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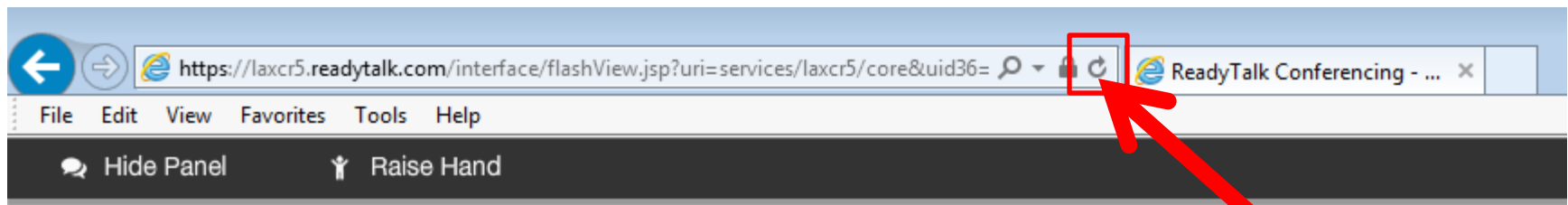
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Audio from computer speakers breaking up?
Audio suddenly stop?

- Click Refresh icon –
or-
Click F5



F5 Key
Top row of Keyboard

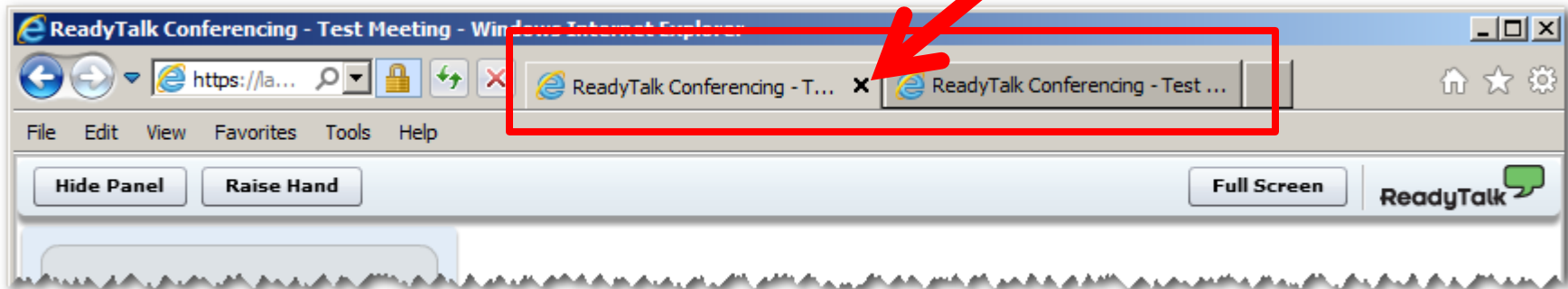


Location of Buttons

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Troubleshooting Echo

- Hear a bad echo on the call?
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- Close all but one browser/tab and the echo will clear up.



Example of Two Connections to Same Event

Submitting Questions

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The screenshot shows a presentation slide from the CMS (Centers for Medicare & Medicaid Services) website. The slide title is "Specifications Manual, Version 4.4a, Changes & Hospital VBP Program Improvement Series: MSPB". The date and time are "November 18, 2014, 10 a.m. & 2 p.m. ET". The slide lists three presenters: Candace Jackson, RN, Hospital IQR Support Contract Lead; Cindy Cullen, Mathematica Policy Research; and Bethany Wheeler, BS, Hospital VBP Program Support Contract Lead. On the right side, it lists Donna Isgett, Sr. Vice President Corporate Quality and Safety at McLeod Medical Center, and Amanda Molski, Quality Coordinator at Memorial Hospital Sweetwater County. In the bottom-left corner, there is a "Chat with Presenter" window with a text input field and a "Send" button. A yellow arrow points to this chat window.



Overview of the 30-Day All-Cause Unplanned Readmission Following Psychiatric Hospitalization in an Inpatient Psychiatric Facility (IPF) Measure

Kyle Campbell, PharmD

Vice President, Pharmacy and Quality Measurement
Health Services Advisory Group (HSAG)

APRIL 18, 2016

Purpose

During this presentation participants will learn about the background of the All-Cause Unplanned Readmission Following Psychiatric Hospitalization in an IPF Measure; the development process for the measure; the final measure specifications; how the measure compares to existing readmission measures; as well as future plans for the IPF Readmission Measure.

Learning Objectives

At the conclusion of this presentation, attendees will be able to:

- Explain the measure development process
- Interpret the final IPF Readmission measure specifications
- Describe the future plans for the IPF Readmission measure

Acronyms

AHRQ	Agency for Healthcare Research and Quality
CC	CMS Hierarchical Condition Categories
CCS	Clinical Classification Software
HPSA	Health Professional Shortage Area
HWR	Hospital-Wide Readmission
ICD	International Classification of Diseases
IPF	Inpatient Psychiatric Facility
IPFQR	Inpatient Psychiatric Facility Quality Reporting Program
MAP	Measure Applications Partnership
NQF	National Quality Forum
RSRR	Risk-Standardized Readmission Rate
TEP	Technical Expert Panel
SDS	Sociodemographic Status

OVERVIEW OF THE 30-DAY ALL-CAUSE UNPLANNED
READMISSION FOLLOWING PSYCHIATRIC HOSPITALIZATION
IN AN INPATIENT PSYCHIATRIC FACILITY (IPF) MEASURE

BACKGROUND

Background

- Readmissions following IPF admissions are common
 - More than 20% of IPF admissions for Medicare beneficiaries were followed by readmission within 30 days of discharge (2012-2013)
- There is a wide variation in readmission rates
 - Unadjusted facility-level 30-day readmission rates varied from 12% in the 10th percentile to 27% in the 90th percentile
- Readmissions are costly
 - Average Medicare payment for IPF admissions in 2012 was nearly \$10,000
- Readmission is an undesirable outcome for patients and their caregivers
 - Represents deterioration in condition
 - Disrupts recovery process

IPF Influence on Readmission Rates

There are effective strategies IPFs have used to reduce readmission rates

- Administering evidence-based treatments
- Connecting patients to post-discharge services and follow-up care
- Performing medication reconciliation
- Communicating with the outpatient care provider
- Providing discharge planning including patient education

OVERVIEW OF THE 30-DAY ALL-CAUSE UNPLANNED
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PROCESS FOR DEVELOPING MEASURE SPECIFICATIONS

Measure Use

Proposed for use in the IPFQR Program

- Pay-for-reporting
- Calculated using administrative claims data so no additional data collection burden for facilities
- ICD-10 conversion and Dry Run planned for 2017
- Publicly reported on Hospital Compare in 2018
- Submitted to National Quality Forum (NQF) for endorsement

General Approach to Development

- Develop a 30-day readmission measure for IPFs for initial (index) admissions with psychiatric diagnoses based on Medicare claims
- Where reasonable, align specifications with existing 30-day readmission measures
- Include readmissions for all causes
- Risk adjust measure
- Include all Medicare beneficiaries 18 years and older

Measure Development Process

Guided by Technical Expert Panel with patient/caregivers and expert workgroup

- Develop Business Case
- Develop and test cohort and outcome definitions
- Develop and test risk model phase I
- Conduct national public comment
- Develop and test risk model phase II for sociodemographic status (SDS)
- Submit for NQF Endorsement
- NQF Review (June 2016)

Target Population Development

Discharged with principal psychiatric diagnosis

- Defined as Agency for Healthcare Research and Quality (AHRQ) Clinical Classification Software (CCS) ICD groupings 650-670

Diagnosis CCS	Description	Count	Percent Admissions n=790,644
650	Adjustment Disorders	6,460	0.8
651	Anxiety Disorders	9,371	1.2
652	Attention-deficit, conduct, and disruptive behavior disorders	1,119	0.1
653	Delirium, dementia, and amnesic and other cognitive disorders	109,993	13.9
654	Developmental disorders	438	0.1
655	Disorders usually diagnosed in infancy, childhood, or adolescence	474	0.1
656	Impulse control disorders, NEC	3,082	0.4
657	Mood disorders	335,028	42.4
658	Personality disorders	1,611	0.2
659	Schizophrenia and other psychotic disorders	266,535	33.7
660	Alcohol-related disorders	21,600	2.7
661	Substance-related disorders	23,276	2.9
662	Suicide and intentional self-inflicted injury	291	0.0
663	Screening and history of mental health and substance abuse codes	287	0.0
670	Miscellaneous disorders	2,421	0.3

Target Population Development

Aged 18 or older with Medicare Parts A & B enrollment 12 months prior to admission, during admission, and 1 month following admission

- Patients younger than 65 with severe mental illness can qualify for Medicare due to disability
- Part A & B claims data are required to identify the eligible cohort, outcome, and risk factors

Target Population Development

Exclusions

- Patients discharged against medical advice
- Unreliable vital status data
- Transfers
 - If patient is transferred to acute setting, the intervening admission could influence readmission
- Interrupted stays
 - IPF billing procedure combines readmissions into same claim as the initial admission if the patient is readmitted to the same IPF within 3 days of discharge

Target Population Development

Final cohort for measure testing

Index File Creation Step	Total	Percent
Adult IPF admissions with admission and discharge between January 1, 2012 – December 31, 2013, discharged alive with a psychiatric principal discharge diagnosis, and enrolled in FFS Part A and B in the 12 months prior to admission, the month of admission, and at least 1 month post-discharge	781,986	100%
<ul style="list-style-type: none">• Unreliable data	58	0%
<ul style="list-style-type: none">• Transfers and Interrupted Stays	56,644	7%
<ul style="list-style-type: none">• AMA	9,110	1%
Cohort (index admissions)	716,174	92%

Outcome Development

All-cause Readmission

- Encourages treatment of the patient as a whole across both psychiatric and medical settings
- Relationship between admission diagnosis and cause of readmission is complex
 - Patient discharged with schizophrenia could be readmitted with a hip fracture due to a fall from side effects of their medications
- Harmonized with other readmission measures
- Allows IPF to implement broader range of quality improvement initiatives

Outcome Development

- 76% of readmissions are for psychiatric diagnoses
- 24% of readmissions are for non-psychiatric diagnoses
- Top 10 principal discharge diagnoses of readmissions:

CCS	CCS Description	Frequency	Percent n=149,475 readmissions
659	Schizophrenia and other psychotic disorders	49,672	33.2
657	Mood disorders	43,160	28.9
653	Delirium, dementia, and amnestic and other cognitive disorders	8,486	5.7
660	Alcohol-related disorders	5,059	3.4
661	Substance-related disorders	4,049	2.7
2	Septicemia (except in labor)	2,406	1.6
122	Pneumonia (except that caused by tuberculosis or sexually transmitted disease)	1,961	1.3
242	Poisoning by other medications and drugs	1,620	1.1
241	Poisoning by psychotropic agents	1,595	1.1
159	Urinary tract infections	1,580	1.1
	Other	29,887	20.0

Outcome Development

Planned readmissions

- Approach to exclude planned readmissions was harmonized with HWR Measure

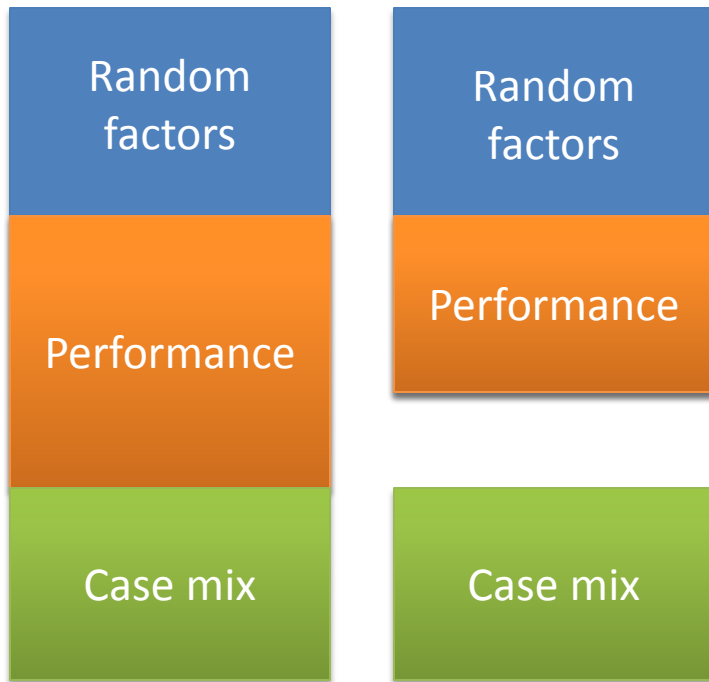
	Count	Readmission Rate
Index Admissions	716,174	
All Readmissions	153,684	21.5%
Unplanned Readmissions – included in numerator	149,475	20.9%
Planned readmissions – excluded from numerator	4,209	0.6%

Outcome Development

30-day incidence period

- Consistent with other NQF-endorsed and publicly reported readmission measures
- Supported by literature as indicator of quality of care
- Efforts already in practice to reduce 30-day readmission rates
- Multiple readmissions in 30 day period are only counted once

Risk Model Development



Adjustment for case mix ensures measure results reflect facility performance

- Case mix adjustment must be complete
- Random factors must be truly random

Risk Model Development

Risk factors must be:

- Patient characteristics
 - Not characteristics of the IPF
- Present at the start of care
- Not reflective of care provided
- Related to outcome conceptually and empirically Available in national datasets
- Parsimonious

Risk Model Development

Phase I – The following types of variables were evaluated:

- Demographics (age, gender)
- Principal discharge diagnoses of index admission
- Comorbidities
- Other psychiatric-specific risk factors identified in the literature

Phase II – SDS variables were evaluated

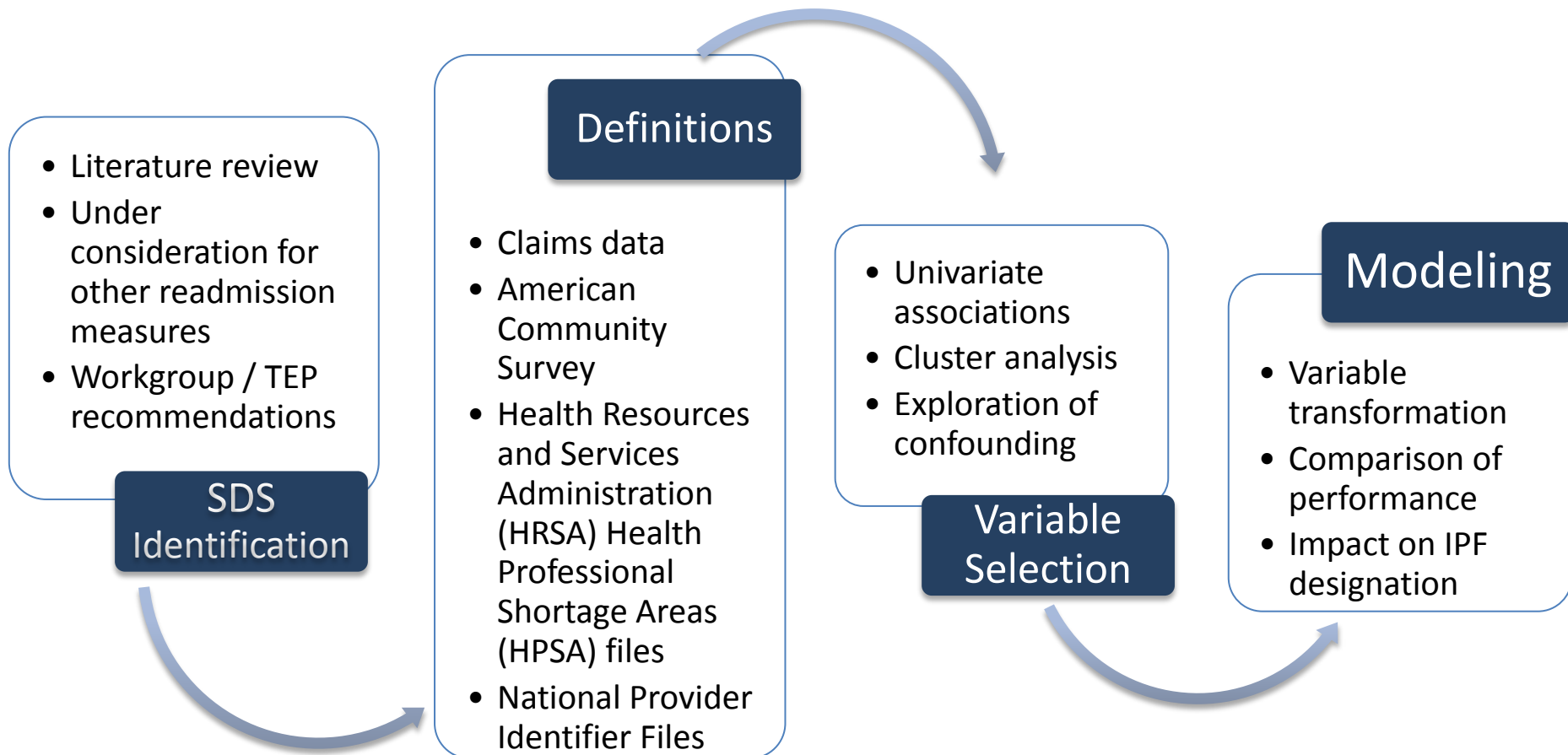
Risk Model Development – Phase I

Results of risk factor selection process:

- Gender
- Age
 - 7 groupings
- Principal discharge diagnoses
 - 13 modified AHRQ CCS ICD groupings for psychiatric disorders
- Comorbidities
 - Modified CMS Hierarchical Condition Categories (CC) ICD groupings
 - 13 psychiatric CCs
 - 25 non-psychiatric CCs
- Other variables from 12 months prior to admission
 - Discharged against medical advice
 - Suicide attempt or self-harm
 - Aggression

Risk Model Development – Phase II

SDS risk factor selection process:



Risk Model Development – Phase II

SDS variables tested in phase II of risk model development

SDS Factor	Variable	Level
Income/Wealth	Medicaid Enrollment	Patient
	Unemployment	Neighborhood
	Median Household Income	Neighborhood
	Percentage below poverty level	Neighborhood
	Crowded Household	Neighborhood
	Property Values	Neighborhood
Disability	Reason for Medicare eligibility	Patient
Race and Ethnicity/ Immigration	Race/ Ethnicity	Patient
	Percent Hispanic/ Latino	Neighborhood
	Limited-English language	Neighborhood
Access to Care	HPSA Mental Health	Neighborhood
	HPSA Primary Care	Neighborhood
	Psychiatry service access	Neighborhood
	Psychology service access	Neighborhood
	Pharmacy service density	Neighborhood
	Primary Care Provider Density	Neighborhood
	IPF Density	Neighborhood
	Rural Area	Neighborhood
Medicare Part D Enrollment	Medicare Part D Enrollment	Patient
Education	Low education	Neighborhood
	High Education	Neighborhood
SES	AHRQ SES categories	Neighborhood

Risk Model Development – Phase II

Results of SDS risk factor testing:

- Some risk factors had univariate associations with readmission that were not supported by conceptual relationship in literature (e.g., provider/patient ratio)
- Correlation between SDS and clinical variables, which limits SDS variable contribution if used in risk model with clinical variables
- Concern about interactions between SDS variables and risk-standardized readmission rates (RSRR)
 - Disabled, black, and Hispanic patients had significantly lower odds of readmission at hospitals with higher performance (lower readmission rates) than hospitals with lower performance (high readmission rates)
 - Adjustment for those variables could partially adjust for IPF quality

Risk Model Development – Phase II

- Inclusion of SDS factors in the risk model ***did not improve model performance***
- SDS variables were not included in final risk model

Indices		Original Model	Original + SDS risk factors
Predictive ability	P10	Observed 10.2%, predicted 9.0%	Observed 10.2%, predicted 8.8%
	P90	Observed 43.4%, predicted 41.9%	Observed 43.7%, predicted 42.1%
Discrimination C-statistic		0.660	0.661
Distribution of residuals			
<-2		0.0	0.1
-2 to <0		79.1	79.1
0 to <2		13.4	13.3
>=2		7.4	7.5
Model X ² (df=57)		37,858	38,461 (p<0.001)

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FINAL MEASURE SPECIFICATIONS AND TESTING RESULTS

Target Population

Includes admissions for patients:

- Aged 18 years and older
- Discharged alive
- Enrolled in Medicare Parts A & B for 12 months prior to the index admission, the month of admission, and 30 days post discharge

Measure excludes admissions for patients:

- With non-psychiatric principal discharge diagnoses
- Discharged against medical advice
- With unreliable data
- With subsequent admission within 2 days of discharge (transfers and interrupted stays)

Outcome

Facility-level, risk-standardized readmission rates within 30 days of discharge from an IPF

- Readmission defined as unplanned subsequent inpatient admission to an IPF or short-stay acute care hospital, including critical access hospitals, for any cause
- 24 month performance period
- Readmissions are also eligible as index admissions if they meet all other eligibility criteria

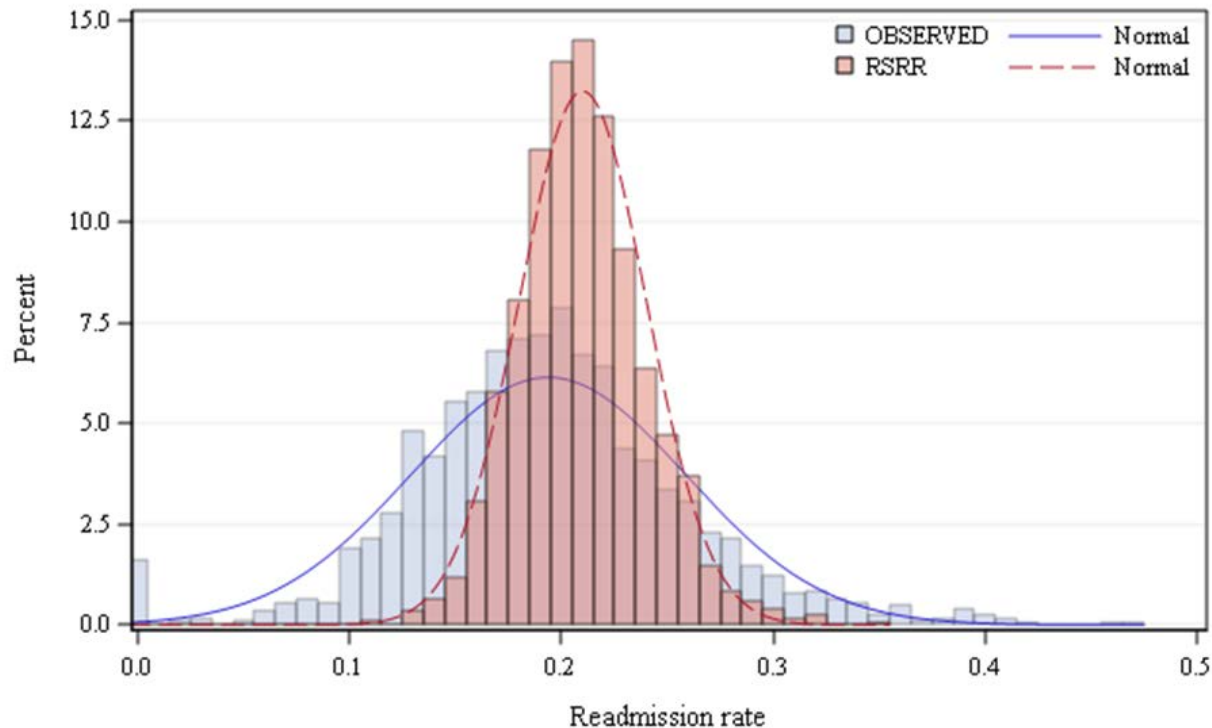
Risk Adjustment

- Gender
- Age
 - 7 groupings
- Principal discharge diagnoses
 - 13 modified AHRQ CCS ICD groupings for psychiatric disorders
- Comorbidities
 - Modified CMS CC ICD groupings
 - 13 psychiatric CCs
 - 25 non-psychiatric CCs
- Other variables from 12 months prior to admission
 - Discharged against medical advice
 - Suicide attempt or self-harm
 - Aggression

Testing Results

Risk adjusted results show variation in facility performance

	N IPFs	Mean	SD	Min	10 th Percentile	Lower Quartile	Median	Upper Quartile	90 th percentile	Max
Observed	1,696	19.38%	6.49%	0.00%	12.24%	15.46%	19.10%	22.86%	27.33%	46.67%
RSRR	1,696	21.00%	3.01%	10.97%	17.34%	18.99%	20.80%	22.75%	24.95%	35.41%



Testing Results

Performance categories determined by assessing whether the national readmission rate lies within the confidence interval for a facility's score

	# of IPFs	Percent of IPFs
Better than national rate	140	8.3
No different than national rate	1,257	74.1
Worse than national rate	227	13.4
Fewer than 25 cases during performance period	72	4.2

Comparison to HWR Measure

	IPF Readmission Measure (2012-2013)	HWR Measure (July 2013-June 2014)
Cohort	<ul style="list-style-type: none"> • 24 month performance period • Excludes admissions with readmissions on days 0-2 due to transfers and interrupted stays • Includes patients 18 years or older 	<ul style="list-style-type: none"> • 12 month performance period • Excludes admissions with readmissions on days 0-1 due to transfers • Includes patients 65 years or older
Outcome	<ul style="list-style-type: none"> • Readmissions to IPF and Acute Care Hospitals 	<ul style="list-style-type: none"> • Readmissions to Acute Care Hospitals only
Risk Adjustment	<ul style="list-style-type: none"> • Age categories • Includes gender • Includes Part A and Part B data • Paid special attention to psychiatric comorbidities 	<ul style="list-style-type: none"> • Age as continuous variable • Does not include gender • Only includes Part A data • All comorbidities operationalized with Condition Categories (CC)
Model Performance	C-statistic 0.66	C-statistics 0.62-0.67
Facility Classification Relative to National Rate	<ul style="list-style-type: none"> • 140 better (8.3%) • 1,257 no different (74.1%) • 227 worse (13.4%) • 72 with too few cases (4.2%) 	<ul style="list-style-type: none"> • 178 better (3.7%) • 4,078 no different (85.5%) • 337 worse (7.1%) • 179 with too few cases (3.8%)

Summary of Public Comment and MAP Review

Public Comment

- Majority of commenters supportive of the measure and felt it addressed an important quality concept (83%)
- Key considerations:
 - Preventability of readmissions and attribution to IPF (50%)
 - Shortage of mental health services (42%)
 - Adjustment for sociodemographic factors (17%)
 - Ensuring measures in other settings are harmonized (17%)
 - Readmission diagnoses different from admission diagnosis (17%)

Measure Applications Partnership (MAP)

- Measure was conditionally supported for IPFQR Program pending NQF-endorsement
- Recommended evaluation SDS risk factors

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FUTURE MEASURE PLANS

Future Plans for Measure

Measure scheduled for NQF review June 2016

- Criteria include: Importance, scientific acceptability, feasibility, usability
- Steering Committee will evaluate the testing results based on the SDS variables included in the risk model (as required by NQF SDS Trial Period)
 - Recommendations will be considered in future updates to this measure
- Following endorsement, measure updated annually and submitted for full re-endorsement every 3 years

Future Plans for Measure

Measure specifications will be updated annually based on:

- Updates to code sets
- Recommendations from stakeholders (including NQF)
- New empirical evidence or changes to clinical practice

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ACKNOWLEDGMENTS

HSAG Project Team Members

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University of Florida

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University of Florida

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- Statistician – Dan Dan Xu, PhD Candidate
- Study Coordinator – Daniel Zambrano, PharmD, MS
- Additional clinical experts from UF Health

Acknowledgements – TEP

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Acknowledgements – TEP

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REFERENCE SLIDES

Helpful Link

For more information on the IPF Readmission Measure, visit the following link and click on the file titled *Inpatient Psychiatric Facility Readmission Measure*:

<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HospitalQualityInits/Measure-Methodology.html>

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HELPFUL RESOURCES

Upcoming IPFQR Program Educational Webinar Dates

May 2016

FY 2017 IPF PPS Proposed Rule

IPFQR Program 101 and Advanced Directives

June 2016

Keys to Successful Data Submission

IPFQR Program General Resources

Q & A Tool

<https://cms-ip.custhelp.com>

Email Support

IPFQualityReporting@area-m.hcqis.org

Phone Support

866.800.8765

Inpatient Live Chat

www.qualityreportingcenter.com/inpatient

Monthly Web Conferences

www.QualityReportingCenter.com

Secure Fax

877.789.4443

ListServes

Sign up on
www.QualityNet.org

Website

www.QualityReportingCenter.com

QUESTIONS?

Continuing Education Approval

- This program has been approved for 1.0 continuing education (CE) unit for the following professional boards:
 - Florida Board of Clinical Social Work, Marriage and Family Therapy and Mental Health Counseling
 - Florida Board of Nursing Home Administrators
 - Florida Council of Dietetics
 - Florida Board of Pharmacy
 - Board of Registered Nursing (Provider #16578)
 - It is your responsibility to submit this form to your accrediting body for credit.

CE Credit Process

- Complete the ReadyTalk[®] survey that will pop up after the webinar, or wait for the survey that will be sent to all registrants within the next 48 hours.
- After completion of the survey, click “done” at the bottom of the screen.
- Another page will open that asks you to register in HSAG’s Learning Management Center.
 - This is a separate registration from ReadyTalk
 - Please use your PERSONAL email so you can receive your certificate
 - Healthcare facilities have firewalls up that block our certificates

CE Credit Process: Survey

No

Please provide any additional comments

10. What is your overall level of satisfaction with this presentation?

Very satisfied

Somewhat satisfied

Neutral

Somewhat dissatisfied

Very dissatisfied

If you answered "very dissatisfied", please explain

11. What topics would be of interest to you for future presentations?

12. If you have questions or concerns, please feel free to leave your name and phone number or email address and we will contact you.

Done

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CE Credit Process

Thank you for completing our survey!

Please click on one of the links below to obtain your certificate for your state licensure.

You must be registered with the learning management site.

New User Link:

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Existing User Link:

<https://lmc.hshapps.com/test/adduser.aspx?ID=da0a12bc-db39-408f-b429-d6f6b9ccb1ae>

Note: If you click the 'Done' button below, you will not have the opportunity to receive your certificate without participating in a longer survey.

Done

CE Credit Process: New User

The screenshot shows a web browser window displaying the registration page for a CE credit course. The page features the HSAG logo (Health Services Advisory Group) in the top left corner. In the top right corner, there is a security warning: "this is a secure site please provide credentials to continue" with a small green icon. Below the logo and warning, the text "Learning Management Center" is displayed. The main heading of the page is "Learning Center Registration: OQR: 2015 Specifications Manual Update - 1-21-2015". The registration form includes four input fields: "First Name:", "Last Name:", "Email:", and "Phone:". The "Phone:" field has a small icon of a telephone handset. Below the input fields is a "Register" button. The page has a blue header and a white main content area.

HSAG HEALTH SERVICES ADVISORY GROUP

this is a secure site
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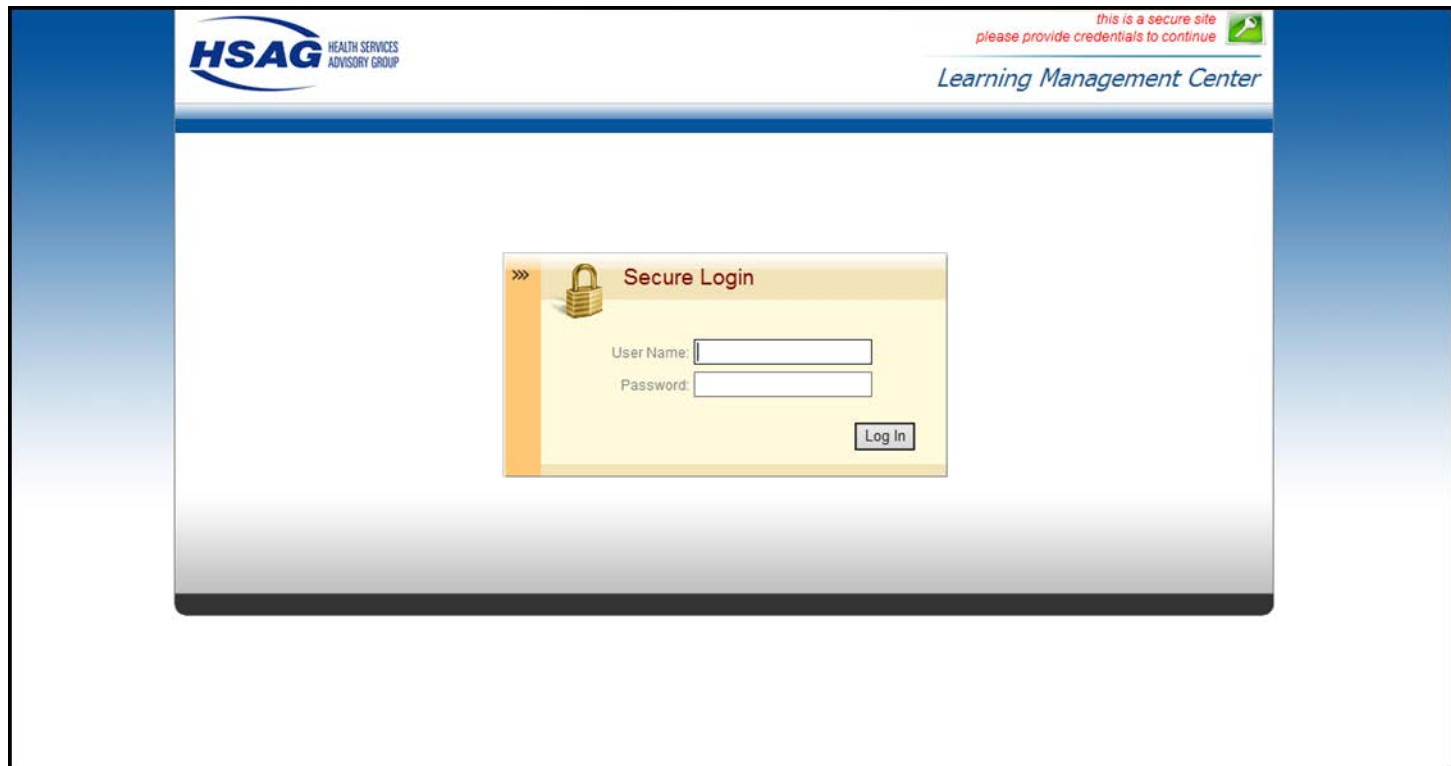
Learning Management Center

Learning Center Registration: OQR: 2015 Specifications Manual Update - 1-21-2015

First Name: Last Name:

Email: Phone:

CE Credit Process: Existing User



The screenshot displays the login interface for the HSAG Learning Management Center. At the top left, the HSAG logo is accompanied by the text "HEALTH SERVICES ADVISORY GROUP". At the top right, a security notice reads "this is a secure site please provide credentials to continue" next to a small green icon. Below this, the text "Learning Management Center" is displayed. The central focus is a "Secure Login" box with a yellow background and a lock icon. It contains two input fields: "User Name:" and "Password:". A "Log In" button is positioned at the bottom right of the login box.