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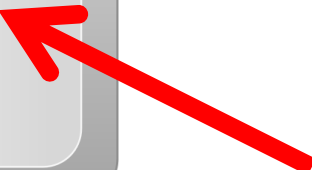
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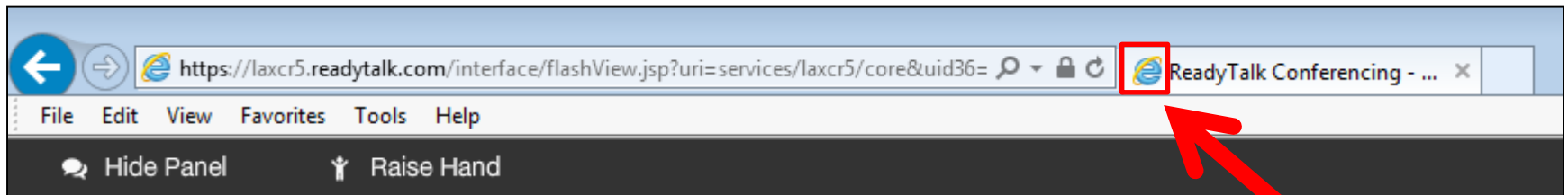
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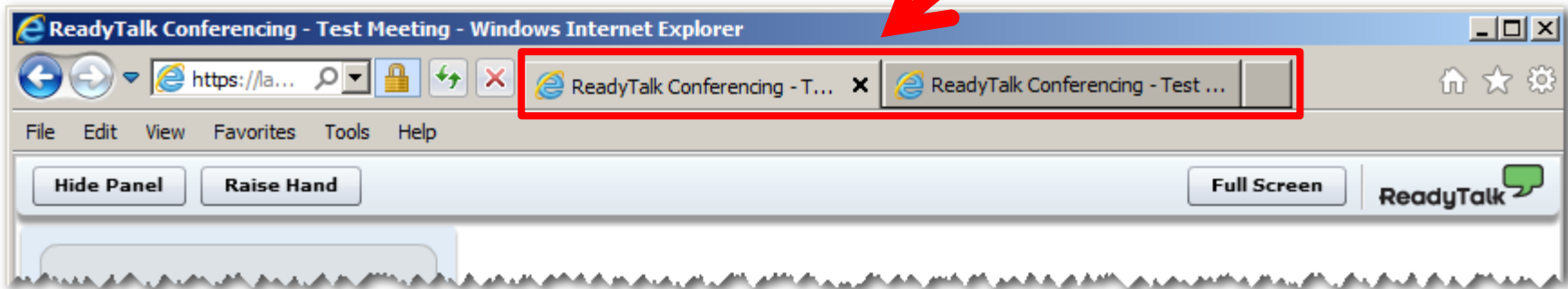


Location of Buttons

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Troubleshooting Echo

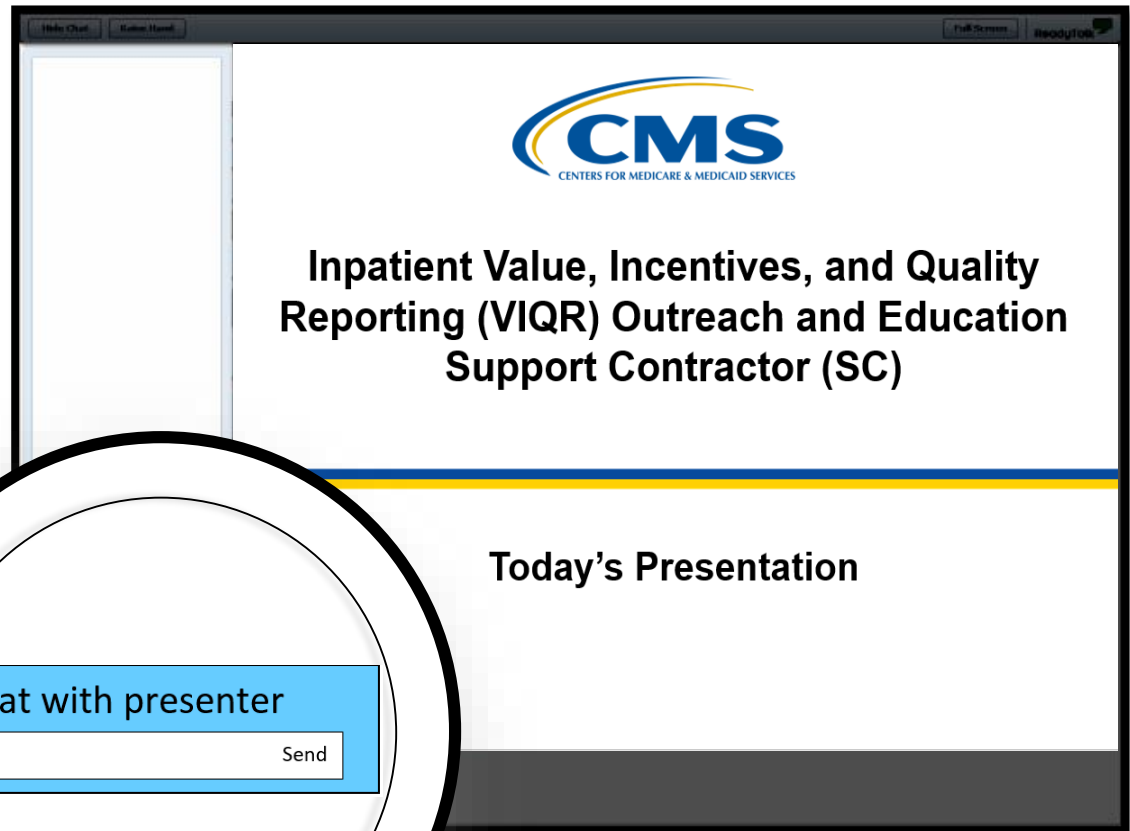
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Webinar Chat Questions

Chat Tool

- Submit questions pertinent to today's topic.
- Any unanswered questions will be responded to and published in the *QualityNet* Questions and Answers (Q&A) Tool at a later date.



IPFQR Program: FY 2020 IPF PPS Final Rule and APU Determination

August 28, 2019

Speakers

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Purpose

This presentation will summarize the change to the Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program as delineated in the Fiscal Year (FY) 2020 Inpatient Psychiatric Facility Prospective Payment System (IPF PPS) Final Rule and the annual payment update (APU) determination and reconsideration processes related to the recent data submission period.

Learning Objectives

At the end of this presentation, participants will be able to:

- Explain changes to the IPFQR Program per the FY 2020 IPF PPS Final Rule.
- Describe the APU determination and reconsideration processes.

IPFQR Program: FY 2020 IPF PPS Final Rule and APU Determination

Overview of the FY 2020 IPF PPS Final Rule

FY 2020 Final Rule

- The FY 2020 IPF PPS Final Rule was published on July 30, 2019, in the *Federal Register* at https://www.federalregister.gov/documents/2019/08/06/2019-16370/medicare-program-fy-2020-inpatient-psychiatric-facilities-prospective-payment-system-and-quality?utm_campaign=subscription+mailing+list&utm_source=federalregister.gov&utm_medium=email.
- IPFQR Program (84 FR 38424) updates are located on pages 38459–38468 of the *Federal Register*.

Summary of Final Rule Changes: Executive Summary

New measure finalized for adoption:

- Medication Continuation Following Inpatient Psychiatric Discharge
 - National Quality Forum (NQF) #3205

Summary of Final Rule Changes: Measure Set for the FY 2021 Payment Determination and Subsequent Years

Measure ID	Measure Description
HBIPS-2	Hours of Physical Restraint Use
HBIPS-3	Hours of Seclusion Use
HBIPS-5	Patients Discharged on Multiple Antipsychotic Medications with Appropriate Justification
FUH	Follow-up After Hospitalization for Mental Illness
SUB-2 and SUB-2a	Alcohol Use Brief Intervention Provided or Offered and the subset, Alcohol Use Brief Intervention
SUB-3 and SUB-3a	Alcohol and Other Drug Use Disorder Treatment Provided or Offered at Discharge and the subset, Alcohol and Other Drug Use Disorder Treatment at Discharge
TOB-2 and TOB-2a	Tobacco Use Treatment Provided or Offered and the subset, Tobacco Use Treatment
TOB-3 and TOB-3a	Tobacco Use Treatment Provided or Offered at Discharge and the subset, Tobacco Use Treatment at Discharge
IMM-2	Influenza Immunization
N/A	Transition Record with Specified Elements Received by Discharged Patients (Discharges from an Inpatient Facility to Home/Self Care or Any Other Site of Care)
N/A	Timely Transmission of Transition Record (Discharges from an Inpatient Facility to Home/Self Care or Any Other Site of Care)
N/A	Screening for Metabolic Disorders
N/A	Thirty-Day All-Cause Unplanned Readmission Following Psychiatric Hospitalization in an Inpatient Psychiatric Facility
N/A	Medication Continuation Following Inpatient Psychiatric Discharge

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**Measure Finalized for Adoption: Medication Continuation
Following Inpatient Psychiatric Discharge**

Medication Continuation Following Inpatient Psychiatric Discharge Measure

Comment: Some commenters recommended that CMS not adopt the measure because it imposes burden on facilities. However, some commenters expressed that the measure aligns with the goal of not increasing provider burden.

Response: CMS does not believe that this measure imposes any data reporting burden on facilities because it is calculated by CMS using data submitted in Medicare Part A, B, and D claims.

Medication Continuation Following Inpatient Psychiatric Discharge Measure

Comment: Some commenters recommended that CMS not adopt the measure because they believe that restricting the denominator to patients who have Medicare Parts A, B, and D coverage makes the population size too small to be meaningful.

Response: CMS notes that the denominator was restricted to patients who have Medicare Parts A, B, and D coverage during measure testing and that the majority of providers met the 75-case minimum threshold required to achieve the minimum acceptable reliability rating. Furthermore, NQF determined that this measure meets its scientific acceptability criteria with the denominator as currently specified.¹

¹ http://www.qualityforum.org/Projects/a-b/Behavioral_Health_20162017/Draft_Report_for_Comment.aspx

Medication Continuation Following Inpatient Psychiatric Discharge Measure

Comment: One commenter expressed concern that this measure's patient population does not experience the same barriers to access as patients who do not have Medicare Parts A, B, and D coverage.

Response: CMS agrees that the patients included in the measure may not experience the same barriers to access to medications that some other patients encounter because they have insurance and low-income Medicare patients qualify for additional support to help pay for medications. However, our testing of this measure revealed that even patients with Medicare Parts A, B, and D had median medication continuation rates of 79% and a variation of 21 percentage points between the 10th and 90th percentile facilities.

Medication Continuation Following Inpatient Psychiatric Discharge Measure

Comment: Some commenters recommended that CMS not adopt the measure because the measure assesses patient behavior (i.e., filling prescriptions) as opposed to provider quality.

Response: CMS recognizes that there are factors external to the IPF that influence filling prescriptions post-discharge in the psychiatric population. However, there is evidence that improvements to the quality of care for patients in the IPF setting, including the discharge processes, can help to increase medication continuation rates. These interventions include patient education, enhanced therapeutic relationships, shared decision-making, and text-message reminders, with multidimensional approaches resulting in the best outcomes. We note that in testing the measure, the measure developer found a median score of 79.6% and an approximate 21-percentage point difference between the 10th and 90th percentiles. We believe that this performance gap, coupled with the ability of facilities to provide interventions to improve medication continuation, indicate that the measure does provide meaningful information about the quality of care provided to patients.

Medication Continuation Following Inpatient Psychiatric Discharge Measure

Comment: Some commenters recommended that CMS not adopt the measure because they believe prescription fills do not actually reflect medication adherence.

Response: While CMS agrees with commenters that it is possible that patients may fill prescriptions and then not take the medication, or take it incorrectly, we believe that the measure is a good indicator of patient adherence to medication regimens. Most studies use prescriptions as a proxy for medication adherence, which aligns with this measure's methodology.

Medication Continuation Following Inpatient Psychiatric Discharge Measure

Comment: Several commenters expressed the belief that this or a similar measure be considered for the outpatient setting because these commenters believe that outpatient providers have more influence on patients' post-discharge care.

Response: CMS agrees with the commenters that it is critical for patients to have outpatient providers who can ensure continuity of care post-discharge. However, we note that the period immediately following discharge from a psychiatric hospital is a high-risk period for patients, and has been linked to an increased risk of adverse outcomes, including suicide. To address this high-risk period, we believe it is vital that patients have continuity of pharmacotherapy consistent with the recommendations of their inpatient providers until they can develop a long-term care plan with their outpatient providers, which will be more than 30 days post-discharge for nearly half of all patients.

Medication Continuation Following Inpatient Psychiatric Discharge Measure

Comment: One commenter expressed concern that the measure will not capture medication continuity for patients who filled 90-day supplies prior to admission.

Response: During measure testing, CMS found that the number of patients who filled a 90-day prescription in the 90 days prior to admission was very small. Furthermore, we believe that medications are often adjusted during the inpatient stay, and patients may need to fill a new prescription following discharge even if they have medications at home. Therefore, we believe that the patient population with appropriate pharmacotherapy due to 90-day prescriptions prior to admission is very small and does not necessitate any changes to the measure specifications.

Medication Continuation Following Inpatient Psychiatric Discharge Measure

Comment: One commenter requested that CMS provide guidance on what medications are considered evidence-based medications for these conditions.

Response: The measure technical report available at https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HospitalQualityInits/Downloads/Version_1-0_Inpatient_Psychiatric_Facility_Medication_Continuation_Public.zip

has a detailed list of medications for each condition. As part of routine measure maintenance, CMS will evaluate and update this list on a recurrent basis.

Medication Continuation Following Inpatient Psychiatric Discharge Measure

Comment: Several commenters generally expressed support for the Medication Continuation Following Inpatient Psychiatric Discharge measure because it is an NQF-endorsed measure that addresses an important clinical topic with a demonstrated quality gap and will help facilities identify interventions for post-discharge medication compliance, thereby improving care transitions. The measure also aligns with the goal of not increasing provider burden.

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CMS Request for Public Comment

Future Adoption of a Patient Experience of Care Survey

Comment: Many commenters supported future adoption of a patient experience of care survey. Some commenters observed that, while most IPFs use a patient experience of care survey, there is not one survey used predominantly across settings and recommended that CMS partner with providers to either develop a minimally burdensome survey or establish a core set of questions that should be included, therefore allowing provider flexibility to ask additional questions. These commenters believe that a custom developed survey would better address the needs of the patient population and would be preferable for providers than having to switch from a setting specific survey to a survey not designed for this setting. One commenter recommended that adoption of a patient experience of care measure should be done incrementally through a voluntary data collection period to ensure feasibility of collection prior to mandatory data submission.

Response: We thank commenters for their input and will consider these suggestions as we develop or select a survey for the IPF setting.

Other Future Measures

Comment: Several commenters provided recommendations for future measure considerations, specifically measures that assess:

- Facility use of a standardized assessment of patient outcomes between admission and discharge;
- Family and caregiver engagement;
- Clinical improvement outcomes;
- Patient empowerment;
- Safety planning for patients with suicidal ideation;
- Discharge and transitions of care;
- Access to care; and
- Inpatient assaults and violence.

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FY 2020 APU Determination

FY 2020 IPFQR Program Reporting Requirements

To participate in the IPFQR Program and qualify for the full FY 2020 APU, eligible IPFs had to meet the following requirements by the August 15, 2019 deadline (unless otherwise noted):

- Have at least one active *QualityNet* Security Administrator
- Have an IPFQR Program Notice of Participation (NOP) status of “Participating”
- Submit measure and non-measure data, including:
 - Aggregate numerator and denominator data for HBIPS-2, -3, -5, SUB-2/-2a, -3/-3a; TOB-2/-2a, -3/-3a; IMM-2 (Quarter [Q] 4 2018 and Q1 2019 only), Screening for Metabolic Disorders, Transition Record with Specified Elements Received by Discharged Patients, and Timely Transmission of Transition Record Measure measures
 - Non-measure Data and Population Counts for calendar year 2018
- Complete and submit the Data Accuracy and Completeness Acknowledgement (DACA)

APU Status Notifications

- Notification letters will be sent in September 2019 to facilities that did not meet one or more of the program requirements.
- Reconsideration requests for decisions are due to CMS 30 days from the date of receipt of the APU decision letter.
- Notifications of APU reconsideration decisions will be sent by CMS to facilities filing a reconsideration approximately 90 days following the submission of the reconsideration request.

APU Reconsideration Process: *QualityNet* Location

An overview of the APU reconsideration process for the IPFQR Program is available on the **APU Reconsideration** page on *QualityNet*.

<https://www.qualitynet.org/ipf/ipfqr/apu>

Acronyms

APU	annual payment update
CBM	claims-based measure
CMS	Centers for Medicare & Medicaid Services
DACA	Data Accuracy and Completeness Acknowledgement
FR	<i>Federal Register</i>
FUH	Follow-Up After Hospitalization for Mental Illness
FY	fiscal year
HBIPS	Hospital-Based Inpatient Psychiatric Services
IMM	immunization
IPF	inpatient psychiatric facility
IPFQR	Inpatient Psychiatric Facility Quality Reporting
ISR	IPF-Specific Report
N/A	Not applicable
NOP	Notice of Participation
NQF	National Quality Forum
PPS	prospective payment system
Q	quarter
Q&A	question and answer
SUB	Substance Use measure
TOB	Tobacco Use measure

IPFQR Program: FY 2020 IPF PPS Final Rule and APU Determination

Helpful Resources

Helpful Resources: Links

- FY 2020 IPF PPS Final Rule:
https://www.federalregister.gov/documents/2019/08/06/2019-16370/medicare-program-fy-2020-inpatient-psychiatric-facilities-prospective-payment-system-and-quality?utm_campaign=subscription+mailing+list&utm_source=federalregister.gov&utm_medium=email
- Medication Continuation Following Inpatient Psychiatric Discharge measure technical report:
https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HospitalQualityInits/Downloads/Version_1-0_Inpatient_Psychiatric_Facility_Medication_Continuation_Public.zip

Future Webinar Topics

FY 2020 IPFQR Program Data Review

Review national level data submitted during summer 2019 data submission period



IPFQR Program Review of ISRs for CBMs

Review steps to access and use IPF-Specific Reports (ISRs) and supporting documents for the claims-based measures (CBMs) in the IPFQR Program

IPFQR Program Manual Version 5.1 and Updated Paper Tools Review

Review updates to the latest version of the manual and various optional paper tools



Future webinar titles, dates, and times will be communicated via the IPFQR Program Listserve.

Helpful Resources

**IPFQR Program Webpages
(Click the Icons)**



Helpful Resources

Stay up to date...



...and get answers to your questions.



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Thank You

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