statistics 0.62-0.67</td>
</tr>
<tr>
<td><strong>Facility Classification Relative to National Rate</strong></td>
<td>• 140 better (8.3%)</td>
<td>• 178 better (3.7%)</td>
</tr>
<tr>
<td></td>
<td>• 1,257 no different (74.1%)</td>
<td>• 4,078 no different (85.5%)</td>
</tr>
<tr>
<td></td>
<td>• 227 worse (13.4%)</td>
<td>• 337 worse (7.1%)</td>
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<td></td>
<td>• 72 with too few cases (4.2%)</td>
<td>• 179 with too few cases (3.8%)</td>
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Summary of Public Comment and MAP Review

Public Comment

• Majority of commenters supportive of the measure and felt it addressed an important quality concept (83%)

• Key considerations:
  ▪ Preventability of readmissions and attribution to IPF (50%)
  ▪ Shortage of mental health services (42%)
  ▪ Adjustment for sociodemographic factors (17%)
  ▪ Ensuring measures in other settings are harmonized (17%)
  ▪ Readmission diagnoses different from admission diagnosis (17%)

Measure Applications Partnership (MAP)

• Measure was conditionally supported for IPFQR Program pending NQF-endorsement

• Recommended evaluation SDS risk factors
OVERVIEW OF THE 30-DAY ALL-CAUSE UNPLANNED READMISSION FOLLOWING PSYCHIATRIC HOSPITALIZATION IN AN INPATIENT PSYCHIATRIC FACILITY (IPF) MEASURE

FUTURE MEASURE PLANS
Future Plans for Measure

Measure scheduled for NQF review June 2016

• Criteria include: Importance, scientific acceptability, feasibility, usability

• Steering Committee will evaluate the testing results based on the SDS variables included in the risk model (as required by NQF SDS Trial Period)
  • Recommendations will be considered in future updates to this measure

• Following endorsement, measure updated annually and submitted for full re-endorsement every 3 years
Future Plans for Measure

Measure specifications will be updated annually based on:

- Updates to code sets
- Recommendations from stakeholders (including NQF)
- New empirical evidence or changes to clinical practice
OVERVIEW OF THE 30-DAY ALL-CAUSE UNPLANNED READMISSION FOLLOWING PSYCHIATRIC HOSPITALIZATION IN AN INPATIENT PSYCHIATRIC FACILITY (IPF) MEASURE

ACKNOWLEDGMENTS
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- Statistician/Analyst – Kristen Turner, MS
- Technical Writer – Suzanne Wright, MS
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- Project Coordinator – Melissa Castora-Binkley, PhD
- Measures Specialist – Eric Clark, MBA HSM
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Project Team Members

University of Florida

• Principal Investigator – Almut Winterstein, RPh, PhD, FISPE
• Clinical Lead – Regina Bussing, MD, MSHS
• Statistician – Dan Dan Xu, PhD Candidate
• Study Coordinator – Daniel Zambrano, PharmD, MS
• Additional clinical experts from UF Health
### Acknowledgements – TEP

<table>
<thead>
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    • Kate Goodrich
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  • Yale CORE Team

• RTI International
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  • RTI Measure Development Team
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REFERENCE SLIDES
For more information on the IPF Readmission Measure, visit the following link and click on the file titled *Inpatient Psychiatric Facility Readmission Measure*:

OVERVIEW OF THE 30-DAY ALL-CAUSE UNPLANNED READMISSION FOLLOWING PSYCHIATRIC HOSPITALIZATION IN AN INPATIENT PSYCHIATRIC FACILITY (IPF) MEASURE

HELPFUL RESOURCES
Upcoming IPFQR Program Educational Webinar Dates

May 2016

FY 2017 IPF PPS Proposed Rule
IPFQR Program 101 and Advanced Directives

June 2016

Keys to Successful Data Submission
IPFQR Program General Resources

Q & A Tool
https://cms-ip.custhelp.com

Email Support
IPFQualityReporting@area-m.hcqis.org

Phone Support
866.800.8765

Inpatient Live Chat
www.qualityreportingcenter.com/inpatient

Monthly Web Conferences
www.QualityReportingCenter.com

Secure Fax
877.789.4443

ListServes
Sign up on www.QualityNet.org

Website
www.QualityReportingCenter.com
QUESTIONS?
Continuing Education Approval

- This program has been approved for 1.0 continuing education (CE) unit for the following professional boards:
  - 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
  - Board of Registered Nursing (Provider #16578)
    - It is your responsibility to submit this form to your accrediting body for credit.
CE Credit Process

• Complete the ReadyTalk® survey that will pop up after the webinar, or wait for the survey that will be sent to all registrants within the next 48 hours.

• After completion of the survey, click “done” at the bottom of the screen.

• Another page will open that asks you to register in HSAG’s Learning Management Center.
  ▪ This is a separate registration from ReadyTalk
  ▪ Please use your PERSONAL email so you can receive your certificate
  ▪ Healthcare facilities have firewalls up that block our certificates
CE Credit Process: Survey

10. What is your overall level of satisfaction with this presentation?
- Very satisfied
- Somewhat satisfied
- Neutral
- Somewhat dissatisfied
- Very dissatisfied

If you answered "very dissatisfied", please explain:

11. What topics would be of interest to you for future presentations?

12. If you have questions or concerns, please feel free to leave your name and phone number or email address and we will contact you.

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CE Credit Process

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New User Link:
https://mc.hshapps.com/register/default.aspx?ID=da0a12bc-db39-408f-b429-d6f6b9c9b1ae

Existing User Link:
https://mc.hshapps.com/test/adduser.aspx?ID=da0a12bc-db39-408f-b429-d6f6b9c9b1ae

Note: If you click the 'Done' button below, you will not have the opportunity to receive your certificate without participating in a longer survey.

Done
CE Credit Process: New User
CE Credit Process: Existing User

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