Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program

Support Contractor

FY 2017 IPPS Final Rule IPFQR Program Changes, APU Determination and Reconsideration Review

Presentation Transcript

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Evette Robinson: Hello everyone and welcome to today's IPFQR Program Webinar. My name is Evette Robinson, and I am the project lead for the Inpatient Psychiatric Facility Quality Reporting Program. Our guest speaker for today's presentation is Dr. Jeffery Buck who will present the Fiscal Year 2017 IPPS Final Rule IPFQR Program Changes portion of today's presentation. Dr. Buck is the Program Lead for the Inpatient Psychiatric Facility Quality Reporting Program and a Senior Advisor for Behavioral Health in the Center for Clinical Standards and Quality in the Centers for Medicare & Medicaid services. Before coming to CMS, Dr. Buck held senior positions in the Substance Abuse and Mental Health Services Administration and was a sector editor of the Surgeon General's Report on Mental Health. After Dr. Buck's presentation, I will review the Annual Payment Update, or APU, determination and reconsideration processes.

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Before we dive into the presentation today, I would like to cover a few housekeeping items. As many of you know, 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. On the right side, 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 website at a later date.

This is a list of the acronyms that will be referenced in today's presentation.

During this presentation, participants will learn about the changes to the IPFQR Program, as delineated in the fiscal year 2017 Inpatient Prospective Payment System, or IPPS, Final Rule. Participants will also learn about the Annual Payment Update determination and reconsideration processes, as they pertain to the recent data submission period.

At the conclusion of this presentation, attendees will be able to explain IPFQR Program changes for the FY 2017 Final Rule, as well as describe the APU determination and reconsideration processes.

In the next several slides, Dr. Buck will review changes to the IPFQR Program, as described in the FY 2017 IPPS Final Rule. Dr. Buck, the floor is yours.

Jeffery Buck: Thank you Evette. Before I describe the content of the FY 2017 Final Rule, as it relates to the IPFQR Program, I would like to first remind everyone that it was published on August 22, 2016, in the *Federal Register*, and can be accessed by clicking on the web link on this slide. The IPFQR Program updates are located on pages 57236 to 57249 of the *Federal Register*.

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CMS adopted all of the IPFQR Program changes that were described in the proposed rule, as well as one additional change that was not in the proposed rule. As we have communicated through the IPFQR Program ListServe, IPFs are now expected to begin collecting data for the three measures listed on this slide beginning January 1 of 2017. And, the data that will be submitted for these measures will impact the FY 2019 payment determination. Originally, these measures were proposed to begin – were expected to begin collection on July, but through a ListServe, we announced that we were delaying the collection of measures in order to allow facilities to have more time to prepare for their collection.

CMS has adopted two new measures for the FY 2019 payment determination in subsequent years, specifically the SUB-3 and the subset 3a measure, Alcohol and Other Drug Use Disorder Treatment Provided or Offered at Discharge, and the subset alcohol and other drug use disorder treatment at discharge. The second new measure described in the Final Rule is the 30-Day All-Cause Unplanned Readmission Following Psychiatric Hospitalization in an IPF. I will go into a brief discussion of these measures later in the presentation.

To reduce burden on IPFs, CMS has updated the previously finalized Screening for Metabolic Disorders measures by aligning the denominator exclusions with several of the other required IPF measures exclusions. This will allow IPFs to use the same sample for as many measures as possible. The screening for metabolic disorders measure will, therefore, exclude patients with a length of stay equal to or greater than 360 days, or a with a lengthen of stay equal to or less than three days, allowing for the CMS global sample methodology to be applied to this measure. Previously, the exclusion was just for less than three days.

CMS intends to make IPFQR Program data available to the public as early as possible. Therefore, CMS will no longer specify that the preview period will begin approximately 12 weeks prior to public display of data nor identify the date of public display in rule making. Instead, CMS will provide this information through sub-regulatory guidance including,

ListServes and/or the qualitynet.org website, as soon as information is available.

Now that we've covered a general overview of the final rule changes, I will spend the next several minutes reviewing the newly adopted measures starting with the SUB-3 and 3a measure.

The Alcohol and Other Drug Use Disorder Treatment Provided or Offered at Discharge and the subset Alcohol and Other Drug Use Disorder Treatment at Discharge, SUB-3a, is a chart abstracted and reported as two rates. The overall rate, SUB-3, assesses hospitalized patients identified with an alcohol or drug use disorder who received or refused a prescription for FDA approved medications for alcohol or drug use disorder at discharge, or who received or refused referral for addictions treatment. The subset rate SUB-3a includes only patients who actually received a prescription for FDA approved medications for alcohol or drug use disorder at discharge, or who actually received a referral for addiction treatment.

Several commenters, on the proposed measure, supported the inclusion of a SUB-3, 3a measure in the IPFQR Program for the following reasons: they felt that we should adopt the measure because it encouraged IPFs to offer and provide addiction treatment for patients with co-occurring drug or alcohol disorders; that the measures helped to ensure − that patients continue to receive treatment after discharge; complemented the previously adopted measures for SUB-1 and SUB-2 and 2a; and also, that they believe that the requirements for these measures seemed reasonable for IPFs. And, in our response in the rule we thanked the commenters for their support.

We received comments about this measure, including the suggestion to enhance the measure to include, for example, evidence based behavioral therapies. Generally, in implementing measures, we try to be consistent with specifications for measures as they were designed by the original measure steward. Consequently, we encourage commenters that have

recommendations for improving the specifications for the measures that they send their suggestions to the measure steward of this measure, The Joint Commission, so that any changes to the measure can be properly specified, tested, and endorsed for those changes as part of the measure maintenance process. Additionally, some commenters recommend that we not adopt this measure for a number of reasons, including the notion that the measure is not specified for IPFs. In our response we noted that substance use disorders are a common comorbidity for populations hospitalized in IPFs. And, offering SUD treatment, or referral for treatment at discharge when a comorbid SUD has been identified, is part of high quality care, regardless of the treatment setting. The measure is endorsed, is NQF endorsed for behavioral health in the psychiatric inpatient setting.

Another recommendation that was submitted as part of the comment period was that the measure should not be adopted until CMS shows that this is an area of variation across IPFs. The comment stems from the expectation that all IPFs should already be leading the criteria for this measure; hence they would not indicate meaningful variation to collect this data. When we look at the SUB-1 data that was submitted for the first time last year, impacting the FY 2016 payment determination, we found that facility performance ranged between zero and 100 percent with a mean performance of 77 percent and a coefficient of variance of 0.35. Because the SUB-3, 3a measure depends on the identification of alcohol and substance use disorders, IPF performance on the SUB-1 measure indicates that there is a likely variation of performance across providers on the SUB-3 and 3a measure as well.

The next several slides will describe the newly adopted 30-Day All-Cause Unplanned Readmission Following Psychiatric Hospitalization in an IPF measure.

The 30-Day All-Cause Unplanned Readmission Following Psychiatric Hospitalization in an IPF is a claims based measure that estimates a facility-level risks standardized readmission rates for unplanned all-cause

readmissions within 30 days of discharge from an IPF. These are readmissions relating to the original IPF, another IPF or a different inpatient setting all together. The measure uses Medicare fee-for-service claims and enrollment data over a 24-month measurement period to calculate the measure results.

We received comments and support of inclusion of this measure in the IPFQR Program, including comments from some who supported contingent on the measure having been tested for validity and reliability. In developing this measure, it was tested validity and reliability as part of the measure development process. We refer readers to the technical report for this measure, which includes a detailed description of the validity and reliability testing. This report can be found at the link on this site.

We also received comments recommending that CMS postpone adoption of this measure until it is NQF endorsed and risk adjusted for socio-demographic factors. Concerning risk adjustment for socio-demographic factors, when we compared results of the model with those socio-demographic risk factors and clinical risk factors, the one with only clinical risk factors we found that the inclusion of socio-demographic risk factors did not improve model performance. 95 percent of the NQF committee members who met on June 9, 2016, voted in support of the measures as specified in the final technical report, without inclusion of socio-demographic risk factors in the risk model. Review for a final NQF endorsement decision is anticipated in this fall.

Another comment we received regarding this measure was the suggestion that CMS not adopt it because inclusion of all-cause readmissions may unfairly reflect on IPFs for unrelated readmissions, as well as impact the ability of IPFs to use the measure results for quality improvement. There are several reasons to measure both psychiatric and non-psychiatric readmissions following psychiatric admissions, as cited in the final rule. First, the measure will encourage improved integration of physical and behavioral healthcare. Second, readmissions regardless of cause are disruptive to payments and their families or caregivers and are a quality

concern for them. Third, readmissions due to medical conditions may be related to the previous psychiatric index admission. And finally, the designation of the principal versus secondary diagnosis may be somewhat arbitrary making it difficult to determine if a readmission is truly related to the – to a psychiatric diagnosis or not.

Another concern expressed during the comment period is that CMS would impose penalty based on performance. As a reminder, the IPF Program does not penalize IPFs based on performance because it is a pay for reporting program. These measures are intended both to inform the public about differences in quality performance among facilities, as well as hopefully be a tool for facilities to improve their performance on various areas of quality care.

The next several slides will describe the IPF Program measures for FY 2018 and FY 2019.

This table lists nine chart abstracted measures for the IPFQR Program. For each it shows which are – which will need to be submitted next summer in 2017 for FY 2018 payment and determination, and which additional ones will need to be included in the following summer, in 2018, for FY 2019 payment determination.

Similarly, this slide lists nine additional measures required for the IPFQR Program. As you can see, all but one of these measures will be required to be reported for both FY 2018 and FY 2019 payment determination. The claims based 30-Day All-Cause Unplanned Readmission Following Psychiatric Hospitalization an IPF measure will be included for the FY 2019 payments determination.

Every year in the proposed rule, CMS solicits input and feedback regarding possible measures and topics for future consideration in the program. This year we received a suggestion for the program to move toward the use of electronic Clinical Quality Measures to help reduce burden on providers. We agree that this is an important move that will ultimately reduce burden. This is not operational at this time, but we at

CMS are working towards transitioning to electronic clinical measures in the future. Another topic for consideration was the use of psychiatric scales and instruments commonly used in the IPF setting. We received comments suggesting that the IPFQR Program develop and adopt a measure for identifying patients with substance use disorders with a particular suggestion to adopt HBIPS-1. Also we received a recommendation to create a measure that focuses on patient and caregiver perception of care in the psychiatric patient population. We'll consider all of these items as we develop future policy for the program.

And finally, we also received a recommendation for the program to focus on measures that are meaningful to patients. We certainly agree with this recommendation. However, we want to point out there's also value in including measures that are not directly tied to the recent – reason that the patient seeks care from an IPF, such as those reflecting professional standards for quality care or evidence based factors associated with better outcomes. Such measures encourage facilities to address the overall health of the patient. This concludes the final rule portion of the presentation. I'll now turn it over to Evette Robinson who will review the FY 2017 APU determination and reconsideration processes.

Evette Robinson: Thank you Dr. Buck. The next few slides will provide a general overview of the APU determination and reconsideration processes.

This slide lists the four major requirements necessary to participate in the IPFQR Program and to qualify to receive the full fiscal year 2017 Annual Payment Update. Specifically, eligible IPFs had to meet the following requirements by the August 26, 2016, deadline unless otherwise noted. First, have at least one active *QualityNet* security administrator. Two, have an IPFQR Program Notice of Participation status as "Participating." Three, submit measure and non-measure data, including those listed here. And four, complete and submit the DACA, or the Data Accuracy and Completeness Acknowledgement form. Eligible IPFs that did not participate in the IPFQR Program for fiscal year 2017 or do not meet all –

or did not meet all of the reporting requirements will be subject to a two percentage point reduction of their Annual Payment Update.

APU notification letters will be sent today September 15 to facilities that did not meet one or more of the program requirements. Reconsideration requests for decisions are due to CMS 30 days from the date of receipt of the APU decision letter. Notifications of APU reconsideration decisions will be sent by CMS to facilities filing a reconsideration approximately 90 days after the reconsideration request is submitted.

An overview of the APU reconsideration process, including the IPF reconsideration request form, can be found on the APU reconsideration page on the *QualityNet* website under inpatient psychiatric facilities and APU reconsideration. You can access it by going to the direct link that is provided in this slide.

The next several slides include links to helpful resources.

Listed on this slide are several links that you can access pertaining to the current Final Rule, as well as the various measures that are part of the IPFQR program.

CMS recommends that IPFs refer to the IPFQR Program Manual for information pertaining to the IPFQR Program. The manual is located on the *QualityNet* and Quality Reporting Center websites, and it contains information about program requirements, measures, as well as links to helpful optional paper tools pertinent to the data submission process.

This slide includes active links that you can click on to send us your questions about the IPFQR Program. In particular, we encourage you to use the Q&A Tool because it provides the best means by which we can track questions and answers and also delivers our responses to your email 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 that you sign up for the IPFQR Program ListServe, if you have not already done so, so that you can receive communications that

we send out to the IPFQR community pertaining to webinars, program updates, and changes, as well as other announcements. You can sign up to be added to the ListServe on the *QualityNet* ListServe registration page. Another resource on this slide is the hospital contact change form, and we strongly encourage IPFs to use this downloadable, fillable form to alert us of any changes, particularly at the CEO administrative level, as well as those at your facility who are responsible for the collection and reporting of data during the data submission period. And finally, we encourage you to utilize available resources found on the *QualityNet* and Quality Reporting Center websites to ensure that you have all the appropriate knowledge needed regarding IPFQR Program requirements and deadlines.

This slide lists the upcoming 2016 IPFQR Program educational webinars. At this time we plan to discuss public reporting and the fiscal year 2017 measure results in the month of October. Additional educational webinars from November onward are to be determined and will be announced via the IPFQR Program ListServe and also on the Quality Reporting Center under upcoming events.

All questions received via the chat tool during this webinar will be reviewed and a question and answers transcript made available at a later date. To maximize the usefulness of the questions and answers transcript, we will consolidate the questions received via the chat tool during this event and focus on the most important and frequently asked questions. To receive answers to questions that are not specific to the content of this webinar, we recommend that you go to the *QualityNet* Q&A Tool. This concludes today's Webinar. Thank you for your time and attention.

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