



Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program

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FY 2021 Data Review

Presentation Transcript

Speaker

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Welcome to today's presentation titled *Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program FY 2021 Data Review*. My name is Evette Robinson. I am the IPFQR Program Lead for the Inpatient VIQR Support Contractor, and I will be the presenter for today's event.

The purpose of this presentation is to review the fiscal year 2021 IPFQR Program measure and non-measure data results.

By the end this presentation, attendees will understand the fiscal year 2021 measure and non-measure data results for the IPFQR Program.

So, let's jump right into a review of the measure and non-measure results for fiscal year 2021 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 are indicative of better performance for

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both measures. This slide shows that, in fiscal year 2021, 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 2021 data submission period, a rate equal to or greater than 5 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 3 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 2021, 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 for 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 -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 increased to just over 65 percent for fiscal year 2021 compared to fiscal year 2020. Also displayed in the graph on this slide are the 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 4 elements was completed in the past year.

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The measure results show that over 77 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 2020. 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, or SUB-2 measure, as well as the subset SUB-2a measure (Substance Use Brief Intervention Provided During the Hospital Stay) both increased from fiscal year 2020 to fiscal year 2021. For the SUB-3 measure, there was also an increase compared to fiscal year 2020. Specifically, in fiscal year 2021, over 72 percent of patients who were identified with alcohol or drug use disorders received or refused at discharge a prescription for FDA-approved medications for alcohol or drug use disorders OR received or refused a referral for addictions treatment. For the subset measure, SUB-3a, in fiscal year 2021, almost 62 percent of patients identified with alcohol or drug disorders received a prescription for FDA-approved medications for alcohol or drug use disorders OR a referral for addictions treatment. Higher rates for the SUB-2/-2a and SUB-3/-3a measures indicate better performance.

The Tobacco Use Treatment Provided or Offered, also known as the TOB-2 measure rate, as well as the subset TOB-2a measure rate (Tobacco Use Treatment Provided During the Hospital Stay) increased in fiscal year 2021 compared to fiscal year 2020, as did the TOB-3 measure (Tobacco Use Treatment Provided or Offered at Discharge) and the subset TOB-3a measure (Tobacco Use Treatment at Discharge). Note that higher rates for the TOB-2/-2a and TOB-3/-3a measures indicate better performance.

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 amongst patients decreased slightly in fiscal year 2021 compared to fiscal year 2020. Note that higher rates for the IMM-2 measure indicate better performance.

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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 2021. The follow-up rate remains roughly the same between fiscal year 2020 and fiscal year 2021 for 7-day follow-up and slightly decreased for 30-day follow-up. Note that higher percentages indicate better performance for the Follow-Up After Hospitalization for Mental Illness measure.

This bar graph represents the percentage of IPF readmissions that occurred based on CMS' calculations for fiscal year 2019 through fiscal year 2021. The 30-Day All-Cause Unplanned Readmission Following Psychiatric Hospitalization in an IPF measure results show that approximately 20 percent of patients admitted to an inpatient psychiatric facility had an unplanned readmission within 30 days of discharge during all three reporting periods. The bar graph also displays the first results calculated for the Medication Continuation Following Inpatient Psychiatric Discharge measure. Note that lower percentages indicate better performance for the IPF Readmission measure, and higher percentages indicate better performance for the Medication Continuation measure.

The Transition Record measure data displayed on this slide show an increase to over 68 percent of patients who received a transition record, and over 58 percent of transition records were transmitted to the next level of care in a timely manner in fiscal year 2021. Both rates indicate better performance compared to the prior year.

In the next several slides, I will review graphs and tables comprised of the non-measure data that IPFs collected in calendar year 2019 and reported during the 2020 data submission period. 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.

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This slide shows the distribution of all discharges from IPFs reported for calendar years 2015 through 2019. The majority of IPFs, approximately 57.6 percent, reported 1,000 or fewer discharges in calendar year 2019, which is similar to the discharge volume reported last year.

This slide displays a comparison of total discharges that were reported for calendar years 2015 through 2019 by age group. Three quarters of discharges in all 5 calendar years were for adult patients between the ages of 18 and 64, while the smallest volume of discharges was 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 2019. The data demonstrate that the highest percentage of discharges for patients that had a primary diagnosis of a mood disorder was relatively consistent all 5 calendar years, which is more than 30 percent greater than the second largest diagnostic discharge group, which was Schizophrenia and other Psychotic Disorders.

Slide 23 displays the total discharges by payer reported for each calendar year from 2015 through 2019. The percentage of Medicare discharges continue to decrease in comparison to non-Medicare discharges.

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

The next couple of slides include links to helpful resources.

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.

As always 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 other quality reporting programs.

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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@hsag.com regarding eligibility, such as next steps for a newly-eligible provider or notification that an IPF is closed or will be closing. Contact the VIQR support contractor via phone at (866) 800-8765 or via secure fax at (877) 789-4443.

This concludes the content portion of today's webinar titled *Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program FY 2021 Data Review*. Thank you for your time and attention.