# Inpatient Psychiatric Facilities Quality Reporting Program

## Support Contractor

## A Closer Look at the Measures for Collection Year 2015
## Presentation Transcript

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**Deborah Price:** Welcome to the webinar. We will begin the program in approximately five minutes. Please stay on the line.

Hello, and welcome to our webinar titled, "A Closer Look at the Measures for Collection, Calendar Year 2015." Welcome, and thank you for joining us today. My name is Deborah Price, and I am the host for today's event.

This first slide shows you how to use our Q & A feature for today's event. You move your mouse over the WebEx navigation panel found at the top of the screen, and a menu will drop down. Click the Q & A icon. The Q & A panel will now display on your screen. Select the picture you see in the lower right-hand corner. Click the drop-down arrow next to "Ask," and select "All Panelists" if you want all panelists to answer your question. And then, you type your question where you see the box that indicates "Type your questions here." And, when you're done, you click "Send," and a subject matter expert will answer your question.

Before we begin, I'd like to make a few announcements for today. This program is being recorded. A transcript of today's presentation and the audio portion of today's program will be posted at QualityNet at a later date.

The slides were sent out via ListServ yesterday as both a one-page of one slide per page and three slides per page. If you still need the slides, you can download them at our new inpatient website, QualityReportingCenter.com. Again, that's QualityReportingCenter.com. Or, you can call us at 844-472-4477. Again, that's 844-472-4477. And then, we also have an 866-800-8765 number. We have agent[s] available to answer your questions and to send you the slides.

If you cannot get on the WebEx because we have a full house today, please follow along with the slides. We are at over-capacity for today's webinar, and we apologize for the inconvenience. This issue will be resolved for November's webinar.

And finally, I'd like to introduce our first speaker for today, Wanda Johnson. Wanda is currently the Director of Measures program at the Oklahoma Foundation for Medical Quality. Ms. Johnson has over 19 years of nursing experience, with particular expertise in performance measure development and alignment, quality improvement methods and processes, and medical and clinical disciplines in multiple healthcare settings. Ms. Johnson is a registered nurse with [a] Bachelor of Science and Masters of Science in Nursing Education degrees from Southern Nazarene University.

Please keep in mind that your questions that you're typing in will be answered as we go along, but if they don't get answered, please use our Q & A tool on QualityNet, and your answer will be done.

And now, may I present Wanda.

**Wanda Johnson:** Thanks, Deb. Good afternoon, and thanks for attending this presentation, "A Closer Look at the Measures for Calendar Year

2015." The objective for this educational presentation is that you, the attendee, will understand the updates for fiscal year (FY) 2017. We will review the updates to the current specifications, and then the new measures. We'll review population and sampling information, as well as submission of non-measured data, a new requirement for 2017.

Based on feedback from recent presentations, we wanted to include a list of acronyms that may be used in this presentation. Please note that the calendar year (CY) is the data collection period, and the FY is the payment year. The federal FY begins in October. So, for example, the measures collected in CY 2015 will be submitted in 2016 for payment determination in 2017, or the FY 2017.

The agenda includes a short review of the fiscal year 2016 requirements, as those measures will be carried over, but we will spend most of the time today discussing the measures for FY 2017. Data collection starts January 2015, data submission in 2016, for fiscal year 2017 payment determination. This slide contains a list of the current HBIPS measures collected in 2014. Data submission will be summer of 2015.

The other four measures are listed on this slide. Two of the measures were finalized for 2014 data collection. They are SUB-1 and the Follow-up After Hospitalization measure. As a reminder, the Follow-up After Hospitalization measure is determined by claims only. So, the IPF facility does not have to enter data for this measure. These measures were reviewed in previous presentations. The two newest structural measures for fiscal year 2016 are also listed on this slide. One is the assessment of Patient Experience of Care, and the second is the use of an HER [electronic Health Record]. These measures will be reported next summer. Data submission will be in summer of 2015.

The assessment of Patient Experience of Care is a measure that determines if the psychiatric facility uses a Patient Experience of Care survey. If the facility does use standardized collection with a structured instrument, the facility will also enter the name of the

survey. It can be a survey developed by the hospital. No specific survey is being recommended at this time.

The second structural measure is the use of an electronic health record (HER) and has two parts also. The facility will select the value that corresponds to the facility's use of an HER: (A) the facility does not use the EHR technology; (B) the facility exchanges health information using a non-certified EHR; and (C) the facility exchanges health information using a certified EHR.

So, to assist with determining the information to enter for this measure, here's a couple of definitions for you. And I think people probably know this EHR technology definition, but it's: “any software product, system, or set of products that allow healthcare providers to record and exchange patient information as electronic health records instead of paper charts.” Certified EHR technology refers to EHR and EHR modules that have been tested and certified under the ONC HIT certification program maintained by the Office of the National Coordinator for Health Information Technology, or ONC. There are links for this information and definitions that we are using is in slides at the end of the presentation. The ONC website provides the names of the EHR systems and the modules that are certified.

Slide nine. The second part of this structural measure questions whether the transfers include the exchange of interoperable health information with a health information service provider. So, for purposes of this measure, a Health Information Service Provider, or HISP, is any commercial or nonprofit organization, or other type of exchange network, that provides services specifically supporting electronic health information exchange. Again, additional information can be found on the healthit.gov website, and that link is provided in the slides at the end of the presentation.

Now, we will cover the measures for FY 2017. That means that the measure reporting period begins in 2015 with data submission in 2016 for those measures that are entered into QualityNet. The HBIPS measures, SUB-1, and the Follow-up After Hospitalization measure will carry over from 2014. The new measures are IMM-2,

the Healthcare Personnel Vaccination measure, and TOB-1, and TOB-2,[and TOB] -2A. Please note that the flu measures have different reporting and submission periods. This is only because of the timing of the flu season. We will go into more detail on the flu measures later on in this presentation.

The TOB measures are listed on this slide, along with the two structural measures that are carried over from 2014. Data submission for these measures is July 1 through August 15 of 2016.

We will now review the updates to the specifications for the measures that are being collected for 2015. This slide contains a list of the current measures. These measures are being collected now, and they are affected by updates to the specifications.

For HBIPS-4, the Joint Commission manual previously had medications in Appendix B. But, to maintain consistency with the CMS Joint Commission-aligned manual, the HIQR manual, the medications are now in Appendix C. This was [done] just to maintain consistency across the manuals.

For both HBIPS-4 and -5, an exclusion was added. Patients that are discharging to a home outside of the US are now excluded, and also the NQS endorsement banner for HBIPS-4 was also removed.

For HBIPS-6 and -7, we have the same exclusions as for four and five. Patients that are discharging to a home outside of the US are now excluded. Also for these two measures, because facilities have up to five days to send a continuing care plan after discharge, those patients that are readmitted within five days after discharge are excluded. There are updates to five of the HBIPS data elements. The measures that are affected are listed beside the name of the data element on this slide.

The data element Patient Referral to Next Level of Care Provider is considered a gatekeeper for HBIPS-4 through -7. That means that selection of certain allowable values will exclude the case, and

additional abstraction would not be needed. For example, allowable value three excludes the case from HBIPS-4 and -5. Allowable values two or three will exclude it from HBIPS-6 and -7. Also in this data element, two bullets were added to provide abstraction clarification.

So, in slide 18, we see the updates to the allowable values. The exclusions that we discussed in slide 15 are now accounted for in allowable values two and three. So, these phrases were added to allowable value two and three. And then, a clarification regarding the difference between a referral to a support group and a referral to the next level of care provider has been added to the notes for abstraction in this data element.

Slide 19. Several clarifications for abstraction purposes were added to the data element, Number of Anti-psychotic Medications Prescribed at Discharge. And this is based on questions received by the measure stewards. Those bullets are listed on this slide. As a reminder, all of these changes are also provided in the release notes that the Joint Commission releases for each manual. So, a link to that manual, and also to those release notes, is included later on in the presentation.

For the Discharge Medications piece of the continuing care plan, this is the data element, Continuing Care Plan Discharge Medications. The requirement for an indication was clarified. Remember, all medications listed in this part of the continuing care plan (CCP) must contain the name, dosage, and indication, or reason for prescribing. Another addition is regarding if there are two medications lists in the CCP. If they do not match, allowable value three should be selected, which indicates that the abstracter is unable to determine from the medical record whether the CCP for discharge medications was developed and transmitted.

In the CCP Next Level of Care data element, access three was removed, and medical follow-up was added as an inclusion. The diagnostic and statistical manual of mental disorders, the DSM-V, no longer uses axis for coding. So, that update in the DSM-V was carried over to this data element.

The data element event date is used in HBIPS-2 and -3. Any event types, physical restraint or seclusion that cross midnight will have two event dates. One event date will carry, will cover, the hours prior to midnight, and the minutes or hours starting with midnight and after will have a second event date. So, that clarification was added to this data element.

Now for the updates to SUB-1, and this is the alcohol abuse screening measure. One welcome update is the removal of the data element, Cognitive Impairment. Cognitive Impairment currently requires that there be documentation that the patient was impaired for the entire hospitalization. The update will be that the Cognitive Impairment data element is removed, and there is an allowable value, now in alcohol use status, that will account for impairment in the first three days only.

And so, this next slide shows the change in the SUB-1 algorithm with the Cognitive Impairment data element removed, and it's replaced with an allowable value in the alcohol use status data element. Allowable value seven in the data element, Alcohol Use Status has been added to account for this. So, if there is documentation of impairment for the first three days of admission, you will select this allowable value. It's a new allowable value. So, day of admission is day zero, so the timeframe is three days after admission date. Documentation must reflect that the patient was impaired the entire first three days to select this allowable value. If the patient is impaired those first three days, the case is excluded, because an alcohol screening could not be performed.

We will now review the new measures with data collection starting in January 2015. The measures we will review are listed on this slide. There are four new measures. TOB-2 and -2A are considered one measure. TOB-1 is the tobacco use screening measure. This measure is similar to SUB-1, except that the screening is for tobacco instead of alcohol. This screening needs to take place within the first three days, and the day after admission is considered day one. The denominator is the psychiatric patients 18 years of age and older, and we will review information about the initial patient population and sampling later on in the presentation.

This slide contains the list of exclusions for this measure. Similar to SUB-1, patients with a length of stay less than or equal to three days are excluded. So, the primary data element for TOB-1 is Tobacco Use Status. The last sentence of the definition in the data element, as seen in this slide, provides the details for the questions that should be included in the screening. The screen should include the type of tobacco product, the volume, and the timeframe of use.

The allowable values for this data element are listed on this slide. You can see that the volume and timeframe are required to appropriately select an allowable value. The first four allowable values will place the case in the numerator. So, patients who refuse this screen, which is allowable value four, are counted in the numerator. And this is a list of inclusions and exclusions for the data element. Please note that electronic cigarettes are excluded. E-cigarettes, or vapes, contain nicotine, not tobacco, and this measure is about tobacco use. If the patient only uses e-cigarettes, then the abstractor should select that the patient does not use tobacco products.

So, we'll go on to TOB-2. TOB-2 evaluates whether a patient was offered and received, or was offered and refused, practical counseling and FDA-approved cessation medication. The main focus of this measure is that they were offered practical counseling and offered cessation medication. In the denominator, only those patients identified as tobacco users based on the values that you entered or the values that you collected for TOB-1, are included in this measure. So, if they are not tobacco users, they will not continue on and be used in TOB-2.

This slide contains the excluded populations for TOB-2. If the patient refused the tobacco use screen, or they were not screened at all, they are excluded from this measure. The case will be included for TOB-1, but not for TOB-2. And many of the exclusions are the same throughout these measures.

So, another piece to note for this measure: for pregnant patients, the algorithm will check for pregnant patients using ICD-9 diagnosis

codes. So, pregnant patients who smoke will be checked for counseling. They should be offered counseling. However, pregnant patients should not receive cessation medications. So, for this measures, pregnant patients only have to receive or refuse counseling to pass.

Moving on to TOB-2A: this measure calculates those that received the counseling and medication, or had a reason for no medication. To pass TOB-2A, they must receive counseling and receive medication, or had a reason for not receiving medication. The exclusions for TOB-2A are the same as for TOB-2, and they are listed on this slide.

So, in the next slide, we want to emphasize there is a difference in the two measures. The 2A measure is a subset of TOB-2. Only those that actually receive the counseling and medication, or had a contraindication to the medication, are counted in TOB-2A. All of this is determined by the allowable values in the main data elements, and in the next several slides we will review those primary data elements used for both TOB-2 and -2A.

[For] the data element, Tobacco Use Treatment FDA Approved Cessation Medication, there are three allowable values. The patient received, refused, or was not offered the medication. Again, if the patient is pregnant and received counseling only, the case will flow right to the numerator without checking for administration of medication. So, for pregnant patients, the algorithm is not going to check for cessation medication. Pregnant patients should not get the cessation medications.

For the data element, Tobacco Use Treatment Practical Counseling, the definition for practical counseling requires interaction with the patient to address three areas: recognizing danger situations; developing coping skills; and providing basic information about quitting. All three of these areas must be covered in the counseling. If the patient did not receive cessation medication, the algorithm will check for a reason for no cessation medication for this data element. You can see, with the third bullet, that any reason documented by the physician, APN, PA, or

pharmacist will allow the abstractor to select that there was a reason for no medication. However, there needs to be some correlation that the documentation is actually a reason for not administering cessation medication.

The IMM-2 measure, Influenza Immunization measure, evaluates patients who were screened and vaccinated prior to discharge, if indicated. The numerator and denominator for this measure are listed here. So this, for the IPFQR program, the population is the psychiatric discharges. This measure may be based on the IQR measure, but the sample for IPFQR is drawn from just the IPF patients. The exclusions for IMM-2 are listed on this slide.

So, the primary data element for the IMM-2 measures is Influenza Vaccination Status. Allowable values one through four will put the case into the numerator. So, it will pass for, with the first four allowable values. Value five will cause the case to fail, and value six excludes the case. So, I'll repeat that. Allowable values one through four will put the case into the numerator. Value five causes the case to fail, and value six excludes the case.

The second vaccination measure is Vaccination Coverage for Healthcare Workers. It is to be reported to the CDC via the NHSN. The link to the NHSN website is provided on this slide. Please note that psychiatric units within an acute care hospital will have a separate CCN if they are paid under the IPS PPS. So, this value will be different than the inpatient number being reported now.

The numerator includes those that were vaccinated, or had a contraindication to the vaccine, or refused, or their status was unknown. The reporting period starts October 1 and goes through March 31, or fourth quarter through first quarter, as the influenza season is October through March. The denominator includes staff that worked at least one working day between October 1 and March 31, and the NHSN system will separate the values into several groups: employees, licensed independent practitioners, adult students/trainees, and volunteers. There are no exclusions for this measure. There is a link at the end of the presentation to FAQs

about this measure. There are extensive Q & As on the CDC website for this measure.

And now, I will turn the presentation over to Renee Parks. Renee?

**Renee Parks:** Thank you, Wanda. As Wanda has presented the information on the measures that you will be abstracting for on an individual measure, what we're going to take a look at on this next slide is that, in addition to the quality measures that Wanda discussed, beginning with the fiscal year 2017 payment determinations, IPFs will begin reporting: aggregate population counts for Medicare and non-medical discharges; age groups, diagnostic groups, by quarter; and the sampling size accounts for each measure for which sampling is performed or allowed, as in for HBIPS-4 through -7 and SUB-1, along with the TOB measures and IMM-2 that you will start collection on in 2015. Those allow for sampling. And HBIPS-2 and -3 do not allow for sampling.

So, this will assist CMS in determining compliance with those requirements and data reporting completeness for their total population for both Medicare and non-Medicare. This will also improve the ability to assess relevance and impact of future measures. For example depression may be one measure that we look at in the future. So, that would be pulled from the diagnostic groups.

As we transition into slide 48, this just merely breaks down the age group strata for the measures in HBIPS where the age strata is looked at. So, these are your hospital-based inpatient psychiatric services. You have an overall rate, and then for individual categories or strata.

As we go, move into slide 49, these are the sub-group categories that are being refined now. And we may have as few as five categories, or as many as 10. There will be a tool that we will develop, along with the categories and the diagnosis codes once this refinement is complete. And again, this will assist in determining compliance with these requirements for both the

Medicare and non-Medicare population, and the relevance to future measures.

On this next slide, slide 50, this shows the population and sampling. And in the initial population, this refers to all patients, both Medicare and non-Medicare, who share a common set of specified, administratively-derived data elements. This may include ICD-9 diagnosis codes, and then, in October of next year when we transition to ICD-10, other population characteristics such as age, which was discussed on the previous slide.

For example, the population for HBIPS discharge measures, or measures four through seven, includes all patients having a primary or secondary psychiatric diagnosis code. So, the minimum sample sizes are listed here for both monthly and quarterly. But, we realize when you enter this data during the reporting period next year, that we will … The only requirement is that it be entered quarterly. There may be some of you who utilize vendors that may do this ongoing and do it on a monthly basis.

So, we have supplied both monthly and quarterly sample size requirements. You can find this tool on our QualityReportingCenter.com website, as we have incorporated all of the measures, the reporting timeline, along with population and sampling, and for which measures those correspond to.

On the next slide, you will see that this is the population and sampling table for your alcohol screening, as well as your tobacco measures, and IMM-2. Again, the quarterly minimum requirements are what will be reported during the submission period next year. The information, as I stated from slide 50 and 51, are incorporated into a tool that you can find located under the IPF program Resources and Tools on the QualityReportingCenter.com website.

On the next few slides are the links that Wanda referenced throughout the presentation. They start and begin on slide 52. The first one is for the Specifications Manual, and then The Joint Commission Manual that is on the IQR website. And that is the

active link that will take you right there for those measures. And then, we also have provided the Joint Commission Specifications Manual there for you as a reference, as well.

On slide 53, when we were talking about the electronic health records and whether they were electronically or ONC certified, this is the link that will take you where you are able to look and find out if the electronic health record that your facility utilizes is certified. There is also a link provided on slide 58 where you can go and look at the validated screening tools for your alcohol screening. And this is the website where you can look at those. But, make certain to ensure, when you are looking, that it is for a validated tool for screening, and not for diagnosis.

On slide 54 is the Frequently Asked Questions document provided to us through CDC, and this is their guidelines and their link, as well as the question where you can submit a Q & A following this presentation if yours was not answered.

And with that, I will turn the presentation back to Deb, where she will walk you through the CE process for this program. And there are … Before I do that, let me just say that in your slide packs, this is a slide that was added, and it is for the upcoming event. The one on November 20 will be for the Measure Data Analysis over the information that everyone just submitted this past June, July and August, and we will recap and look at the data in many different ways. December 16 will be a program where we will walk you through the Public Reporting process for the IPF program.

And with that, I will turn it back to Deb.

**Deborah Price:** Thank you, Renee. I'd like to thank both of our speakers for the information they've shared with us today, and I want to remind you that today's webinar has been approved for one continuing education [credit] by the Boards listed on this slide.

Next slide, please.

We now have an online CE certificate process. If you register for the webinar through WebEx, a survey will automatically pop up when the WebEx closes. After you complete the survey, a page will display to register you as either a new user or, if you've attended any of our other webinars, you would be an existing user.

A one-time registration is required. Your complete e-mail address is your user ID. If you did not receive a survey, don't worry, because we will be sending out a link to all the registrants **within 48 hours**. Again, **it's not going to arrive today**. It will be **within 48 hours** so we can have enough time to download all of the e-mail addresses that came in. If you do not receive the e-mail survey within **48 hours**, you'll still be able to get your CEs because we will be having an online course in about three weeks, and you'll be able to take the course in three weeks.

Next slide.

Okay, and now we're going to ask our subject matter experts to read some of the questions that have been sent in from attendees. Elba, do you want to start?

**Elba:** Thanks, Deb.

This is the first question: "Is it required that an evidence-based screening tool be used for TOB-1, the Tobacco Use measure?"

Answer: No, a specific tool is not recommended. The screen must identify their tobacco use status, along with the type, the volume, and the timeframe of use. The timeframe of tobacco use is within the past 30 days prior to the day of hospital admission. Tobacco use includes all forms of tobacco, including cigarettes, smokeless tobacco products, pipes, and cigars.

Question number two: "Does Cognitively Impaired include dementia diagnosis?"

Answer: The term "Confused" is listed as an inclusion in the data element. So, documentation of dementia would be acceptable only if the patient was confused at all times during the hospitalization and this was documented. Confusion must be present during the entire hospitalization for 2014. In 2015, the specifications change, and documentation of cognitive impairment is necessary only during the first three days after admission.

Question number three: "We are a psychiatric department in a large acute care hospital. The hospital already submits immunization data for both patients and employees throughout the hospital. Do we need to report separately for our psychiatric department?"

Answer: The facility will need to submit the data for the psychiatric facility or department separately by CCN if the facility or department is paid under IPF PPS. Additional education will be provided prior to data submission.

Wanda?

**Wanda Johnson:** Okay, I'm going to pick up a couple more questions.

"For IMM-2, for the immunization measure, is allergy an exclusion?"

So, the answer is that the facility will need to use the specifications in the HIQR Specifications Manual on QualityNet. For 2015 discharges, allowable value four in the data element influenza vaccination status includes allergy. But, entering value four allows the case to be in the numerator and pass the measure. It is not an exclusion.

The next question, "Our hospital has two campuses, the main hospital and the inpatient psych hospital. If a psych inpatient is transferred to the main campus for a lumbar puncture and subsequently gets admitted to inpatient status with a new diagnosis, can I select value one for the data element, Continuing Care Plan Next Level of Care?"

If the hospital has an electronic medical record, EMR, and the next level of care provider has access to the complete hospital EMR, you can select allowable value one. However, there must be documentation that the next level of care provider has access to the EMR. So, you can't just select value one without that extra documentation saying that the next level of care provider has access.

The next question, "I have a question regarding the continuing care plan discharge medications data element. Is the phrase, "mental health medication" sufficient and acceptable as an indication for use for all psychiatric medications, including anti-psychotics?"

And the answer is, no. To meet the intent of the measure, additional information would be necessary. For example, the mental health diagnosis could be listed as the indication.

I'm going to turn it over to Renee now to answer a couple more questions.

**Renee Parks:** Thank you, Wanda.

One of the questions that we have received is: "Will you please clarify whether IMM-2 will start for the IPF program with January 2015 or October 2015?"

So, the answer is IMM-2 affects the 2015 … I'm sorry, 2017 payment determination. So, you will start to collect this measure in 2015. And remember, the flu season goes between two calendar years, so you will start that with October 2015 discharges and will work through March 31 of 2016. And you will enter that data in 2016 through QualityNet during the submission period, and it will affect your 2017 annual payment update.

Another question that we have received is: "Does an anti-psychotic prescribed on a PRN medication, or as a PRN medication, count for HBIPS-4 and -5?"

So, the answer is an anti-psychotic prescribed on an as-needed basis is excluded according to the data element under Number of Anti-psychotic Prescribed at Discharge. So, again, if it's on an as-needed basis, it is an exclusion.

And the next question that we've received is, and we've received several very similar to this: "A patient is being tapered off of an oral Abilify over one month, and then it will be discontinued. She will start with IM Abilify. Does this still count as an ongoing anti-psychotic upon discharge?"

And the answer is, even though the medication will be tapered and then converted to an IM dose, Abilify PO is on table 10, and this includes this medication in the number of anti-psychotics prescribed at discharge. So, yes.

And then, let's see, let me find one more.

"The nurse documents Alcohol Use 'None' as an amount in A, and then adds 'Patient reports that she used to drink heavily, but no record of recent use.' The last admit report indicates she was a social drinker only, so it's difficult to obtain the information. Is this 'No' to alcohol use, and therefore does not need further screening?"

And the answer would be, from the example provided and the scenario given, it seems as though the single question was asked, and the patient denied alcohol use. So, therefore, a screen was performed, and no or low risk was identified. So, allowable value one is appropriate for the data element of alcohol use status.

And with that, I'm going to turn it back over to Deb.

**Deborah Price:** Well, thank you, Renee.

This concludes our program for today. I'd like to thank all of our speakers and participants for the valuable information and questions you provided. We hope you've heard useful information that will help you in your IPF Quality Reporting Program. If we did

not get to your question, please use the Q & A tool located at QualityNet.org. An IPF quality reporting subject matter expert will send you a timely response.

Thank you again, and enjoy the rest of your day.

**END**

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