Inpatient Quality Reporting Program

Support Contractor

IPFQR Program: Follow-Up After Hospitalization for Mental Illness (FUH) Measure

Presentation Minutes

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Operator: This is Conference # 1358381.

Matt McDonough: Good afternoon, everybody, and thank you for joining us for today's IPFQR Program Webinar. My name is Matt McDonough, and I'm going to be your virtual event host for today.

Before we begin today's event, I'd like to provide you with some housekeeping tips that will help you interact with our presenters throughout the course of today's event. On your screen, you see that audio for this event is available via Internet streaming; that means over your computer speakers or your headphone. If you're hearing my voice you know that, but you must have computer speakers or headphones connected to listen to our audio. There is no telephone line that is required, but there are a limited number of telephone lines available if you are experiencing audio difficulties throughout today's event.

As we are streaming audio over the computer, obviously you will not have the ability to ask questions verbally. However, you can submit questions to our panelists today using the "Chat with

Presenter" feature that's located on the left side of your screen. On the bottom left side of your screen, you'll see a small chat window. Simply type your question for our presenters into that window and click the "Send" button. When you do that, all of our presenters that are online today will see your question, and we will answer select questions as time and resources allow throughout today's event.

That's going to do it for my introduction. So, without further ado, I'd like to hand it over to Evette who will begin today's presentation. Evette, the floor is yours.

Evette Robinson: Thank you, Matt, and thank you all for joining us today. Welcome. My name is Evette Robinson and I am the project coordinator for the Inpatient Psychiatric Facilities Quality Reporting Program. I'll be your moderator for today's webinar, and I wanted to take a moment just to let everyone know, we do have, in attendance with us from CMS, the IPFQR program lead, Dr. Jeff Buck, as well as our IPFQR program technical adviser, Rebecca Kliman. I would also like to acknowledge and thank both Matt and Mike from our technical team for helping us manage the flow of our webinar today.

Our topic for today's session is the "Follow-up After Hospitalization for Mental Illness" measure presented by our guest speaker, Dr. Sherry Yang. Before we dive into the presentation today, I would like to cover a couple more housekeeping items. As many of you know, the slides for this presentation were posted to the Quality Reporting Center website prior to the event.

This session is being recorded and the slides, transcript, webinar recording, and questions and answers from this presentation, they will be posted on the Quality Reporting Center and *QualityNet* websites at a later date. Our upcoming IPFQR Program education webinars for the month of April, May, and June are listed on this slide. As you can see, in April we will discuss [the] IMM-2 measure, as well as Influenza Vaccination coverage among healthcare

personnel. In May we will discuss the Proposed Rule, and in June we will cover the non-measure data and structural measures.

And now, we would like to get a general understanding of how you, our webinar audience, view the current state of follow-up care at your facility with a couple of poll questions. We'll actually have four total poll questions for this webinar, two at the beginning, and two towards the end. So, at this time, we'd like to start with the very first poll question which is – Matt, I'm not sure if you're ready for it.

Matt McDonough: Yes. I sure am. Thank you, and the poll question should be displayed on your screen right now, and we see the answers are rolling in. The question is this, "Does your facility have a workflow in place to help patients get proper follow-up care?" This is a "Yes" or "No" question, so please select "Yes" or "No" and then click the gray "Submit" button that you see on your screen. It is a "Yes/No" question again. So please make your selection and click "Submit." We see that we have over 310 responses right now. So we appreciate everyone participating so far. Evette, we'll leave this open for a little bit longer until the responses slow down a little bit.

Again, the question is, "Does your facility have a workflow in place to help patients get proper follow-up care?" "Yes" or "No?"

Alright, it looks like we have almost slowed down completely. So if you like to close the poll, let me know.

Evette Robinson: Sure, that would be fine.

Matt McDonough: Alright, so we'll close this poll. And we have 382 total responses, and the results should be on the screen now.

Evette Robinson: Okay, great, and the results show that the large majority, 88.7 percent, nearly 90 percent of our participants that responded to this question, do believe that they have a workflow in place for proper follow-up care at their facility.

And Matt, if we can move on to the next question–

Matt McDonough: Certainly, and that one is now on the screen and open for response. And this question is for those who answered "No." For those that do not have a process in place, "Have you been thinking about or do you have plans to establish a process?" The answers for this one – selections are "Yes," "No," or "We have a plan." So if you have answered "No" on the previous question, please select "Yes" or "No," and let us know if you are thinking about or have plans to establish a process.

We have over 165 responses right now, and they're still rolling in. And, again, please make your selection - "Yes," "No," or if you have a plan, please select "We have a plan" and then click that gray "Submit" button so that we receive your response.

Alright, Evette, it does look like it's starting to slow down just a little bit. So, when you're ready to close the poll, please just let me know.

Evette Robinson: Okay, now is a good time.

Matt McDonough: Thank you.

Evette Robinson: Thank you, Matt.

Matt McDonough: And the results are on the screen.

Evette Robinson: Yes, and it does show that the majority of those who do not have one in place, they do intend to establish a process at some point in time. But again, it is very comforting to see that so many of the facilities participating in our webinar today have the processes already in place. So, again, thank you all for participating in this polling question. As I mentioned earlier, we will have a couple of others towards the tail end of the presentation today.

One other thing I did want to remind everyone is that the “Raise Hand” feature is not available at any point during this presentation. So, if you do have a question that you’d like to ask, again, please use the Chat tool that Matt mentioned earlier, and we will be sure to monitor those questions and respond to them as we can during the presentation. Also, I’ll pull together several of those questions towards the end of the presentation for a Q&A session with our presenter.

And speaking of our presenter, as I mentioned earlier, her name is Dr. Sherri Yang, and Dr. Yang is a pharmacist by training who has been working for two years in Quality Measure Development for measuring adverse drug events and adverse events. Dr. Yang is the Project Director for the IPF Measure Development and Maintenance Project. The purpose of the project is to develop, maintain, and support the implementation of quality outcome and process measures for the IPFQR program. The topic for today’s webinar, the **Follow-up After Hospitalization for Mental Illness Measure** is currently being maintained under this project. So we’ve invited Dr. Yang today to present an overview of this measure. Before she begins her presentation, I just wanted to, again, thank you all for participating in the polling question regarding the current state of your care coordination and hope that as you listen to her presentation, you will find out more about how this measure pertains to care coordination in the IPF setting.

With that said, I will turn it over to our guest speaker, Dr. Sherry Yang.

Sherry Yang: Thank you, Evette. I’m delighted to be here to present this measure. A literature review published in 2009 has noted that up to one-third of individuals with serious mental illness who have had some contact with [the] mental health service system disengage from care. So the follow-up care after hospitalization for this population is clearly an important topic, and this measure has been

selected for the program to help drive the improvement in this quality gap. So, today, I would like to start by discussing a rationale for the measure, provide a high level overview of the data source, measure algorithm, and key data elements involved in the measured calculation. Then we will end the presentation with the time line for measure implementation and reporting. And here is the acronym slide for the acronyms used throughout the presentation.

So unlike many of the measures in the current program, the Follow-Up After Hospitalization measure is an administrative Claims-Based measure. So, that means that the measure is completely calculated using the claims submitted by the providers. So to measure follow-up care, the measure calculates the percentage of discharge[s] that is subsequently followed by an outpatient visit or an intensive outpatient encounter with a mental health practitioner or a partial hospitalization. So, for this measure we're looking at two-time window[s]: so the measure will calculate the rate for follow-up care within seven days of discharge; and then you will look at another rate for follow-up care within 30 days of discharge.

So why focus on follow-up care after discharge? We know that mental illness accounts for a large disease burden, and frequent readmission for this population is a very well-known issue. And several study has examined the lack of outpatient follow-up after hospital discharge. And the rate of failure to attend the first outpatient appointment ranges from 18 to 67 percent. Failure to attend an outpatient appointment can really increase the likelihood for re-hospitalization. So naturally, one of the strategies to reduce the risk of repeat hospitalization is to ensure that your patient receives follow-up care. Ensuring treatment continuity not only improves the clinical outcome, but really improves the quality of life for your patient and for their families. So it is essential that we emphasize on coordinating and strengthening [the] transition between care settings, and that is exactly the goal for this measure.

So, the measure, this measure, the follow-Up After Hospitalization measure, is intended to improve the quality of care during the transition period from the inpatient to outpatient setting. Now we'll be discussing exactly how the measure is going to do that in just a moment, but right now, I would like to ask everyone to keep in mind that the measure is capturing a positive event, so it's capturing the follow-up care. So improvement is demonstrated by an *increase* in the measure of rate, which means higher the rate means better the performance.

So now, I'd like to bring our discussion to the specifics of this measure. So, first, let's look at data source. As I mentioned earlier, the measure is a Claims-Based measure, and it looks at follow-up care after hospital discharge. So the measure needs to be able to capture two components: you need to be able to capture the IPF discharge *and* the subsequent follow-up visit. So, to do that, the measure uses Medicare claims data and link[s] the claims submitted by the IPF with the claims from the outpatient provider. So to identify the IPF discharge, we look into the Medicare Part A claims. And then to identify the subsequent follow-up care visit, we use Part A and Part B claims. It is important to note that the measure only focuses on the Medicare fee-for-service beneficiary, which means that the dual eligible beneficiaries are not taken into account for the measured calculation. As soon as this measure is completely operationalized on claims, this means that there is no additional data collection or reporting needed from the IPF facilities, so it will [be] just purely based on the claims submitted by the facilities and by the outpatient providers.

Now let's get into the nitty-gritty of the measure algorithm. So I would like to provide a walkthrough on the measure's eligible population, denominator, and numerator. So, just by reading this slide, you probably notice for the three major components listed here, they all start with IPF discharges. Now this is another

important thing to keep in mind about this measure. The measure is counting IPF discharges and it's not counting by individual.

I know that given what I just said, it may be hard to think about eligible population when it's not in terms of people, so let's look at our target population first. The target population for this measure is Medicare fee-for-service beneficiaries discharged from an IPF during the first 11 months of the measurement period with a principal mental health diagnosis. Now, here are a couple of examples. What will be qualified as principal mental diagnosis? The diagnoses are determined by the ICD-9 codes coded with the IPF discharge. Please know that, by no means, this is a comprehensive list. Presented here are only a couple of examples. So you can see here, it includes schizophrenic disorders, mood disorder, paranoid state, psychosis, autistic disorder, and anxiety. Now, I do want to point out that the population that will go into this measure does not include population with substance abuse issues.

So now we know the target population that's connected with the measure. So the measure is actually counting the IPF discharges. So, because the measure is based on the number of IPF discharges, what gets into the real eligible population is the IPF discharge contributed by the target population, and we talked about target populations, the fee-for-service Medicare patient with the mental health diagnosis. So, because we're looking at a number of discharges, not number of people, so it is possible that each person can contribute more than one discharge. Now if the person is hospitalized for multiple times during that reporting period, based on when those hospitalization[s] occur, all of the hospitalizations can go into the measure calculation.

And unlike the chart-based measure, there is no sampling for this measure. So all the hospitalization that's qualified based on the denominator criteria will go into the calculation. Since the measure is expressed as a percentage, there will be a denominator and a

numerator. Denominator of the measure is the number of IPF discharges remaining in the eligible population after denominator exclusion. So let's look at what those exclusions are.

We listed four exclusions in here, and these are the four exclusions in place for the measure. The exclusion excludes IPF discharges followed by patient death, readmission, or transfer to an acute care or a non-acute care facility during the 30-day follow-up period. Now, in addition, this measure also excludes any IPF discharges that are followed by transfer or discharge to another institution. So, for example, it will be like skilled nursing facilities, intermediate care facility, or hospice.

So what can we expect from the impact based on those exclusions? The developer of this measure has tested the measure algorithm using the Medicare fee-for-service claims from 2008. Now in this table, what you're seeing are the estimated impact for an average facility. So as you can see, roughly 42 percent of the IPF discharges are excluded from a denominator after all the exclusions applied, and most of the exclusions were due to the third one that you see in this table, which is an IPF discharge followed by a non-IPF readmission direct transfer or a transfer to other institution.

So, at this point I would like to pause for questions.

Evette Robinson: Dr. Yang, I actually do have a question for you. You mentioned that the eligible population, there is a requirement for the IPF discharge to have a mental health diagnosis. Did this requirement also hold true for the exclusion? So, for example, in other words, do the readmissions or transfers referred to in the exclusions – do they also need to have a mental health diagnosis?

Sherry Yang: That's a really good question. So like Evette just mentioned, when you think about our eligible population, to be qualified in the eligible population, the IPF discharge needs to be with a mental health

diagnosis, but for the exclusion, actually, there is no requirement for diagnosis. So you can really be a readmission or a transfer for any reason. It doesn't have to be for a schizophrenic disorder or mood disorder. It could be really for any diagnosis to count.

Female: That's interesting. Could you perhaps explain to us why that's the case?

Sherry Yang: Sure. So if you really think about the exclusion that we listed on the previous slide, the reason why we have those exclusion is that when an inpatient stay occurs or an institutional of stay occurs, those events interfere with the ability of the patients to seek and obtain follow-up care after hospitalization. So this means that when you have a patient who is discharged to skilled nursing facilities or maybe they got discharged and then within a week they unfortunately got back to the hospital because of an accident, when those events occur, so this means that this patient will probably be in the institution or being hospitalized for a period of time, which means that the person will not have the opportunity to follow-up with their outpatient provider. So, in that case, then we will exclude those index events. So the IPF will not be held accountable for those events. So that's a really good question. And now we'll move on to the numerator.

So again, the measure is looking at the percentage of IPF discharges with the subsequent follow-up care. So we just talked about the eligible population and the denominator, you know, you're trying to capture the IPF discharge. So, now we're looking at a component that's capturing the follow-up visit. Now specifically the numerator for the measure is looking at the number of IPF discharges followed by an outpatient visit and intensive outpatient encounter or a partial hospitalization with a mental health practitioner within a follow-up period. Now I would like to take a moment to just look at this numerator closely, and I'd like to break this numerator really into three components: so, first, we need to

understand the definition for a qualifying follow-up visit; and second, we'll look at the definition for mental health practitioner; then third we'll see how exactly the follow-up period counts for the measured calculation.

So, looking at the qualified follow-up visit, the visits are captured using the claims. So we mentioned that it will be claims billed by the outpatient providers, and the measure algorithm will capture that event using various administrative coding. So if anyone is interested to learn more about the specific codes that will be used to capture the events, I believe those codes can be found in the IPFQR Program Manual. So we list some of the types of codes that will be used, and for the time's sake, I won't go into the detail of all the codes that we'll be using, but I do like to give people some examples. So, for example, if a patient after discharge, they went to see their psychiatrist and maybe just for brief office visit for monitoring or [to] change their prescription dose or maybe just as a quick follow-up to adjust their psychotherapy, that could be counted as a qualifying follow-up visit. Another example could be a person and a family member go to meet with their psychologist for a 15-minute [or] 45-minute psychotherapy session, and that could be counted as a follow-up visit. Now it is very important to note that ER visits actually do not qualify as follow-up visits regardless for what reason, even if the person is in the ER for a psychotic episode, an ER visit does not count as a qualified follow-up visit.

Now, as I mentioned, not only the person needs to go see their provider for a follow-up care, it needs to be specifically to see a mental health practitioner. And here, we list the qualified mental health providers. So that includes: certified psychiatrist; licensed psychologists or anyone, any clinician there that any clinician that are licensed to practice patient care psychiatry; neurologists; a certified social worker; and any other healthcare professional with a psychiatric specialty. Now, again, this component is also operationalized using claims. So specifically, it is determined by

looking at either the Medicare specialty codes or the taxonomy codes based on MPI number.

So, now, the follow-up period – Now we discussed previously that this measure will calculate two rates: one rate will look at follow-up visits occurring within seven days of IPF discharge, and then the other rate that will calculate the follow-up visit within the 30 days of IPF discharge. So exactly how do we count that seven-day and 30-day window? So, actually, the count starts on the date of IPF discharge, so it's really day zero and ends on the seventh or the 30th day after discharge; so day seven or day 30. So I think an easy way to think about it is when we say within seven days, within 30 days, really we're talking about between day zero to day seven or day zero to day 30. So that's your whole follow-up period that is used for the numerator to try to capture the event.

Now I do want to point out that even though for the numerator you have two different follow-up windows, but when it comes to the exclusion, there is only one follow-up window used. So if you think about the exclusion we just discussed, every time when we talk about exclusion, it's an event, a readmission, or a transfer that occurs within 30 days after the index discharge. So basically, regardless, whether you're looking at seven-day follow-up or 30-day follow-up, your exclusion does not change. There is only one window for looking at your exclusion, and that is using the 30 days after a hospital discharge.

So, now, I would like to share some measure, estimated measure performance. The measure developer of this measure, tested this measure using the 2008 Medicare fee-for-service claims. So this is the claim contributed by about 1,700 IPFs. So what you're seeing here is the table showing the two rates. So there is seven-day follow-up rate and there is the 30-day follow-up rate. And what we're showing here is the rates with exclusions and without any of the exclusions. Now we talked about the exclusion nearly ruled out

about 42 percent of the IPF discharge. So I want to show you in turn it impacts the measure rates so when you're with or without exclusion, how that changes your measure rate. So within your seven-day follow-up rate, the change is about four percent. It's really not that much. If you looked at the exclusion, the impact on the 30-day follow-up rate, it's about a good 10 percent change.

So now let's look at whether there is any variation between providers. So, again, here we're showing the seven-day follow-up rate and the 30-day follow-up rate. I think this table may look a little bit less obvious than the previous table. So let's look at the 25th percentile and 75th percentile. So that we can interpret the 25th percentile as maybe your lower performing providers or lower performing facility, and then the 75th percentile is your higher performing facility. So if you look at between the low and the high for the seven-day follow-up rate, it's – the lower end is 16.7 and the higher end 39.5. For the 30-day follow-up rate, the lower end, is 42.3 and the higher end 67.3. So you could see with the lower and higher end, and then also looking at our mean and median, so you see there is definitely wide variation in performance across IPFs, which to me suggests that is definitely a lot of opportunities for improvement, especially when your higher end is, you know, when you look at 30 days still only is about 67 percent. I think that means there's definitely room for improvement, and we can go for a much higher and better follow-up rate.

The performance doesn't vary just by high and low performing provider or facilities. We actually also see variations across diagnosis group[s]. So here it shows the average 30-day follow-up rate by the principal diagnosis or IPF discharge. Now, again, this is not showing all the groups that we have as far as what would be classified as principal diagnosis. These are just some of the broader classification that's used for the purpose of showing variation. So this is based on the 30-day follow-up rate. Remember, so before we break into different diagnosis group, the

average rate is about 53 percent. So, now, when we started looking at different diagnosis groups and you see some of them are higher and some of them are lower, specifically psychosis and major depressive disorder, has a lower follow-up rate after IPF discharge.

Now we also see variations by regions. So this is average 30-day follow-up rate by the geographical region of IPF discharge. Again, as a point of reference, so for the average 30-day rate, looking at all the region[s], again, it's about 53 percent. So you can see for the South and the West region, the discharge, the follow-up rate after discharge, is slightly lower than the other two region[s].

So now we know the measure algorithm and how the measure will be calculated. So I would like to go over the reporting time line for the measure. The measure is scheduled to be publicly displayed in April 2016. But it is important to note that the measure calculation will actually be based on the Medicare claims submitted in 2013 and 2014, so what you're going to see next year is really reflecting your performance back in 2013 and 2014.

Now, no data submission is required because this measure is completely claims-based and operationalized by claim; so, the measure calculation is entirely by CMS. So the IPF facility does not have to do any data collection, which means that a completion of this measure does not affect the facility's payment determination because right now the program is paid by reporting. And since there is no reporting requirement for the measure, really completing of this measure is not, right now, factored into the payment determination.

So, in summary, the measure determines the percentage of patient discharge[s] from IPFs who receive outpatient follow-up care. And we know that improving measure rate will reduce re-hospitalization and improve patient outcome. So the measure is calculated using

Medicare claims. So, namely, you will be from Part A and Part B claims. So, no data collection reporting is needed from the facility, and the measure will be publicly displayed in April of 2016.

This concludes the presentation. I, again, thank you for the opportunity to present this measure to you, and I hope the information presented here is helpful. And now I will turn it back to Evette.

Evette Robinson: Thank you, Dr. Yang. Before we actually start the Q&A session and the final polling questions, I did want to make sure that we had enough time to cover a couple of things with regards to the continuing education credit available for this presentation because we did receive several questions to the Q&A tool. I want to be sure that we have enough time to cover those. So we'll take a few moments just to cover the continuing education approval process and then proceed with our Q&A session with Dr. Yang, as well as the final polling questions.

So, at this time, I just wanted to again, take this opportunity to remind everyone that today's webinar has been approved for one continuing education credit by the professional boards that are listed on this slide. Also, as many of you know, we now have an online CE certification process in place. So if you registered for this webinar through ReadyTalk®, a survey will automatically pop-up when the webinar closes. We will also send out the survey link and an email to all participants within the next 48 hours, and if there are others listening at your facility – they're listening in on this event but they were not registered in ReadyTalk®, then we do ask that you pass the survey on to them.

This slide and a couple of the following slides will give you an idea of the screens that you will expect to see once the webinar ends. This slide shows a snapshot of what the survey will look like. It will pop up at the end of the event, and again, you will also receive a

link to it within the next 48 hours. You will see at the bottom right, the button for "Done." You will need to click on that when you're finished, and once you do, this screen will appear which will then allow you to either click on "Existing User," if you have already attended our webinars before and received CEs, or, if this is your first webinar with us for credit, then you'll need to click on "New User."

If you click on "New User," this is the screen that will appear, and we ask that you please register a personal email such as Yahoo or Gmail account because these email accounts typically do not get -- they don't -- they're not blocked by firewalls. And so, you'll need to, of course, remember your password since you will need to use that in order to obtain credit with us for this and any future events.

And finally, this is the screen for any "Existing Users." You will need to use your complete email address as your user ID and the password you used to register. And, again, we just wanted to make sure we cover that information because we found that in previous webinars, those seem to be commonly asked questions: "What will it look like?" "When will I get the information?" et cetera.

But now we would like to move into our question-and-answer portion. And so, I will take this opportunity to pose several questions to Dr. Yang. Thank you again, Dr. Yang, so much for participating in our webinar today. We have several questions here for you, and I'm trying to group them as best I can as we go, but we'll start off, at least, with the few that pertain to eligible population.

Sherry Yang: Sure.

Evette Robinson: So this first question is regarding the beneficiaries eligible for inclusion in this measure. "Can you please clarify whether this measure includes HMO Medicare Railroad population?"

Sherry Yang: Sure, so, the measure actually only focuses on Medicare fee-for-service beneficiaries. So if we think about the measure's eligible population, it's really the IPF discharges contributed by the Medicare fee-for-service beneficiary. So, to answer your question, the HMO and Medicare Railroad population will not be included for the measure.

Evette Robinson: Okay, and then another eligible beneficiary question, "Why – you mentioned earlier that dually eligible beneficiaries are not included in the measure. Can you please explain why that's the case?"

Sherry Yang: Sure, yes. And you're correct that the dually eligible beneficiaries are not included in the measure. So the measure population only focuses on the fee-for-service beneficiary because, right now, the measure is operationalized on Medicare claims. So we know that for the fee-for-service beneficiary, when they go into the hospital and then when they have a follow-up visit, we'll be able to see that show up in the claims or the Part A and Part B. So, basically, the Medicare claims can capture both IPF discharge and the follow-up visit. So now if we think about including the dually eligible beneficiaries, which that will mean we'll probably have to think about how to link to the Medicaid data, as some of the outpatient visits could be covered by Medicaid instead of Medicare, so, to be able to really have a full picture of how the follow-up visit, whether a patient got follow-up, you know we have to look into the Medicaid data. And now the challenge is we're trying to link two data sources. So, we know that the Medicaid data usually lag behind the Medicare data so data availability can be an issue. So right [now] because the measure is purely on Medicare claims, that would only include fee-for-service and not include the dually eligible patient.

Evette Robinson: Okay, great. We have a few questions here pertaining to codes. The first one is, "You mentioned that the outpatient visits are

captured using various administrative codes. Are those codes going to be updated regularly?"

Sherry Yang: Yes, the codes will be updated regularly. So as – the specification of the measure will be updated at the same schedule that the IPFQR Program Manual will be updated. So, during the update, the claim codes that will be used to capture follow-up visits and that will be used to classify providers, those, all those codes will be reviewed. And any new codes, such as new CPT or HCPCS codes, those will be added, will be updated to a specification, and the old codes will be retired.

Evette Robinson: Okay, okay, and then let's see, we have another question. "Where can I find the complete list of diagnoses that are used to capture the eligible population?"

Sherry Yang: Great question. Actually, as I was presenting, I saw there [were] several questions [that] came up in the chat asking about, you know, what will be classified as an outpatient visit. You know, how exactly are they defined, and then also related to exclusion, whether the person going to this particular setting, whether they are being excluded. So to find out the more details about the coding, those codes, a complete list of the ICD codes and then the CPT HCPCS codes, all the codes can be found in the IPFQR manual. And then – so for people who want to know more about, you know, what will be considered as principal diagnosis, how the follow-up visit will be operationalized and captured, I think that IPFQR program manual will be a great resources for people to go into and then really, kind of have a chance to take a closer look at the exact code that will be used for this measure.

Evette Robinson: Okay, great. And I just wanted to interject quickly another [question]– I'm just going to kind of read off the answer that was provided here. It's regarding – "If there is a substance abuse diagnosis and a mental health diagnosis, is that patient included or

excluded?" And as Dr. Yang mentioned, the data captured is really based on the primary diagnosis. So if the primary diagnosis pertains [to] substance abuse, then my understanding is that patient would be excluded. Is that correct?

Sherry Yang: Right. So, but again, we are only looking at the principal diagnosis. So if the person – even though the person may have substance abuse coded with that discharge, but as long as in that principal diagnosis there is a mental health diagnosis, that will still count.

Evette Robinson: Oh, I see, yes. Okay, great. Thank you for clarifying that, and then to kind of bring it back to what you mentioned about the manual, I did want to also point out that specifically, in Appendix B of the manual, you can find that complete list of the diagnoses codes, as well as other helpful information pertaining to this measure. And also as a reminder, the manual is currently posted in two locations. To access the manual from the qualitynet.org website, you can hover over the Inpatient Psychiatric Facility's button and then scroll down to select "Resources" where you will find a hyperlink to the manual. It's in PDF format at the very top of the page. It is also available through the qualityreportingcenter.com website, and there you would hover over Resources/Tools, select "IPF," and again the manual is the very first item listed on that page.

So I just wanted to put that little plug in there before we proceed with our next questions. Okay, so here – the next question I have here is, "Will the measure always be run on past claims, and what does this mean to my facility?"

Sherry Yang: Yes, so the measures, this is a Claims-Based measure. So it is – the measure is - calculated using the claims that have been submitted. So to answer your question, yes, it is claims that – you know, it's past claims. Those are the measures that I think are submitted and finalized.

Then as we mentioned earlier, that the rate of this measure will be publicly available in April 2016, but the calculation based on the claims data from July 2013 to June 2014. Because the measure is calculated using the claims data, I think to the facility and to the provider, number one, it's definitely very important for the provider to bill correctly. And I think the other part is thinking, kind of planning ahead, knowing that your rate, you know, is going to show up [in] the future is really based on the claims, based on your practice right now. So I think it is – I encourage the facilities to really start thinking and then planning about the care coordination practice and how they can improve and then, really just kind of take action now to drive that improvement in this quality gap.

Evette Robinson: Okay, great. I see another question here pertaining to what you mentioned about the public reporting of these findings in April of 2016. There is the question about whether or not a review period will be – "where facilities will be able to see their performance with respect to this measure?"

And my understanding is that, yes. Just as we have the preview period, usually, typically it's the very end of December through the end of January, that information will still be a part of that. So that preview period will occur, as well, with respect to this measure as it has with other measures within the IPFQR program.

And I have one more question here regarding exclusion. "In the exclusions, does discharge to a regular nursing home bed count?"

Sherry Yang: So, based on the measure algorithm, if the patient – so that's the patient on discharge from the IPF facility – and then, within 30 days of that discharge, the patient goes to a skilled nursing facility, now [that] skilled nursing facility is counted as one of the readmission transfers to a non-acute facility. So that – particularly the patient [that] goes with skilled nursing facility – then that particular event, that IPF discharge, will be excluded from the measure calculation.

Evette Robinson: Okay, sounds great. And here's another specific question, again regarding exclusion. "What if a person is incarcerated after discharge from an inpatient psychiatric facility and before the 30 days?"

Sherry Yang: So we kind of talked about, you know, the rationale for the exclusion is to really make sure that, you know, if the patient – if something happens to the patient within 30 days after discharge that prevent them from being able to, "Do I have a follow-up visit? or "Do I have a chance actually to talk to their provider?" So we want to make sure that the facility is not being held accountable for those measure because that – because the patient is not able to have that follow-up. So that's why we have all the exclusions. So to answer your question, you know, for somebody who is incarcerated, I believe based on the measure algorithm that those IPF discharge will also be excluded from the measure calculation.

Evette Robinson: Okay, great. We do have several questions and we're going to try to cover as many as we can in the time period we have, but I think we may just have a time for a couple of more at this point. "Would a visit to a primary care practitioner count as an outpatient visit?"

Sherry Yang: So, because the measure is specifically looking at follow-up visits with a mental health provider, so the way [the] measure is operationalizing now is really focused on the visit with the mental health provider. So – I mean to answer your question for a strictly primary care provider, you really have to – it really depends on whether they fit into the definition that we discussed in a prior slide. So I think we'll have to go back to [the] definition and then perhaps even the coding of how the mental health provider is classified. And I believe that is covered under slide 19. And then again, if anybody is interested to see the exact code used to classify the mental health provider, those can be found in the IPFQR program manual.

Evette Robinson: Okay, great. And then, let's see, I'm going to try another one, at least one more question before we bring up our polling question. But just as a reminder, once again, I don't see this question, but I wanted to just put it out there to make sure that it's clearly understood. You know, as far as the facilities receiving credit for this measure, there really isn't anything that a facility needs to do, per se. This is not like our other measure data where you have to go in and enter the information because it is entirely claims-based. However, although there is no data abstraction required on behalf of the IPF, it is important that all IPFs document their billing and their claims accurately and then, in a timely manner so that the metrics that are captured, that are gathered and calculated by CMS, are as accurate as possible.

So, with that, I will turn it back over to Matt so that we can go into our final polling questions.

Matt McDonough: Thank you very much, Evette. And, again, we have two more polling questions, and you will participate in the same way as you did the previous two.

So without further ado, let's go to our first polling question, and it is this, "Now, after learning how the measure is structured, which of the following best describes your facility's care coordination process today?" There are four selections: one) It aligns with the measures intent; [two)] You are aware of improvement opportunities; [three)] You need to review for improvement; or [four)] Unsure – I don't know." Those are your four options. So please select one of those four and then click the "Submit" button so that we receive your poll for response.

Again, "Which of the following best describes your facility's care coordination process as it exists today?" And again, be sure that you do click that gray "Submit" button. We do often receive comments that responses were not submitted, and it's usually

because they forgot to click that "Submit" button, so please don't forget to do so.

We are around 250 responses, and it looks like it's slowing down. So if you'd like to close the question, please let me know.

Evette Robinson: Yes, we can close the question, Matt. Thank you.

Matt McDonough: Right. Thank you. And the responses are on the screen.

Evette Robinson: Okay, so it does look like at least 50 percent of our participants are at least "aware of improvement opportunities and/or aligned with the current measure's intent." And there are others who either "need to review for improvement" or "I'm sure of where things stand." So it's [a] pretty interesting breakdown of information we have here.

If we could move on to the final polling question, that would be great. Thank you, Matt.

Matt McDonough: And it is on the screen and it is this, "Would you like to have more education regarding coordination of care as it pertains to this measure?" And your three selections are: "Yes," "No," or "I don't know, I'm not sure." So please make your selection, one of those three, and then click the gray "Submit" button. Again, "Would you like to have more education, more educational opportunities regarding coordination of care as it pertains to this measure -- yes, no, or I don't know?"

And, Evette, it does look like we're starting to slow down a little bit. So just give me the word, and we'll close this poll.

Evette Robinson: Sure, we can close the poll at this time. Thank you.

Matt McDonough: Alright, thank you. And the responses are shared.

Evette Robinson: Yes, okay, and it does look like we have close to 60 percent of you who would like to see additional information regarding coordination of care as it pertains to the FUH measure.

We, again, want to thank you all who are able to participate in the polling question. This kind of feedback, this live feedback is very helpful for us. We always welcome your input and ideas and ways that we can improve and make this more helpful and relevant for you.

So, at this time, I would like to once again thank our guest speaker, Dr. Sherry Yang, for sharing her knowledge and providing insights into this measure today. As I mentioned at the beginning of the webinar, a recording of this presentation along with transcripts, slides, [and] questions and answers, will all be posted both on qualitynet.org and qualityreportingcenter.com at a later date. And, as always, you can contact us, the IPFQR Program Support Contractor at the email address or phone number listed on this slide about any questions that you have regarding this measure or any other measures pertinent to the IPFQR Program, or just about the IPFQR program in general. Should you have any questions specifically for Dr. Yang, please use these same options for contacting us, and we'll be sure to reach out to Dr. Yang on your behalf and obtain an answer to your questions.

This concludes the IPFQR Program webinar regarding the Follow-up After Hospitalization for Mental Illness Measure. We thank you all for your time and participation.

END

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