



Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program

Support Contractor

Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program FY 2020 Data Review

Presentation Transcript

Speaker

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Inpatient Value, Incentives, and Quality Reporting (VIQR)

Outreach and Education Support Contractor

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Evette Robinson: Hello everyone and thank you for joining us for the today's webinar. Before we proceed, I would like to 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. Instead, you can submit any questions, pertinent to the webinar topic, to us via the Chat tool. Any unanswered questions will be responded to and published in the *QualityNet* Questions and Answers, or Q&A, tool at a later date. Any questions received that are not related to the topic of the 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, you can download them from the *Quality Reporting Center* website by going to QualityReportingCenter.com and, on the bottom of the home page, you will see a list of upcoming events. Click on the link for this event, and you will find a link to the presentation slides available for download. As previously mentioned, this session is being recorded. The slides, the transcript, and the webinar recording from this presentation will be posted on the [QualityNet](#) and [Quality Reporting Center](#) websites at a later date.

Hello everyone and welcome to today's Inpatient Psychiatric Facility Quality Reporting Program webinar. My name is Evette Robinson and I am the Program Lead with the VIQR Support Contractor for the IPFQR Program. Today I will be presenting our topic, Inpatient Psychiatric Facility Quality Reporting Program fiscal year 2020 data review.

The purpose of this presentation is to review the fiscal year 2020 IPFQR Program measure and non-measure data results.

By the end this presentation, attendees will understand the fiscal year 2020 measure and non-measure data results for the IPFQR Program.

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So, let's jump right into a review of the measure and non-measure results for fiscal year 2020 and prior years.

The Hospital-Based Inpatient Psychiatric Services, or HBIPS, core measure set is a specific set of measures developed and maintained by The Joint Commission for the inpatient psychiatric population. The HBIPS-2 and HBIPS-3 measures are event measures that are calculated as a rate per 1000 patient hours. Lower values for both of these measures are indicative of better performance. This slide shows that, in fiscal year 2020, rates of both physical seclusion and restraint decreased when compared to prior years' data. The HBIPS-2 measure evaluates the total number of hours that all patients admitted to the IPF are maintained in physical restraints, while the HBIPS-3 measure reports the total number of hours of seclusion use for all patients admitted to an IPF. For the fiscal year 2020 data submission period, a rate equal to or greater than 9 hours per 1,000 patient hours of care was considered a questionable rate that would require re-evaluation for the HBIPS-2 measure, while a rate equal to or greater than 4 hours per 1,000 patient hours of care was considered a questionable rate that would require re-evaluation for the HBIPS-3 measure. There were fewer IPFs that submitted outlier data for fiscal year 2020 and, where outliers were reported, they were not as extreme as in previous years. We believe that it is useful to also look at the medians for these measures which you will see on the next slide.

The median values for both the HBIPS-2 and HBIPS-3 measures are much lower than the mean, or average national rates, and have essentially remain unchanged since the program began collecting these measures in fiscal year 2014. The median values on this slide will not be publicly reported, but we are sharing this information to provide a better understanding of the results reported for these two measures.

Unlike the HBIPS-2 and HBIPS -3 measures, the HBIPS-5 measure is calculated as a percentage. The HBIPS-5 measure assesses the percentage of patients that were discharged on multiple antipsychotic medications with appropriate justification. As you can see, the rate for this measure has decreased to just over 60 percent for fiscal year 2020. Also displayed in

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the graph on this slide are the fiscal year 2019 and fiscal year 2020 results for the Screening for Metabolic Disorders measure. This measure assesses the percentage of patients discharged with antipsychotics from an IPF for which a structured metabolic screening for four elements was completed in the past year. The measure results show that over 73 percent of patients discharged with antipsychotic medications from an IPF received the complete metabolic screening as specified by the measure, which is an improvement over data reported for fiscal year 2019. Higher rates indicate better performance for both the HBIPS-5 and the Screening for Metabolic Disorders measures.

This slide displays national rates for the Substance Use measures. The Alcohol Use Brief Intervention Provided or Offered, also known as the SUB-2 measure, as well as the subset, SUB-2a, measure, Substance [Alcohol] Use Brief Intervention Provided During the Hospital Stay, both increased from fiscal year 2019 to fiscal year 2020. For the SUB-3 measure, there was also an increase compared to fiscal year 2019. Specifically, in fiscal year 2020, approximately 70 percent of patients who were identified with an alcohol or drug use disorder received or refused at discharge a prescription for FDA-approved medications for alcohol or drug use disorder OR received or refused a referral for addictions treatment. For the subset measure, SUB-3[a], in fiscal year 2020, about 59 percent of patients identified with [an] alcohol or drug disorder received a prescription for FDA-approved medications for alcohol or drug use disorder OR a referral for addictions treatment. Higher rates for the SUB-2/-2a and SUB-3/-3a measures indicate better performance.

Tobacco Use Treatment Provided or Offered, or TOB-2, measure rate, as well as the subset TOB-2a measure rate, Tobacco Use Treatment Provided During the Hospital Stay, increased between fiscal year 2019 to fiscal year 2020, as did the TOB-3 measure, Tobacco Use Treatment Provided or Offered at Discharge, and the subset TOB-3a, Tobacco Use Treatment at Discharge. Higher rates for the TOB-2/-2a, and TOB-3/-3a measures indicate better performance.

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This slide displays data for the measure pertaining to immunization during flu season, the influenza immunization among discharged patients measure, known as IMM-2. Immunizations among patients increased slightly in fiscal year 2020 compared to fiscal year 2019. Again, as with the TOB and SUB measures previously mentioned, higher rates for the IMM-2 measure indicates better performance.

This bar graph represents the percentage of follow up visits that occurred within 7 and 30 days, respectively, after hospitalization for mental illness, as calculated by CMS for fiscal years 2017 through fiscal year 2020, as well as the percentage of IPF readmissions that occurred in fiscal years 2019 and 2020. For the Follow-Up After Hospitalization for Mental Illness measure, the percent of follow-up slightly decreased between fiscal year 2020 and fiscal year 2019 for both the 7-day and 30-day follow-up. The 30-Day All-Cause Unplanned Readmission Following Psychiatric Hospitalization in an IPF measure results were calculated by CMS. The data show that approximately 20 percent of patients admitted to an inpatient psychiatric facility had an unplanned readmission within 30 days of discharge in fiscal years 2019 and 2020. Note that lower percentages indicate better performance for the IPF Readmission measure, while higher percentages indicate better performance for the Follow-Up After Hospitalization for Mental Illness measure.

The summer 2018 data submission period was the first time that CMS required IPFs to submit the Transition Record measures, which reflected data collected for patients discharged in calendar year 2017. This year we are excited to provide a comparison between the Transition Record measure data collected for patients discharged in 2017 and 2018, which were reported for fiscal years 2019 and 2020. The measure results show an increase to nearly 63 percent of patients who received a transition record, and approximately 55 percent of transition records were transmitted to the next level of care in a timely manner in fiscal year 2020, compared to the prior year.

During the calendar year 2019 data submission period, the VIQR Support Contractor received several questions pertaining to the following topics

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related to the Transition Record measures, specifically, the Criteria to Identify Questionable Data and the Reason for IPF Admission element. In the next couple of slides we will address these topics.

Prior to this year's data submission period, the Criteria to Identify Questionable Fiscal Year 2020 Measure and Non-Measure Data for the IPFQR Program document was made available to help IPFs identify potentially inaccurate data. The VIQR Support Contractor received several questions regarding a particular criterion listed in that document pertaining to the Timely Transmission of Transition Record measure as a subset of the Transition Record with Specified Elements Received by Discharged Patients measure. In other words, to meet the numerator of the Timely Transmission of Transition Record measure, the numerator of the Transition Record with Specified Elements Received by Discharged Patients measure must also be met. This means that the complete transition record, containing all 11 elements, must be discussed with and provided to the patient and/or caregiver and sent to the next level of care provider in order for the Transition Record with Specified Element measure to be met. IPFs were not penalized for having questionable data; however, we wanted to draw your attention to a couple of resources where you will find information about this criterion for discharges beginning in calendar year 2019. As indicated by the links on this slide, you can find more information about this in the IPFQR Program Manual, version 4.1, as well as the optional paper tool for the Transition Record measures.

Another topic for which the VIQR Support Contractor received several questions pertains to the Reason for IPF Admission element, so we will review some of the key factors to keep in mind with respect to documentation for this element. Documentation for the Reason for IPF Admission element should be a summary of the patient's behavior as well as the events and circumstances that lead to the patient's hospitalization. A listing of symptoms is not sufficient because a symptom can manifest in many different ways. Documentation must describe the how and why the symptoms that the patient experienced led to the patient's admission to the IPF. Finally, it is important to include the link between how the patient's

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thoughts/feelings/symptoms led to their IPF admission, as this is the precipitating event that is needed to meet the element. A couple of questions to keep in mind are:

Is there documentation that the patient chose to seek help on their own because of the symptoms described?

Did the patient express those thoughts, leading someone to take action and get the patient to treatment?

In the next several slides, I will review graphs and tables comprised of the non-measure data that IPFs collected in calendar year 2018 and reported this year, during the 2019 data submission. Please note that these data are being presented for informational purposes only. The non-measure data will not appear in the *Hospital Compare* Preview Report nor be publicly reported. CMS will use this information to assess measure submissions for accuracy and to contribute to the development of new measures.

This slide shows the distribution of all discharges from IPFs reported for calendar years 2015 through 2018. The majority of IPFs, approximately 57.6 percent, reported 1,000 or fewer discharges in calendar year 2018, which is less than the 60 percent reported in previous years.

Slide 23 displays a comparison of total discharges that were reported for calendar years 2015 through 2018 by age group. Three quarters of discharges in all four calendar years were for adult patients between the ages of 18 and 64, while the smallest volume of discharges were among children between the ages of 1 and 12 years old.

This slide displays the Total Discharges by Diagnostic Group for each calendar year from 2015 through 2018. The data demonstrate that the highest percentage of discharges for patients that had a primary diagnosis of a mood disorder was relatively consistent all three calendar years, which is also more than 30 percent greater than the second largest diagnostic discharge group, which was Schizophrenia and Other Psychotic Disorders.

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Slide 25 displays the Total Discharges by Payer reported for each calendar year from 2015 through 2018. The percentage of Medicare discharges continues to decrease in comparison to non-Medicare discharges.

Next, we will review helpful resources pertinent to the IPFQR Program.

This slide lists a couple of upcoming webinar topics. We use the IPFQR Program Listserve to notify subscribers of future webinar information. In a few moments, I will provide more information about how you can subscribe to the IPFQR Program Listserve to receive email notifications about upcoming webinar events and other information related to the IPFQR Program.

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, 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 Contact Change Form to us whenever there are staff changes relevant to the IPFQR Program or any other quality reporting program. We also recommend that you sign up for the IPFQR Program Listserve, if you have 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 also located on this slide. 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

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IPFQualityReporting@hcqis.org regarding eligibility, such as next steps for a newly-eligible provider or notification that an IPF is or will be closing. Finally, you can also contact the VIQR Support Contract team via phone at (866) 800-8765 or via secure fax at (877) 789-4443.

Here is a list of acronyms that were referenced during this presentation.

This concludes today's webinar titled, *IPFQR Program FY 2020 Data Review*.

Thank you for your time and attention. Have a great day!