

Welcome!

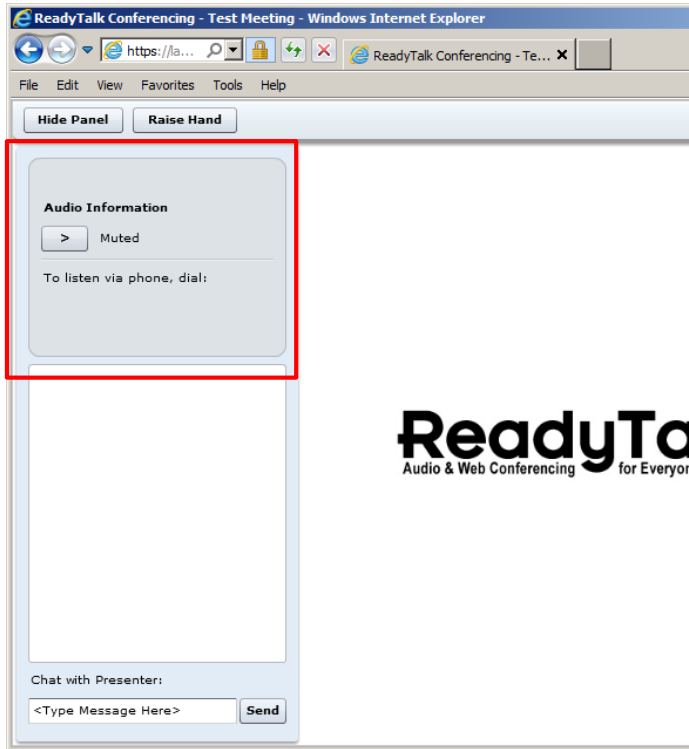
- **Audio for this event is available via ReadyTalk® Internet Streaming.**
- **No telephone line is required.**
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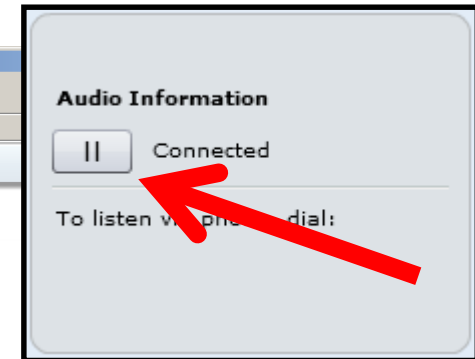
Troubleshooting Audio

Audio from computer speakers breaking up?
Audio suddenly stop?

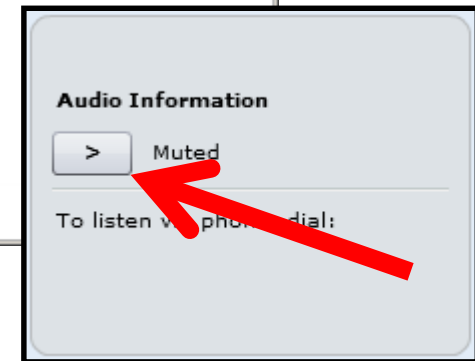
- Click Pause button
- Wait 5 seconds
- Click Play button



Location of Audio Controls



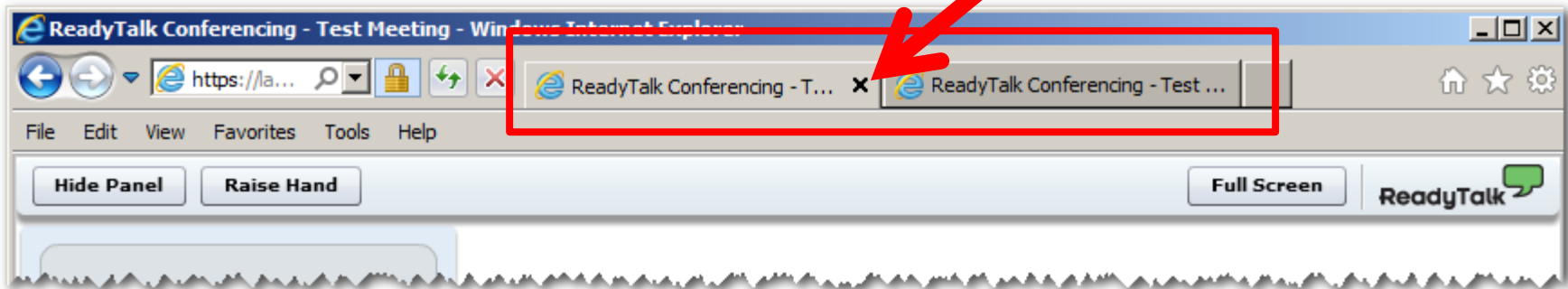
Step 1



Step 2

Troubleshooting Echo

- Hear a bad echo on the call?
- Echo is usually caused by multiple connections to a single event.
- Close all but one browser/tab and the echo will clear up.



Example of Two Connections to Same Event

Submitting Questions

Type questions in the “Chat with Presenter” section, located in the bottom-left corner of your screen.



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 speakers: 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 containing "Type questions here." and a "Send" button. The chat window also has "Hide Chat" and "Take Hand" buttons at the top left and "Full Screen" and "ReadyToGo" buttons at the top right.



Inpatient Psychiatric Facility Quality Reporting Program New Measures and Non-Measure Reporting – Part 1

Evette Robinson, MPH

Project Lead, Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program
Value, Incentives, and Quality Reporting (VIQR) Outreach and Education Support Contractor (SC)

October 29, 2015

Purpose

During this presentation participants will learn about the SUB-2, SUB-2a, TOB-3, and TOB-3a measures, as well as the Non-Measure Reporting requirements.

Learning Objectives

At the conclusion of this presentation, attendees will:

- Understand the SUB-2, SUB-2a, TOB-3, and TOB-3a measure specifications
- Understand the keys to implementing and abstracting TOB-3 and TOB-3a measures
- Understand the measure data sampling options and non-measure data requirements
- Know the reporting timeline for new measures and non-measure data

Acronyms

- **AHRQ** Agency for Healthcare Research and Quality
- **AMA** Against Medical Advice
- **CCS** Clinical Classifications Software
- **CDC** Centers for Disease Control and Prevention
- **CY** Calendar Year
- **EBP** Evidence-based Practice
- **FDA** Food and Drug Administration
- **FFS** Fee-for-Service
- **FR** Final Rule
- **FY** Fiscal Year
- **HBIPS** Hospital-Based Inpatient Psychiatric Services
- **H-CUP** Healthcare Cost and Utilization Project
- **HCP** Health Care Provider
- **HIQR** Hospital Inpatient Quality Reporting
- **IMM** Influenza Immunization Measure
- **IPFQR** Inpatient Psychiatric Facility Quality Reporting
- **IPP** Initial Patient Population
- **NRT** Nicotine Replacement Therapy
- **OTC** Over The Counter
- **PPS** Prospective Payment System
- **SA** Substance Abuse
- **SAMSHA** Substance Abuse and Mental Health Services Administration
- **SBI** Screening and Brief Intervention
- **SBIRT** Screening, Brief Intervention, and Referral to Treatment
- **SUB** Substance Use Measure
- **TOB** Tobacco Use Measure
- **UTD** Unable to Determine

IPFQR Program New Measures and Non-Measure Reporting – Part 1

SUB-2 AND SUB-2a MEASURE OVERVIEW

Previous IPFQR Webinars: Substance Use Measure Resources

Webinar documents for

A Closer Look at the Measures for Collection

(October 29, 2014)

and

Keys to Implementing and Abstracting the Substance Use Measure Set: SUB-1, SUB-2, and SUB-2a

(September 1, 2015)

can be found on the Quality Reporting Center Website at:
[IPF Archived Events](#) and on the *QualityNet* Website at
[IPF Webinars, Calls – 2014](#) and [IPF Webinars, Calls – 2015](#).

SUB-2 and SUB-2a

SUB-2 and SUB-2a: Alcohol Use Brief Intervention Provided or Offered and the subset SUB-2a Alcohol Use Brief Intervention measure set is:

- Chart-abstracted
- Reported as an overall rate
 - Includes all patients to whom a brief intervention was **provided, or offered and refused**, and a second rate, a subset of the first, which includes **only those patients who received** a brief intervention (80 FR 46700)

Difference Between SUB-2 and SUB-2a

- **SUB-2** includes all patients who screened positive for unhealthy alcohol use and were **offered and received OR offered and refused** a brief intervention during the hospital stay.
- **SUB-2a** includes only those patients who were offered and **actually received** the brief intervention during the hospital stay.

IPFQR Program New Measures and Non-Measure Reporting – Part 1

TOB-3 AND TOB-3a MEASURE ABSTRACTION AND IMPLEMENTATION

Previous IPFQR Webinars: Tobacco Measure Resources

Webinar documents for

A Closer Look at the Measures for Collection

(October 29, 2014)

and

Keys to Implementing and Abstracting the Tobacco Measure Set

(February 19, 2015)

can be found on the Quality Reporting Center Website at [IPF Archived Events](#) and on the *QualityNet* Website at [IPF Webinars, Calls – 2014](#) and [IPF Webinars, Calls – 2015](#).

TOB Measures Overview

- TOB measures include:
 - Previously adopted TOB-1 and TOB-2/-2a
 - Address screening and treatment offered during patient stay
 - Newly adopted TOB-3/-3a
 - Addresses evidence-based outpatient counseling and cessation medication offered upon discharge, thus encompassing the entire episode of care
- Tobacco users are identified and treatment is offered during the hospital stay and upon discharge
- Rates for TOB-2/-2a and TOB-3/-3a should be reviewed together to better understand performance
 - Goal is to narrow the difference in rates over time

Efficacy of Tobacco Cessation Support

- IPFs can help provide effective tobacco cessation support across the care continuum with only minimal additional provider effort and without harm to the mental health recovery process.
- Timely tobacco dependence interventions may:
 - Reduce risk of a patient developing a tobacco-related disease
 - Improve health outcomes for patients already suffering from a tobacco-related disease
 - Lead patients to overcome tobacco dependence
 - Decrease risk of re-hospitalization for tobacco users hospitalized with psychiatric illnesses

TOB-3

Description: Patients identified as tobacco product users within the past 30 days who were referred to or refused evidence-based outpatient counseling AND received or refused a prescription for FDA-approved cessation medication upon discharge

Numerator: The number of patients who were referred to or refused evidence-based outpatient counseling AND received or refused a prescription for FDA-approved cessation medication at discharge

Denominator: The number of hospitalized inpatients 18 years of age and older identified as current tobacco users

TOB-3a

Description: Patients identified as tobacco product users within the past 30 days who were referred to evidence-based outpatient counseling AND received a prescription for FDA-approved cessation medication upon discharge as well as those who were referred to outpatient counseling and had reason for not receiving a prescription for medication

Numerator: The number of patients who were referred to evidence-based outpatient counseling AND received a prescription for FDA-approved cessation medication at discharge

Denominator: The number of hospitalized inpatients 18 years of age and older identified as current tobacco users

Difference between TOB-3 and TOB-3a

- **TOB-3** includes patients who were **referred to or refused** evidence-based outpatient counseling **AND** **received or refused** a prescription for FDA-approved tobacco cessation medication at discharge.
- **TOB-3a** includes only patients who **accepted** referral to evidence-based outpatient counseling **AND** **received** a prescription for FDA-approved tobacco cessation medication at discharge.

TOB-3 Denominator Excluded Populations

- Patients less than 18 years of age
- Patient who are cognitively impaired
- Patients who are not current tobacco users
- Patients who refused or were not screened for tobacco use status during the hospital stay
- Patients who have a duration of stay less than or equal to three days or greater than 120 days

TOB-3 Denominator Excluded Populations (Cont.)

- Patients who expired
- Patients who left against medical advice
- Patients discharged to another hospital
- Patients discharged to another healthcare facility
- Patients discharged to home for hospice care
- Patients who do not reside in the United States
- Patients with Comfort Measures Only documented

TOB-3 Numerator Exclusions for Medication Only

- Smokeless tobacco users
- Pregnant smokers
- Light smokers
- Reasons for not administering medication

Data Element:

Prescription for Tobacco Cessation Medication

Definition: Documentation that an FDA-approved tobacco cessation medication was prescribed at hospital discharge

Allowable Values:

1. A prescription for an FDA-approved tobacco cessation medication was given to the patient at discharge
2. A prescription for an FDA-approved tobacco cessation medication was offered at discharge and the patient refused
3. The patient's residence is not in the USA
4. A prescription for an FDA-approved tobacco cessation medication was not offered at discharge or unable to determine from medical record documentation

FDA-Approved Tobacco Cessation Medications

- Bupropion
- Chantix
- Commit Lozenge
- Habitrol Patch
- Nicoderm CQ
- Nicorelief
- Nicorelief gum
- Nicorelief lozenge
- Nicorette DS (double strength) gum
- Nicorette gum
- Nicotine gum
- Nicotine inhaler
- Nicotine NA SOLN
- Nicotine nasal spray
- Nicotine Polacrilex
- Nicotine Polacrilex gum
- Nicotine Polacrilex lozenge
- Nicotine Step 1
- Nicotine Step 2
- Nicotine Step 3
- Nicotine TD
- Nicotine Transdermal System
- Nicotrol inhaler
- Nicotrol NS
- Nicotrol TD
- NTS (nicotine transdermal system, step 2 and 3)
- Stop Smoking Aid
- Stop Smoking Aid gum
- Stop Smoking Aid lozenge
- Varenicline
- Varenicline tabs
- Zyban

Data Element: *Referral for Outpatient Tobacco Cessation Counseling*

Definition: Documentation that a referral was made at discharge for ongoing evidence-based counseling

Allowable Values:

1. The referral to outpatient tobacco cessation counseling treatment was made by the healthcare provider or healthcare organization at any time prior to discharge
2. Referral information was given to the patient at discharge but the appointment was not made by the provider or healthcare organization prior to discharge
3. The patient refused the referral for outpatient tobacco cessation counseling treatment and the referral was not made
4. The patient's residence is not in the USA
5. The referral for outpatient tobacco cessation counseling treatment was not offered at discharge or unable to determine from the medical record documentation

Referral for Outpatient Tobacco Cessation Counseling

Inclusion Guidelines:

- Group counseling
- E-health
- Individual counseling
- Internet structured programs
- Quitline – <http://www.naquitline.org/>

Exclusion Guidelines:

- Self-help interventions (brochures, videotapes, audiotapes)

Reason for No Tobacco Cessation Medication at Discharge

Definition: Reasons for not prescribing an FDA-approved tobacco cessation medication at discharge include:

1. Allergy to all of the FDA-approved tobacco cessation medications
2. Drug interaction (for all of the FDA-approved medications) with other drugs the patient is currently taking
3. Other reasons documented by physician, advanced practice nurse, physician assistant, or pharmacist

Allowable Values:

- Y (Yes)

There is documentation of a reason for not prescribing an FDA-approved cessation medication at discharge

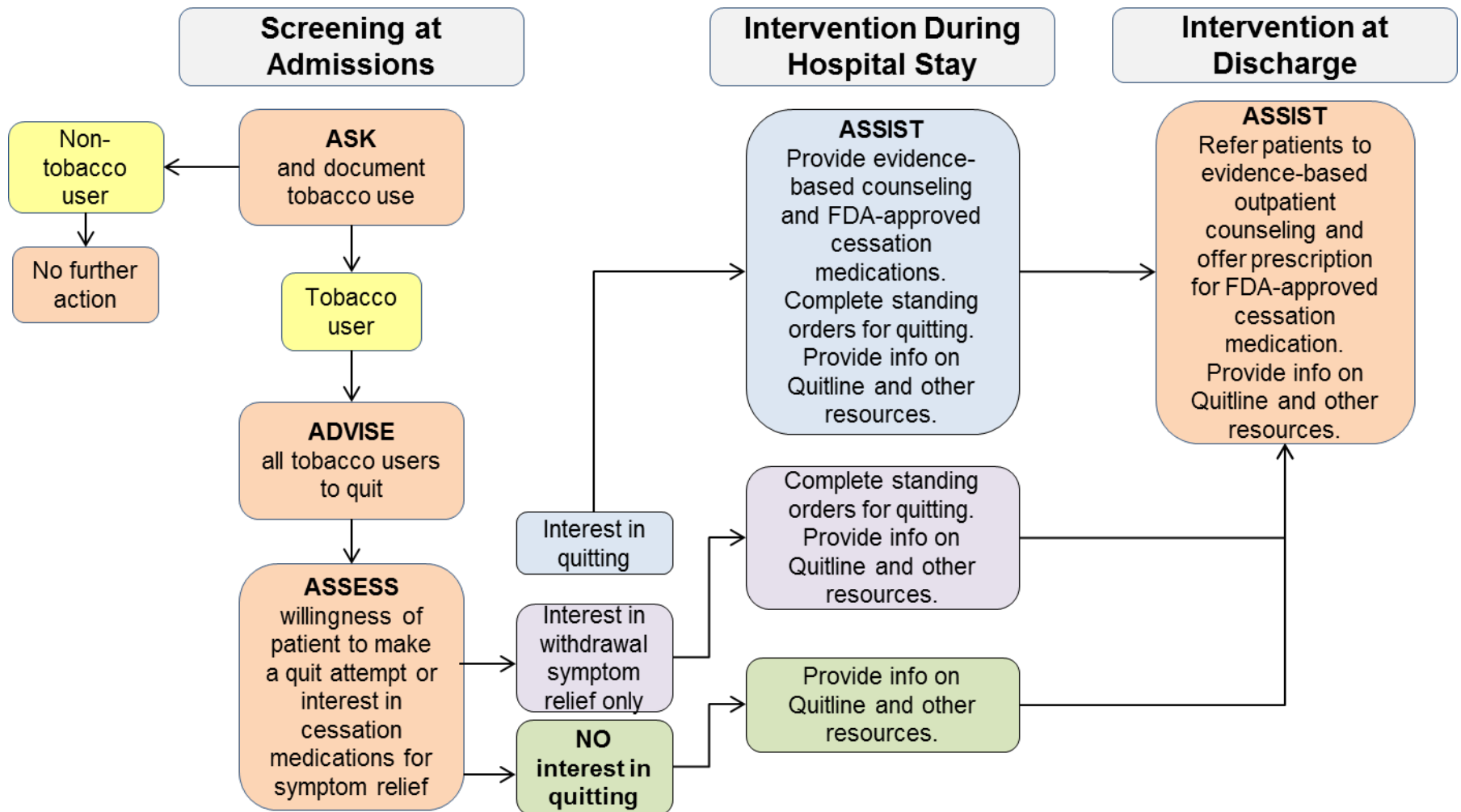
- N (No)

There is no documentation of a reason for not prescribing an FDA-approved cessation medication at discharge or unable to determine from medical record documentation

IPFQR Program New Measures and Non-Measure Reporting – Part 1

KEYS TO IMPLEMENTATION AND OPERATIONALIZATION OF THE TOB-3 AND TOB-3a MEASURES

Tobacco Measure Implementation



Adapted from: Treating Tobacco Use and Dependence in Hospitalized Smokers.
Center for Tobacco Research and Intervention, University of Wisconsin Medical School.

Referring to Outpatient Evidence-Based Counseling

- Evidence-Based Behavioral Counseling Interventions
 - Preventive services designed to help persons engage in healthy behaviors and limit unhealthy ones by applying and adhering to clinical practice guidelines, including:
 - Comprehensive Assessments
 - Treatment Planning
 - Cognitive Behavioral Therapy
 - Motivational Interviewing
- Tobacco Intervention
 - Evaluation, planning, and implementation of behavior-changing strategies to target tobacco cessation
- The five A's
 - Ask, Advise, Assess, Assist, and Arrange

What Constitutes a Referral?

A referral is an appointment:

- Made before discharge
- Directly made by:
 - Telephone
 - Fax
 - Email
- Made via Quitline by:
 - Fax
 - Email
 - Assisting the patient with directly calling the Quitline before discharge

Note: Documentation of communication to the patient of the confirmed date, time, and provider for the scheduled appointment is key.

Discharge Planning and Referral Scenarios

- **Scenario 1:** Our facility conducts discharge planning at admission for all patients and they often decline counseling and/or medication for tobacco use cessation. Do we need to offer a referral and prescription again prior to discharge of the patient?
 - **Yes.** A patient may have changed his/her mind between admission and just prior to discharge.
- **Scenario 2:** I assisted a patient with scheduling a referral appointment through the Quitline but later found out that the patient did not follow through with the referral. Does that count against my measure data?
 - **No.** The TOB-3 and TOB-3a measure assesses whether an appointment was scheduled, not patient compliance.

IPFQR Program New Measures and Non-Measure Reporting – Part 1

REVIEW OF SOME IPFQR REPORTING REQUIREMENTS

Reporting and Submission Period for FY 2018

Measure	Reporting Period	Submission Period	Measure Type	Sampling Allowed
SUB-2: Alcohol Use Brief Intervention Provided or Offered and SUB-2a: Alcohol Use Brief Intervention	January 1– December 31, 2016	July 1– August 15, 2017	Chart-Abstracted	Yes
TOB-3: Tobacco Use Treatment Provided or Offered at Discharge and TOB-3a: Tobacco Use Treatment at Discharge	January 1– December 31, 2016	July 1– August 15, 2017	Chart-Abstracted	Yes

FY 2017 Non-Measure Data Collection

Total Annual Discharges

Age Strata	Total Annual Discharges
Children (≥ 1yr. and < 13 yrs.)	
Adolescent (≥ 13 yrs. and < 18 yrs.)	
Adult (≥ 18 yrs. and < 65 yrs.)	
Older Adult (≥ 65 yrs.)	

Payer	Total Annual Discharges
Medicare	
Non-Medicare	

Diagnostic Categories	Total Annual Discharges
Anxiety disorders (651)	
Delirium, dementia, and amnesic and other cognitive disorders (653)	
Mood disorders (657)	
Schizophrenia and other psychotic disorders (659)	
Alcohol-related disorders (660)	
Substance-related disorders (661)	
Other diagnosis – Not included in one of the above categories	

<https://www.hcup-us.ahrq.gov/toolssoftware/ccs10/ccs10.jsp#download>

Measure	Total Annual Sample Size
HBIPS-5, -6, -7	
SUB-1, IMM-2, TOB-1, TOB-2/2a	

Sampling Options for FY 2018 Payment Determination Year Onward

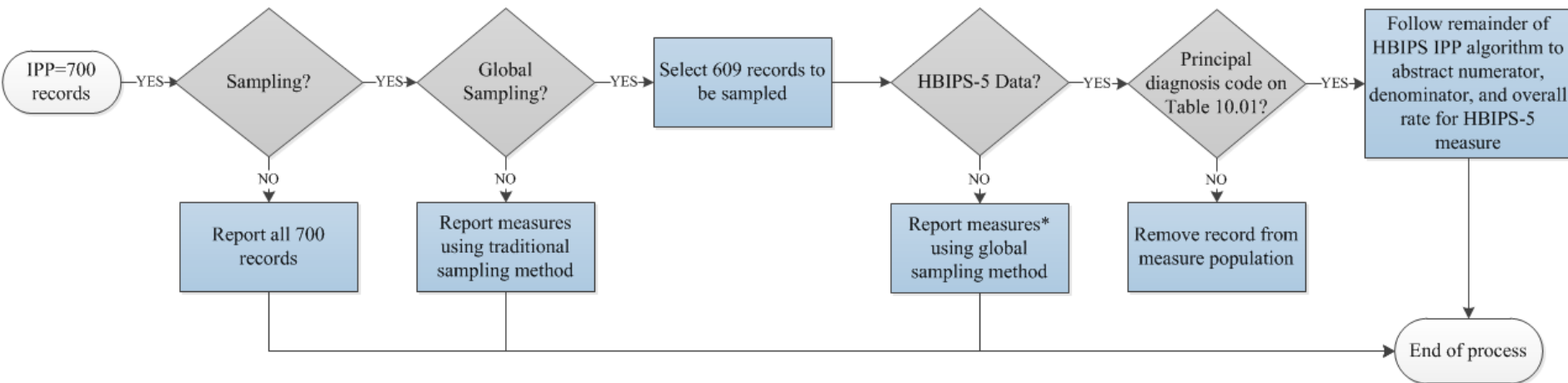
The following three options will be available for measure data collected in CY 2016 and submitted in CY 2017, impacting FY 2018 payment determination:

- No sampling
- Use existing sampling methodologies:
 - HBIPS sampling for HBIPS-5 measure
 - Global sampling for measures that allow sampling
- Submit one uniform, global sample for measures that allow sampling

Global Sampling Guidelines: FY 2018 Payment Determination Year Onward

IPFQR Measures Global Population and Sampling (FY 2016 IPF PPS Final Rule)	
Number of Cases in Initial Patient Population	Number of Records to be Sampled
≥ 6,117	1,224
3,057–6,116	20%
609–3,056	609
0–608	All cases

Global Sampling Example



* Measures include SUB-1, -2/2a; TOB-1, -2/2a, 3/3a; IMM-2, Transition Record with Specified Elements Received by Discharged Patients; Timely Transmission of Transition Record; and Screening for Metabolic Disorders.

IPFQR Program New Measures and Non-Measure Reporting – Part 1

HELPFUL RESOURCES

Upcoming IPFQR Program Educational Webinar Dates

- **November 19, 2015:** *New Measures and Non-Measure Reporting – Part 2*
- **December 17, 2015:** *Public Reporting*

Helpful Links

- **FY 2016 IPF PPS Final Rule:** <http://www.gpo.gov/fdsys/pkg/FR-2015-08-05/pdf/2015-18903.pdf>
- **Specification Manual for Joint Commission National Quality Core Measures:** <https://manual.jointcommission.org/>
- **Specifications Manual for National Hospital Inpatient Quality Measures, Version 5.0a:** <https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier3&cid=1228774725171>
- **Downloading Information of CCS for ICD-10-CM/PCS Tool:** <https://www.hcup-us.ahrq.gov/toolssoftware/ccs10/ccs10.jsp#download>
- **CCS Category Names:** [https://www.hcup-us.ahrq.gov/toolssoftware/ccs10/CCSCategoryNames\(Full%20Labels\).pdf](https://www.hcup-us.ahrq.gov/toolssoftware/ccs10/CCSCategoryNames(Full%20Labels).pdf)
- **CCS ICD-10-CM Crosswalk:** https://www.hcup-us.ahrq.gov/toolssoftware/ccs10/ccs_dx_icd10cm_2015.zip

TOB Measure Resources

- **Treating Tobacco Use and Dependence in Hospitalized Patients: A Practical Guide:** <http://ctri.wisc.edu/HC.Providers/h0spit8ls/hospitalmanual2013.pdf>
- **Strategies for Developing and Successfully Implementing a Hospital-wide Smoking Cessation Program:**
<http://www.ctri.wisc.edu/HC.Providers/Guideline%20Hospital%20Info.pdf>
- **The Centers for Disease Control & Prevention (CDC) Tobacco Cessation resources:** <http://www.cdc.gov/tobacco/quitsmoking/cessation/index.htm>
- **Dept. of Health & Human Services (DHHS) Clinical Practice Guideline Treating Tobacco Use and Dependence, 2008 Update:**
http://www.healthquality.va.gov/tuc/phs_2008quickguide.pdf
- **Partnership for Prevention's *Helping Patients Quit: Implementing the Joint Commission Tobacco Measure Set in Your Hospital:***
<http://www.prevent.org/data/files/resourcedocs/hpq,%20full,%20final,%2010-31-11.pdf>

Evidence-Based Treatment Program Resources

- **Evidence-Based Tobacco Use Treatments: A Resource for VHA Psychology Trainees – Part I and Smoking Cessation and Mental Health Population: A Resource for VHA Psychology Trainees – Part II:**
<http://www.publichealth.va.gov/docs/smoking/presentation-tobacco-cessation-medication.pdf>
- **NREPP SAMHSA's National Registry of Evidence-Based Programs and Practices, Identifying and Selecting Evidence-Based Programs and Practices: Questions To Consider:**
<http://www.nrepp.samhsa.gov/pdfs/identifyingandselecting.pdf>
- **The Guide to Community Preventive Services: The Community Guide, What Works to Promote Health:** <http://www.thecommunityguide.org/about/task-force-members.html>

IPFQR Program General Resources



Q & A Tool

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



Email Support

IPFQualityReporting@area-m.hcqs.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 Certificate Problems?

- If you do not immediately receive a response to the email that you signed up with in the Learning Management Center, you have a firewall up that is blocking the link that is sent out
- Please go back to the **New User** link and register your personal email account
 - Personal emails do not have firewalls

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

Powered by [SurveyMonkey](#)
Check out our [sample surveys](#) and create your own now!

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:

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

Existing User Link:

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

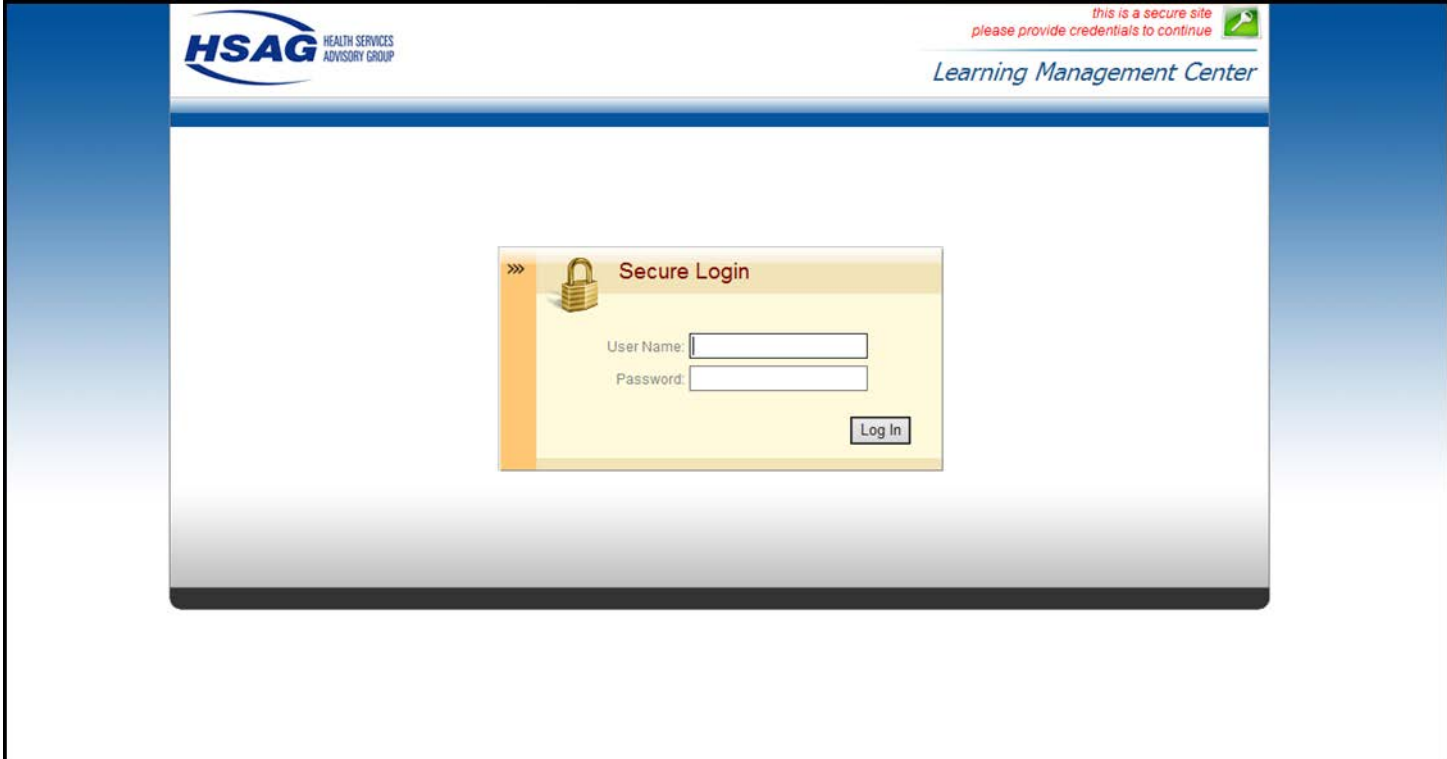
Note: If you click the 'Done' button below, you will not have the opportunity to receive your certificate without participating in a longer survey.

Done

CE Credit Process: New User

The screenshot shows a web browser window displaying the registration page for a new user. The page header includes the HSAG logo (Health Services Advisory Group) on the left and a security notice on the right: "this is a secure site please provide credentials to continue" with a lock icon. Below the header, the text "Learning Management Center" is displayed. The main content area is titled "Learning Center Registration: OQR: 2015 Specifications Manual Update - 1-21-2015". The registration form contains 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 entire form is enclosed in a white box with a blue border.

CE Credit Process: Existing User



The screenshot displays the login interface for the HSAG Learning Management Center. At the top left is the HSAG logo (Health Services Advisory Group). At the top right, a security notice reads "this is a secure site please provide credentials to continue" with a lock icon. Below this is the text "Learning Management Center". The central focus is a "Secure Login" box containing a padlock icon, a "User Name:" label with an input field, a "Password:" label with an input field, and a "Log In" button.