



Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program

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

IPFQR Program: FY 2023 Data Review Presentation Transcript

Speaker

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Evette Robinson: We ask that you submit any questions, pertinent to the webinar topic, to us via the Chat tool. Any unanswered questions will be responded to and considered for publication in the [QualityNet Question and Answer 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, please go to [QualityReportingCenter.com](#) in your web browser. On the bottom left of the screen, you will see a list of Upcoming Events. Click on the link for this event, and there you will find the presentation slides available for download.

Welcome to today's presentation titled *IPFQR Program: FY 2023 Review of IPF-Specific Reports for Claims-Based Measures.* My name is Evette Robinson. I am the IPFQR Program lead for the Inpatient Value, Incentives, and Quality Reporting, or VIQR, Support Contractor. I will be the moderator 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.

Our speaker for today's presentation is Kingsley Weaver. Kingsley is on the Measure Maintenance and Implementation team for the Behavioral Health Measures Development and Inpatient and Outpatient Measure Maintenance contract between CMS and Mathematica. She leads measure maintenance activities for the claims-based measures and, most recently, she led the development of the ISR templates and user guides. At this time, I will turn the presentation over to our speaker, Kingsley Weaver.

Kingsley Weaver: Thank you, Evette. As with fiscal year, FY, 2022, CMS will again be providing facilities with reports for their IPFQR Program claims-based measures, or CBMs, prior to public reporting for FY 2023.

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IPF-Specific Reports, or ISRs, are confidential and allow facilities to preview their results before the results are made public. ISRs provide additional information to facilities, which is not available to the public, to help inform quality improvement activities.

In accordance with the CMS COVID-19 Data Waiver, data from January 2020 through June 2020 was excluded from FY 2023 payment determination. FUH was added to the program in August 2013, and it was first publicly reported in December 2016. FY 2023 public reporting will use version 6.0 of the measure, which has a performance period of July 1, 2020, through June 30 2021. FY 2023 public reporting will use version 3.0 of the measure, which has a performance period of July 1, 2019, through December 31, 2019, and July 1, 2020 through June 30, 2021. The performance period for all three measures represents the span of time in which a discharge must occur to be included in the measure.

In early 2023, IPFs will receive an additional ISR for the IPF Readmission measure with your results on the measure stratified by dual eligibility status. The data in these stratified ISRs will not be publicly reported, but CMS will be asking facilities for feedback on the reports. More information will be provided as their release nears.

The purpose of today's webinar is to provide the IPF community with ways to access and use FY 2023 ISRs and supporting documents for the FUH, IPF Readmission, and MedCont measures.

At the end of this webinar, attendees will understand how to access their FY 2023 ISRs and supporting documents, as well as how to interpret FUH, IPF Readmission, and MedCont ISRs.

Let's begin by reviewing how to access ISRs and supporting documents.

First, you will log in to the MFT dashboard using your HARP username and password. Then, click Mail in the left-hand navigation pane. Note that the current versions of Microsoft Edge and Google Chrome are the internet browsers that work best for accessing the MFT dashboard.

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Next, locate your ISR in the Inbox folder. Now, you can download the IPFQR ISR zip file bundle. This download should take approximately one minute for most users. To enable editing or sorting features, save the ISR Excel workbook or individual ISR Excel worksheet tab as a new workbook or document.

For all three of the claims-based measures, the ISR User Guides, which I will discuss in the coming sections of this presentation, can be found on QualityNet along with mock ISRs. The mock ISRs are ISRs with fictitious data at the facility level and real data at the state and national level.

In the next several slides, we'll take a look at the IPF-Specific Report for the FUH measure.

FUH assesses the percentage of IPF hospitalizations for treatment of select mental health disorders that were followed by an outpatient mental health care encounter. Two rates are reported, the percentage of discharges for which the patient received follow-up within 7 days of discharge and the percentage of discharges for which the patient received follow-up within 30 days of discharge,

Your FUH ISR will be an Excel workbook with five worksheets, and I will go over each of these. The information in Worksheet 2: Publicly Reported is the only information that will be publicly reported.

The Summary worksheet provides general information on the measure, links to resources, and information on your facility. Before reviewing the report, please check that the name of your IPF and CMS Certification Number, or CCN, are accurate, and be sure to contact the CCSQ Service Center if you notice any discrepancies.

This worksheet contains information that will be publicly reported in CMS's Provider Data Catalog in January 2023. The data you see on this slide are fictitious for the purpose of demonstration. If your facility has a denominator of 10 or fewer, your results will not be publicly reported. You will see your facility's denominator, as well as your facility's 7- and 30-day rates.

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You will also see the 7- and 30-day rates across your state and nationwide. Please refer to the ISR User Guide for more information on this worksheet and those that follow.

This worksheet provides the nationwide distribution of facility-level 7- and 30-day IPF FUH rates. The final column provides your facility's percentile by each of the two rates. In this example, the facility's 7-day rate is as good as or better than 61 percent of the facilities in the nation with at least 11 denominator cases.

This worksheet provides information on the types of patients by diagnosis discharged from your facility and facilities nationwide. In this example, Row 7 tells us that this facility had 47 patients discharged with mood disorders during the measurement period, which accounted for 55.3 percent of hospitalizations at this facility during that time. We also see that the 7- and 30-day rates for this facility only include those patients discharged with mood disorders. The national-level information is in the bottom half of the table.

This worksheet provides information on all discharges eligible for inclusion in the measure from your facility during the measurement period. Please contact the CCSQ Service Center if you identify any rows with provider IDs in the second column that are not for your facility. The provider ID is the CMS Certification Number of the discharging IPF.

Now, let's take a look at the ISR for the IPF Readmission measure in more detail.

The IPF Readmission measure estimates an all-cause, unplanned, 30-day, Risk-Standardized Readmission Rate for adult Medicare fee-for-service, or FFS, patients with a principal discharge diagnosis of a psychiatric disorder or dementia/Alzheimer's disease.

Your IPF Readmission ISR will be an Excel workbook with 11 worksheets, and I will go over each of these. The information in Worksheet 2: Publicly Reported is the only information that will be publicly reported.

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The Summary worksheet provides general information on the measure, links to resources, and information on your facility. Before reviewing the report, please check that the name of your IPF and CMS Certification Number, or CCN, are accurate, and be sure to contact the CCSQ Service Center if you notice any discrepancies.

This worksheet contains information that will be publicly reported on CMS's Provider Data Catalog in January 2023. You will see your facility's comparative performance category, which will be worse than, no different from, or better than the national rate. If your facility has fewer than 25 cases eligible for the measure, you will see N/A in Row 6, and your results will not be publicly reported. If the national observed unplanned readmission rate is within the range of your facility's lower and upper limits of the 95 percent interval estimate, then your facility will be categorized as no different than the national rate.

Facility rates for each IPF are estimated from the results of a hierarchical logistic regression model that accounts for the mix of cases represented in the index admissions for each IPF during the measurement period. A Standardized Risk Ratio, or SRR, for each IPF is calculated as the predicted number of readmissions for a specific IPF divided by the number expected for any IPF with a similar case mix. The SRR is then used to calculate the Risk-Standardized Readmission Rate, or RSRR, by multiplying the SRR by the national readmission rate.

The RSRR and corresponding 95 percent interval estimate are calculated for each IPF. Measure performance is categorized as Better than the National Rate, No Different than the National Rate, Worse than the National Rate, or Number of Cases Too Small. Performance is based on the overlap of the IPF's 95 percent interval estimate with the observed national readmission rate. This figure shows the results of the three example facilities. Facility A has a 95 percent interval estimate that is better than the national rate of 20.1. Facility B has an interval estimate that runs over the national rate, and thus is no different than the national rate. Facility C has an interval estimate that is worse than the national rate.

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This worksheet provides the number of facilities in each performance category at the state and national level, including the number of those that had too few cases.

This worksheet shows how your RSRR was calculated. In this example, the total number of unplanned readmissions, 204, would be divided by the number of index admissions, 728, to arrive at the observed unplanned readmission rate, 28.0 percent. This number would then be divided by your SRR, 1.18 here, to arrive at your RSRR. Because the national rate of 20.1 percent falls below the lower limit of this fictitious facility's 95 percent interval estimate, this facility performed worse than the national rate.

This worksheet provides the distribution of facility-level observed and Risk-Standardized Readmission Rates nationwide. Rows 7 and 9 show your facility's percentile rank for the observed and Risk-Standardized Readmission Rates. Because lower rates are better, in this example, the facility's observed unplanned readmission rate is equivalent to or worse than 93 percent of facilities nationwide. The facility's RSRR is equivalent to or worse than 89 percent of facilities nationwide.

This worksheet provides information on the types of patients by diagnosis discharged from your facility and facilities nationwide. In this example, which uses fictitious data, we see that this facility had nine patients discharged with alcohol-related disorders during the measurement period, which accounted for 8.9 percent of hospitalizations at this facility during that time. We also see that 44.4 percent of these individuals were readmitted within 30 days, and that 33.3 percent were readmitted with the same principal diagnosis. The national-level information is in the bottom half of the table. A value of NQ in a cell indicates that the facility had no qualifying cases for this diagnosis classification.

This worksheet shows what type of facility patients were readmitted to, both at your facility and nationwide. You will see the total number of 30-day unplanned readmissions, the count and percent of unplanned readmissions that returned to the discharging facility, and the count and percent of unplanned readmissions that occurred at another facility.

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Rows 16 through 18 show whether individuals were readmitted to another IPF or an acute care hospital.

This worksheet shows how many patients were readmitted more than once during the measurement period. You will see the number of eligible index admissions and readmissions and the number of beneficiaries with an eligible index admission or readmission. In the example, there are fewer beneficiaries than eligible index admissions or readmissions because beneficiaries can have multiple eligible index admissions during the measurement period. The counts and percentages of beneficiaries with only one readmission during the measurement period are provided in Rows 12 and 13. The counts and percentages of beneficiaries with two or more readmissions are provided in Rows 14 and 15.

This worksheet shows the top 10 CCS principal discharge diagnoses for readmissions following discharges from your facility and facilities nationwide. In the example, the facility had a higher percentage of readmissions related to alcohol disorder than facilities nationwide. When considered with the information from Worksheet 6: Distribution of Rates, this could be because the facility treats a higher percentage of patients with alcohol disorder than are treated by IPFs nationwide.

This worksheet compares facility-level risk factor prevalence to national risk factor prevalence. Patient risk factor categories include gender, age, principal discharge diagnosis of the index admission, comorbidities, and other psychiatric-specific risk factors. In this example, the facility has a higher percentage of index admissions for patients between the ages of 18 and 34 than the national measure population. The facility does not have any qualifying index admissions for patients with principal discharge diagnoses of impulse control disorders during the measurement period, which is indicated by NQ in the Facility Discharges column.

This worksheet provides information on all discharges eligible for inclusion in the measure from your facility during the measurement period. The figure on this slide does not include every column in this table.

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In the next several slides, we'll take a look at the IPF-Specific Report for the MedCont measure.

MedCont assesses whether psychiatric patients admitted to an IPF for Major Depressive Disorder, schizophrenia, or bipolar disorder filled a prescription for evidence-based medication within two days prior to discharge and 30 days post-discharge.

As we saw for the FUH measure, your MedCont ISR will be an Excel workbook with five worksheets. Again, the information in Worksheet 2: Publicly Reported is the only information that will be publicly reported.

The Summary worksheet provides general information on the measure, links to resources, and information on your facility. Before reviewing the report, please check that the name of your IPF and CMS Certification Number, or CCN, are accurate, and be sure to contact the CCSQ Service Center if you notice any discrepancies.

This worksheet contains information that will be publicly reported in CMS's Provider Data Catalog in January 2023. The data you see on this slide are fictitious for demonstration purposes. If your facility has a denominator of 10 or fewer, your results will not be publicly reported. You will see your facility's denominator, as well as your facility's rate. You will also see the rates across your state and nationwide. Please refer to the ISR User Guide for more information on this worksheet and those that follow.

This worksheet provides the nationwide distribution of MedCont rates. The final column provides your facility's percentile. In this example, the facility's MedCont rate is as good as or better than 100 percent of the facilities in the nation with at least 75 denominator cases.

This worksheet provides information on the types of patients by diagnosis discharged from your facility and facilities nationwide. In this example, we see that 26.1 percent of all IPF hospitalizations nationwide have a principal discharge diagnosis of bipolar disorder. Of the hospitalizations for bipolar disorder nationwide, the MedCont rate was 73.5 percent.

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This means that 73.5 percent of patients discharged from an IPF with a principal diagnosis of bipolar disorder during the measurement period filled a prescription for evidence-based medication within two days prior to discharge and 30 days post-discharge.

This worksheet provides information on all discharges eligible for inclusion in the measure from your facility during the measurement period. Please contact the CCSQ Service Center if you identify any rows with provider IDs in the second column that are not for your facility.

On this slide, you can see a list of the acronyms that were referenced during the presentation.

Evette Robinson: Thank you, Kingsley. I want to thank our guest speaker for today's presentation, Kingsley Weaver, for providing a great review of the ISRs for the IPFQR Program claims-based measures. In the next few slides, I will review helpful resources pertaining to this topic as well as the IPFQR Program in general.

You can access the specifications for all three claims-based measures on QualityNet by clicking the first link on this slide. Also available on QualityNet is the Quick Reference Guide, which includes information on the confidential review period and contact information. Note that both of these resources are also available for download from the Quality Reporting Center website by clicking the link at the bottom of this slide.

CMS recommends that IPFs refer to the latest versions of IPFQR Program resources for information pertaining to the IPFQR Program. Various documents, including the IPF Specifications Manual, IPFQR Program Guide, and optional paper tools, are available for download from the QualityNet and Quality Reporting Center websites, which can be accessed by clicking on the icons on this slide. The IPFQR Program Guide is a great place to start, as it provides an overview of requirements, program measures, and various tools pertinent to the IPFQR Program.

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Has there been any turnover at your facility within the last several months? If so, then be sure to keep us up to date with points of contact at your facility by clicking on the Contact Change Form link on this slide and sending the information to us by following the instructions on the form. We 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 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. You can click on the Email Support icon to send an email to us with questions regarding eligibility, such as next steps for a newly eligible provider or to notify us that an IPF is closed or will be closing. You can also contact the VIQR support contract team via phone at (866) 800-8765 or via secure fax at (877) 789-4443.

This concludes the content portion of today's webinar titled, *IPFQR Program: Review of FY 2023 IPF-Specific Reports for Claims-Based Measures*. As a reminder, we invite you to complete the survey that will be available at the end of this presentation to provide us with your feedback regarding what worked well as well as any areas for improvement in future presentations. Thank you for your time and attention.