



Inpatient Psychiatric Facility Quality Reporting Program

Support Contractor

IPFQR Program FY 2019 New Measures Review

Presentation Transcript

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Evette Robinson: Hello, everyone, and welcome to today's IPFQR Program webinar. My name is Evette Robinson, and I am the project lead with VIQR Support Contractor for the IPFQR Program. Today, I will be presenting our topic, IPFQR Program Fiscal Year 2019 New Measures Review. And, in attendance with us today from CMS is Dr. Jeff Buck, the program lead for the IPFQR Program. The slides for today's presentation were posted to the Quality Reporting Center website prior to today's event; if you did not receive the slides beforehand, you can download them from the Quality Reporting Center website. A link has been provided in the chat tool that you can click on directly. Alternatively, if you already have your web browser open you can simply go to www.qualityreportingcenter.com and on the right side of the home page, you will see a list of upcoming events. Click on the link for today's event. Scroll down to the bottom of the page and there, you will find a link to the presentation slides available for download. As previously mentioned, the session is being recorded and the slides, transcript, webinar recording, and question and answers from this presentation will be posted on the [QualityNet](#) and [Quality Reporting Center](#) websites at a later date.

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The purpose of this presentation is to summarize the measure specifications and data reporting requirements for the newly adopted Alcohol and Other Drug Use Disorder Treatment Provided or Offered at Discharge, SUB-3 measure, and the subset, Alcohol and Other Drug Use Disorder Treatment at Discharge, SUB-3a, as well as the 30-Day All-Cause Unplanned Readmission Following Psychiatric Hospitalization in an IPF measure.

By the conclusion of today's presentation, attendees will be able to describe the measure specifications and data reporting requirements for the SUB-3/3a, and the 30-Day All-Cause Unplanned Readmission Following Hospitalization in an IPF measures, as well as locate and access helpful IPFQR Program resources.

Here is a list of acronyms that will be referenced during this presentation.

The first part of today's webinar will cover the specifications and reporting requirements for the SUB-3/-3a measure.

Let's begin with a briefer view of the Substance Use Measure Set. There are three measures in the Substance Use Measure Set that have been adopted into the IPFQR Program. And, before we delve into the measure description, abstraction, and data reporting requirement for the recently adopted SUB-3/-3a measure, let's review the first two measures of the Substance Use Measure Set, specifically, SUB-1 and SUB-2 and its subset, SUB-2a.

The SUB-1 measure, Alcohol Use Screening, is a chart of abstracted measure that describes the hospitalized patient who are screened within the first day of admission using a validated screening questionnaire for unhealthy alcohol use. The numerator is defined as the number of patients who were screened for alcohol use, using a validated screening questionnaire for unhealthy drinking within the first day of admission. The denominator is defined as the number of hospitalized inpatients 18 years of age and older.

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The SUB-2 measure, also a chart abstracted measure, is reported as an overall rate, which includes all patients to whom a brief intervention was provided or offered and refused. The provided or offered rates, SUB-2, describes patients who are screened positive for unhealthy alcohol use, who received or refused a brief intervention during the hospital stay. The numerator is defined as the number of patients who received or refused a brief intervention; while the denominator is comprised of the number of hospitalized inpatient, 18 years of age and older, who screen positive for unhealthy alcohol use or an alcohol use disorder.

The subset of the SUB-2 measure, known as SUB-2a, describes patients who received a brief intervention during the hospital stay. The numerator is defined as the number of patients who received a brief intervention, while the denominator equals the number of hospitalized inpatients, 18 years of age and older, who screen positive for unhealthy alcohol use or an alcohol use disorder, such as alcohol abuse or alcohol dependence. Those who refused a brief intervention are not included in the numerator for the subset SUB-2a.

Now that we've reviewed SUB-1 and the SUB-2a measure, let's dive into the overview of SUB-3/-3a. This measure was adopted in the fiscal year 2017 IPPS Final Rule for the Fiscal Year 2019 payment determination and subsequent years. Data reporting for this measure will begin with patient discharges in calendar year 2017, meaning January 1 through December 31, 2017. And, it will include patients discharged in the first quarter of 2017 who were admitted at the end of 2016 and also have a length of stay of less than 120 days. Sampling is allowed for this measure. Data collected in calendar year 2017 for this measure, will be submitted to CMS during the 2018 data submission period and will impact the fiscal year 2019 APU, or annual payment determination.

Let's first take a look at the overall rate of SUB-3, which is Alcohol and Other Drug Use Disorder Treatment Provided or Offered at Discharge. This measure describes all patients who are identified with alcohol or drug use disorder who receive or refuse at discharge a prescription for FDA-approved medications for alcohol or drug use disorder or who receive or

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refuse a referral for addictions treatment. The numerator is defined as the number of patients who received or refused at discharge a prescription for medication for treatment of alcohol or drug use disorder, or received or refused a referral for addictions treatment. The denominator is defined as the number of hospitalized inpatients 18 years of age and older identified with an alcohol or drug use disorder.

The subset rate, SUB-3a, is Alcohol and Other Drug Use Disorder Treatment at Discharge, which describes patients who are identified with alcohol or drug use disorder who receive a prescription for FDA-approved medications for alcohol or drug use disorder or received a referral for addictions treatment. The numerator is comprised of the number of patients who received a prescription at discharge for medication for treatment of alcohol or drug use disorder or received a referral for addictions treatment. The denominator for the subset rate is the same as that of the overall rate, SUB-3, which is the number of hospitalized inpatients 18 years of age and older who are identified with an alcohol or drug use disorder.

The SUB-1 and SUB-2/-2a measures focus on alcohol use only, while the SUB-3/-3a measure additionally addresses co-occurring substance use disorders, which are prevalent in many patients with psychiatric diagnoses. The SUB-3/-3a measure does not necessarily flow directly from the SUB-1 and SUB-2/-2a measures, however, its inclusion in the substance use measure set will help to ensure that patients can continue to receive treatment after discharge. It's also paired with SUB-1 and SUB-2/-2a to encourage IPFs to offer and provide FDA-approved medication or a referral for addictions treatment to those patients that have co-occurring drug or alcohol use disorders at discharge. It also helps to provide information to CMS regarding the rate at which these treatment options are accepted by patients. And then, finally, it helps provide a fuller picture of the entire episode of care.

One of the questions that we have received about this measure is this: since the measure states "Other drug use disorder," what diagnoses of drug disorder are included in the measure? And, the answer is that the

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denominator for this measure is based on the ICD-10 diagnosis code for drug disorder. It's based on the disorder diagnosis, not the specific drug that is being abused. So, here on the slide, you can review in Appendix A tables 3.1 and 13.2 and the – as well as 13.3 in Appendix A, at the Hospital Inpatient Quality Reporting Specifications Manual Version 5.2 for discharges covering Calendar Year 2017. Then, you can find a few tables that will list out ICD-10 principal or other diagnosis codes for alcohol or drug use disorder. And then, in table 13.3, there is a list of principal or other ICD-10 procedure codes. You may access these by going, by clicking directly on these links or if you go to the [QualityNet](#) website, you can also access them directly by going to the HIQR Specifications Manual.

Here is a list that summarizes the excluded populations for the denominator statements for the SUB-3/-3a measure.

And, this slide just lists out the various denominator data elements pertinent to this measure as well.

And, I'd like to take a little bit of time in these next few slides to cover the two numerator statement data elements in a little bit more detail. Specifically the SUB-3/-3a numerator data elements are Referral for Addictions Treatment, and Prescription for Alcohol or Drug Disorder Medication.

First, we'll begin with the definition of the data element Referral for Addictions Treatment. This is documentation that a referral was made at discharge for addictions treatment by a physician or non-physician, such as a nurse, psychologist, or counselor. A referral may be defined as an appointment made by the provider either through telephone contact, fax or email. The referral may be to an addictions treatment program, to a mental health program, or mental health specialist for follow-up for substance use or addictions treatment, or to a medical or health professional for follow-up for substance use or addiction.

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The inclusion guidelines for abstraction for this particular data element are group counseling and individual counseling. Some example of the individual counseling includes addictions counselor, personal physician, psychiatrist, or psychologist. The exclusion guidelines for abstraction for this particular data element include any self-help interventions, such as brochures, videotapes, audiotapes, reactive hotlines or help lines. It also excludes support groups, such as Alcoholics Anonymous and other support groups that are not considered treatment. A question that we have received related to this data element is: if an alcohol outpatient agency does not accept appointments but provides the dates and times for a walk-in, and this information is provided to the patient and documented, will this be acceptable for a referral made for this patient? And, the answer is that, as long as this information is provided to the patient and documented in the record, it is considered acceptable.

This slide lists the five allowable values for the Referral for Addictions Treatment Data Elements. The first of which is, the referral to addictions treatment was made by the health care provider or health care organization at any time prior to discharge. The second allowable value is that referral information was given to the patient at discharge but the appointment was not made by the provider or health care organization prior to discharge. The third option is that the patient refused the referral for addictions treatment and the referral was not made. Number four is the patient's residence is not in the United States of America. And five, the referral for addictions treatment was not offered at discharge or one is unable to determine from the medical record documentation. Please note that to understand the role of these allowable values in the abstraction of the SUB-3/-3a measure, we recommend that you review the optional abstraction paper tools that are currently available on the [Quality Reporting Center](#) website under IPFQR Program Resources and Tools, and that will be posted soon to the [QualityNet](#) websites under IPFQR Program Resources.

The next data element that we'd like to review here is Prescription for Alcohol or Drug Disorder Medication, which is defined as documentation

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that an FDA-approved medication for alcohol or drug disorder was prescribed at hospital discharge.

To review the inclusion guidelines for abstracting for this particular data element, we suggest that you refer to Appendix, C Table 9.2, where you can find a comprehensive list of FDA-approved medications for alcohol and drug dependence. This list is located in the Hospital IQR Specifications Manual, Version 5.2, for discharges during Calendar Year 2017, and that may be accessed by clicking directly on this link on slide 26. There are no exclusion guidelines for abstracting for this particular data element.

Now, for the Prescription for Alcohol or Drug Disorder Medication, there are four allowable values for measure abstraction. The first of which is a prescription for an FDA-approved medication for alcohol or drug disorder that was given to the patient at discharge. The second allowable value is that a prescription for an FDA-approved medication for alcohol or drug disorder was offered at discharge and the patient refused. Number three, the patient's residence is not in the United States of America. And number four, a prescription for an FDA-approved medication for alcohol or drug disorder was not offered at discharge, or unable to be determined from medical record documentation. And, as what the referral for addictions treatment data element, you may be able to – you can find more information on how these allowable values factor into the abstraction for the SUB-3/-3a measure by reviewing the applicable, but optional, measure abstraction paper tool that is currently available on the [Quality Reporting Center](#) website, and it will be posted to [QualityNet](#) soon.

Now, for the purpose of this presentation, we wanted to share just the overall algorithm for abstracting for this measure, however it is quite lengthy, so it is broken out over three slides. And, I won't review this in excruciating details. This is information that again can be seen in text format in the optional measure abstraction tool. But, we did want to at least share this visual with you. And, also provide this link at the very top right of this slide to section 2.6.2, which will take you to the measure information form for the substance use measures. There you can find the

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full algorithm, the full length algorithm for your reference. And again, you can directly access that measure information form, or MIF, by clicking on the link on the top right of this slide.

This slide shows – sort of part 2, or the middle portion of the algorithm.

And, this slide shows the third, and final portion, of the algorithm for abstracting for this measure.

Now, I'd like to take a moment to – just to review a couple of SUB-3/-3a measure abstraction questions that provider's may encounter. The first one is: are IPFs required to offer both the prescription and a referral for continuing care treatment to meet the SUB-3/-3a measure requirements? And, the answer is no. According to the Measure Information Form, which was just referenced on slide 28, and it's found in the Specifications Manual for National Hospital Inpatient Quality Measures, a prescription for alcohol or drug disorder medication or a referral for addictions treatment can be provided at discharge for the case to be included in the numerator of both SUB-3 and the subset SUB-3a. The second question that we would like to review on this slide is: if an alcohol outpatient agency does not accept appointments, and I actually spoke to this one a bit earlier, but if it does provide the dates and times for a walk-in, and this information is provided to the patient and documented, will this be acceptable for referral made? And, again, the answer is yes. As long as this information is given to the patient and documented in the record, it is acceptable.

So, this slide just summarizes the differences between SUB-3 and its subset SUB-3a. The SUB-3 rate, it describes the patients who were identified with alcohol or drug use disorder who received or refused at discharge a prescription for the FDA-approved medication for alcohol or drug use disorder, or who received or refused a referral for addictions treatment, whereas the subset, SUB-3a describe only those patients who received one of these options. Either the patient received a prescription for FDA-approved medications for alcohol or drug use disorder, or the patient received a referral for addictions treatment. Those who refused the

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prescription and those – and the referral are not included in the numerator of the subset, SUB-3a.

So, in the next few slides, I'd like to briefly cover the sampling options for the Fiscal Year 2019 Payment Determination. And, this is something that will apply for any measure that IPFs will report for this particular payment determination year. But, we did want to cover it with respect to SUB-3/-3a, so that those of you who are listening are aware of what those options will be. So, for any measures that do allow for sampling, IPFs will have three options for reporting the data, collected in calendar year 2017, submitted in calendar year 2018, and that is then – that will then impact the fiscal year 2019 payment determination. So first of all, an IPF, of course, can choose not to sample and thereby report all data for all measures. An IPF may use the existing sampling methodologies that are described in the HIQR Specifications Manual. And, in the case of SUB-3/-3a, we'll look at that on the following slides. The third option is to submit one uniform sample for the sampling guidelines that were described on table 26 of the fiscal year 2016 IPF PPS Final Rule on pages 46717 through 46719. Please note that the following statement, at the bottom of page 46718, indicates that “in addition, we note that if providers believe using this optional sampling is too burdensome, we are not requiring them to do so.”

The existing sampling guidelines referenced on the previous slide, as I mentioned, they can be found in the HIQR Specifications Manual. And, CMS recognizes that some IPFs may choose to sample data during the calendar year on a monthly or quarterly basis. And then, report that total number at the time of data of submission. And, for those purposes, IPFs can refer to the sampling table listed on the slide, number 34.

And here, on slide 35, the table displays the uniform sampling guidelines that were outlined, as previously mentioned on table 26, of the fiscal year 2016 IPF PPS Final Rule. This option was made available in response to public comments and concerns pertaining to the different sampling methodologies used for HBIPS measures compared to other measures, such SUB, TOB, and IMM-2. And, this global sampling option may be

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the most benefit to those facilities that are not part of the Joint Commission where and they may be accustomed to using the previously described guidelines. However, if your facility is part of the Joint Commission and you wish to use the guidelines described on the slide, you, of course, are permitted to do so. But again, as a reminder, sampling is optional. If you would like more details regarding the SUB-3/-3a measure, we recommend that you review the updated IPFRQ Program Manual and optional paper tools specific to the SUB measures. And, I'll speak a bit more about those updates later in the presentation.

Now, let's review the second newly adopted measure for Fiscal Year 2019. We'll talk about the specifics of the 30-Day All-Cause Unplanned Readmission Following Psychiatric Hospitalization in an IPF measure.

To give some background on this measure, I would like to describe some of the statistics that contributed to its development. First of all, readmission following IPF admissions are common. More than 20 percent of IPF admissions for Medicare beneficiaries were followed by readmission within 30 days of discharge, according to claims reviews during the years of 2012 through 2013. There is a wide variation in readmission rates as the unadjusted facility-level 30-day readmission rates varied from 12 percent in the 10th percentile to 27 percent in the 90th percentile within the same claims review. Thirdly, readmissions are costly and the average Medicare payment for IPF admission in 2012 was nearly \$10,000. Readmissions are of course an undesirable outcome for patients and their caregivers. Largely, they represent a deterioration and the patient condition and can also be disruptive when – disruptive to the recovery process for the patient.

Listed on this slide are several effective strategies that IPFs have used to reduce readmission rates, specifically: the administration of evidence-based treatments, connecting patients to post-discharge services and follow-up care, performing medication reconciliation in the patient record, communicating with the outpatient care provider, and also by providing discharge planning that includes patient education.

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As far as the measure used, the 30-Day All-Cause Unplanned Readmission measure was adopted for use in the IPFQR Program for the most recent fiscal year 2017 IPPS Final Rule. At this time, a dry run is planned to be conducted in 2017 and public reporting on Hospital Compare of results that will pertain to fiscal year 2019. The plan is to begin publicly reporting that data in 2018. Finally, the National Quality Forum, or NQF, endorsement of the measure is pending.

And now, as far as – just an overview of this measure, the measure estimates that unplanned 30-day, risk standardized readmission rates for adult Medicare fee-for-service patient with a principal discharge diagnosis of a psychiatric disorder. In addition to estimating this value, it is important to note that this is a claims-based measure that will use administrative claims data. So, it will represent claims data captured over a 24-month performance period and those administrative claims that will be used to calculate the results will be calculated by CMS. IPFs do not have to submit any additional data to obtain credit for their IPF payment determination, and the measure is being re-specified for the ICD-10 codes. This measure does express a harmonized development of the all-cause readmission measure with other readmission measures that are currently endorsed by the NQF and that are used by other CMS quality reporting programs. The aim is of course to promote a holistic approach to the treatment of patients with psychiatric disorders, who often times has comorbid medical conditions.

In terms of the data source, CMS will calculate the measure outcome using information from the following three sources: first of which, the Medicare Denominator file, the second is Medicare Fee-For-Service Part A record, and the third, Medicare Fee-For-Service Part B record. Again, as a reminder, this is a claims-based measure, so there is no action required of IPFs to satisfy this measure.

And, the purpose of the slide is to just further define those three data sources that were referenced on slide 41. The Medicare Denominator file is comprised of the patient demographic, enrollment, and vital status information for all beneficiaries enrolled during the calendar year in

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question. The Part A data, final action claims – will contain final action claims submitted by institutional providers for reimbursement of inpatient and outpatient services provided to beneficiaries. The institutional providers will include acute care and critical access hospitals, inpatient psychiatric facilities, home health agencies, and skilled nursing facilities. The Medicare Part B data will be comprised of final action claims as well; but, they will be the claims submitted by non-institutional providers, including physicians, physician assistants, clinical social workers, nurse practitioners, and other providers, such as clinical laboratories and ambulant providers.

The eligible population for this measure includes the index admissions to inpatient psychiatric facilities during the measurement period. These index admissions will define the measure cohort, and readmission outcomes are attributed to eligible index admissions.

As far as the cohort inclusions, it will include admissions to IPFs for patient age 18 or older at admission, who are discharged alive, who are enrolled in Medicare fee-for-service Parts A and B during the 12 months before the admission date, the month of admission, and at least one month after the month of discharge, as well as patients who are discharged with a principal diagnosis of psychiatric illness included in one of the AHRQ, CCS, ICD groupings. And, those acronyms, I know they're all on the acronym page earlier on the presentation, but this is specifically pertaining to the Agency for Healthcare Research and Quality, Clinical Classification Software, ICD groupings.

The cohort will exclude admissions for patients that were discharged against medical advice, those who have unreliable demographic and vital status data, those that will be transferred to another acute setting – and I'd like to clarify here that transfers are defined as admission to another IPF or acute care hospital on the day of or day following discharge. And, the hospital that discharges the patient to home or a non-acute care setting is accountable for subsequent readmissions. The cohort will also exclude patients with interrupted stays. The interrupted stays are defined as admissions to the same IPF within two days of discharge. And, claims for

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interrupted stays are combined into the same claim as the index admission and do not appear as readmissions for this measure.

The outcome of the measure is a facility-level risk standardized readmission rate. The eligible readmissions are defined as unplanned inpatient admissions for any cause to IPF or short-stay acute care hospitals, including critical access hospitals, on or between three and 30 days post-discharge. Readmissions are eligible as index admissions, if they meet all other eligibility criteria.

Here is a list of the various categories of risk adjustments that will be used for the calculation of measure results. This includes gender, age, principal discharge diagnosis, comorbidities, and other variables identified from 12 months prior to admission. Examples of the last adjustment category here – listed here include discharges – being discharged against medical advice, suicide attempt or self-harm, and aggression. We know that the final risk model for the measure, as submitted to the NQF, excluded sociodemographic status; as such risk factors do not improve model performance.

And, that concludes the review of those new measures. But, at this time, I would like to do a short transition into a review of some of the Fiscal Year 2017, IPF performance and improvement information. As many of you may know at the time of the October 13 webinar, the calculation for the top performing and most improved IPFs for Fiscal Year 2017 data submission; those calculations were in progress at that time. So, I would like to take a few minutes now to just describe some of the criteria used to make a determination, as well as share the list of the top performing and most improved IPFs for the most recent data submission.

So, first off, CMS would like to acknowledge the top performing and most improved IPFs in the nation. And, the following criteria listed here on slide 49 were used in this analysis. First, those that had a lower rate, indicative of better performance for the HBIPS-2 and HBIPS-3 measures, that was one of the criteria for the analysis. Another is having a higher rate, which would indicate better performance for the HBIPS-5, HBIPS-6,

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HBIPS-7, and SUB-1 measures. Performance improvement for HBIPS-2 and -3 measures is defined as having a decrease in the rate from fiscal years 2016 to fiscal year 2017. And, performance improvement for the HBIPS-5, -6, -7, and SUB-1 measures was defined as an increase in the rate from fiscal year 2016 to 2017. We wanted to also note here that only IPFs that selected the attestations that would be reflected on the following slides for the structural measures were included in the listings for the highest performing and most improved calculations.

So, this slide number 50 has a table that displays the responses that IPFs that were on the subsequent lists selected for the structural measures. And, these two structural measures pertain to the use of Electronic Health Record and the Assessment of Patient Experience of Care. Due to time constraints for today's webinar, I won't read this specifically to you, but basically the answers that you see in the answer column, the third column on this table, are answers that were provided by all of the IPFs that will appear on the next two slides as being among the top performing or most improved.

So, this slide shows the top performing IPFs for fiscal year 2017. And, you'll note that there are actually 21 IPFs listed here because there were two providers that tied for the top rank. The IPFs here are listed, or sorted, alphabetically by state. And, essentially the criteria again that was used to determine this list, were eligible IPFs that were required to be included in – that were required to have submitted all 14 measures that were necessary for fiscal year 2017. They submitted non-zero denominators, and they met the structural measure attestation criteria that were described on slide 50.

And, here we have the list of the most improvements between fiscal year 2016 and fiscal year 2017. Again, this is showing the most improvement for the following measures. These are the measures that were reported during both fiscal years: HBIPS-2, HBIPS-3, HBIPS-5, 6 and 7, as well as SUB-1. This list is also sorted alphabetically by states. Providers are required to meet the following criteria to be included in the analysis. They had to submit all of the measures required for both fiscal years 2016 and 2017. They had to maintain or improve performance for all measures

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required for both fiscal years. They did not submit – or I'm sorry, they submitted non-zero denominators. And, they met the structural measure attestation criteria described on slide 50.

Now, at this time, I will review several helpful resources that are available pertaining to the IPFQR Program, including the recently published IPFQR Program manual and various paper tools pertinent to measure abstraction and data collection during the upcoming calendar year 2017.

So, as always, CMS recommends that IPFs refer to the latest version of the IPFQR Program manual for information pertaining to the IPFQR Program. We do have the latest version published currently on the [Quality Reporting Center](#) website, and you can access it by clicking directly on the link with the – I'm sorry, the first bullet on this slide, slide 54, if you click on the link, it will take you to the IPFQR Program Resources and Tools page where you can find the updated manual. It will be posted to the [QualityNet](#) website referenced on this page very soon at a later date. And, in the next slide, I'd like to go ahead and highlight some of the key updates to the program manual as well as review a list of the optional paper tools that are also now available.

All right, so some of the key updates to the manual include information about the SUB-3/-3a and the 30-Day All-Cause Unplanned Readmission Following Psychiatric Hospitalization in an IPF measures. It also includes refined measure specifications. And, some of those specifications do pertain to definitions of terms for the Transition Record with Specified Elements Received by Discharged Patients and the Timely Transmission of Transition Record measures. And, then finally we've also included updates to the data reporting, sampling, and submission details. I see that there is a question, or couple of questions, currently in the chat tool about when the expected updated manual will be available. As I previously mentioned, it is currently available today on the [Quality Reporting Center](#) website, which you can access by clicking on the first – the link with the first bullet on slide 54. It will be posted to the [QualityNet](#) website at a later date.

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Now, this slide, it includes the list of all the optional paper tools that have been recently updated. And, most of these tools are already available on the [Quality Reporting Center](#) website. There are maybe two that are still – that are coming soon, that should be posted within the next 24 hours. But, you can certainly go, again, to the [Quality Reporting Center](#) website and, if you go to IPFQR Program and select Resources and Tools, you will see these tools listed and an indication of whether they are new or whether they've been updated.

Here is a list of a couple of links that you can use to access the most recent IPPS Final Rule, as well as the National Hospital Inpatient Quality Measures Specifications Manual.

This slide, of course, includes active links that you can click on to send us any of your questions about the IPFQR Program. As always, we do encourage you to use the Q&A tool in particular because it provides the best means by which we can track questions and answers, and also, it delivers our responses directly to your email inbox. We also recommend that, those of you who have not done so, to sign up for the IPFQR Program ListServes. There you can receive communications from us pertaining to updates, program changes, webinars, and other announcements relevant to the IPFQR community. And, you can sign up to be added to this ListServe on the *QualityNet* ListServe registration page.

And here, we have a few Save the Dates here for you as far as upcoming educational webinars. Next month in December, we will address Measures Under Consideration and Measure Applications Partnership Processes in preparation for the preparation for the upcoming submission of Influenza Vaccination coverage among Health Care Personal Measure data to the CDC. We plan to review the NHSN enrollment and the measure collection and submission processes in January of 2017. And then, in February, we aim to describe updates to the program manual and paper tools in greater detail. Future webinars will be posted on the events calendar found on the [Quality Reporting Center](#) website. And, if you go to the events calendar, you can access that by going to the homepage for

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the qualityreportingcenter.com website. And, under upcoming events, you'll see a link at the events calendar. Again, the IPFQR Program ListServe is also another great way to keep up with upcoming events.

And, at this time, we'll not have enough time to go through any more of the questions received via the chat tool. However, those that did come to the chat tool during this webinar will be received and a question and answer transcript created and then published at a later date.

So, we suggest that to obtain answers to any questions that are not specific to the content of this webinar, we recommend that you go to the *QualityNet* Q&A tool. However, again, the question and answer transcript for this webinar will be consolidated and published at a later date. Now, at this time, I will turn the presentation to Deb Price who will discuss the CE Credit Process for today's webinar.

Deb Price:

Well, thank you, Evette. Today's webinar has been approved for one continuing education credit by the boards listed in front of you. We are now a nationally accredited nursing provider. And as such, all nurses are responsible to submit their own credits using the provider number on the last bullet.

We now have an online CE certificate process, and you can get your certificate two different ways. If you registered for the event that you're listening to right now, at the very last slide, a survey will pop up. And, as soon as you're done with the survey, you will be directed to the CE certificate. However, the second way to get the certificate will be, if you are in a room where only one person registered, or if you don't have the time to take the survey, that's fine. Within 48 hours, we will send out another survey. And, at the end of that survey, you will be allowed to, again, to get your certificate. And, if there's anybody else in the room and they have viewed, have listened to our webinar, please send the link to them as well.

If you have any problems getting your certificate, perhaps you're not getting the link. That could mean that you have a firewall up. And, if you

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have a firewall up, we're asking you to register as a new user and register an email that is personal, any phone number that is personal.

This is what the survey will pop up and what it look like after – at the end of my slides, the very bottom right hand side, you see the little gray Done button. So, when you're – when you complete the survey, click the Done button, and this page will open up.

This page has two links in it. The first one is the new user and the second one the existing user. If you have had problems before getting your certificate, please use the new user link, and register your personal email and the personal phone number. In that way, you don't have to worry about firewall opening up and preventing your links from going through.

This is what the new user page will look like. We have a first name, last name, your personal email, and then, again, we're asking for personal phone number.

This is what the existing user page looks like. Your username is your complete email address that you have been using, including whatever – what you have after the @ sign. And then, password, if you already – if you forgot your password, click on the space, the password space, and you can register for a new password. And now, we'd like to thank everyone, once again, for attending today's event. We hope you learned something. And, once again, if you submitted any questions, they will be posted on our [Quality Reporting Center](#) website at a later date. Please, have a great rest of the day, and goodbye.

END