Inpatient Psychiatric Facilities Quality Reporting (IPFQR) Program

Inpatient Value, Incentives, and Quality Reporting (VIQR) Outreach and Education Support Contractor

Inpatient Psychiatric Facilities Quality Reporting (IPFQR) Program FY 2022 Data Review

Presentation Transcript

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Evette Robinson: Welcome to the presentation titled, *Inpatient Psychiatric Facilities Quality Reporting (IPFQR) Program Fiscal Year 2022 Data Review*. My name is Evette Robinson. I am the IPFQR Program Lead for the Inpatient Value, Incentives, and Quality Reporting (VIQR) Support Contractor, and I will be the presenter for today's event.

At the end of this presentation you will have the opportunity to complete a survey. We ask that you complete the survey as we value your feedback regarding what works well as well as any areas for improvement in future presentations.

The purpose of this presentation is to review the fiscal year 2022 IPFQR Program measure and non-measure data results.

By the end of this presentation, attendees will understand the fiscal year 2022 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 2022 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 at a rate per 1,000 patient hours. Lower values are indicative of better performance for both measures. This slide shows that in fiscal year 2022, the average rate of physical restraints decreased to the lowest rate since CMS started collecting this measure data, while and the seclusion rate increased slightly, compared to the national HBIPS-3 rate in fiscal year 2021. 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 2022 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.

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. 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 remained 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 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 is just over 65 percent for fiscal year 2022, which is nearly the same as compared to fiscal year 2021. 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 four elements was completed in the past year. The measure results show that nearly 78 percent of patients discharged with antipsychotic medications from an IPF received the complete metabolic screening as specified by the measure, which is nearly the same as the data reported for fiscal year 2021. 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 (SUB-2 measure), as well as the subset SUB-2a measure (Substance Use Brief Intervention

Provided During the Hospital Stay), both decreased from fiscal year 2021 to fiscal year 2022. For the SUB-3 measure, there was an increase compared to fiscal year 2021. Specifically, in fiscal year 2022, over 75 percent of patients identified with alcohol or drug use disorders 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-3a, in fiscal year 2022, over 63 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, decreased in fiscal year 2022 compared to fiscal year 2021. Both the TOB-3 measure (Tobacco Use Treatment provided or Offered at Discharge) and the subset TOB-3a measure (Tobacco Use Treatment at Discharge) increased in fiscal year 2022 compared to fiscal year 2021. 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 2022 compared to fiscal year 2021. Note that 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 2018 through 2022. The follow-up rate remained roughly the same between fiscal year 2021 and fiscal year 2022 for both the 7-day follow-up and the 30-day follow-up. Note that higher percentages indicate better performance for the FUH measure.

This bar graph represents the percentage of IPF readmissions that occurred based on CMS' calculations for fiscal year 2019 through fiscal year 2022.

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. Note that lower percentages indicate better performance for the IPF Readmission measure.

The bar graph on this slide displays the results calculated for the Medication Continuation Following Inpatient Psychiatric Discharge measure. This measure came in at just over 73 percent for fiscal year 2022, a slight decrease from results reported in fiscal year 2021. Note that higher percentages indicate better performance for the Medication Continuation measure.

The Transition Record measure data displayed on this slide shows an increase to over 69 percent of patients and/or their caregiver who received a transition record, and nearly 60 percent of transition records were transmitted to the next level of care in a timely manner in fiscal year 2022. Higher rates for both measures indicate better performance.

In the next several slides, I will review graphs and tables comprised of the non-measure data that IPFs collected in calendar year 2020 and reported during the 2021 data submission period. Please note that these data are being presented for informational purposes only. The non-measure data will not appear in the public reporting 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 2020. The majority of IPFs reported 1,000 or fewer discharges in calendar year 2020, which is similar to the discharge volume reported last year.

This slide displays a comparison of total discharges reported for calendar years 2015 through 2020 by age group. Three quarters of discharges in all six calendar years were for adult patients between the ages of 18 and 64. The smallest volume of discharges were among children between 1 and 12 years old.

This slide displays the total discharges by diagnostic group for each calendar year from 2015 through 2020. The data demonstrate that the highest percentage of discharges for patients that had a primary diagnosis of a mood disorder was relatively consistent all six calendar years, which is more than 30 percent greater than the second largest diagnostic discharge group, which was Schizophrenia and Other Psychotic Disorders.

Slide 20 displays the total discharges by payer reported for each calendar year from 2015 through 2020. The percentage of Medicare discharges continues to decrease in comparison to non-Medicare discharges.

Next, I will briefly review some of the upcoming changes to the measure requirements for the IPFQR Program, in light of the Fiscal Year 2022 IPF PPS Final Rule that was published in August of this year.

As described in a previous webinar presentation titled, *IPFQR Program: Fiscal Year 2022 IPF PPS Final Rule and APU Determination*, IPFs will collect the Timely Transmission of Transition Record measure data for the last time in calendar year 2021, which will be reported to CMS during the summer of 2022, and impact the fiscal year 2023 payment determination. This means that the last data collection period for the Timely Transmission of Transition Record measure will be January 1, 2021 through December 31, 2021. And IPFs will submit the data to CMS during the next data submission period scheduled to being in July of 2022. Calendar year 2021 is also the last year that CMS will calculate rates for the Follow-Up After Hospitalization for Mental Illness measure.

Starting in October 2021, IPFs began to collect and report data for the COVID-19 Vaccination Coverage Among Health Care Personnel (COVID HCP) measure. IPFs will continue to collect and report data for the COVID HCP measure on a monthly basis through December 2021 to meet requirements for the fiscal year 2023 payment determination. IPFs will continue to report monthly COVID HCP data in subsequent calendar years, which will impact the fiscal year payment determination two years in the future. For example, calendar year 2022 COVID HCP measure data, which will be collected from January 1, 2022 through December 31, 2022,

will impact fiscal year 2024 payment determination, which will begin October 1, 2023 and end September 30, 2024.

Another new measure that CMS adopted into the IPFQR Program in the fiscal year 2022 IPF PPS Final Rule is the Follow-Up After Psychiatric Hospitalization measure. CMS will begin calculating the claims-based Follow-Up After Psychiatric Hospitalization measure for the fiscal year 2024 payment determination onward.

Here is a list of acronyms that were 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. We also recommend that you sign up for the IPFQR Program Listserve if you have not already, 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@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.

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This concludes today's webinar titled, *IPFQR Program FY 2022 Data Review*. As a reminder, you will have the opportunity to complete a survey at the end of this presentation. We value your feedback and welcome your suggestions regarding future presentations. Thank you for your time and attention.