



Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program

Support Contractor

Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program: FY 2020 IPF PPS Proposed Rule

Presentation Transcript

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Evette Robinson: Hello, everyone, and welcome to today's presentation. My name is Evette Robinson, and I am the Program Lead for the Inpatient Psychiatric Facility Quality Reporting Program. I will be moderating today's webinar. Before we proceed with today's webinar, I will cover a few housekeeping items specific to the IPFQR Program's webinar events. As a reminder, we do not recognize the raised-hand feature in the chat tool during webinars. Instead, you can submit any questions pertinent to the webinar topic to us via the chat tool, and any unanswered questions will be responded to and published in the *QualityNet* Questions and Answers tool at a later date. Any questions received that are not related to the topic of today's webinar will not be answered in the chat tool. Instead, we recommend that you go to the *QualityNet* Q&A tool to search for posted question-and-answer pairs, as well as submit any new questions to us that are not already addressed in the Q&A tool or in a previously 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 the *QualityReportingCenter.com* web page on your web browser and on the left 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 you will find the presentation slides available for download.

Welcome to today's presentation, titled *Inpatient Psychiatric Facility Quality Reporting Program: Fiscal Year 2020 IPF PPS Proposed Rule*. Now, I would like to introduce you to today's speakers.

Dr. Jeffrey Buck is the Program Lead for the Inpatient Psychiatric Facility Quality Reporting Program and the Senior Advisor for Behavioral Health in the Center for Clinical Standards and Quality in the Centers for Medicare & Medicaid Services. Before coming to CMS, Dr. Buck held senior positions in the Substance Abuse and Mental Health Services Administration, or SAMHSA, and was a section editor of the Surgeon General's Report on Mental Health. Lauren Lowenstein is a Program Specialist in the Inpatient Psychiatric Facility Quality Reporting Program. Before coming to CMS, Lauren worked for the Health and Human

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Services' Assistant Secretary of Preparedness and Response, in the Division of At-Risk Individuals, Behavioral Health, and Community Resilience. Lauren received her Master's in Public Health degree from the Johns Hopkins Bloomberg School of Public Health and her Master's in Social Work degree from the University of Maryland. And now, I will hand the presentation over to our first speaker, Lauren Lowenstein.

Lauren Lowenstein: Thank you, Evette. This presentation will summarize the proposed updates to the IPFQR Program, as outlined in the Fiscal Year 2020 IPF PPS Proposed Rule.

At the conclusion of this presentation, attendees will be able to interpret the Fiscal Year 2020 IPF PPS Proposed Rule and describe the proposed changes to the IPFQR Program.

In the next two slides, I will provide an overview of the functions of the proposed rule, as well as a brief summary of the changes proposed for the IPFQR Program.

Publication of the proposed rule enables CMS to inform IPFQR Program participants about intended modifications to the program, to solicit public comment on proposed changes, and to provide ample time for IPFs to prepare for changes that are likely to be confirmed in the final rule.

In this proposed rule, CMS is proposing to adopt one additional measure for the fiscal year 2021 payment determination and subsequent years, bringing the total number of measures in the program to 14 measures. The proposed new measure is a claims-based measure, titled Medication Continuation Following Inpatient Psychiatric Discharge. In addition, we are also requesting public comment on the current measure set, as well as on possible new measures and new measure topics.

To clarify, CMS is not proposing any changes to the IPFQR Program's current public display and review requirements; the form and timing of quality data submission requirements; the reconsideration and appeals process; or to the Extraordinary Circumstances Exception policy.

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And now, I will hand the presentation over to Jeff to provide an overview of the proposed Medication Continuation Following Inpatient Psychiatric Discharge measure.

Dr. Jeffrey Buck: Thank you, Lauren. The proposed Medication Continuation Following Inpatient Psychiatric Discharge measure addresses the percentage of Medicare fee-for-service beneficiaries aged 18 years and older who were discharged from an IPF to home or health care with a principal diagnosis of major depressive disorder, schizophrenia, or bipolar disorder who filled at least one evidence-based medication within two days prior to discharge through 30 days post discharge. As Lauren stated earlier, the measure is claims based, which means that CMS will use Medicare fee-for-service claims to calculate measure performance over a 24-month period. For example, for the FY 2021 payment determination, CMS' intent is to measure performance for discharges between July 1, 2017 and June 30, 2019.

In addition, the measure supports the CMS Meaningful Measures Area of promoting effective prevention and treatment of chronic disease, which includes the meaningful measure area of prevention, treatment, and management of mental health. The measure also complements a portfolio of existing facility-level measures in the program that assesses the transition from the inpatient to the outpatient setting. These include Follow-Up After Hospitalization for Mental Illness, Thirty-day All Cause Unplanned Readmission Following Psychiatric Hospitalization in an IPF, Transition Record with Specified Elements Received by Discharged Patients, and Timely Transmission of Transition Record.

The measure will identify whether patients admitted to IPFs with diagnoses of major depressive disorder, schizophrenia, or bipolar disorder had filled at least one evidence-based medication within two days prior to the discharge through 30 days post discharge. CMS believes that medication continuation is important for patients discharged from the inpatient psychiatric setting with these conditions because of significant negative outcomes associated with non-adherence to prescribed medication regimens, as highlighted on this slide.

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The denominator for this measure is comprised of the number of patients aged 18 years and older who were discharged from an IPF to home or health care with a principal diagnosis of major depressive disorder, schizophrenia, or bipolar disorder.

The measure denominator includes discharges for patients who were admitted to an IPF with these conditions: admitted when 18 years or older; enrolled in Medicare Part A, B, and D; alive at discharge and during the follow-up period; discharged to home or home health. The measure excludes discharges for patients who received ECT or transcranial magnetic stimulation; were pregnant during the inpatient stay; had a secondary diagnosis of delirium; or had a principal diagnosis of schizophrenia with secondary diagnosis of dementia.

The numerator for this measure is the number of patients with a principal diagnosis of major depressive disorder, schizophrenia, or bipolar disorder who were dispensed at least one evidence-based outpatient medication within two days prior to discharge through 30 days post discharge.

If finalized, CMS will calculate rates using a Medicare fee-for-service Parts A, B, and D claims and will place no burden, which will place no burden on IPFs. The measure will be reported as a combined facility-level rate across all three conditions. As I mentioned earlier, the measurement period for this proposed measure is two years. This two-year measurement period is necessary to calculate reliable facility-level scores and to maximize the number of facilities with a minimum of 75 discharges for measure calculation.

For additional details about this measure, refer to the information found at the link on this slide.

At this time, I'd like to draw your attention to CMS' request for public comment.

CMS seeks to develop a comprehensive set of quality measures to be available for widespread use for informed decision-making and quality improvement in the IPF setting. In this proposed rule, as in previous rules,

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we seek public comments on possible new measures and invite suggestions for new IPFQR Program measure topics, as well as any comments on the current IPFQR Program measure set.

CMS welcomes all comments, but is particularly interested in comments on future adoption of a patient's experience of care survey such as the Hospital Consumer Assessment of Healthcare Providers and Systems Survey. CMS is also interested in any potential comments concerning future measures and topics.

We are also always interested in comments on our existing measures that are currently in use in the program. This slide displays a table, which describes all the measures that are currently in use in the program for which we are inviting public comment.

The image on this slide is an infographic designed to help our stakeholders understand how the IPF[QR] Program reporting periods relate to the fiscal years, otherwise known as payment years. CMS uses quality data collected by IPFs during a reporting period to make payment decisions for a future year. As you can see on this infographic on this slide, IPFs that collected data during the 2018 reporting period are required to submit the data to CMS during calendar year 2019. After the data submission deadline, CMS will make a preliminary fiscal year 2020 APU decision, and facilities that do not meet all requirements will receive a 2.0 percentage point reduction to their annual payment update during the fiscal year 2020. In simple terms, data collection in a particular year affects CMS' payment update determinations two years later. I would like to hand the presentation back to Evette, at this point, who will tell you how you can access the proposed rule and send us your comments.

Evette Robinson: Thank you, Jeff. The Fiscal Year 2020 IPF PPS Proposed Rule is available at the *Federal Register* website and can be accessed by clicking on the first link on this slide. CMS will accept comments on the proposed rule and input on the Request for Information until Monday, June 17, 2019. If you would like to submit a comment electronically, you may do so by either clicking on the green button at the top of the proposed rule posted

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on the *Federal Register* or by clicking on the second hyperlink on this slide and search for FY 2020 IPF PPS in quotation marks. Then, click on the Comment Now! button next to the rules.

In the next several slides, I will review helpful resources pertaining to this topic, as well as the IPFQR Program in general.

CMS recommends that IPFs refer to the updated IPFQR Program Manual for information pertaining to the IPFQR Program. The manual is located on the *QualityNet* and *Quality Reporting Center* websites, which can be accessed by clicking on the icons on this slide. The IPFQR Program Manual contains information about program requirements, program measures, and various tools pertinent to the IPFQR Program.

We encourage you to keep us up to date with points of contact at your facility by sending the completed [Hospital] Contact Change Form to us whenever there are staff changes relevant to the IPFQR Program or other quality reporting programs. We also recommend that you sign up for the IPFQR Program ListServe, if you've not already done so, by clicking on the ListServe Registration icon on this slide. Once enrolled in the IPFQR Program ListServe, you will receive communications pertaining to IPFQR Program webinars, program updates, and other announcements. Information about upcoming webinars can be viewed by clicking on the Upcoming Webinars icon. We encourage everyone to leverage the Find an Answer function in the *QualityNet* Q&A tool to find information about program requirements and measures or, if not found, submit your inquiries to us via the tool. We also welcome your recommendations for future webinar topics via the Q&A tool, which you can access by selecting the Q&A Tool icon on this slide. You can click on the Email Support icon to send an email to us at IPFQualityReporting@hcqis.org regarding eligibility. That may include next steps for a newly eligible provider or a notification that an IPF is or will be closing. Feel free to contact the VIQR Support Contract team via phone at (866) 800-8765 or via secure fax at (877) 789-4443.

This is a list of the acronyms that were referenced during this presentation. I would like to thank our guest speakers for today's event, Dr. Jeffrey

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Buck and Lauren Lowenstein, for providing an overview of the changes proposed for the IPFQR Program. This concludes today's webinar, titled *Inpatient Psychiatric Facility Quality Reporting Program: Fiscal Year 2020 IPF PPS Proposed Rule*.

We thank you for your time and attention. Have a great day.