



Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program

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

Overview of IPFQR Program Resources, Part 3 Presentation Transcript

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June 2022

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Judy Wade: Welcome to today's presentation titled, *Overview of the IPFQR Program Resources, Part 3*. My name is Judy Wade, and I am a Project Coordinator for the VIQR Support Contract. I am the speaker for today's event.

Part 2 of this webinar series included a review of the various resources available for download from the QualityNet IPFQR Program Resources web page.

The purpose of Part 3 of this series is to help participants navigate the QualityNet website to locate the optional paper tools for the IPFQR Program and answer commonly asked questions related to the contents of each document.

By the end of this presentation, attendees will be able to locate the IPFQR Program optional paper tools on QualityNet and leverage the contents of the documents to optimize success in the IPFQR Program.

If you have any questions that are pertinent to the webinar topic, we ask that you send an email to WebinarQuestions@hsag.com. Please write "IPFQR Program Resources, Part 3" in the subject line of your email. If your question pertains to a specific slide, include the slide number in the body of the email.

First, we will start with a review of how to access the IPFQR Measures Resources web page.

The optional paper tools are available for download from the QualityNet IPFQR Measures Resources web page. There are a couple of ways to get there. The easiest way is via the URL provided on this slide. We recommend that you bookmark this in your browser for future reference. To access the paper tools from the QualityNet home page, you will first click on the Inpatient Psychiatric Facilities button indicated by the red box on this slide.

This brings you to the IPF Overview page, where you will click on the View All Program Resources link.

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From the IPFQR Program Resources web page, click on Measures Resources in the menu on the left side of the page.

Next, we will discuss various IPFQR Program measure resources.

This page shows a table with links to optional paper tools for the upcoming data submission period.

Further down the page are optional paper tools for the following submission period as well as the claims-based measures manual and codebooks.

A common question that we're often asked is, "Where can I find a complete list of the IPFQR Program's required measures?" There are a few resources that provide information about the measures IPFs are required to report. They include QualityNet IPF Measures. This groups the measures into measure sets. QualityNet IPFQR Measures lists the measures and their measure ID, if applicable, in a table. IPFQR Program Measures for FY 2023 lists measures by name and includes the reporting period, submission period, data source, and whether the data are publicly reported. This is available for download on the QualityNet IPFQR Program Resources web page.

This slide shows the Event Tracking Log to assist with submitting HBIPS-2 and HBIPS-3 measures.

Another commonly asked question is, "If a patient was restrained in a manual hold at 1105 and then placed in 4-point restraints at 1118, is this considered one restraint event or two?" The *Minutes of Physical Restraint* data element specifies that the total number of minutes a patient was in event type 1, physical restraint, for each event date must be abstracted. In other words, one does not need to count the minutes for different physical restraint interventions separately in a single day but rather abstract the total amount of time spent in physical restraints for each event date.

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See the definition of the *Minutes of Physical Restraint* data element, which states, “The total minutes recorded in the medical record that a patient was maintained in Event Type 1, physical restraints, for the associated Event Date.”

This slide displays pages included in the abstraction paper tool for the HBIPS-5 measure.

This slide displays pages included in the abstraction paper tool for the Screening for Metabolic Disorders measure.

Here’s another commonly asked question: Invega Sustenna Injectable (Paliperidone Palmitate) and Risperdal (Risperidone) are listed separately in Table 10.0 Antipsychotic Medications, but, per the clinician, these are not two separate antipsychotics because they are basically the same chemical. If a patient is discharged on both medications, should I abstract 1 or 2? The answer is Paliperidone Palmitate and Risperidone have similar physiological effects, but they differ in the way they metabolize within the body. Invega Sustenna Injectable is a long-acting medication demonstrated by the fact that it is administered every 28 days. As a long-acting medication, this should be counted in the number of antipsychotic medications for the HBIPS-5 and Screening for Metabolic Disorders measures. Risperdal can be given concurrently with Invega and should be counted individually. Based upon your example, abstract Value 2 “antipsychotic medications: for the *Number of Antipsychotic Medications Prescribed at Discharge* data element.

Some of the pages of the abstraction paper tool for the Substance Use measures are displayed on this slide.

“Alcohol, current use” is documented in the behavioral health admission assessment, and there is no additional documentation regarding amount of use. How should this be abstracted? Based on documentation of “alcohol, current use,” it is appropriate to abstract Value 6, “The patient was not screened for alcohol use within the first day of admission (by the end of Day 1) or unable to determine from medical record documentation”

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because no score for a validated tool or non-validated tool is documented to indicate no, low, moderate, or high risk, as described in Allowable Values 1 through 4 of the *Alcohol Use Status* data element.

What are some examples of a validated screening tool for the *Alcohol Use Status* data element? Refer to the Inclusion column in the Guidelines for Abstraction table at the bottom of the *Alcohol Use Screening* data element web page to view a list of validated screening tools for unhealthy alcohol use. It is not all inclusive. Note that if a tool is listed in the Exclusion column or is an adaptation of a tool listed in the Exclusion column of the table, then it is not a validated screening tool for this data element. You can click the link on this slide to access the *Alcohol Use Screening* data element web page of the *Specifications Manual for Joint Commission National Quality Measures*, effective for discharges from January 1, 2022, through June 30, 2022. Be sure to access the appropriate version of The Joint Commission's specifications manual that is applicable for the discharge period in question.

A recent upgrade in the electronic charting system asks AUDIT-C questions, but, instead of providing a score, it populates "heavy drinker" or "low risk" based on the patient responses. Is this acceptable for alcohol use screening? The answer is no. As stated in the specifications for the *Alcohol Use Status* data element, a score must be documented in the medical record to abstract Values 1 through 4. If no score is documented, then abstract Value 6, "The patient was not screened for alcohol use within the first day of admission, by end of Day 1, or unable to determine from medical record documentation" for the *Alcohol Use Status* data element for the SUB-2/-2a and SUB-3/-3a measures.

What documentation is required to abstract Value 1 for the *Referral for Addictions Treatment* data element? If the medical record contains documentation that specifically references addiction treatment OR substance abuse treatment or dual diagnosis/co-occurring treatment in association with the appointment, then it is appropriate to abstract Value 1 for the *Referral for Addictions Treatment* data element.

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If that is not clearly documented, then abstract Value 5, “A referral for addictions treatment was not offered any time prior to discharge or Unable to Determine (UTD) from the medical record documentation.”

Based on the medical record documentation we abstracted Value 2 for the *Referral for Addictions Treatment* data element. Can this case still be included in the numerator for the SUB-3a measure? Per the algorithm for the SUB-3a measure, the case will be included in the numerator if there is documentation that the patient received a prescription at discharge for medication for treatment of alcohol or drug use disorder, which meets Value 1 for the *Prescription for Alcohol or Drug Disorder Medication* data element. Refer to the SUB-3 Measure Information Form for details.

This page displays some of the pages included in the abstraction paper tool for the Tobacco Treatment measures.

Many of our patients who vape are using a nicotine product. Does vaping count as a form of tobacco use? No. Vaping, even when it involves using a nicotine product, does not count as tobacco use for the *Tobacco Use Status* data element because it is listed in the Exclusion column under the Guidelines for Abstraction table for this data element. Click the link on this slide to view this table and other specifications for this data element.

Is documentation of a smoking cessation video sufficient to abstract Value 1 for the *Tobacco Use Treatment Practical Counseling* data element? Training that addresses the three components of counseling (recognizing danger situations, developing coping skills, and providing basic information about quitting) can include videos; however, per the definition of the *Tobacco Use Treatment Practical Counseling* data element, practical counseling is defined as “a one-on-one interaction with the patient to address” the three components. Documentation of this one-on-one interaction is required to meet the *Tobacco Use Treatment Practical Counseling* data element. Documentation of a patient viewing videos that address the three components by itself is not sufficient. This is addressed in a published article on the [QualityNet Q&A Tool](#), which you can access from the link at the bottom of this slide.

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I abstracted Value 3 for the *Referral for Outpatient Tobacco Cessation Counseling* data element because the patient refused a referral for outpatient tobacco cessation counseling, and I abstracted Value 1 for the *Prescription for Tobacco Cessation Medication* data element because the patient accepted a prescription for Chantix. Will this meet the numerator criteria for TOB-3 and TOB-3a? If the medical record includes documentation that the patient received or refused, at discharge, evidence-based outpatient counseling and received or refused a prescription for FDA-approved cessation medication at discharge, then the case is included in the numerator for the TOB-3 measure. The subset measure TOB-3a requires documentation in the medical record that the patient received evidence-based outpatient counseling at discharge and received a prescription for FDA-approved cessation medication (or a reason for not receiving a prescription) at discharge. Click the link at the bottom of this slide to review the TOB-3 Measure Information Form for more details.

What documentation is required to abstract Value 1 for the *Referral for Outpatient Tobacco Cessation Counseling* data element? To abstract Value 1, the referral to outpatient tobacco cessation counseling treatment was made by the healthcare provider prior to discharge, for the *Referral for Outpatient Tobacco Cessation Counseling* data element, there must be documentation that states the location, date, and time for the patient to present for counseling and specifies that the counseling is for outpatient tobacco cessation.

This page displays some of the pages included in the abstraction paper tool for the Transition Record measures.

Several commonly asked questions about the Transition Records were covered in Part 2 of this webinar series, but we include another one here pertaining to the *Plan for Follow-up Care* data element. Is documentation in the transition record for the patient to “follow up with IOP (intensive outpatient program)” sufficient to meet *Plan for Follow-Up Care*?

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Documentation of the name of the IOP for which the patient is scheduled to follow-up minimally meets the *Plan for Follow-Up Care* data element due to the nature of IOP (or co-occurring disorder or dual diagnosis) treatment programs for patients with substance use and mental health disorders; however, including details about the substance use treatment and mental health disorder that will be addressed would be helpful.

Another question we have received in recent months is regarding the *Four Elements Discussed with Receiving Inpatient Facility* data element. For example, “The medical record includes documentation that all 11 elements of the transition record were transmitted to the receiving inpatient facility. Is this enough to meet the *Four Elements Received by Receiving Facility* data element?” The answer is no. Documentation of verbal communication regarding the four elements (at a minimum), is required to abstract Yes, as defined for the *Four Elements Discussed with Receiving Inpatient Facility* data element on page 38 of the IPF Specifications Manual, version 1.0a. The discussion can occur during verbal report when the patient transitions to a medical floor, for example, or by phone to the receiving inpatient facility. Click on the links on the bottom of this slide for information.

This page displays some of the pages included in the abstraction paper tool for the Influenza Immunization (IMM-2) measure.

A patient arrives and is positive for COVID-19 but asymptomatic. How would I abstract for the *Influenza Vaccination Status* data element? Allowable Value 4 of the *Influenza Vaccination Status* data element is applicable for patients who are documented to (1) have symptoms of COVID-19; (2) are suspected of having COVID-19; or (3) confirmed to have COVID-19. Based on the information provided in your inquiry, the patient was confirmed to have COVID-19; therefore, it is appropriate to abstract Value 4: There was documentation of an allergy/sensitivity to influenza vaccine, anaphylactic latex allergy or anaphylactic allergy to eggs OR is not likely to be effective because of bone marrow transplant within the past six months OR history of Guillain-Barré syndrome within 6 weeks after a previous influenza vaccination OR symptomatic suspected or confirmed COVID-19” for *Influenza Vaccination Status*.

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The appendix tables in the non-measure data collection tool is available for download as a separate Excel file and is identical to the information in Appendix C of the IPF Specifications Manual.

Our IPF does not have a full calendar year of non-measure data to report because we did not open and begin collecting data until the beginning of Q2 2021. Do we report data collected from Q2–Q4 2021 anyway? Yes, your IPF should report non-measure and measure data collected during that time period as accurately and completely as possible prior to the August 15, 2022, deadline to meet the data requirement necessary to obtain the full annual payment update for fiscal year 2023.

Next, we will review resources associated with claims-based measure specifications.

The cover sheet for the FY 203 codebooks of each of the CBMs are displayed on this slide.

The FY 2022 Claims-Based Measure IPF-Specific Report Quick Reference Guide is displayed on this slide. The FY 2023 ISR Quick Reference Guide will be posted prior to the distribution of the IPF-Specific Reports in fall 2022.

What about the Quality Reporting Center website? Many of the same resources found on the QualityNet web pages can also be found on the Quality Reporting Center website, including the optional paper tools that were reviewed in this presentation and other resources covered in Parts 1 and 2 of this webinar series.

The Quality Reporting Center web page now includes an Inpatient Psychiatric Facility Notifications web page where you can view and download email notifications that were distributed to the IPFQR Program Listserve from 2021 onward. You can access the page from the link on this slide.

What about past versions of all these resources? Are they archived?

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Resource materials for the claims-based measures, various checklists, and optional paper tools from prior years are available for download from the IPFQR Archived Resources web page, which you can access from the link on this slide.

You can also access these archived materials from the Archive of Previous Paper Tools web page on Quality Reporting Center, by clicking the link on this slide.

Now, we will review some helpful resources.

This table displays the acronyms that were referenced in this presentation.

This slide lists a few of the upcoming webinar topics. CMS will send email notifications about these events to the IPFQR Program Listserve.

CMS recommends that IPFs refer to the latest version of IPFQR Program resources which are located on the QualityNet and Quality Reporting Center websites, and they can be accessed by clicking on the icons on this slide.

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. Please note that the Contact Change Form was recently updated and includes a link to a Provider Contact Lookup form. If you would like more information about the updated form, please refer to Part 1 of this webinar series, which included step-by-step instructions. We also recommend that you sign up for the IPFQR Program Listserve, if you have not already 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. We encourage everyone to leverage the Find an Answer function in the QualityNet Q&A Tool to find information about program requirements and measures, of, if they are not found, submit your inquiries to us via the tool.

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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 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 secure fax at (877) 789-4443.

As a reminder, we welcome any questions you have about this webinar topic. You can send an email to WebinarQuestions@hsag.com. Put “IPF Program Resources, Part 3” in the subject line. If your question pertains to a specific slide, include the slide number in the body of the email.

This concludes the On Demand webinar titled *Overview of IPFQR Program Resources, Part 3*. Thank you for your time and attention!