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Troubleshooting Audio

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Audio suddenly stop?

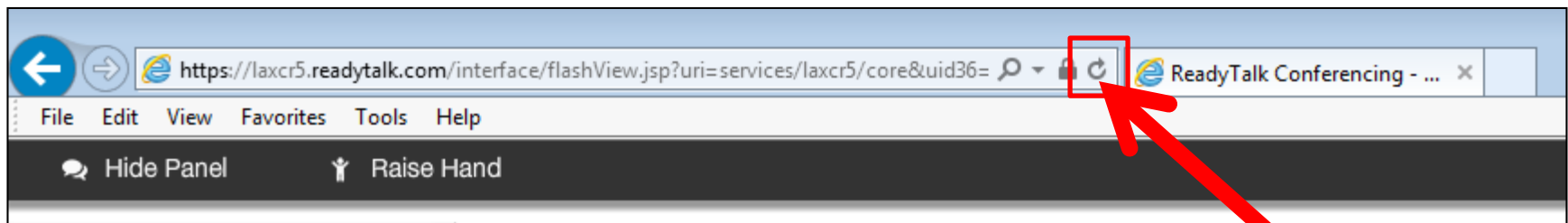
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F5 Key
Top row of keyboard

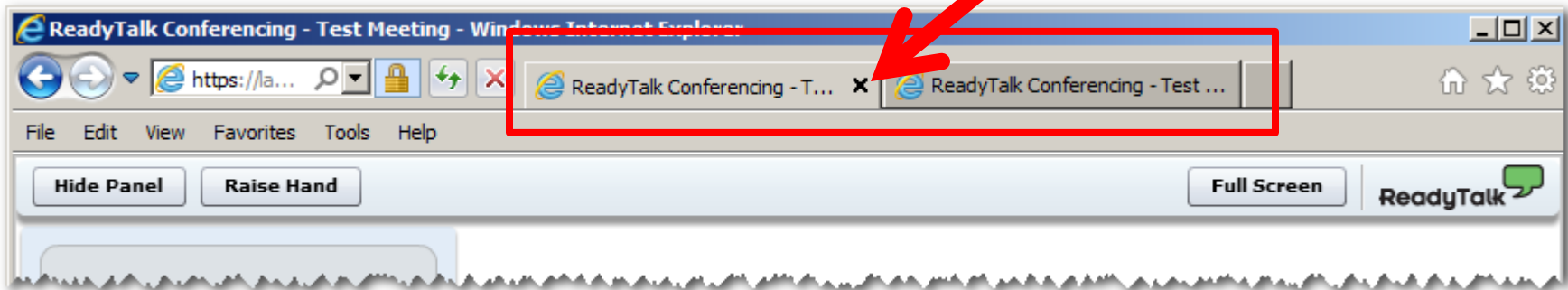


Location of Buttons

Refresh

Troubleshooting Echo

- Hear a bad echo on the call?
- Echo is caused by multiple browsers/tabs open to a single event (multiple audio feeds).
- Close all but one browser/tab and the echo will clear.



Example of two browsers/tabs open in 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 CMS (Centers for Medicare & Medicaid Services). The slide title is "Specifications Manual, Version 4.4a, Changes & Hospital VBP Program Improvement Series: MSPB" and the date is "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. It also lists two other speakers: Donna Isgett, Sr. Vice President Corporate Quality and Safety at McLeod Medical Center, and Amanda Molski, Quality Coordinator at Memorial Hospital Sweetwater County. A chat window titled "Chat with Presenter" is overlaid on the bottom-left of the slide, containing a text input field with the placeholder "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.



Measure Dry Run

Thirty-Day All-Cause Unplanned Readmission Following Psychiatric Hospitalization in an Inpatient Psychiatric Facility

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Health Services Advisory Group (HSAG)

October 31, 2017

Webinar Chat Questions

- As a reminder, we do not use the raised-hand feature in the chat tool during webinars.
- Please submit any questions that are pertinent to the webinar topic to us via the chat tool.
 - The measure developer will answer questions at the end of the presentation.
 - Questions that are not addressed during today's meeting will be addressed in a questions-and-answers document and published at a later date.
- If you have questions unrelated to the current webinar topic, we recommend that you first search for your question in the [QualityNet](#) Hospital Inpatient Questions and Answers tool, accessed directly at <https://cms-ip.custhelp.com/app/homeipf/p/831>.
 - If you do not find an answer, submit your question to us via the same tool. We will respond as soon as possible.

Introduction

- CMS developed a measure to evaluate readmissions following discharge from IPFs.
- CMS is conducting a measure dry run from October 17, 2017, through November 14, 2017, to educate facilities about the measure in advance of public reporting.
- Measure dry run results will not be publicly reported this year.
- Measure results will be publicly reported starting in December 2018.

Purpose of Presentation

- During this presentation participants will learn:
 - How the IPF Readmission measure will be used.
 - How the measure is specified.
 - How to interpret your facility's dry run results (September 2014–August 2016).
- The measure developer will respond to questions at the conclusion of the presentation portion of the webinar.

Measure Background

- Readmissions following IPF stays are common.
 - Approximately 20% of Medicare beneficiaries admitted to IPFs were readmitted within 30 days of discharge.*
- There is a wide variation in readmission rates.
 - Risk-adjusted facility-level 30-day readmission rates varied from 11% to 34%.
- Readmission is an undesirable outcome for patients and their caregivers.
 - Represents deterioration in condition
 - Disrupts recovery process
- Facilities lack complete information on readmissions.
 - Patients may be readmitted to different IPFs or acute care facilities.

*Calculated from Medicare fee-for-service data from September 2014 through August 2016.

Measure Goal

- The goal of the measure is to reduce readmission rates and variation between facilities.
- There are effective strategies inpatient facilities have used to reduce readmission rates among psychiatric patients.
 - 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

Measure Use in IPFQR

- Added to the Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program in the federal rule published August 22, 2016.
 - Pay-for-reporting
 - Calculated using administrative claims data so no additional data collection burden for facilities
 - Publicly reported on *Hospital Compare* in December 2018
- Endorsed by the National Quality Forum (NQF) in 2016.

Measure Dry Run:
Thirty-Day All-Cause Unplanned Readmission Following
Psychiatric Hospitalization in an Inpatient Psychiatric Facility

Measure Specifications

General Approach to Development

- Specifications were developed by clinical and technical experts at the University of Florida and HSAG.
 - Aligned, where appropriate, with existing 30-day readmission measures
 - Reviewed and approved by a Technical Expert Panel
 - Released for public comment in 2016
 - Updated to include ICD-10 codes in 2017
- New measure specifications will be published annually to:
 - Update code sets.
 - Align with related measures.
 - Address recommendations from stakeholders.

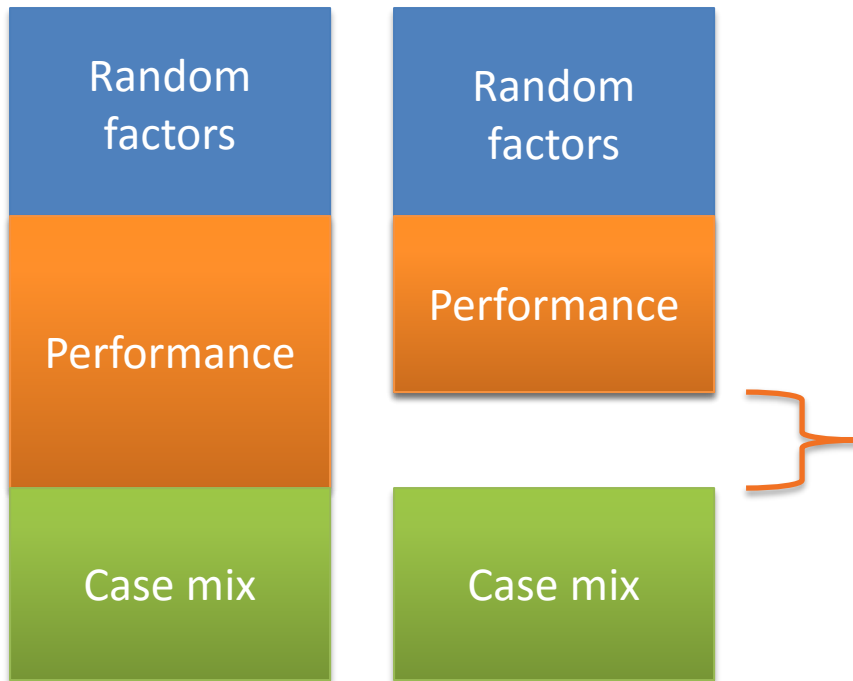
Measure Population

- Inclusion criteria
 - Patients discharged with principal psychiatric diagnosis
 - Admitted to a freestanding IPF or IPF unit during 2-year performance period
 - Enrolled in Medicare Parts A & B 12 months prior to admission, during admission, and one month following admission
 - Age 18 or older at admission
 - Discharged alive
- Exclusion criteria
 - Patients discharged against medical advice
 - Unreliable vital status data
 - Transfers to other inpatient facilities
 - Interrupted stays
 - Defined as readmission to the same IPF within two days of discharge
 - Combined into same Medicare claim as the index admission

Readmission Outcome

- All-cause
 - Encourages integrated treatment of physical and behavioral health conditions
- Unplanned
 - Excludes planned readmissions (2.1%)
- 30-day incidence period
 - Supported by literature as timeframe that IPF interventions can impact readmission rates
 - Consistent with other NQF-endorsed and publicly reported readmission measures
- Only one readmission per index admission is counted in the measure readmission rate.
 - Measure stops looking for readmissions after a planned readmission occurs.

Risk Adjustment Background



- Patients may have different risks of readmission.
- Adjustment for the types of patients seen by the facility (case mix) ensures measure results reflect facility performance.

Risk Adjustment for IPF Readmission Measure

- Measure adjusts for the following types of patient factors:
 - Demographics
 - Age
 - Gender
 - Principal discharge diagnosis of the index admission
 - Comorbidities
 - Psychiatric
 - Non-psychiatric
 - Other psychiatric-specific risk factors identified in the literature
 - History of discharges against medical advice
 - History of suicide attempts or self-harm

Measure Dry Run:
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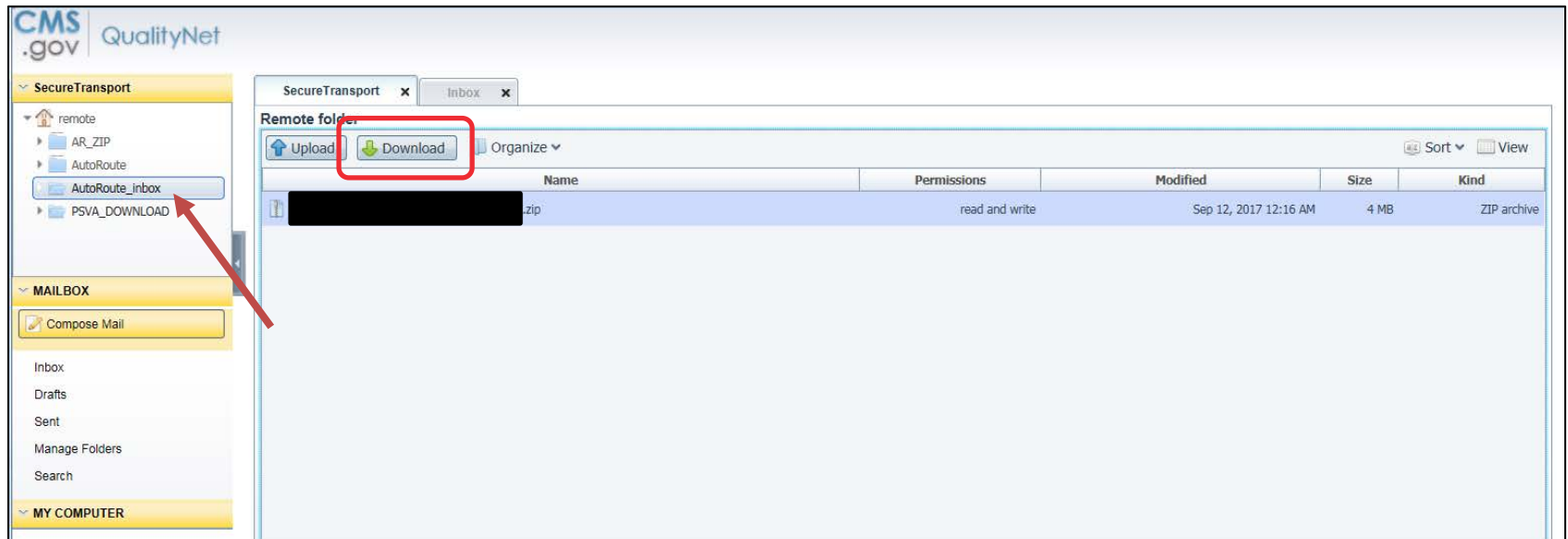
Dry Run Overview

Measure Dry Run

- Facilities are encouraged to review the measure specifications and their results during the dry run through November 14, 2017.
 - As a reminder, measure dry run results will not be publicly reported.
- Facilities can submit questions through the chat box during today's webinar or by sending an email to PQM@hsag.com.

Facility Results

Facilities can download their confidential results through the *QualityNet Secure Portal* in the AutoRoute_inbox.



Facility Results

Results are provided in an IPF-Specific Report that consists of six worksheets:

1. Summary
2. Publicly Reported Performance Data
3. Facility Performance
4. Readmit Characteristics
5. Risk Factor Distribution
6. Discharge-Level Data

Facility Results

- Worksheet 1: Summary
 - The summary worksheet provides general information on the measure, links to resources, and information on your facility.
 - Before reviewing the report, ensure that the name of your IPF and CMS certification number (CCN) are accurate.
 - Notify PQM@hsag.com if you notice any discrepancies.

Facility Results

- Worksheet 2: Publicly Reported Performance Data
 - This contains information that would be publicly available during a reporting year to familiarize facilities with what the public would see.
 - Dry run results will not be publicly reported.

TABLE 1. YOUR FACILITY'S PERFORMANCE ON THE 30-DAY IPF READMISSION MEASURE (READM-30-IPF) - LOWER RATES INDICATE BETTER PERFORMANCE

READM-30-IPF Performance Information	
Your Facility's Comparative Performance	No different than the national rate
Your Facility's Number of Index Admissions (Measure Population)	305
Your Facility's Risk-Standardized Readmission Rate (RSRR)	19.0%
Lower Limit of 95% Interval Estimate for RSRR	14.0%
Upper Limit of 95% Interval Estimate for RSRR	24.8%
National Observed Unplanned Readmission Rate	20.9%

TABLE 2. NATIONAL AND STATE PERFORMANCE CATEGORIES FOR THE 30-DAY IPF READMISSION MEASURE (READM-30-IPF)

Total Number of Facilities in the Nation with Measure Results	1,696
Number of facilities in the nation that performed better than the national rate	140
Number of facilities in the nation that performed no different than the national rate	1,257
Number of facilities in the nation that performed worse than the national rate	227
Number of facilities in the nation that had too few cases	72
Total Number of Facilities in Your State with Measure Results	90
Number of facilities in the state that performed better than the national rate	8
Number of facilities in the state that performed no different than the national rate	55
Number of facilities in the state that performed worse than the national rate	23
Number of facilities in the state that had too few cases	4

Facility Results

- Worksheet 3: Facility Performance

TABLE 3. CALCULATION OF YOUR FACILITY'S RISK-STANDARDIZED READMISSION RATE (READM-30-IPF) - LOWER RATES INDICATE BETTER PERFORMANCE

READM-30-IPF Performance Information	Facility	National
Number of Index Admissions (Measure Population)	305	716,174
Total Number of 30-Day Unplanned Readmissions	49	149,475
Observed Unplanned Readmission Rate	16.1%	20.9%
Standardized Risk Ratio (SRR)	0.91	1.00
Lower Limit of 95% Interval Estimate for SRR	0.67	
Upper Limit of 95% Interval Estimate for SRR	1.19	
Risk-Standardized Readmission Rate (RSRR)	19.0%	
Lower Limit of 95% Interval Estimate for RSRR	14.0%	
Upper Limit of 95% Interval Estimate for RSRR	24.8%	

Risk adjustment is applied to obtain SRR relative to national rate.

TABLE 4. NATIONWIDE DISTRIBUTION OF READM-30-IPF RATES AMONG IPF'S WITH AT LEAST 25 ELIGIBLE DISCHARGES - LOWER RATES INDICATE BETTER

Measure	# IPFs	Minimum	10th Percentile	25th Percentile	50th Percentile	75th Percentile	90th Percentile	Maximum
Observed unplanned readmission rate	1,624	0.0%	12.7%	15.8%	19.3%	22.9%	27.2%	42.2%
RSRR	1,624	11.0%	17.3%	18.9%	20.9%	22.9%	25.0%	35.4%

TABLE 5. YOUR FACILITY'S PERCENTILE AMONG IPF'S WITH AT LEAST 25 ELIGIBLE DISCHARGES - LOWER PERCENTILES INDICATE BETTER PERFORMANCE

Measure	Percentile
Observed unplanned readmission rate percentile	26
RSRR percentile	25

Facility Results

- Worksheet 4: Readmit Characteristics
 - Table 6 helps facilities understand where their patients are being readmitted.

TABLE 6. READMISSION CHARACTERISTICS (READM-30-IPF) - LOWER READMISSION RATES INDICATE BETTER PERFORMANCE		
READM-30-IPF Performance Information	Facility	National
Number of index admissions (Measure Population)	305	716,174
Total number of 30-day unplanned readmissions	49	149,475
Observed unplanned readmission rate	16.1%	20.9%
Total number of 30-day unplanned readmissions that returned to discharging facility	12	54,278
Percent of all readmissions that returned to discharging facility	24.5%	36.3%
Total number of 30-day unplanned readmissions that are readmitted to another facility	37	95,197
Percent of all readmissions that are readmitted to another facility	75.5%	63.7%
Total number of 30-day unplanned readmissions that are readmitted to a different IPF	21	43,287
Percent of all readmissions that are readmitted to a different IPF	42.9%	29.0%
Total number of 30-day unplanned readmissions that are readmitted to an acute care hospital	16	51,910
Percent of all readmissions that are readmitted to an acute care hospital	32.7%	34.7%

Facility Results

- Worksheet 4: Readmit Characteristics (cont.)
 - Table 7 helps facilities identify the number of high risk patients for targeted readmission reduction interventions

TABLE 7. BENEFICIARIES WITH MULTIPLE READMISSIONS (SEPTEMBER 1, 2014-September 30, 2016)		
READM-30-IPF Performance Information	Facility	National
Number of index admissions	305	716,174
Number of unique beneficiaries with an eligible index admission	271	427,273
Number of readmissions	49	149,475
Number of unique beneficiaries with readmissions	45	91,785
Number of unique beneficiaries with one readmission during the performance period	42	65,092
Percent of unique beneficiaries with one readmission during the performance period	93.3%	70.9%
Number of unique beneficiaries with two or more readmissions during the performance period	3	26,693
Percent of unique beneficiaries with two or more readmissions during the performance period	6.7%	29.1%

Facility Results

- Worksheet 4: Readmit Characteristics (cont.)
 - Tables 8 and 9 show how readmissions rates for common conditions treated by your facility compare to patients with common conditions nationwide.

TABLE 8. TOP CCS PRINCIPAL DIAGNOSES AT DISCHARGE FROM YOUR FACILITY

Discharge Diagnosis on the Index Admission	Facility Count	Percent of All Index Admissions	% Readmitted within 30 days	% Readmitted with the Same Diagnosis
CCS 659.2 Psychosis	97	31.8%	16.5%	3.5%
CCS 659.1 Schizo-affective disorder	79	25.9%	13.9%	2.1%
CCS 657.2/662 Depressive disorder	75	24.6%	17.3%	2.5%
CCS 657.1 Bipolar disorder	46	15.1%	17.4%	0.9%
CCS 661 Drug disorder	3	1.0%	33.3%	0.0%
CCS 651 Anxiety	3	1.0%	0.0%	0.0%
CCS 650 Adjustment disorder	1	0.3%	0.0%	0.0%
CCS 670/633 Other mental disorder	1	0.3%	0.0%	0.0%

TABLE 9. TOP CCS PRINCIPAL DIAGNOSES AT DISCHARGE NATIONWIDE

Discharge Diagnoses on the Index Admission	National Count	Percent of All Index Admissions	% Readmitted within 30 days	% Readmitted with the Same Diagnosis
CCS 657.1 Bipolar disorder	158,323	22.1%	22.5%	5.6%
CCS 657.2/662 Depressive disorder	150,325	21.0%	18.0%	6.2%
CCS 659.2 Psychosis	131,732	18.4%	21.6%	4.3%
CCS 659.1 Schizo-affective disorder	113,218	15.8%	26.2%	3.9%
CCS 653 Dementia	99,273	13.9%	16.2%	3.0%
CCS 661 Drug disorder	20,560	2.9%	19.5%	2.6%
CCS 660 Alcohol disorder	19,244	2.7%	21.9%	4.8%
CCS 651 Anxiety	8,723	1.2%	18.7%	1.3%
CCS 650 Adjustment disorder	6,097	0.9%	14.8%	2.9%
CCS 656 Impulse control disorders	2,916	0.4%	18.6%	2.1%
Other	5,763	0.8%	22.2%	0.9%

Facility Results

- Worksheet 4: Readmit Characteristics (cont.)
 - Tables 10 and 11 show the most common causes of your patients' readmissions and the most common causes of readmissions nationwide.

CCS Diagnoses on the Readmission	Facility Count	Facility Percent of Readmissions
CCS 659.2 Psychosis	9	18.4%
CCS 659.1 Schizo-affective disorder	8	16.3%
CCS 657.2/662 Depressive disorder	8	16.3%
CCS 657.1 Bipolar disorder	6	12.2%
CCS 55 Fluid and electrolyte disorders	2	4.1%
CCS 653 Dementia	2	4.1%
CCS 122 Pneumonia (not caused by tuberculosis or sexually transmitted disease)	2	4.1%
CCS 2 Septicemia (except in labor)	2	4.1%
CCS 131 Respiratory failure; insufficiency; arrest (adult)	1	2.0%
CCS 103 Pulmonary heart disease	1	2.0%

CCS Diagnoses on the Readmission	National Count	National Percent of Readmissions
CCS 657.1 Bipolar disorder	27,237	18.2%
CCS 659.1 Schizo-affective disorder	26,586	17.8%
CCS 659.2 Psychosis	23,086	15.4%
CCS 657.2/662 Depressive disorder	16,031	10.7%
CCS 653 Dementia	8,505	5.7%
CCS 660 Alcohol disorder	5,059	3.4%
CCS 661 Drug disorder	4,049	2.7%
CCS 2 Septicemia (except in labor)	2,406	1.6%
CCS 122 Pneumonia (not caused by tuberculosis or sexually transmitted disease)	1,961	1.3%
CCS 242 Poisoning by other medications and drugs	1,620	1.1%
Other	32,935	22.0%

Facility Results

- Worksheet 5: Risk Factor Distribution
 - Table 12 shows how your facility's case mix compares to the overall measure population.

TABLE 12. DISTRIBUTION OF PATIENT RISK FACTORS AMONG DISCHARGES FOR THE 30-DAY IPF READMISSION MEASURE (READM-30-IPF)

Risk Factor/Condition Indicator	Percent Facility Discharges	Percent National Discharges
Count of index admissions	305	716,174
Risk Factor/Condition Indicators		
Gender: Male	52.1	48.7
Age		
18-34	18.4	12.9
35-44	14.8	15
45-54	26.6	21
55-64	13.8	16.4
65-74	10.8	15.2
75-84	9.5	12.3
85+	6.2	7.2
Principal discharge diagnosis on index admission		
CCS 650 Adjustment disorder	0.3	0.9
CCS 651 Anxiety	1.0	1.2
CCS 652/654/655 ADD/Developmental/Childhood disorders	NQ	0.3
CCS 653 Dementia	NQ	13.9
CCS 656 Impulse control disorders	NQ	0.4

Facility Results

- Worksheet 6: Discharge-Level Data
 - This provides detail on each index admission to inform potential interventions to meet the needs of your facility's patients.
 - Identifiers of the patient and index admission allow for linkage back to medical record
 - Information on whether the patient was readmitted
 - Diagnosis of the readmission
 - Provider ID of readmitting facility

Measure Dry Run Resources

- Additional dry run resources are available on *QualityNet* at <https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1228772864247>.
 - Dry Run Fact Sheet
 - IPF Readmission Measure Technical Report
 - Contains additional background on the measure and specifications
 - Measure Information and User Guide
 - Contains information on how to access and use the IPF-Specific Report
 - Frequently Asked Questions
- Materials provided during the dry run are intended to educate facilities about the measure in advance of public reporting.
 - Measure dry run results will not be publicly reported.
- The measure will be publicly reported on *Hospital Compare* starting in December 2018.

Measure Dry Run:
Thirty-Day All-Cause Unplanned Readmission Following
Psychiatric Hospitalization in an Inpatient Psychiatric Facility

Question and Answer Session

Next Steps for Dry Run

- If your question was not answered during the webinar or if you have additional questions after reviewing your IPF-Specific Report, send questions to PQM@hsag.com through November 14, 2017.
- Please do not email your IPF-Specific Report or include patient identifiers or other protected health information in your questions.

Measure Dry Run:
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General IPFQR Program Information

Helpful Resources: Links

CMS recommends that IPFs refer to the updated IPFQR Program Manual for information pertaining to the IPFQR Program. This document, and other helpful resources and tools, can be found on the [QualityNet](#) and [Quality Reporting Center](#) websites.

- [QualityNet](#) > Inpatient Psychiatric Facilities > Resources:
<https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1228772864255>
- [Quality Reporting Center](#) > IPFQR Program > Resources and Tools:
<http://www.qualityreportingcenter.com/inpatient/ipf/tools/>

Helpful Resources: Links

IPFQR Program General Resources

Q&A Tool	Email Support	Website	Phone Support
https://cms-IP.custhelp.com	IPFQualityReporting@hcqis.org	www.QualityReportingCenter.com	(866) 800-8765
Monthly Web Conferences	ListServes	Hospital Contact Change Form	Secure Fax
www.QualityReportingCenter.com	www.QualityNet.org	Hospital Contact Change Form	(877) 789-4443

Helpful Resources: Save the Dates

2017 IPFQR Program Educational Webinars

Month	Name
November	FY 2018 Data Review
December	IPFQR Program Manual and Paper Tools Review

Continuing Education Approval

This program has been pre-approved for 1.0 continuing education (CE) unit for the following professional boards:

- National
 - Board of Registered Nursing (Provider #16578)
- Florida
 - Board of Clinical Social Work, Marriage & Family Therapy and Mental Health Counseling
 - Board of Nursing Home Administrators
 - Board of Dietetics and Nutrition Practice Council
 - Board of Pharmacy

Please Note: To verify CE approval for any other state, license, or certification, please check with your licensing and certification board.

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- 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 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>

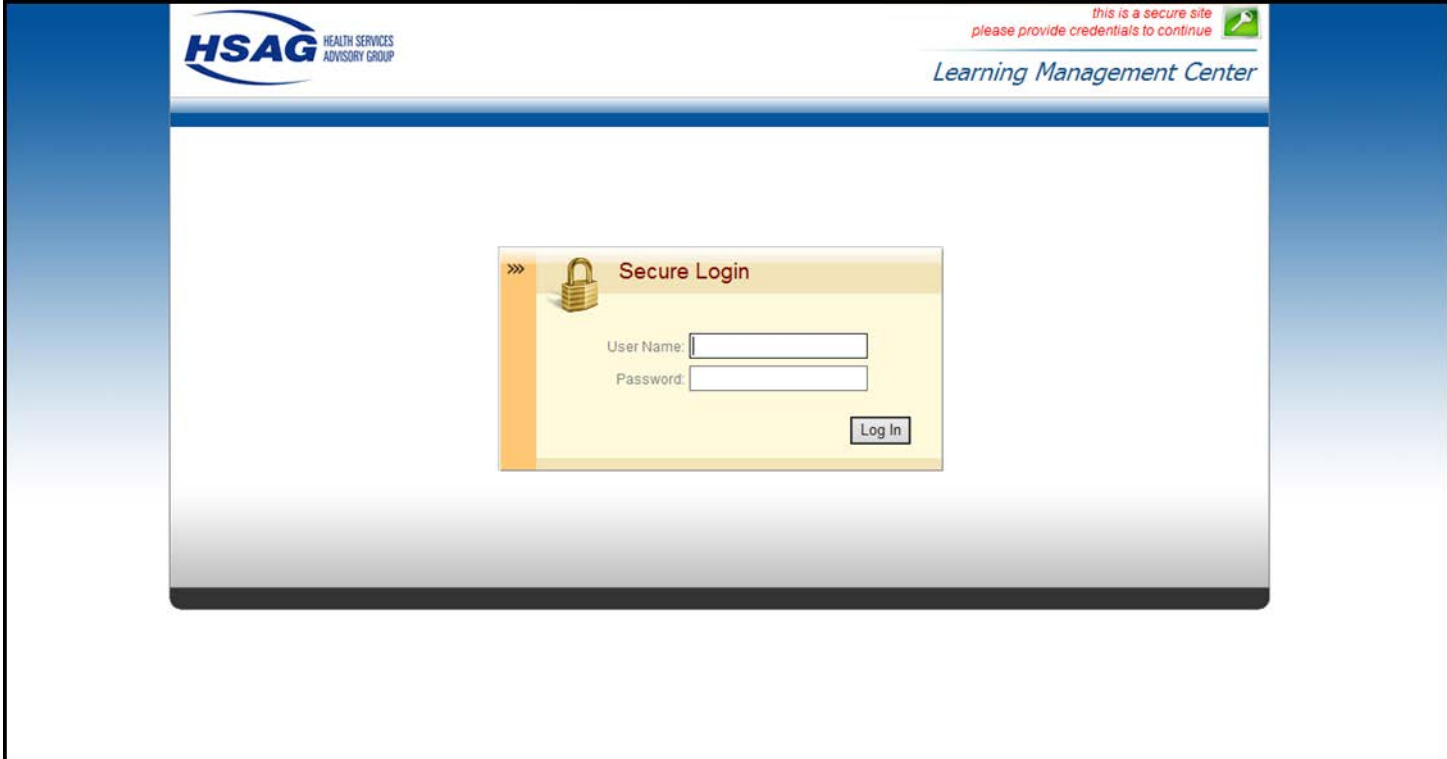
Note: If you click the 'Done' button below, you will not have the opportunity to receive your certificate without participating in a longer survey.

Done

CE Credit Process: New User

The screenshot shows a web browser window displaying the registration page for a CE credit course. 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 heading of the page is "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 set against a light blue gradient background.

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.

Disclaimer

This presentation was current at the time of publication and/or upload onto the *Quality Reporting Center* and *QualityNet* websites. Medicare policy changes frequently. Any links to Medicare online source documents are for reference use only. In the case that Medicare policy, requirements, or guidance related to this presentation change following the date of posting, this presentation will not necessarily reflect those changes; given that it will remain as an archived copy, it will not be updated.

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