



Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program: Follow-Up After Hospitalization for Mental Illness (FUH) Measure

Sherry Yang, PharmD

Director, IPF Measure Development and Maintenance Project
HSAG

March 19, 2015

Save the Dates

Upcoming IPFQR Program educational webinars:

- **April 16, 2015**
 - IMM-2 & Influenza Vaccination Coverage Among Healthcare Personnel
- **May 21, 2015**
 - Proposed Rule
- **June 18, 2015**
 - Non-Measure Data and Structural Measures

3/19/2015

2

Learning Objectives

At the conclusion of the program, attendees will:

- Know the rationale and intent of the measure
- Understand the data source and measure algorithm
- Understand the key data elements involved in the measure calculation
- Know the timeline for measure implementation and reporting

3/19/2015

3

Acronyms

- **CPT** Current Procedural Terminology
- **CY** Calendar Year
- **DO** Doctor of Osteopathic Medicine
- **ER** Emergency Room
- **FACTYP** Facility Type
- **FFS** Fee-for-Service
- **FY** Fiscal Year
- **FUH** Follow-up After Hospitalization
- **HCPCS** Healthcare Common Procedure Coding System
- **ICD-9-CM** The International Classification of Disease, 9th Revision, Clinical Modification
- **MD** Doctor of Medicine
- **NPI** National Provider Identifier
- **POS** Place of Service
- **TYPSVC** Type of Service/Service Classification
- **UB** Uniform Billing

3/19/2015

4

Follow-up After Hospitalization

Data Source: Administrative Claims

Description: The percentage of discharges for patients of all ages who were hospitalized for treatment of selected mental disorders and who subsequently had an outpatient visit or an intensive outpatient encounter with a mental health practitioner, or received partial hospitalization services.

Two rates are reported:

- Follow-up within 7 days of discharge
- Follow-up within 30 days of discharge

3/19/2015

5

Measure Rationale

- Mental illness accounts for a very large disease burden.¹
- Approximately half of the patients with first-time psychiatric diagnoses are readmitted within two years of discharge.²
- Continuity of treatment and follow-up care are known to reduce risk of repeated hospitalizations.³
- Failure to attend an outpatient appointment after hospital discharge has been shown to increase the likelihood of re-hospitalization.²

1. World Health Organization. (2004). *The World Health report 2004: Changing history*. Annex table 3: burden of disease in DALYs by cause, sex, and mortality stratum in WHO regions, estimates for 2002. Geneva: WHO.

2. Kreyenbuhl, J., Nossel, I., & Dixon, L. (2009). Disengagement from mental health treatment among individuals with schizophrenia and strategies for facilitating connections to care: A review of the literature. *Schizophrenia Bulletin*, 35(4), 698-705.

3. Greshpoon, A., Lerner, Y., Hornik-Lurie, T., Zilber, N., & Puzisovsky, A.M. (2011). Post-discharge contact with mental health clinics and psychiatric readmission: A 6-month follow-up study. *Int. J. Psychiatry Resear. Sci.*, 48(1), 262-267.

3/19/2015

6

Measure Rationale

- Proper follow-up treatment for psychiatric hospitalization can lead to improved quality of life for patients and families.¹
- Coordinating and strengthening transitions between inpatient and outpatient care will improve patient outcomes.

1. Centers for Medicare & Medicaid Services. IPFQR Program Manual. (February 5, 2015). Retrieved from http://www.qualityreportingcenter.com/wp-content/uploads/2015/02/IPF_CY2015_2015IPFQRManual_Guide_20150204.pdf

3/19/2015

7

Measure Intent

The intent of the measure is to improve the quality of care during the transition period from the inpatient to outpatient setting.

- Improvement in measure performance is demonstrated by an increase in the measure rate.
- A higher rate indicates better performance.

3/19/2015

8

Data Source

- The measure uses Medicare claims data by linking the claims submitted by IPFs and subsequent outpatient providers.
 - Hospital discharges are extracted from Part A claims.
 - Follow-up outpatient care visits are pulled from Part A and Part B claims.
- The measure captures only Medicare FFS beneficiaries.
 - Dual eligible beneficiaries are not included in the measure.
- It does not require any additional data collection or reporting from IPFs.

3/19/2015

9

Measure Algorithm

- **Eligible Population:** IPF discharges for FFS Medicare patients of all ages with a selected principal mental health diagnosis
- **Denominator:** The number of IPF discharges remaining in the eligible population after denominator exclusions
- **Numerator:** The number of IPF discharges followed by an outpatient visit, an intensive outpatient encounter, or partial hospitalization with a mental health practitioner within 30 or 7 days of discharge

3/19/2015

10

Eligible Population

- The eligible population for this measure is Medicare FFS beneficiaries discharged from an IPF during the first 11 months of the measurement year with a principal mental health diagnosis, including:
 - Schizophrenic disorders, mood disorders, paranoid state, psychosis, autistic disorder, and anxiety
 - Substance abuse diagnoses (ICD-9-CM 303-305) are not included in the measure
- The measure is based on the number of IPF discharges, not the number of beneficiaries
 - An individual can contribute more than one IPF discharge during the reporting period

There is no sampling for the FUH measure.

3/19/2015

11

Denominator Exclusions

Exclusion criteria include:

- An IPF discharge for which the patient died during the stay or followed by patient death within 30 days
- An IPF discharge followed by an IPF readmission/direct transfer
 - An IPF discharge with an IPF admission during the 30-day follow-up period
- An IPF discharge followed by a non-IPF readmission/direct transfer
 - An IPF discharge with an admission/direct transfer to an acute or non-acute facility during the 30-day follow-up period
- An IPF discharge followed by a discharge/transfer to other institutions during the 30-day follow-up period

3/19/2015

12

Expected Impact from Exclusions

The average facility can expect exclusions of the following proportions:

Exclusion	Proportion of IPF Discharges Excluded
1. An IPF discharge followed by patient death within 30 days	0.6%
2. An IPF discharge followed by an IPF readmission/direct transfer	17.8%
3. An IPF discharge followed by a non-IPF readmission/direct transfer to other institutions	38.0%
All exclusions*	41.7%

*Proportion excluded for any of the exclusions above. A discharge can meet multiple exclusion criteria.

Source: Mathematica Policy Research. (2015). Final Report: Development of quality measures for inpatient psychiatric facilities (Reference No. 09987). Washington, DC.

3/19/2015

13

Numerator Definition

Numerator: The number of IPF discharges followed by an outpatient visit, an intensive outpatient encounter, or partial hospitalization with a mental health practitioner within 30 or 7 days of discharge

3/19/2015

14

Qualified Follow-up Visit

Qualified follow-up visits include:

- Outpatient visits, intensive outpatient encounters, and partial hospitalizations
 - Determined using CPT, HCPCS, POS, UB revenue, TYPSCV/FACTYP codes in Medicare Part A and Part B claims

ER visits do not qualify as follow-up visits.

3/19/2015

15

Mental Health Practitioner

- Qualified mental health providers include:
 - MDs/DOs certified as a psychiatrist
 - MDs/DOs licensed to practice patient care psychiatry
 - Licensed psychologists
 - Neurologists
 - Certified clinical social workers
 - Nurses, physician assistants, or occupational therapists with a psychiatric specialty
- Determined by either Medicare specialty code or taxonomy code based on NPI

3/19/2015

16

Follow-up Period

- Two follow-up periods:
 - Within 7 days of the IPF discharge
 - Within 30 days of the IPF discharge
- Starts on the day of IPF discharge (day 0) and ends 7 or 30 days after the discharge date (day 7 or day 30)

The follow-up period for the numerator does not affect the follow-up period used in the denominator exclusions.

3/19/2015

17

Estimated Measure Performance

- Testing results from the CY 2008 FFS Medicare claims:
 - Sample size = 61,871 index discharges among 1,669 IPFs

	Average 7-Day Follow-up Rate	Average 30-Day Follow-up Rate
No Exclusions	24.0%	43.8%
All Exclusions Applied	28.7%	53.5%

Source: Mathematica Policy Research. (2015). *Final Report: Development of quality measures for inpatient psychiatric facilities* (Reference No. 06987). Washington, DC.

3/19/2015

18

Estimated Measure Performance

- Variation in measure performance:

	7-Day Follow-Up Rate	30-Day Follow-up Rate
25th Percentile	16.7%	42.3%
Mean	28.7%	53.3%
Median	27.8%	55.0%
75th Percentile	39.5%	67.3%

- Wide variation in performance across IPFs suggests ample opportunities for improvement

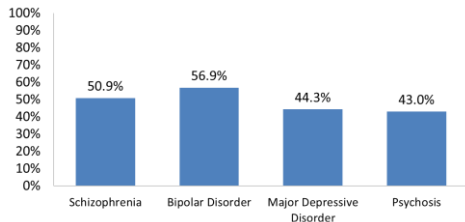
Source: Mathematica Policy Research. (2015). *Final Report: Development of quality measures for inpatient psychiatric facilities* (Reference No. 06987). Washington, DC.

3/19/2015

19

Estimated Measure Performance by Diagnosis

- Average 30-day follow-up rates by the principal diagnosis of IPF discharge:



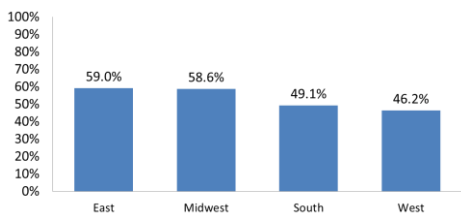
Source: Mathematica Policy Research. (2015). *Final Report: Development of quality measures for inpatient psychiatric facilities* (Reference No. 06987). Washington, DC.

3/19/2015

20

Estimated Measure Performance By Region

- Average 30-day follow-up rates by the geographical region of IPF discharge:



Source: Mathematica Policy Research. (2015). *Final Report: Development of quality measures for inpatient psychiatric facilities* (Reference No. 06987). Washington, DC.

3/19/2015

21

Reporting Timeline

Payment Determination	Reporting Period	Data Submission Time Frame	Public Display
FY 2016	July 1, 2013–June 30, 2014	No data submission required. Measure calculated by CMS.	April 2016

- The measure is scheduled to be publicly displayed in April 2016.
- Measure calculation will be based on Medicare claims submitted in 2013 and 2014.
- Completion of this measure does not affect an IPF's payment determination.

3/19/2015

22

Summary

- The measure determines the percentage of patients discharged from IPFs who receive outpatient follow-up care.
- Improving measure rates will reduce re-hospitalizations and improve patient outcomes.
- The measure is calculated using Medicare claims data (Parts A and B claims).
 - No data collection and reporting is needed from the facility.
- The measure will be publicly displayed in April 2016.

3/19/2015

23

Continuing Education Approval

- This program has been approved for 1.0 continuing education (CE) unit given by CE Provider #50-747 for the following professional boards:
 - Florida Board of Nursing
 - 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
- Professionals licensed in other states will receive a Certificate of Completion to submit to their licensing Boards.

3/19/2015

24

CE Credit Process

- Complete the ReadyTalk® survey you will receive by email within the next 48 hours or the one that will pop up after the webinar.
- The survey will ask you to log in or register to access your personal account in the Learning Management Center.
 - A one-time registration process is required.

3/19/2015

25

CE Credit Process: Survey

3/19/2015

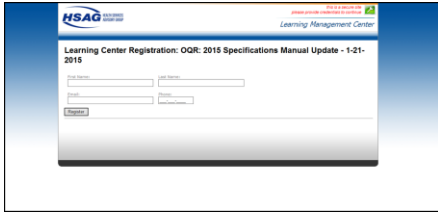
26

CE Credit Process

3/19/2015

27

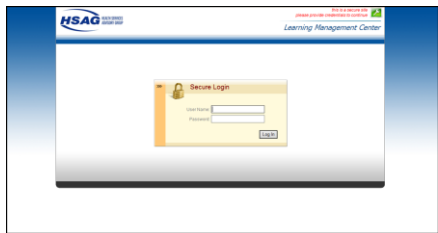
CE Credit Process: New User



3/19/2015

28

CE Credit Process: Existing User



3/19/2015

29

QUESTIONS?

This material was prepared by the Incentives, Incentives, and Quality Reporting Outreach and Education Support Contractor, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services, HHS-500-2013-130070, FL-QR-CM-03112015-03

3/19/2015

30
