Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program

Support Contractor

**IPFQR Program Manual (Version 4.1) and
Updated Paper Tools Review**

Presentation Transcript

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Support Contractor

Louisa Heath: Thank you, Matt. Hello, everyone, and welcome to today's presentation. My name is Louisa Heath. I'm a Project Manager for the Hospital Inpatient Outreach and Education Support Contractor. I work in the Inpatient Psychiatric Facility Quality Reporting Program. Before we proceed with today's webinar, I will cover a few additional housekeeping items that are specific to the IPFQR Program's webinar event. As a reminder, we do not recognize the raised-hand feature in the chat tool during our webinar. Instead, you can submit any questions pertinent to the webinar topic to us via the chat tool. To maximize the questions received during this event and focus on the most important and frequently asked questions, any questions received that are not related to the topic of the webinar will not be answered in the chat tool nor in the summarized question-and-answers document for any IPFQR Program event. We recommend that you go to the *QualityNet* question-and-answer tool by clicking the link on this slide to search for posted question-and-answer pairs as well as to submit any new questions to us that are not already addressed in the Q&A tool or in a published summary of questions and answers. The slides for this presentation were posted to the *Quality Reporting Center* website prior to the event. If you did not receive the slides beforehand, please go to *QualityReportingCenter.com*. In your web browser and on the right side of the 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.

     And now, I would like to introduce you to our speaker for today's presentation, titled *IPFQR Program Manual (Version 4.1) and Updated Paper Tools Review*, 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, for a variety of healthcare providers. Evette earned a Master of Public Health degree in health management and policy from Emory University. And, at this time, I will turn the presentation to Evette.

Evette Robinson:	Thank you, Louisa. The purpose of today's webinar is to review key updates to the recently published *Inpatient Psychiatric Facility Quality Reporting Program Manual, Version 4.1*, as well as various optional paper tools pertinent to the IPFQR Program. In doing so, our goal is to equip IPFs with tools to meet IPFQR Program requirements.

By the end of this presentation, attendees will be able to interpret and use the IPFQR Program Manual, Version 4.1 and optional paper tools in order to meet the IPFQR Program requirements.

In the first part of today's presentation, I will talk about the recently published IPFQR Program Manual. And, to level set our understanding of the manual, I will begin by providing an overview of the document, followed by a review of the key updates that are found in the recently published version.

The IPFQR Program Manual is intended for use as a reference to encourage successful provider participation in the IPFQR Program. It is available in a downloadable format, and it is searchable by keywords to help providers access pertinent information easily. The manual can be downloaded from the *QualityNet* and *Quality Reporting Center* websites by clicking on the links on this slide. As previously stated, the aim of today's presentation is to provide an overview of key changes to the program manual. However, we strongly recommend that you review the associated Release Notes for specific details about updates to the IPFQR Program Manual, Version 4.1.

This slide displays the major sections and appendices included in the Table of Contents for version 4.1 of the IPFQR Program Manual. In addition to searching for information in the file by keywords, you can also select the section or appendix of your choice to directly access and learn more about the program requirements and resources. In the next few slides, we will highlight the notable changes to the manual.

Changes in the IPFQR Program Manual, Version 4.1 that impact collection of individual measures went into effect on January 1, 2019. This

means that you will reference this version of the manual to find IPFQR Program requirements pertaining to data that will be reported to CMS during the 2020 summer data-submission period impacting the fiscal year 2021 annual payment update, or APU.

The Glossary of Terms in Section One of the IPFQR Program Manual was updated to include a more comprehensive list of terms that are used in the manual. In total, there were 53 terms added to the glossary and three terms removed. Please refer to the Release Notes document for a comprehensive list of those updates.

Moving onto Section Two, Measure Details of the manual, you will find that the General Measure Abstraction Guidance subsection was added to provide clarification on CMS' measure abstraction expectations as they pertain to the IPFQR Program.

In the fiscal year 2019 IPF PPS Final Rule that was published on August 6, 2018, CMS finalized the adoption of a new measure removal factor in the IPFQR Program. Measure Removal Factor Eight, which is described on this slide, is included in the Measure Removal and Retention Criteria subsection of the IPFQR Program Manual, Version 4.1. Refer to the manual for more details about the measure retention and the removal criteria. Now, let's move on to the next slide to briefly review the measures that have been removed from the IPFQR Program.

Effective for fiscal year 2020 payment determination and subsequent years, CMS will no longer collect data for the following five measures: Influenza Vaccination Coverage Among Healthcare Personnel, Alcohol Use Screening, Tobacco Use Screening, Assessment of Patient Experience of Care, and Use of An Electronic Health Record. A brief explanation of why these measures were removed from the program is included in the manual. In addition, CMS will no longer collect sample-size counts for measures for which sampling is performed. Again, details about how these changes are reflected in the manual are located in the associated Release Notes document.

In the Identifying the IPFQR Program Patient Population subsection of the manual, the bullet pertaining to identifying the initial patient population for the transition record measures has been updated to be consistent with the information provided for other measures and that it includes a link to the measure specifications where the initial patient population is defined. This subsection also includes guidance regarding facility-level discharge codes that can be used to facilitate integration of the transition record measures into the EHR used by IPFs. With this change, CMS removed the former Appendix C, Initial Patient Population for the Transition Record Measures.

In Section Eight of the manual, pertaining to public reporting of IPFQR data, you will find an overview of the IPF-Specific Reports, or ISRs, that were created and distributed toward the end of 2018 for the claims-based measures listed on this slide. This concludes the IPFQR Program Manual, Version 4.1 segment of today's presentation. Again, for more details about the changes made between versions 4.0 and 4.1 of the IPFQR Program Manual, review the Release Notes associated with the IPFQR Manual, Version 4.1.

In the next part of this presentation, I will review the optional paper tools that were recently posted to the *QualityNet* and *Quality Reporting Center* Resources web pages to help IPFs successfully collect and abstract measure data for the IPFQR Program.

Various optional paper tools have been developed for IPFs to use as a mechanism to aid in the collection of measure data to report to CMS. Changes to paper tools relevant to the summer 2019 and 2020 data-submission periods will be addressed in the following slides. We recommend that you regularly check the *QualityNet* and *Quality Reporting Center* websites referenced on this slide for the most recent updates to paper tools.

Among the optional paper tools that you will find on the *QualityNet* and *Quality Reporting Center* websites is the non-measure data collection tool for calendar year 2018. We highlighted the time frames that are covered during this period, which includes quarters one through four of 2018 in the

header and footer of the images on slide 21. You will notice that, on page two of this document, CMS updated guidance below the second table to reflect removal of the sample-size count requirement.

This slide shows you the first page of the non-measure data collection tool for calendar year 2019. And, again, that time frame is highlighted in the header and footer of the tool.

As indicated on the image on this slide, you can see that, on page two of the non-measure data collection tool for calendar year 2019, we highlighted where CMS provided updated links to the coding crosswalks that are used to define the diagnostic categories for discharges.

The optional event tracking log for the HBIPS-2 and HBIPS-3 measures has been updated to capture discharges between quarter one and quarter four of 2019.

Slide 25 displays an image of the first page of the HBIPS-5 optional paper tool where you can see the time frame is highlighted in the header and the footer.

The optional data collection paper tool for the transition record measures includes updates for data collection in calendar year 2019. This slide displays page one of the tool and includes updated language in the first paragraph. It also provides guidance as to the use and purpose of the tool. Also on page one, there is an update in the highlighted text box shown in the image, which emphasizes that the element of the transition record with specified elements received by discharged patients measure must be abstracted from the transition record, not the medical chart.

This slide displays page four of the optional paper tool for the transition record measures. Updates were made to provide detailed clarification regarding what constitutes a surrogate decision maker for the purpose of the transition record measures. Specifically, the tool now states that a surrogate decision maker is a healthcare proxy who acts as the patient's advocate when he or she is legally incapacitated and unable to make decisions for him or herself about personal healthcare. To meet the intent of the transition record measures, the surrogate decision maker must be

designated by the patient in a way that complies with the state's laws for the state in which the patient receives care and must have the authority to make all psychiatric and non-psychiatric decisions on behalf of the patient. The surrogate decision maker must be identified in the transition record by name and telephone number.

This slide displays page six of the optional paper tool for the transition record measures, where you can see that it has been updated to include a checklist. This can be used during the final review process to ensure that the transition record includes all 11 elements, that the transition record was reviewed with the patient and/or caregiver, as well as determine if the patient and/or caregiver received the transition record. Significant updates to this list of final checks pertain to CMS' acknowledgment that there may be times when a patient and/or caregiver is unable to comprehend the transition record content. CMS has determined that, in such cases, if a patient is transferred to another inpatient facility and the discharging clinician determines that the patient is clinically unstable or the patient and caregiver is unable to comprehend the information, then the discharging facility is not required to discuss and provide the transition record to the patient and/or caregiver. However, the four elements listed in the checklist must be discussed with the receiving facility for the case to be included in the numerator for the Transition Record with Specified Elements Received By Discharged Patients measure. In addition, CMS also updated the final review section with notes for abstraction regarding how to determine whether a case meets the numerator for the Transition Record with Specified Elements Received by Discharged Patients measure.

Page seven of the tool was updated to include clarification in the numerator statement of the Timely Transmission of Transition Record measure wherein transmission is inclusive of inpatient facilities, such as the surgical floor or other medical floor of the hospital, where a patient received inpatient psychiatric treatment. A blue box was added near the top of the page to state that a case must meet the numerator of the Transition Record with Specified Elements Received By Discharged Patients measure to be considered for inclusion in the Timely Transmission

of Transition Record measure. Information regarding the use of the date and time of discharge as the trigger time used to determine if the transition record was transmitted within 24 hours to meet the Timely Transmission of Transition Record measure was also added to this page.

The last page of the optional paper tool for the transition record measures includes updated notes, which clarify requirements for the patient and/or caregiver to receive the transition record in electronic format, the numerator criteria for each of the transition record measures, as well as transitions in care in which a patient and/or caregiver is unable to comprehend the transition record.

CMS updated the paper tool for the Substance Use measures for data collected in calendar year 2018 to include a box shown on this slide in blue to clarify that while the SUB-1 measure will no longer be reported to CMS, per the fiscal year 2019 IPF PPS Final Rule, SUB-1 guidance is included in the abstraction paper tool to assist with the data collection process for the SUB-2/-2a and SUB-3/-3a measures.

As you can see on slide 32, the same update was applied to the calendar year 2019 measure abstraction paper tool for the Substance Use measures.

Similarly, you will find comparable language in the measure abstraction tools for the Tobacco Use measures, as shown on this slide for discharges in calendar year 2018. The top image on this slide is the first page of the paper tool, which covers the first two quarters of 2018, and the bottom image is for the paper tool that covers quarters three and four of 2018.

And, this slide shows the same information but for the tool that pertains to calendar year 2019 discharges for the Tobacco Use measures.

Slide 35 displays the first page of the optional paper tool for the Screening for Metabolic Disorders measure, which pertains to discharges in calendar year 2019, as indicated by the texts that are highlighted in the header and footer of the image on this slide.

CMS has updated the paper tool for the Influenza Immunization measure to reflect the 2018 through 2019 influenza season, which includes data collection during the fourth quarter of 2018 through the first quarter of 2019. These dates are again highlighted in the header and footer, as shown in the image of this slide. This and all of the optional paper tools described are downloadable.

As today's presentation comes to a close, we just want to take a moment to provide a few reminders about the optional paper tools. CMS created these optional paper tools to assist IPFs with the collection of the measure data that are required for the IPFQR Program. And, these tools, while they are designed to assist in the abstraction and collection of patient-specific data, it is important to remember that, once the data are abstracted and collected, providers will need to compile the data and then report the data to CMS annually in aggregate via the *QualityNet Secure Portal*. All of the optional paper tools that were described in today's presentation are downloadable, should an IPF choose to use them. And, as stated throughout the presentation, the tools have been updated. So, if you choose to use these optional paper tools, be sure to select the tool that corresponds with the correct data-collection period to avoid data errors. At this time, I will turn the presentation back over to Louisa Heath.

Louisa Heath: Thank you, Evette. The next several slides include links to helpful resources.

Version 4.1 of the IPFQR Program Manual is available for download, along with various optional paper tools, on the *QualityNet* and *Quality Reporting Center* website at the links shown on this slide.

You can click on the title of the table on this slide to access the IPFQR Resources page on the *QualityNet* website. Additional active links from 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 directly 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 done so, so that you may receive communications that we send out to the IPFQR community pertaining to webinars, program updates, as well as other announcements. You can sign up to be added to the ListServe on the *QualityNet* ListServe Registration page. We also encourage you to utilize available resources found on the *QualityNet* website in the Inpatient Psychiatric Facilities drop-down menu to ensure appropriate knowledge of the IPFQR Program requirements and deadlines.

This slide displays a list of the acronyms that were referenced during today's presentation.

On this slide, we have a couple of upcoming educational webinar events that are planned through April of 2019. Again, please monitor your emails to ensure that you receive information regarding these webinars via the IPFQR Program ListServe at a later date.

This concludes the webinar, titled *IPFQR Program Manual (Version 4.1) and Updated Paper Tools Review*. We thank you for your time and attention.