Support Contractor

Inpatient Psychiatric Facility Quality Reporting Program New Measures and Non-Measure Reporting - Part 1

Presentation Transcript

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Matt McDonough: Good afternoon everyone, and welcome to today's webinar. My name is Matt McDonough. I'm going to be your virtual host for today's event. Before we get started today, I'd like to cover some brief housekeeping items with you, so you know how today event is going to work. Now, we're providing audio for today's event over internet streaming, which means you should be hearing my voice over your computer speakers or your headphones, which are connected and working. Now, if you encounter difficulty with those computer speakers or headphones, we do have a limited number of telephone lines available. If you need that number, please send a chat message, and we'll get it right out to you. Also, as always, this event is being recorded to be archived and published at a later date.

Now, if you're listening over speakers, you may encounter some audio breaking up or it may suddenly stop altogether. If that happens to you, you can fix this on your own usually. Simply click the refresh icon, which is highlighted at the bottom of your screen here, in this slide. Or, you can click the F5 button. Either of those actions will refresh your browser. It will reconnect you to the event, and it will re-synch your audio feed. And, if you're lagging behind, it will also catch you up to the current slide. So, if any one of those events happens to you, you can do either of these actions to resolve those.

Also, if you're hearing a bad echo on the call right now, like you're hearing my voice multiple times, it's usually because you're connected to this event multiple times, and that's easy to fix. All you'll need to do is close one of the multiple browsers or tabs that are connected. And you can see what that might look like here on this graphic. What you want to do is close all but one, so that you are connected only once to this event. That will mean you're hearing only one audio feed and your echo should clear up.

Now, as attendees, we are on listen-only mode today, but that doesn't mean that you can't send in your questions. On the left side of your screen, highlighted by the yellow arrow here, is the chat with the presenter box. Simply type your question into the chat with the presenter box, and click the Send button. When you do that, your question will be sent to all presenters. And, as time and resources and the availability of answers allows, we'll answer as many questions as we can either verbally or in the chat window. Please, do keep in mind, however, that all questions are being archived to be addressed in a future Q&A document.

All right. That's going to do it for my introduction. So, without further ado, I'd like to hand things over to our first speaker of the day.

Evette Robinson: Hello, everyone, and welcome to today's IPFQR Program webinar. My name is Evette Robinson, and I am the Project Lead with the VIQR Support Contractor for the IPFQR Program. In attendance with us today from CMS are Dr. Jeff Buck, the IPFQR Program Lead; and Rebecca Kliman Senior Technical Advisor for the IPFQR Program. Today, I will be presenting our topic *New Measures and Non-Measure Reporting Part 1*.

Before I begin today's webinar, I would like to remind those in attendance that 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 Quality Reporting Center website at www.qualityreportingcenter.com. On the right side of the homepage, you will see a list of upcoming events. Click on the link for this event, scroll

down to the bottom of the page, and there you will find the presentation slides available for download. This session is being recorded and the slides, transcript, webinar recording, and questions and answers from this presentation will be posted on the *QualityNet* and Quality Reporting Center websites at a later date.

The purpose of today's presentation is to initially provide a brief recap of the SUB-2, SUB-2a measure, which was discussed in-depth during our September firstfirst webinar, and to then focus on the TOB-3 and -3a measure, as well as the non-measure reporting requirements that were recently adopted into the IPFQR Programs in the FY2016 IPF, PPS Final Rule.

At the conclusion of this presentation, attendees will understand the SUB-2/2a, and TOB-3/3a measure certifications; understand the keys to implementing and abstracting the TOB-3/3a measure; understand the measure data sampling options and non-measure data requirements; as well as, know the reporting timeline for new measures and non-measure data.

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

Let's begin with a brief recap of some of the highlights from our September firstfirst webinar pertaining to the substance use measure set and keys to measure abstraction and implementation of the SUB-2 measure and the subset, SUB-2a.

In October of 2014, the IPFQR Program provided an overview of changes to the SUB-1 measure in a webinar entitled *A Closer Look at the Measures for Collection*. On September first of this year, we presented *Keys to Implementing and Abstracting the Substance Use Measure Set: SUB-1, SUB-2, and SUB-2a*, in which our guest speakers presented the history and significance of these measures, as well as the data reporting requirements and keys to implementing the measures in an inpatient, psychiatric facility. I would like to take this time to mention that when the September first webinar was originally presented, there was erroneous information, which

has been corrected in the slides and recording for the September first webinar. The corrected materials associated with that presentation are available at the links on this slide. Over the next few minutes, I will highlight some of the key takeaways from these events before moving on to the nuts and bolts of abstraction and implementation for the TOB-3/3a measure.

The SUB-2/2a measure, Alcohol Use Brief Intervention Provided or Offered and the subset SUB-2a Alcohol Use Brief Intervention is a chart-abstracted measure set. This measure set is reported as an overall rate, which includes all patients to whom a brief intervention was provided or offered and refused, and a second rate, a subset of the first, which includes only those patients who received a brief intervention.

The difference between SUB-2 and SUB-2a is that SUB-2 includes all patients who screened positive for unhealthy alcohol use and were offered and received, or offered and refused a brief intervention during the hospital stay, whereas, SUB-2a includes only those patients who were offered and actually received the brief intervention during the hospital stay. Patients who refused the brief intervention are not included in the denominator of subset SUB-2a.

Now, I'll dive into the topic of TOB-3 and TOB-3a Measure Abstraction and Implementation.

This slide includes links to previous IPFQR Program webinars pertaining to the Tobacco Measures. In October 2014, the webinar, *A Closer Look at the Measures for Collection* was a webinar in which we provided several details about the TOB-1 and TOB-2/2a measures, including descriptions, primary data elements, allowable values, and inclusion/exclusion criteria for the primary data elements. In February of this year, we had the pleasure of Dr. Bruce Christianson presenting from the University of Wisconsin Center for Tobacco Research and Intervention. This presentation included information pertaining to the integration of tobacco dependence into the behavioral healthcare delivery system. This included a review of the history of the tobacco measure set and keys to

implementing the tobacco measures followed by a review of the measure specifications, including notes for abstraction. We encourage you to review these webinars for additional background information by clicking on the links on this slide.

Before we go further into the specifications of the TOB-3/3a measure, let's review a bit about the previously adopted measures and the role of each measure in the tobacco measure set. CMS previously adopted the TOB-1 measure to showcase an IPF's practice of screening patients for tobacco use. The TOB-2/2a measure serves to show the outcomes of an IPF's practice of offering patients the opportunity to stop tobacco use during the course of the hospital stay. The TOB-3/3a measure was newly adopted in the FY 2016 IPF PPS Final Rule to assess the percentage of patients who are referred to or refused evidence-based outpatient counseling and received or refused a prescription for FDA-approved cessation medication upon discharge, thus encompassing the entire episode of care for the tobacco measures. Rates for TOB paired measures, TOB-2/2a and TOB-3/3a should be viewed together to better understand performance. The subset rates of TOB-2a and TOB-3a show how often patients receive the tobacco treatment offered. The aim is to narrow the difference in rates over time.

Here, we would like to highlight the efficacy of tobacco cessation support in the IPF setting. IPFs can help provide effective tobacco cessation support across the care continuum with only minimal additional provider effort and without harm to the mental health recovery process. Timely tobacco dependence interventions may reduce risk of a patient developing a tobacco-related disease, may improve health outcomes for patients already suffering from a tobacco-related disease, may lead patients to overcome tobacco dependence, and may decrease risk of re-hospitalization for tobacco users hospitalized with psychiatric illnesses. We now have an optional tobacco screening and treatment tool available to assist IPFs in the data collection process for the TOB-1, -2/2a, and -3/3a measures. You may access this tool in the IPFQR Program Resource section of the

Quality Reporting Center website. Now, we'll go into a bit more detail about the TOB-3/3a measure.

The TOB-3 measure is chart abstracted, as previously mentioned, and includes patients identified as tobacco product users within the past 30 days, who were referred to or refused evidence-based outpatient counseling, and received or refused a prescription for FDA-approved cessation medication upon discharge. The numerator for this measure equals the number of patients who were referred to or refused evidence-based outpatient counseling, and received or refused a prescription for FDA-approved cessation medication at discharge. The denominator is the number of hospitalized inpatients 18 years of age and older identified as current tobacco users.

The subset of TOB-3, known at TOB-3a, describes the patients identified as tobacco product users within the past 30 days who were referred to evidence-based outpatient counseling and received a prescription for FDA-approved cessation medication upon discharge, as well as those who were referred to outpatient counseling and had reason for not receiving a prescription for medication. The numerator for this subset is the number of patients who were referred to evidence-based outpatient counseling, and who received a prescription for FDA-approved cessation medication at discharge while the denominator is comprised of the number of hospitalized inpatients, 18 years of age and older identified as current tobacco users. Now, the portion at the end of the description which states, "had reasons for not receiving a prescription for medication," that will be addressed in a later slide concerning reasons for no tobacco cessation medication.

This slide highlights the difference between TOB-3 and the subset TOB-3a. TOB-3 includes patients who were referred to or refused evidence-based outpatient counseling, and received or refused a prescription for FDA approved tobacco cessation medication at discharge. While the TOB-3a, includes only patients who accepted referral to evidence-based outpatient counseling, and received a prescription for FDA-approved tobacco cessation medication at discharge.

The TOB-3 Denominator Excluded Populations are covered in this slide and in the subsequent slide. This includes patients less than 18 years of age, who are cognitively impaired, who are not current tobacco users, who refused or were not screened for tobacco use status during the hospital stay, as well as patients who have a duration of stay less than or equal to three days or greater than 120 days.

Again, this slide covers those that are excluded from the denominator. This population includes patients who expired, patients who left against medical advice, those who are discharged to another hospital, or patients discharged to another healthcare facility, or discharged to home for hospice care. It also excludes patients who do not reside in the United States, and patients with Comfort Measures only documented.

There are four TOB-3 numerator exclusions that apply for medication only. The exclusions are patients who use smokeless tobacco, pregnant smokers, light smokers, as well as patients for whom there is a documented reasons for not administering medication. The first two exclusions are self-explanatory. Light smokers are patients who smoke four or fewer cigarettes per day, or smoke cigars, pipes, or cigarettes less than daily. A patient can have a reason, such as medication counter-indication or an allergic reaction to not get the cessation medication. And, that reason should be documented for exclusion from receiving tobacco cessation medication. If a patient falls into any of these categories, then they will not receive cessation medication, but will be in the numerator of the measure as long as the outpatient counseling is set up.

The data element Prescription for Tobacco Cessation Medication is defined as documentation that an FDA- approved tobacco cessation medication was prescribed at hospital discharge. This slide lists the four allowable values association with this data element. Allowable value one is selected when a prescription for an FDA-approved tobacco cessation medication was given to the patient at discharge. Allowable value two is selected when a prescription for an FDA-approved tobacco cessation medication was offered at discharge and the patient refused. Allowable value three is selected when the patient's residence is not in the USA.

Allowable value four is selected when a prescription for an FDA-approved tobacco cessation medication was not offered at discharge or unable to determine from medical record documentation.

This slide lists the 32 FDA-approved tobacco cessation medications associated with the TOB-3/3a measure data element prescription for tobacco cessation medication. One of these FDA-approved tobacco cessation medications must be documented as given. In other words, the prescription is offered to and received by the patient at hospital discharge in order for the abstractor to select allowable value one for this measure. If the medication is offered and refused by the patient then it's appropriate to select allowable value two. These medications are listed in the Specifications Manual for Hospital Inpatient Quality Reporting in version 5.0b, Appendix C, Table 9.1.

Now, let's address the data element Referral for Outpatient Tobacco Cessation Counseling. This data element is defined as documentation that a referral was made at discharge for ongoing evidence-based counseling with clinicians, either a physician or non-physician, such as a nurse, psychologist, or counselor. Outpatient counseling may include proactive telephone counseling, group counseling, individual counseling, and/or e-health and internet intervention. A counseling referral may be defined as an appointment made by the healthcare provider or hospital either through telephone contact, fax, or e-mail. The five allowable values for this data element are: one, the referral to outpatient tobacco cessation counseling treatment was made by the healthcare provider or healthcare organization at any time prior to discharge; two, referral information was given to the patient at discharge, but the appointment was not made by the provider or healthcare organization prior to discharge; three, the patient refused the referral for outpatient tobacco cessation counseling treatment and the referral was not made; four, the patient's residence is not in the USA; and five, the referral for outpatient tobacco cessation counseling treatment was not offered at discharge or unable to determine from the medical record documentation.

Here is the list of the inclusion and exclusion guidelines for abstracting the data element, Referral for Outpatient Tobacco Cessation Counseling. The inclusion guidelines consist of group counseling, e-health, individual counseling, internet structured programs, and Quitline. E-health refers to health services and information delivered or enhanced through the internet and related technologies, such as mobile devices. Quitlines are telephone-based tobacco cessation services that help tobacco users quit. Services offered by Quitlines include coaching and counseling, referrals, mailed materials, training to healthcare providers, web-based services, and then in some instances, free medications, such as nicotine replacements therapy. For Quitline referrals, the healthcare provider or hospital can either fax or e-mail a Quitline referral or assist the patient and directly calling the Quitline prior to discharge. More details concerning what constitutes a referral will be discussed a bit later in the presentation. Self-help interventions, such as brochures, videotapes, and audiotapes, are excluded from this list.

Now, I will discuss the data element Reason for No Tobacco Cessation Medication at Discharge. This is defined as reasons for not prescribing an FDA-approved tobacco cessation medication at discharge. These reasons may include an allergy to all of the FDA-approved tobacco cessation medications, drug interaction for all of the FDA-approved medications with other drugs that the patient is currently taking, or other reasons documented by physician, advanced practice nurse, physician assistant, or a pharmacist. There are two allowable values for this data element. "Yes" is selected when there is documentation of a reason for not prescribing an FDA-approved cessation medication at discharge. And "No" is selected when there is no documentation of a reason for not prescribing an FDA-approved cessation medication at discharge or when one is unable to determine from medical record documentation if the patient falls into this category.

We strongly recommend that IPFs review the notes for abstraction listed in the Alphabetical Data Dictionary of the *Specification Manual for National Hospital Inpatient Quality Measures* for more detailed guidelines

on how to abstract for this and other data elements pertaining to the tobacco measures. A link to this manual is included towards the end of this slide presentation. If upon reviewing the notes of abstraction, there are additional questions, please submit your questions through the *QualityNet* Q&A tool, which will also be referenced at the end of this presentation.

And now, I'll describe the keys to implementation and operationalization of the TOB-3 and TOB-3a measures.

This slide demonstrates the path for implementing the tobacco measure sets from screening at admissions for the TOB-1 measure, Intervention During the Hospital Stay for TOB-2/2a, and Intervention at Discharge for the TOB-3/3a measure. This flowchart was adapted from the Publication *Treating Tobacco Use and Dependence in Hospitalized Smokers*, which was published by The Center for Tobacco Research and Intervention at The University of Wisconsin Medical School. In the next couple of slides, we will address the evidence-based counseling component of the TOB-3/3a measure.

Evidence-based behavioral counseling interventions are preventive services designed to help persons engage in healthy behaviors and limit unhealthy ones by applying and adhering to clinical practice guidelines, including comprehensive assessments, treatment planning, cognitive behavioral therapy, and motivational interviewing. Tobacco intervention includes the evaluation, planning, and implementation of behavior-changing strategies to target tobacco cessation. Brief interventions, which include motivation enhancement strategies, acknowledge that quitting smoking involves a process of change, and includes assessing and responding to patient readiness, abilities, and confidence to change. Motivational enhancement strategies used by clinicians help tobacco users feel supported and understood, not judged, and can be especially effective for engaging the process of change to help tobacco users move toward quitting. According to the developers of Motivational Interviewing, William Miller and Stephen Rollnick, "It is the patient who should be voicing the arguments for change."

The five A's approach, which was also discussed in relation to the TOB-2/2a intervention during the hospital stay webinar, is a brief co-directed way to more effectively address tobacco use with patients with the goal of meeting tobacco users' needs in terms of readiness to quit. Altogether, the five As may take one to five minutes depending on a provider's clinical setting and roles. The five As do not need to be applied in a rigid manner, and an entire office or clinical staff may be involved to support the tobacco users. The first A is to Ask: are you ready to quit smoking? Identify and document the tobacco use status for every patient at every visit. The second A is to Advise in a clear, strong, and personalized manner to provide with– urge every tobacco user to quit. Three is to Assess and ask: is the tobacco user willing to make a quit attempt at this time? The fourth A is Assist. For the patient willing to make a quit attempt, use counseling and/or therapy to help him or her quit. And finally, the fifth A, is Arrange. Schedule follow up contact, in person or by telephone, preferably within the first week after the quit date.

So, what constitutes a referral? A counseling referral may be defined as an appointment made by the healthcare provider or hospital, by telephone contact, fax, or e-mail. For Quitline referrals, the healthcare provider or hospital can either fax or e-mail the Quitline referral, or assist the patient in directly calling the Quitline prior to discharge. The provider should document that an appointment was made, or that a fax or e-mail referral was sent to the Quitline, or that the patient was assisted in directly calling a Quitline. Documentation that the confirmed date, time, and provider for the scheduled appointment are communicated to the patient is key.

Now, let's consider a couple of discharge planning and referral scenarios that providers may encounter with inpatient psychiatric patients, as it pertains to the TOB-3/3a measure. In scenario one, our facility conducts discharge planning at admission for all patients and they often decline counseling and/or medication for tobacco use cessation. Do we need to offer a referral and prescription again prior to discharge of the patient? The answer is yes because a patient may have changed their mind between admission and just prior to discharge. Scenario two, I assisted a patient

with scheduling a referral appointment through the Quitline, but later found out that the patient did not follow through with the referral. Does that count against my measure data? No. The TOB-3 and TOB-3a measure assesses whether an appointment was scheduled, not patient compliance.

In this portion of the webinar, we will take a look at some of the IPFQR reporting requirements.

This slide details the reporting periods and data submission period for the SUB-2/2a, and TOB-3/3a measures that were described in this presentation. Data for the chart abstracted measures will be collected from January first through December thirty-first of 2016, submitted during the 2017 data submission period, which is scheduled to occur from July first through August fifteenth of 2017. And, those data and other program requirements will impact the FY 2018 Annual Payment Update determination year. Sampling is allowed for both of these measures. And, in the next few slides, I will address how this relates to the IPFQR Program's, non-measure data collection requirements and sampling options.

Beginning with the FY 2017 payment determination year, CMS requires IPFs to report the non-measure data as an aggregate yearly count rather than by quarter. The non-measure data collection required of IPFs now includes the total number of annual discharges, as well as discharges by age strata, payer group, and diagnostic category. The age strata listed on the table on the left of this slide are the same age strata that were used previously when submitting data for the IPFQR Program. However, starting with the 2016 data submission period, IPFs are required to provide this information for the total annual discharges only and not by measure. The IPFQR Program also requires that IPFs provide data on the total annual discharges that were billed to Medicare versus those that were not billed to Medicare. You will note that the diagnostic categories listed in the table on this slide have three digit Clinical Classifications Software, or CCS, codes. For the purpose of reporting non-measure data, the diagnostic code groupings utilizes the categories developed for the CCS

under the healthcare cost and utilization project by the Agency for Healthcare Research and Quality, or AHRQ, with the code found at the link displayed at the bottom of the diagnostic category tables. At that link, you will find a full list of CCS category names in a PDF, as well as a zipped file of the CCS codes for ICD-10. For the purpose of defining the diagnostic categories, it is important to note that categorization should be based on the primary diagnosis at discharge. The aim of this data collection is to assist [the] CMS in determining compliance with program requirements, as well as improve [the] CMS' ability to assess the relevance and impact of potential future measures.

During the next data submission period, IPFs will have the opportunity to inform us as to whether they choose to sample their data. Although not finalized, we anticipate that there will be a question, such as "Did you sample?" And, if "Yes" is selected, then you will be able to enter the total annual sample values for the relevant measures through the web-based data collection tool found on the *QualityNet Secure Portal*. An optional non-measure data collection tool is now available for reference and can be found in the resources/tools section of the IPFQR Program web pages on the Quality Reporting Center website. This tool includes the tables displayed on this slide, and it is designed to facilitate the data collection process prior to the data submission period. In the next few slides, we will discuss in greater detail the sampling option that will go into effect for the fiscal year 2018 payment determination year and beyond.

According to the recent final rule, IPFs will have three options for data collected in calendar year 2016, submitted in calendar year 2017, to impact the fiscal year 2018 payment determination year. An IPF may choose not to sample, thereby reporting all data for all measures. An IPF may use the existing sampling methodologies available, in which the HBIPS-5 measure will be sampled according to the population and sampling classifications outlined by the Joint Commission's *Specifications Manual for National Hospital Inpatient Quality*, and use the global sampling method for the other measures that allow sampling. The third option is to submit one uniform, global sampling, using the global

sampling guidelines described in Table 26 of the IPFQR Program Final Rule. The global sampling option is described on pages 46717 through 46719 of the FY 2016 IPF PPS Final Rule. At the bottom of page 46718, CMS states, "In addition, we note that if providers believe using optional sampling is too burdensome, we are not requiring them to do so." The global sampling option was made available in response to public comments and concerns pertaining to the different sampling methodologies used for HBIPS measures compared to other measures, such as TOB, SUB, and IMM-2. The global sampling option may be of most benefit to those facilities that are not part of the Joint Commission; however, if you are part of the Joint Commission and wish to apply the global sampling approach, you are permitted to do so.

This slide presents the annual global sampling guidelines which, again, are found in Table 26 on page 46718 of the FY 2016 IPF PPS Final Rule. Again, remember that the proposed sampling guidelines are optional.

We have received a few questions about how the global sampling option can be applied for the HBIPS-5 measure starting with data that will be submitted in 2017 for the FY 2018 payment determination, in light of the current HBIPS sampling algorithm. Specifically, a concern has been raised pertaining to the different population criteria used when sampling HBIPS-5 compared to the substance use or tobacco use measures. The HBIPS qualification is based a principal or other diagnosis for mental disorders on Table 10.01 whereas, the substance use and tobacco use measures are not. The purpose of this slide is to illustrate how the global sampling option can be applied for the HBIPS-5 measure compared to the other measures, based on the sampling guidelines that were just described.

As you can see on the top left of the diagram, the IPF in this example had a total of 700 cases in the initial patient population. Based on the guideline described on slide 37, if this IPF chooses to sample, it must select at least 609 cases to report. If the HBIPS-5 measure will be sampled, then upon selecting the 609 records, the IPF will determine whether the principal diagnosis code at discharge is found on Table 10.01 in the Joint Commission Specifications Manual. If it is not, then the

record will be removed from the measure population, and the abstractor will proceed to abstract for those records that do include a principal diagnosis code found on Table 10.01.

In the next several slides, we will review several helpful resources, followed by a Q&A session. And, we'll end today's webinar with a review of the continuing education approval process.

We have two more educational webinars scheduled through the end of this year. Next month, on November nineteenth, we will discuss Additional New Measures and Non-measure Reporting – Part 2 to complete the current reporting series. This will include more in-depth information about the transition record with specified elements received by discharged patients measure, the timely transmission of transition record, and the screening for metabolic disorders measure. On December seventeenth, we will discuss Public Reporting. As always, the future webinars will be posted on the events calendar found on the Quality Reporting Center website. The events calendar can be accessed from the QualityReportingCenter.com homepage under "Upcoming Events." And, of course, we encourage you to sign up for the IPFQR Program ListServe so that you may receive e-mail notifications of upcoming events and other program related topics. These will be delivered directly to your e-mail inbox.

This slide includes several links to various resources, including the FY 2016 IPF PPS Final Rule, the Joint Commission Specifications Manual, the *Specifications Manual for National Hospital Inpatient Quality Measures*, and a few different links pertaining to the CCS category names associated with the diagnostic categories that are part of the non-measure data submission. Please note that Version 5.0b of the *Specifications Manual for National Hospital Inpatient Quality Measures* is available and the link on this slide does go directly to that page.

This slide includes several helpful resources pertaining to the implementation of the tobacco use measures.

And, the links on this slide are resources that provide additional information regarding evidence-based treatment programs and community prevention services for the substance use and tobacco use measures.

This slide includes active links that you can click on to send us your questions about the IPFQR Program. We strongly encourage you to use the Q&A tool on the top left, in particular, to submit your questions, especially those questions that pertain to measure data abstraction because it does provide us with the best means by which we can track questions and answers, and it delivers our responses to your e-mail inbox. This is also a great way for you to let us know what types of questions and topics you would like for us to address in future webinars.

We also recommend, as I mentioned earlier, that you sign up for the IPFQR Program ListServe, if you have not already done so, so that you can receive communications from us pertaining to webinars, programs updates or changes, and other announcements. You can sign up to be added to the ListServe on the *QualityNet* ListServe registration page. Also, please remember to inform the IPFQR Program Support Contractor about any key personnel changes, such as changes in leadership at the CEO or administrator level, as well as any other quality reporting contacts. The best way to send us updates of this nature is to send a completed Hospital Contact Correction form via fax or e-mail. The Hospital Contact Correction form is located on the QualityReportingCenter.com website, where you will click on Inpatient, then resources and tools, and the form is the first item listed on the page.

We encourage you to utilize available resources found on the *QualityNet* website in the Inpatient Psychiatric Facilities, dropdown menu to ensure appropriate knowledge of the IPFQR Program requirements and deadlines.

And now, at this time, I'll review some questions that we have received pertaining to the topics covered in today's webinar.

During the last IPFQR Program webinar in which Dr. Jeff Buck and I reviewed the recent IPF PPS Final Rule, APU and reporting period, we

asked you to submit questions through the *QualityNet* Q&A tool pertaining to the new measures and non-measure reporting. So, now, I'd like to review and provide answers to several of these questions. And as a reminder, all questions that are received during this webinar will be answered in the question-and-answer transcript for this event, which will be published at a later date.

So, we received several questions pertaining to brief intervention training with respect to the SUB-2 measure and the subset SUB-2a. For example, is the training specific or is it at the discretion of the facility to decide what the training should be? Does the training have to be expert training? And, does the training have to be repeated annually?

Before I got further, I do want to spell out the acronym of SBIRT, in case you did not review it in the acronyms list in an earlier slide. But, SBIRT stands for Screening Brief Intervention and Referral to Treatment. And the SBIRT website offers an acceptable option for meeting the brief intervention training requirement. There is no requirement for repeating the training, but CMS does recommend that IPFs encourage their staff who do complete the briefing intervention training to do refreshers as needed. Please refer to the links to the SBIRT website that are found on slide 67 of the September first IPFQR Program webinar.

This next question is pertaining to the TOB-2 measure. If a patient received tobacco cessation medication, will they still pass for practical counseling for TOB-2?

So, the short answer is No. Providing a patient with cessation medication does not pass for practical counseling. As designed in the data element, the Tobacco Use Practical Counseling, there are three components of practical counseling that require interaction with the patient to address the following: first, recognizing dangerous situations; two, developing coping skills; and three, providing basic information about quitting. You will find this information included in the Optional Tobacco Screening and Treatment tool, which is again, available on the Quality Reporting Center website under inpatient, IPFQR Program resources and tools. And, it will

also be posted to the IPFQR Program resources page on *QualityNet* very soon.

Our next question regarding TOB-3: Can a patient count in the numerator for TOB-3, even if they fall into one of the numerator exclusions for medication? For example, can a smokeless tobacco user or a patient with a documented reason for not administering medication still be counted in the numerator?

The answer is, if the patient will not receive cessation medication due to one of the reasons that is listed on slide 22, the title of that slide is TOB-3 Numerator Exclusions from Medication Only, but the patient was referred to or refused evidence-based outpatient counseling, then the patient will be counted in the numerator for TOB-3.

The next question also relates to TOB-3. Do providers have to provide a tobacco cessation medication prescription to every tobacco user in the psych facility that is currently smoking? Or, is counseling enough to meet the TOB-3 measure requirements?

The practical counseling is required for all tobacco users, but the cessation medication is only required for heavy tobacco users, which is defined in the tobacco use status data element as value 1, or a patient who smokes five or more cigarettes per day or smokes pipes or cigars daily. Please refer to the link to the *Specifications Manual for National Hospital Inpatient Quality Measures*, which is located on the Helpful Links slide, [which is] slide number 41. Again, this link will take you to the latest version of the Specifications Manual, which is Version 5.0b. And, if you click on the Alphabetical Data Dictionary link, which is under Section 1, and review the tobacco use status data elements, you will find that and other data elements pertinent to this and other measures, which you'll find to be helpful as you go through your data abstraction process.

For this next question, it's pertaining to, again, counseling for the TOB-3 measure. For the TOB-3 measure, is it sufficient to give a patient the

Quitline phone number along with the written cessation guideline to satisfy the requirement for referral to outpatient counseling?

No. Simply giving a Quitline phone number to the patient is not sufficient to pass the TOB-3 measure. There must be an appointment made prior to discharge, or a documented referral to the Quitline. As described on slide 31, this can be a fax or an e-mail to the Quitline, or the provider may assist the patient with directly calling the Quitline before discharge.

Is the list of FDA-approved medications in the webinar the complete list for tobacco cessation?

The answer is yes. The FDA-approved tobacco cessation medications that are listed on slide 24 of this slide deck are the medications associated with the data element prescription for tobacco cessation medication. These medications are listed in the *Specifications Manual for National Hospital Inpatient Quality Measures* in Appendix C, Table 9.1.

I have a couple more questions here. When will the non-measure requirement be in effect? And, how will this data be reported?

The non-measure data, as previously mentioned, is required for the 2016 data submission period. That's when IPFs are expected to begin submitting this type of information. And, the 2016 data submission period is scheduled to occur July first through August fifteenth of 2016. It will be used in conjunction with the other IPFQR Program requirements for the FY 2017 annual payment update determination. During the, during the upcoming data submission period participating IPFs will be expected to submit the non-measured data, which was displayed on slide 35 of the presentation, via the web-based data collection tool, which is found on the *QualityNet Secure Portal*. This is the same area in which IPFs have submitted their measure data and Data Accuracy and Completeness Acknowledgement, or DACA, form in the past. An optional non-measure data collection tool, as mentioned earlier, is available for reference. And, this tool can be found on the Quality Reporting Center website. The tool

includes the tables that are displayed on slide 35, and it's designed to facilitate the data collection process prior to the data submission period.

And finally, are IPF expected to begin using the global sampling table described in the final rule during the 2016 data submission period?

No. Per the final rule, the option to submit one uniform global sample for measures that will allow sampling will begin with the data that is collected in calendar year 2016 and that data will be submitted during the 2017 data submission period. And, as described on slide 36, when submitting data during the 2017 data submission period, IPFs may choose not to sample, they may choose to follow the existing sampling guidelines, or, they may choose to submit a uniformed global sample for measures that allow for sampling. So, again, please refer to slides 37 and 38 for more information, specifically pertaining to the global sampling option. But, as always, if you have additional questions, we do encourage you to submit those through the Q&A tool, the link to which you can find on slide 45.

And now, I will turn the presentation over to Deb Price who will discuss the CE credit process for this webinar.

Deb Price: Thank you, Evette, for the information you provided us today. Now, I'll take a couple of minutes to go over the continuing education information. Today's webinar has been approved for one continuing education credit by the board listed on slide 46.

We now have an online CE certificate process. You can receive your certificate two separate ways. If you register through ReadyTalk®, a survey will automatically pop up when the webinar closes. The survey will allow you to get your certificate. If, however, you are in a room with other people that registered, a second survey will be sent out in 48 hours. You can take that survey and pass it to the people who were in the room with you.

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and register a personal e-mail. Personal e-mail does not get blocked by our links.

This is what the survey will look like, the bottom of the survey. As soon as this webinar closes. You will notice on the bottom right-hand corner is a little gray box Done. When you click Done this page will open up.

This page has a new user and an existing user link. Please click on one of the two links. If you are a new user, put your name and e-mail.

Please use a personal e-mail if you want a certificate. If you have been receiving certificates, you would click on the existing user link. Your username, it's your complete e-mail address and, of course, your password. And, I think that is it.

And now, I'd like to thank everyone for attending today's webinar. Have a great rest of your day.

END