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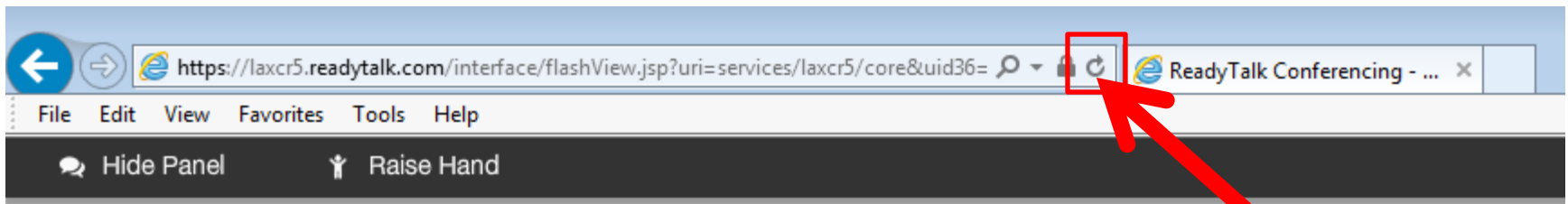
# Troubleshooting Audio

Audio from computer speakers breaking up?  
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- Click Refresh icon –  
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F5 Key  
Top row of Keyboard

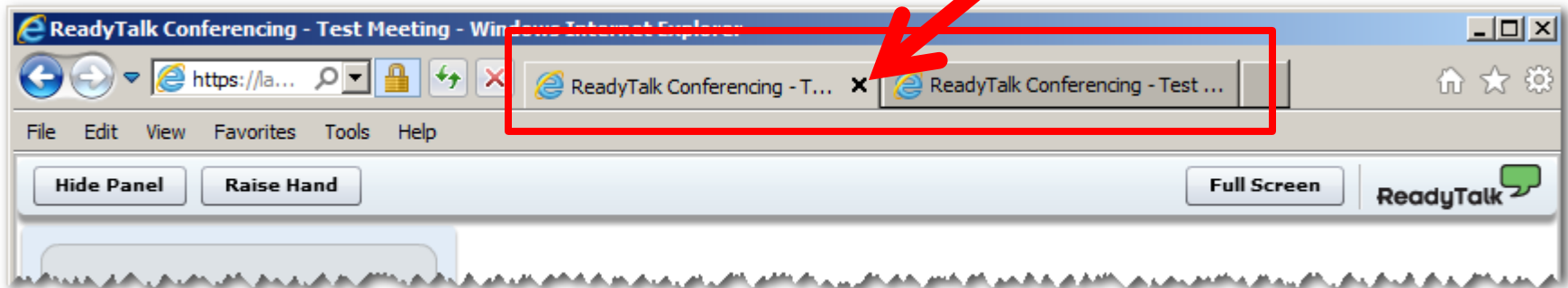


Location of Buttons

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# Troubleshooting Echo

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*Example of Two Browsers Tabs open in Same Event*

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A screenshot of a web interface for a CMS event. The interface is split into two main sections. The left section is a vertical chat window with a white background and a blue border. At the top of this window are buttons for "Hide Chat" and "Raise Hand". The main area of the chat window is empty. At the bottom of the chat window is a text input field with the placeholder text "Type questions here." and a "Send" button. The right section of the interface has a light gray background. At the top right of this section are buttons for "Full Screen" and "ReadyToGo". In the center of the right section is the CMS logo, which consists of a blue and yellow swoosh above the letters "CMS" and the text "CENTERS FOR MEDICARE &amp; MEDICAID SERVICES" below it. Below the logo is the text "Welcome to Today's Event" in a large, blue, sans-serif font. At the bottom of the right section is a yellow horizontal line, and below that is the text "Thank you for joining us today! Our event will start shortly." in a smaller, italicized, blue font.



# **IPFQR Program 101 and New Measure Review**

**Evette Robinson, MPH**

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

**June 8, 2016**

# Acronyms

- **AMA** American Medical Association
- **APU** Annual Payment Update
- **CDC** Centers for Disease Control and Prevention
- **CMS** Centers for Medicare & Medicaid Services
- **CY** Coverage Year
- **DACA** Data Accuracy and Completeness Acknowledgement
- **FDA** Food and Drug Administration
- **FFS** Fee For Service
- **FR** Federal Register
- **FUH** Follow-Up After Hospitalization for Mental Illness
- **FY** Fiscal Year
- **HBIPS** Hospital-Based Inpatient Psychiatric Services
- **HISP** Health Information Service Provider
- **IMM-2** Influenza Immunization Measure
- **IPF** Inpatient Psychiatric Facility
- **IPFQR** Inpatient Psychiatric Facility Quality Reporting
- **NOP** Notice of Participation
- **ONC HIT** Office of the National Coordinator for Health Information Technology
- **PCPI** Physician Consortium for Performance Improvement
- **PPS** Prospective Payment System
- **Q** Quarter
- **SA** Security Administrator
- **SUB** Substance Abuse
- **QSP** QualityNet Secure Portal

# Purpose

The purpose of this presentation is to provide an overview of the IPFQR Program, as well as review various resources pertaining to specifications for the following measures:

- Transition Record with Specified Elements Received and Discharged Patients
- Timely Transmission of Transition Record
- Screening for Metabolic Disorders

# Learning Objectives

At the conclusion of this presentation, attendees will be able to:

- Describe the background and requirements of the IPFQR Program
- Interpret and meet the current IPFQR Program requirements for the FY 2017 payment determination year
- Identify resources pertinent to specifications for the new measures that IPFs will begin to collect on July 1, 2016



IPFQR Program 101 and New Measures Review

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# **IPFQR PROGRAM BACKGROUND**

# Overview

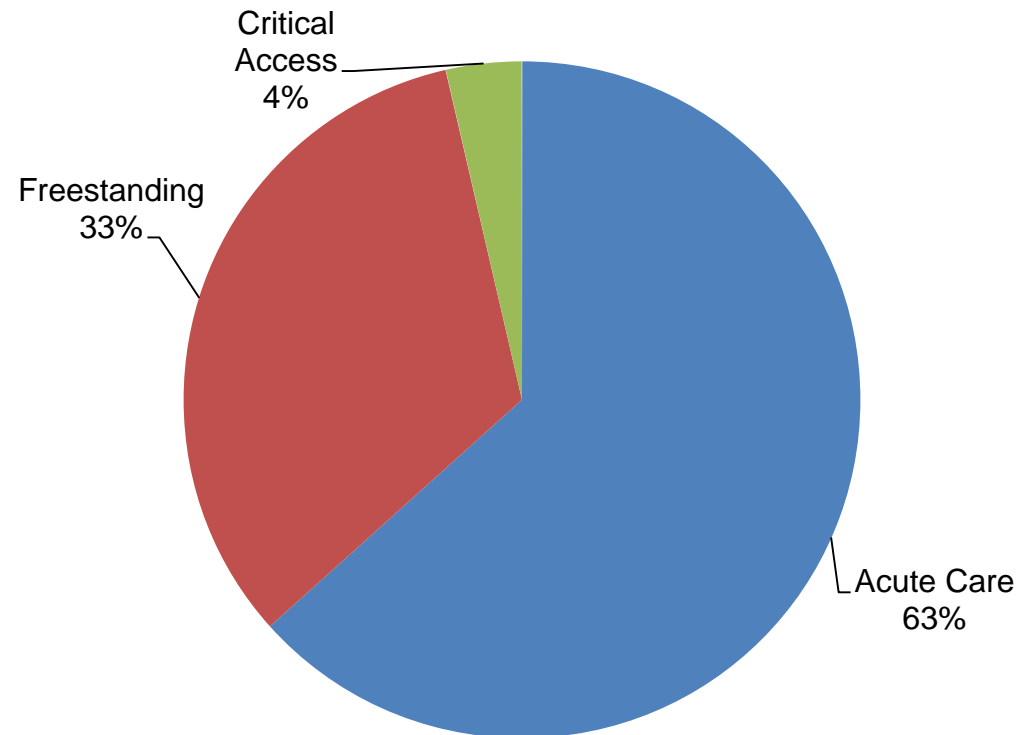
- The IPFQR program was established by sections 3401(f) and 10322(a) of the Affordable Care Act, which amended the Social Security Act to add section 1886(s)(4).
- The program was implemented on October 1, 2012 as a CMS pay-for-reporting program.
- The IPFQR program is intended to encourage IPFs and clinicians to improve the quality of inpatient care.
- This program collects aggregate (facility-level) data, not patient-level data.

# IPF Definition, Billing Designation, and IPFQR Program Eligibility

- IPFs are either psychiatric units within acute care or critical access hospitals, or freestanding psychiatric hospitals
- IPF PPS billing is designated by the facility's CCN
  - Freestanding: XX4000–XX4499
  - Acute Care Hospital: S replaces 0 in the third position
  - Critical Access Hospital: M replaces 1 in the third position
- CMS uses the quarterly IPF Provider-Specific File to determine program eligibility

## IPFs by Type

Providers appear as indicated by the January IPF PSF  
Total number of facilities: 1,656



IPFQR Program 101 and New Measures Review

# **IPFQR PROGRAM REQUIREMENTS**

# FY 2017 IPFQR Program Participation Requirements

An IPF must meet the following requirements by August 15, 2016, unless otherwise noted:

- Maintain at least one active *QualityNet Secure Portal Security Administrator*
- Pledge a status of “Participating” in the IPFQR NOP
- Meet the two annual data submission deadlines:
  - **May 15:** Influenza Vaccination Coverage among Healthcare Personnel (HCP) measure
    - **NOTE:** The deadline was extended to **June 15, 2016** this year.
  - **August 15:** The remaining IPFQR program measures, which include HBIPS-2, -3, -5, -6, -7; SUB-1; IMM-2; TOB-1, -2/-2a; Use of Electronic Health Record; and Assessment of Patient Experience of care
- Complete the DACA

# QualityNet Registration

- Registration for the *QualityNet Secure Portal* is mandatory for each individual submitter
  - Maintains the confidentiality and security of healthcare information and data
- Registration for a *QualityNet* account is the first step

# *QualityNet Secure Portal*

## **Classifications**

- **Security Administrator (SA)**
  - Facilitates the registration process for other users at the organization
  - Must have at least one, but recommend that each facility have at least two SAs
  - Required for providers submitting data or using a vendor to submit data on their behalf, and for anyone accessing reports through the *QualityNet Secure Portal*
- **Basic User**
  - All other registered *QualityNet* users in an organization are considered basic users
- **Data Submission Vendor**
  - Must register for a *QualityNet* account
  - Contact the *QualityNet* Help Desk to obtain a Vendor ID
- **Healthcare System**
  - Healthcare systems (comprising multiple providers), must contact the *QualityNet* Help Desk for guidance

# IPFQR Program NOP Status

Eligible IPFs must pledge a status of “Participating” to meet the NOP requirement for the program.

- Newly eligible facilities have 180 days from the Medicare Accept date to submit an NOP
- IPFs can begin collecting measure data immediately after pledging to participate
  - Recommended that data collection begin no later than the quarter following the NOP pledge date
- Participation status carries over year after year



# IPFQR Program NOP Status

IPFs pledging a status of “Non-Participating” are still subject to:

- The IPFQR program requirements
- A 2% reduction of their APU

**Note:** IPFs that become ineligible to participate in the IPFQR Program as a result of termination of the IPF-specific CCN (i.e., due to unit or facility closure, conversion of beds from IPF PPS to another billing system, or involuntary termination) should contact the VIQR SC at [IPFQualityReporting@hcqis.org](mailto:IPFQualityReporting@hcqis.org) for guidance on next steps.

# General IPFQR Data Collection and Reporting Requirements

- Per the FY 2016 IPF PPS Final Rule, IPFs are no longer required to report measure data by quarter or by age strata starting with data collected in CY 2015
- Data collected by IPFs in CY 2015 will be reported to CMS in 2016 and impact the FY 2017 payment determination
- IPFs are required to report data to CMS on 12 measures for the FY 2017 payment determination year
  - CMS will calculate the rates for the Follow-Up After Hospitalization for Mental Illness measure, which is claims-based

# IPFQR Program Measures

Measure	FY 2017	FY 2018	Measure Type	Sampling Allowed
HBIPS-2: Hours of Physical Restraint Use	X	X	Chart-Abstracted	No
HBIPS-3: Hours of Seclusion Use	X	X	Chart-Abstracted	No
HBIPS-5: Patients Discharged on Multiple Antipsychotic Medications with Appropriate Justification	X	X	Chart-Abstracted	Yes
HBIPS-6: Post-Discharge Continuing Care Plan Created	X		Chart-Abstracted	Yes
HBIPS-7: Post-Discharge Continuing Care Plan Transmitted to Next Level of Care at Discharge	X		Chart-Abstracted	Yes
SUB-1: Alcohol Use Screening	X	X	Chart-Abstracted	Yes
SUB-2: Alcohol Use Brief Intervention Provided or Offered SUB-2a: Alcohol Use Brief Intervention		X	Chart-Abstracted	Yes
TOB-1: Tobacco Use Screening	X	X	Chart-Abstracted	Yes

# IPFQR Program Measures

Measure	FY 2017	FY 2018	Measure Type	Sampling Allowed
TOB-2: Tobacco Use Treatment Provided or Offered TOB-2a: Tobacco Use Treatment	X	X	Chart-Abstracted	Yes
TOB-3: Tobacco Use Treatment Provided or Offered at Discharge TOB-3a: Tobacco Use Treatment at Discharge		X	Chart-Abstracted	Yes
IMM-2: Influenza Immunization	X	X	Chart-Abstracted	Yes
Influenza Vaccination Coverage among Healthcare Personnel	X	X	Web-Based reported on NHSN website	No
Use of Electronic Health Record	X	X	Structural Web-Based	N/A
Assessment of Patient Experience of Care	X	X	Structural Web-Based	N/A
FUH: Follow-Up After Hospitalization for Mental Illness	X	X	Claims-Based	N/A
Transition Record with Specified Elements Received by Discharged Patients		X	Chart-Abstracted	Yes
Timely Transmission of Transition Record		X	Chart-Abstracted	Yes
Screening for Metabolic Disorders		X	Chart-Abstracted	Yes

# FY 2017 IPFQR Reporting Options

**Option 1:** IPFs may choose not to sample and thereby report all measure data values

**Option 2:** IPFs may choose to reference the population and sampling guidelines described in the following manuals:

- [Specifications Manual for Joint Commission National Quality Measures](#)
  - HBIPS-5, -6, and -7
- [Specifications Manual for National Hospital Inpatient Quality Measures](#)
  - SUB-1
  - TOB-1, -2/2a
  - IMM-2

**NOTE:** Sampling is not allowed for the HBIPS-2, HBIPS-3, and Influenza Vaccination among Healthcare Personnel measures.

IPFQR Program 101 and New Measures Review

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# **IPFQR PROGRAM COMMONLY ASKED QUESTIONS**

# IPFQR Program Benchmarks

## Question:

**What benchmarks are available for the IPFQR Program measures?**

## Answer:

*At this time, there are no benchmarks available for any of the measures in the IPFQR Program. For the HBIPS-2 and -3 measures, lower rates indicate better performance whereas for the other measures, higher rates indicate better performance.*

# Temporary IPF Closure Due to Renovation

## Question:

**If our IPF currently participates in the IPFQR program but closes temporarily for renovation, are we exempt from meeting the IPFQR program requirements?**

## Answer:

*No. During temporary closure of an IPF for renovation, the IPF is not expected to collect data given that no inpatient psychiatric services are being rendered at that time.*

*However, the IPF is expected to collect data leading up to and following the end of the closure period, as well as meet all other program requirements in order to receive full APU for the payment determination year.*



# Accessing IPFQR Program Information on the *QualityNet Secure Portal*

## Question:

Our IPF is part of a critical access hospital (CAH) and the CCN for our IPF unit has “M” in the third position. When I log into the *QualityNet Secure Portal* and try to view the NOP, submit data, or run reports, I do not see a place to enter this IPF CCN. What should I do?

## Answer:

*The QualityNet Secure Portal is currently designed to accept only numeric CCN values. When you log into the system you should be able to see that your account is associated with the numeric CCN of the main hospital. From there you should be able to access the various modules by program. The same would apply for an IPF that is part of an acute care hospital (ACH). If you find that you do not have the option to select “IPFQR NOP”, IPFQR Reports, etc., then contact the QualityNet Help Desk to request access to these areas of the QualityNet Secure Portal and be sure to copy the [IPFQualityReporting@hcqis.org](mailto:IPFQualityReporting@hcqis.org) email address.*

# Sampling of IPRQR Program Measures

## Question:

Do all IPFQR program measures allow sampling?  
Is sampling required?

## Answer:

*No, not all IPFQR program measures allow sampling.  
Refer to **Section 2: Measure Specifications** under “**Data Submission**” of the IPFQR program manual for tables that list the measures that do and do not allow sampling for FY 2017 and FY 2018 payment determination.  
No, IPFs are not required to sample measure data. It is optional.*

# Reporting IPF HCP Vaccination Measure Data

## Question:

Our IPF is part of an ACH (or CAH) that has been reporting the HCP vaccination measure data for the entire hospital to the CDC for years. If we include our numbers with those of the main hospital, will that count toward meeting the HCP vaccination measure data submission requirement for the IPFQR program?

## Answer:

*No. In order for an IPF to receive credit for HCP vaccination measure data submitted to the CDC it must submit the data separately from the main hospital. Refer to **Section 9: Resources** of the IPFQR Program Manual for helpful links pertaining to the NHSN enrollment and HCP vaccination measure data submission processes for IPFs.*

# ***Hospital Compare Preview Report versus Other Reports on the QualityNet Secure Portal***

## **Question:**

**Why does my *Hospital Compare Preview Report* display data differently (with more decimal places) in comparison to data in the *IPF Provider Participation Report* and *Facility, State and National* reports that I run in the *QualityNet Secure Portal*?**

## **Answer:**

*The Hospital Compare Preview Report is required to display a marginally higher degree of precision than the IPF Provider Participation Report and the Facility, State and National Report are required to display. The data are displayed accurately in both reports and the difference in the decimal precision is accurate within the context of each of the reports.*

# Differences Between HBIPS and New IPFQR Measures

Measure Name	Abbreviation Available?	New or Retired?	Measure Developer
Post-Discharge Continuing Care Plan Created	Yes, HBIPS-6	Retired	The Joint Commission
Post-Discharge Continuing Care Plan Transmitted to Next Level of Care at Discharge	Yes, HBIPS-7	Retired	The Joint Commission
Transition Record with Specified Elements Received by Discharged Patients	No	New	AMA-PCPI
Timely Transmission of Transition Record	No	New	AMA-PCPI
Screening for Metabolic Disorders	No	New	CMS

IPFQR Program 101 and New Measures Review

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# **NEW MEASURES REVIEW**

# Updated IPFQR Program Manual: Highlights

- ***Transition Record with Specified Elements Received by Discharged Patients and Timely Transmission of Transition Record Measures***
  - Refined definitions of terms
    - Found in Section 2: Measure Specifications
- **Psychiatric Advance Directive**
  - General information and example
    - Found in Appendix B
- **Transition Record Measures**
  - Algorithm to Identify the Initial Patient Population
    - Found in Appendix C
- **Screening for Metabolic Disorders Specifications**
  - Measure Information Form
  - Algorithm
  - Data element dictionary
    - Found in Appendix D

# New and Updated Optional Paper Tools

- **NEW** Data Collection Tool for Compliance with the *Transition Record with Specified Elements Received by Discharged Patients* and *Timely Transmission of Transition Record* Measures
- **NEW** Paper Tool for the *Screening for Metabolic Disorders* Measure
- **UPDATED** Non-Measure Data Collection Tool



IPFQR Program 101 and New Measures Review

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# **TERMS AND TOOLS FOR THE TRANSITION RECORD MEASURES**

# 24-hour/7-day Contact Information

Including Physician for Emergencies Related to Inpatient Stay

This data element must include the name and contact information for a ***physician***, health care team member, ***or other health care personnel*** who have access to medical records and other information concerning the inpatient stay and who could be contacted regarding emergencies related to the stay.

800 numbers, crisis lines, or other general emergency contact numbers do not meet this requirement ***unless personnel have access to the medical records and other information concerning the inpatient stay.***

# Advance Directive

The term Advance Directive is defined as:

- A written, signed statement that details the patient's preferences for treatment should the patient be unable to make such decisions for him/herself, whether that incapacitation is due to psychiatric or non-psychiatric (medical) reasons
- The statement informs others about what treatment the patient would or would not want to receive from psychiatrists and/or other health professionals **concerning both psychiatric and non-psychiatric care**
- Must be compliant with state laws for the state in which the patient receives care

# **Advance Directive: *The Patient Self-Determination Act of 1990***

- The federal law regarding advance directives that requires health care providers to advise individuals of their right to accept or reject medical treatment and their right to make advance directives or written instructions about their treatment in case they become incapacitated
- Asserts that decisions to accept or reject life-sustaining treatments must be made voluntarily by a competent and informed patient, or, if the patient is incapacitated, by another appropriately informed individual acting on the patient's behalf

# Appendix B: Psychiatric Advance Directive (PAD)

Appendix B includes:

- General information
- Common components of a Psychiatric Advance Directive
- Example of a Psychiatric Advance Directive
  - For informational use only
  - Should not be used unless modified by the IPF
  - Not meant to substitute for an existing advance directive

## Example: Psychiatric Advance Directive

**DISCLAIMER: THE FOLLOWING DOCUMENT IS AN EXAMPLE FOR INFORMATIONAL USE ONLY AND SHOULD NOT BE USED UNLESS MODIFIED BY THE IPF. THIS DOCUMENT IS NOT MEANT TO SUBSTITUTE FOR AN EXISTING ADVANCE DIRECTIVE.**

### PART 1: Statement of Intent to Appoint an Agent

I, \_\_\_\_\_, being of sound mind, authorize a health care agent to make certain decisions on my behalf regarding my mental health treatment when I am determined to be legally incompetent to do so. I intend that those decisions should be made in accordance with my expressed wishes as set forth in this document. If I have not expressed a choice in this document, I authorize my agent to make the decision that my agent determines is the decision I would make if I were competent to do so.

### PART 2: Designation of Mental Health Care Agent

I hereby designate and appoint the following person as my agent to make mental health care decisions for me as authorized in this document. This person is to be notified immediately of my admission to a psychiatric facility.

Name: \_\_\_\_\_  
Address: \_\_\_\_\_

\_\_\_\_ Phone Number \_\_\_\_\_

If the person named above is unavailable or unable to serve as my agent, I hereby appoint and desire immediate notification of my **alternate agent** as follows:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_

Phone Number \_\_\_\_\_

**I. Authority Granted to My Agent** (Initial if you agree with a statement; leave blank if you do not.)

A. \_\_\_\_\_ If I become incapable of giving consent to mental health care treatment, I hereby grant to my agent full power and authority to make mental health care decisions for me, including the right to consent, refuse consent, or withdraw consent to any mental health care, treatment, service or procedure, consistent with any instructions and/or limitations I have set forth in this advance directive. If I have not expressed a choice in this advance directive, I authorize my agent to make the decision that my agent determines is the decision I would make if I were competent to do so.

B. \_\_\_\_\_ Having named an agent to act on my behalf, I do, however, wish to be able to discharge or change the person who is to be my agent if that agent is instrumental in the process of initiating or extending any period of psychiatric treatment against my will. My ability to revoke or change agents in this circumstance shall be in effect even while I am incompetent or incapacitated.

Appendix D: Psychiatric Advance Directives (PAD)

# Advance Directives or Surrogate Decision Maker Documented OR Documented Reason for Not Providing Advance Care Plan Element

- This element **does not require** that all patients have advance directives
- A reason **must be documented** if a patient does not have advance directives or a surrogate decision maker
- IPFs are expected to provide patients the opportunity to complete both types of advance directives prior to discharge, to the extent allowable by law in the state in which the IPF resides
- Copies of advance directives do not need to be transmitted to the follow-up provider and the patient need not create advance directives to satisfy this element

# ***Current Medication List***

The ***Current Medication List*** should include prescription medications, over-the-counter medications, and herbal products categorized by:

- **Medications to be taken by patient**
  - Medications prescribed prior to IPF stay to be continued after discharge and new medications started during the IPF stay to be continued after discharge, as well as newly prescribed or recommended medications to begin taken after discharge
  - Prescribed or recommended dosage, special instructions/considerations, and intended duration must be included for each continued and new medication listed
  - ***A generalized statement regarding intended duration, such as a blanket statement indicating that the patient should continue the medication until told to stop, would be acceptable for routine medications***
- **Medications not to be taken by patient**
  - Medications (prescription, over-the-counter and herbal products) taken by patient before the inpatient stay that should be discontinued or withheld after discharge

**Note:** The requirement for a list of medications with which the current medications may react has been removed.

# Discontinued Care

The term **Discontinued Care** includes:

- **Elopement**

- NQF-defined as any situation in which an admitted patient leaves the healthcare facility without staff's knowledge
  - Effective discharge planning cannot be performed.

- **Failure to return from leave**

- Patient does not return at the previously agreed upon date and time for continued care
  - If the patient fails to return from leave, then the patient has left care without staff's knowledge
  - Effective discharge planning cannot be accomplished.



# Plan for Follow-up Care

A plan for follow-up care describes treatment and other supportive services to maintain or optimize patient health.

- The plan should include post-discharge therapy needed, any durable medical equipment needed, family/psychosocial/outpatient resources available for patient support, self-care instructions, etc.
- The plan should be developed with consideration to the patient's goals of care and treatment preferences.

**Note:** This definition has been updated to remove the expectation to include “dates/times and contact information for appointments for follow-up care.”

# Transition Record

- A core, standardized set of data elements related to patient's demographics, diagnosis, treatment, and care plan that is discussed with and provided to the patient in a printed or electronic format at each transition of care and transmitted to the facility/physician/other health care professional providing follow-up care
- May only be provided in electronic format if acceptable to the patient ***and only after all components have been discussed with the patient***

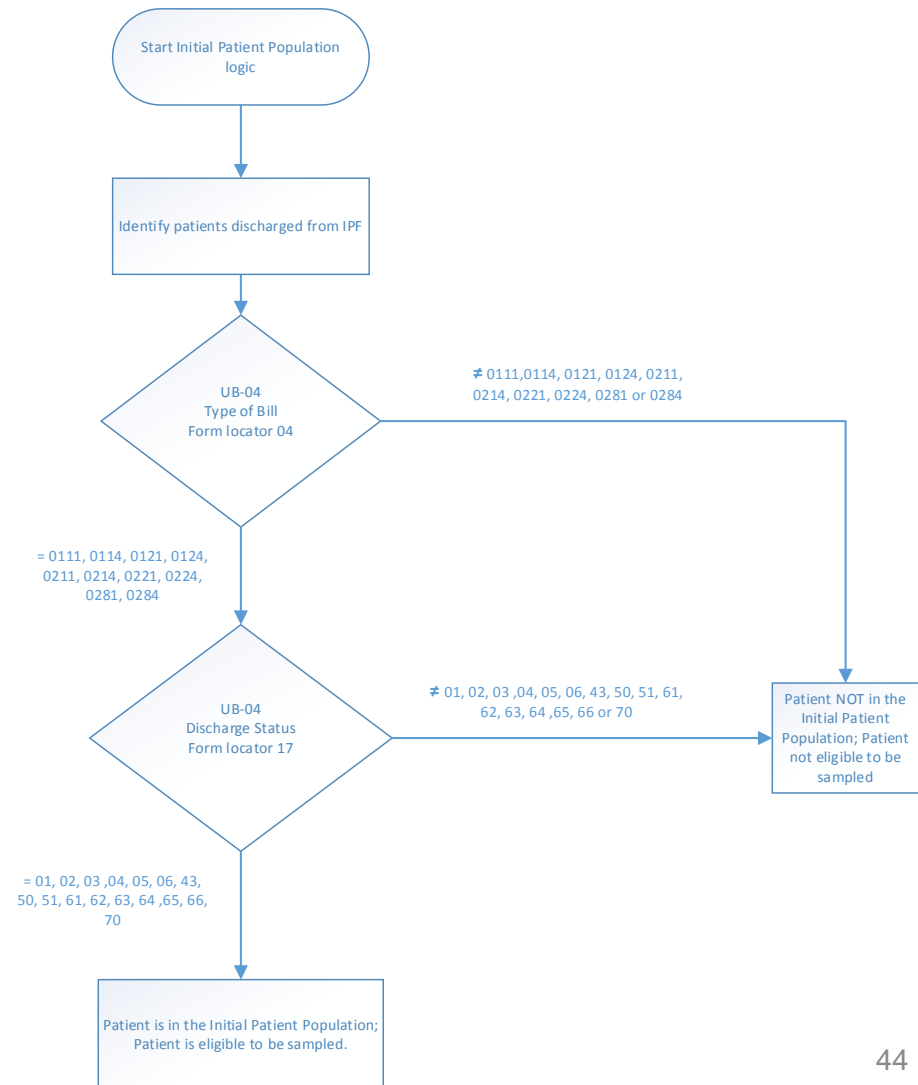
**Note:** Reference to “tobacco and alcohol use” as it relates to a list of medications with which the current medications may react has been removed.

# Transmitted

- A transition record may be transmitted to the facility, physician, or other healthcare professional designated for follow-up care via:
  - **Mail**
  - Fax
  - Secure email
  - **EHR**
  - **Hard copy** to the personnel transporting the patient to the receiving facility
- **The time and method of transmission *must* be documented**

# Initial Patient Population Algorithm for the Transition Record Measures

- Located in **Appendix C** of the IPFQR Program Manual
- After identifying the cases discharged from the IPF, measure abstractors would use the codes listed in the algorithm to determine the initial patient population for the transition record measures



IPFQR Program 101 and New Measures Review

# **SPECIFICATIONS FOR THE SCREENING FOR METABOLIC DISORDERS MEASURE**

# Screening for Metabolic Disorders

## Measure Specifications: MIF

The MIF includes:

- Description
- Rationale
- Numerator/Denominator Statements and associated data elements
- Included/Excluded Populations
- Data Collection Approach
- Data Accuracy
- Sampling

### Appendix C: Screening For Metabolic Disorders

**New Measure:** July 2016

**Performance Measure Name:** Screening for Metabolic Disorders Version 1.0

**Description:** Percentage of discharges from an IPF for which a structured metabolic screening for four elements was completed in the 12 months prior to discharge

**Rationale:** Studies show that both second generation antipsychotics (SGAs) and antipsychotics increase the risk of metabolic syndrome.<sup>1</sup> Metabolic syndrome is a cluster of conditions that occur together, including excess body fat around the waist, high blood sugar, high cholesterol, and high blood pressure, and increases the risk of coronary artery disease, stroke, and type 2 diabetes.

In 2004, a consensus statement was released by the American Diabetes Association (ADA), the American Psychiatric Association (APA), the American Association of Clinical Endocrinologists, and the North American Association for the Study of Obesity regarding an association between the use of specific SGAs and diabetes and obesity.<sup>2</sup> This group recommended that providers obtain baseline screening for metabolic syndrome prior to or immediately after the initiation of antipsychotics<sup>3</sup> to reduce the risk of preventable adverse events and improve the physical health status of the patient.

The Screening for Metabolic Disorders measure was developed to assess the percentage of patients discharged from an IPF for which a structured metabolic screening for four elements was completed in the past year. Additional information regarding the clinical support for this measure may be found in the FY 2016 IPPS Final Rule at <http://www.gpo.gov/fdsys/pkg/FR-2015-08-05/pdf/2015-18903.pdf>

**Type of Measure:** Process

**Improvement Noted As:** Increase in the rate

**Numerator Statement:** The total number of patients who received a metabolic screening in the 12 months prior to discharge - either prior to or during the index IPF stay.

**Date Elements:**

- Body Mass Index (BMI)
- Blood Pressure
- Blood Glucose
- Discharge Disposition
- Lipid Panel
- Reason for Incomplete Metabolic Screening

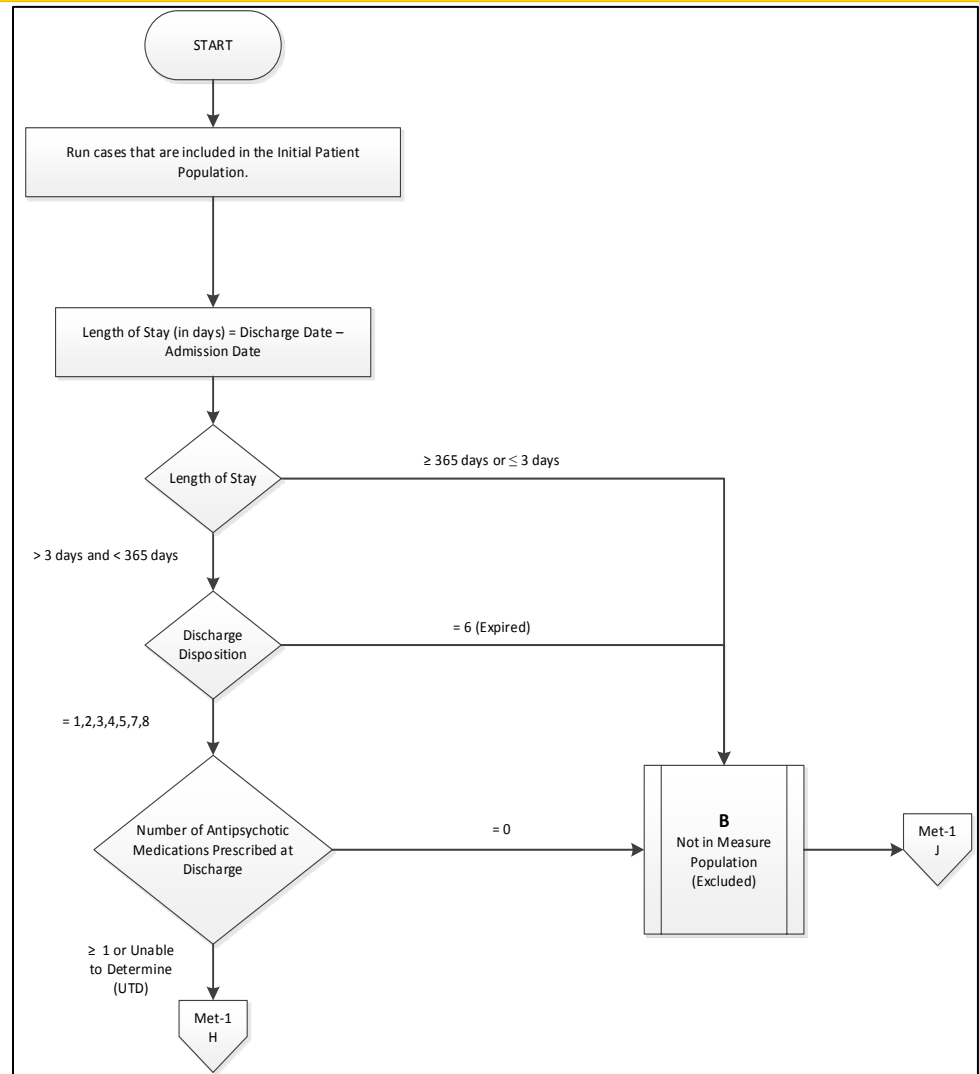
**Denominator Statement:** Discharges from an IPF with one or more routinely scheduled antipsychotic medications during the measurement period.

**Included Populations:** All patients discharged from IPFs with one or more routinely scheduled antipsychotic medications during the measurement period.

# Screening for Metabolic Disorders

## Measure Specifications: Algorithm

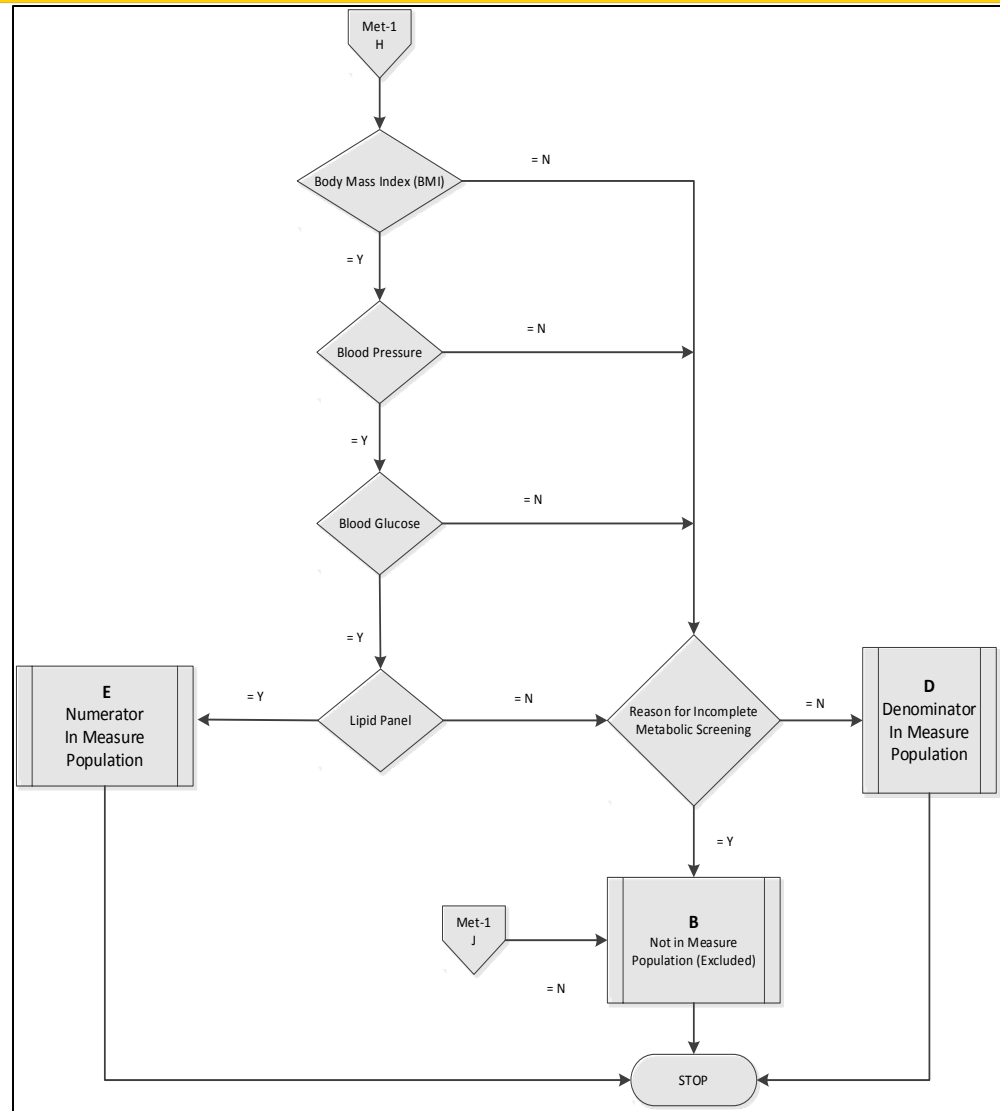
The algorithm for the Screening for Metabolic Disorders Measure follows the MIF in the IPFQR Program Manual.



# Screening for Metabolic Disorders

## Measure Specifications: Algorithm

The algorithm covers two pages of the IPFQR Program Manual and is followed by a narrative.





# Screening for Metabolic Disorders

## Measure Specifications: Data Dictionary

The format of the data dictionary is similar to that which is found in the HIQR Specifications Manual and includes the following components:

- Data Element Name
- Definition
- Suggested Data Collection Question
- Format
- Allowable Values
- Notes for Abstraction
- Suggested Data Sources
- Inclusion and Exclusion Guidelines for Abstraction

**Data Element Name:** *Blood Pressure*

**Definition:** Reading of diastolic and systolic blood pressure

**Suggested Data Collection Question:** Was there a blood pressure (numerical systolic and diastolic values in mmHg) documented in the patient's medical record during this stay or at any time during the 12 months prior to discharge?

**Format:**

Type: Alphabetic  
Occurs: 1

**Allowable Values:**

Y (Yes) Documentation in the medical record for this stay or at any time during the 12 months prior to discharge includes the numerical value of blood pressure.

N (No) Documentation in the medical record for this stay or at any time during the 12 months prior to discharge does not include the numerical value of blood pressure or unable to determine from medical record documentation.

**Notes for Abstraction:**

- Review the medical record for the current patient stay. If you do not find evidence that a blood pressure measurement occurred or was documented during this stay, review any available medical records for the 12 months prior to the date of discharge.
- If the blood pressure measurement was not from the current stay, documentation in the patient record for this stay needs to include the original date on which the blood pressure was measured and the source of the information (e.g., medical record of a prior hospital stay, information obtained from another provider, and the name of this provider).

**Suggested Data Sources:**

- Biopsychosocial assessment
- Emergency department record
- History and physical
- Initial (admission) assessment form
- Laboratory Report
- Nursing notes
- Physician progress notes
- Psychiatrist assessment/admission form
- Vital record/flow sheet

**Inclusion Guidelines for Abstraction:**

None

**Exclusion Guidelines for Abstraction:**

- Self-reported blood pressure.
- Non-quantitative assessment of blood pressure (i.e. normal, abnormal, etc.).

IPFQR Program 101 and New Measures Review

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# **ADDITIONAL IPFQR PROGRAM MANUAL AND PAPER TOOL UPDATES**

# FUH Measure

- **Denominator includes** patients:
  - Discharged from an IPF with a principal diagnosis of psychiatric illness
  - Discharged alive
  - Enrolled in Medicare Parts A and B during the month of and at least one month after the index admission
  - Six years of age or older on the date of discharge
- The denominator includes all Medicare beneficiaries (dual and non-dual eligible)

# FUH Measure: Denominator Exclusions

The denominator excludes admissions for patients:

- Discharged during the twelfth month of the measurement period
- Admitted or transferred to acute care facilities within the 30-day follow-up period for non-psychiatric diagnoses
- Admitted or transferred to non-acute care facilities within the 30-day follow-up period for any diagnosis
- Who died during the 30-day follow-up period

# Identification of the Initial Patient Population for all Measures

The process for identifying the initial patient population is more clearly described in **Section 2: Measure Specifications** of the IPFQR Program Manual.

## Identifying the IPFQR Patient Population

The initial selection of cases (i.e., patient medical records) intended for data abstraction under the IPFQR Program must be Medicare and non-Medicare patients receiving care in a psychiatric hospital or psychiatric unit paid under IPF PPS.

### **Identifying the Initial Patient Population**

For details regarding the Initial Patient Population (IPP), please refer to each measure's specifications:

- Hospital Based Inpatient Psychiatric Services (HBIPS) measure IPP details are found in the [Specifications Manual for Joint Commission National Quality Measures](#).
- Substance Use (SUB), Tobacco Use (TOB), and Immunization (IMM) measure IPP details are found in the [Specifications Manual for National Hospital Inpatient Quality Measures](#) (Section 2 – Measure Information, Section 2.10 – Prevention).
- Transition Record with Specified Elements Received by Discharged Patients and Timely Transmission of Transition Record measures will use the entire population (all IPF admissions) and the IPP algorithm located in Appendix C of this Program Manual.
- Screening for Metabolic Disorders measure will use the entire population (all IPF admissions) as the Initial Patient Population.

# Abstraction Tool for the Transition Record Measures

- This optional abstraction tool was developed to encourage compliance with the Transition Record with Specified Elements Received by Discharged Patients and the Timely Transmission of Transition Record measures.
- It can be placed in the patient's medical record to help satisfy measure requirements.

**Data Collection Tool for Compliance with the *Transition Record with Specified Elements Received by Discharged Patients and Timely Transmission of Transition Record Measures***

*This document is provided as an optional, informal mechanism to aid psychiatric facilities in the collection of information pertaining to the Transition Record for Specified Elements Received by Discharged Patients and Timely Transmission of Transition Record Measures. Data collected for these measures satisfy a requirement of the Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program under the Centers for Medicare & Medicaid Services (CMS). The tool is designed to collect data abstracted from the patient medical record; however, once abstracted, the data will need to be compiled and reported to CMS in aggregate. It should be noted that skip logic is not contained within the paper abstraction tool. If there are any questions or concerns regarding the use of this paper abstraction tool, please contact the IPFQR Program Support Contractor at [IPFQualityReporting@hcqis.org](mailto:IPFQualityReporting@hcqis.org).*

**Transition Record with Specified Elements Received by Discharged Patients**

The **numerator** is comprised of patients or their caregiver(s) who received a transition record (and with whom a review of all included information was documented) at the time of discharge. All 11 elements must be captured to satisfy the measure numerator.

The **denominator** includes all patients, regardless of age, discharged from the inpatient facility to home/self-care or any other site of care. The measure excludes patients who died, left against medical advice (AMA), or discontinued care. Patients who discontinued care include those who eloped or failed to return from leave, as defined in the Notes below.

Topic	Are the following elements included in the Transition Record?	Yes	No	Definition
Inpatient Care	Reason for IPF admission			
	Major procedures and tests, including summary of results			All procedures and tests noteworthy in supporting patients' diagnoses, treatment, or discharge plan, as determined by provider or facility. Examples may include: complete blood count and metabolic panel, urinalysis, and/or radiological imaging.
	Principal diagnosis at discharge			

Data Collection Tool for Compliance with the Transition Record with Specified Elements Received by Discharged Patients and Timely Transmission of Transition Record Measures

Page 1 of 6

# Abstraction Tool for the Screening for Metabolic Disorders Measure

- This optional abstraction tool can be used to determine the numerator and denominator values for the Screening for Metabolic Disorders measure.
- These values will be aggregated for submission to CMS.

Paper Tool for Screening for Metabolic Disorders  
07-01-2016 (3Q16) through 12-31-2016 (4Q16)

*This paper abstraction tool is provided as an optional, informal mechanism to aid psychiatric facilities and hospital psychiatric units in the collection of the measures for the CMS Inpatient Psychiatric Facility Quality Reporting Program. The tool is designed to collect patient specific data; however, once abstracted, the data will need to be compiled and reported to CMS in aggregate. It should be noted that skip logic is not contained within the paper abstraction tool. If there are any questions or concerns regarding use of this paper abstraction tool, please contact the IPFQR Program Support Contractor at [IPFQualityReporting@hcqis.org](mailto:IPFQualityReporting@hcqis.org).*

Patient Identifier: \_\_\_\_\_

Discharge Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Unable to Determine (UTD) is not an allowable entry.

#### Individual Medical Record Data Collection Tool

- 1. Calculate Length of Stay.** Length of Stay, in days, is equal to the Discharge Date minus the Admission Date.
  - a. If Length of Stay is equal to or greater than 365 days or equal to or less than 3 days, the case will be excluded. Stop abstracting. The case will not be included in the numerator or denominator.
  - b. If Length of Stay is less than 365 days and greater than 3 days, proceed to *Discharge Disposition*.
- 2. What is the patient's *Discharge Disposition*?**
  - a. If *Discharge Disposition* equals 6, the case will be excluded. Stop abstracting. The case will not be included in the numerator or denominator.
  - b. If *Discharge Disposition* equals 1, 2, 3, 4, 5, 7, or 8, proceed to *Number of Antipsychotic Medications Prescribed at Discharge*.
- 3. What is the *Number of Antipsychotic Medications Prescribed at Discharge*?**
  - a. If *Number of Antipsychotic Medications Prescribed at Discharge* is equal to zero, the case will be excluded. Stop abstracting. The case will not be included in the numerator or denominator.
  - b. If *Number of Antipsychotic Medications Prescribed at Discharge* is equal to or greater than 1 or unable to determine, proceed to *Body Mass Index (BMI)*.
- 4. Was there a numerical value of *Body Mass Index (BMI)* documented in the patient's medical record during this stay or at any time during the 12 months prior to discharge?**
  - a. If *BMI* equals "No," proceed to *Reason for Incomplete Metabolic Screening*.

# Non-Measure Data Collection Tool

The Non-Measure Data Collection Paper tool is now available in fillable form and includes more detailed instructions on how to access coding crosswalks of CCS with ICD-9 and ICD-10 codes.

## Instructions to Access Coding Crosswalks

- Access a crosswalk of CCS codes with ICD-9-CM codes and descriptions for January 1–September 30, 2015 discharges at: <https://www.hcup-us.ahrq.gov/toolssoftware/ccs/ccs.jsp#download>
  - Option 1
    - Click on [Single Level CCS] to open zip file
    - Click on [\$dxref2015] file
  - Option 2
    - Click on the [Appendix A: Single-Level Diagnoses] for an HTML listing of the CCS codes with corresponding ICD-9-CM codes
- Access a crosswalk of CCS codes with ICD-10-CM codes and descriptions for October 1–December 31, 2015 discharges at: <https://www.hcup-us.ahrq.gov/toolssoftware/ccs10/ccs10.jsp#download>
  - Click on [CCS for ICD-10-CM] to open zip file
  - Click on the [ccs\_dx\_icd10cm2016.csv] file



# Data Submission Information

Screenshots of the *QualityNet Secure Portal* data submission pages for the FY 2017 IPFQR Program data submission period are found at the end of **Section 2: Measure Specifications** of the IPFQR Program Manual.

More details about the data submission process will be provided in an upcoming webinar.

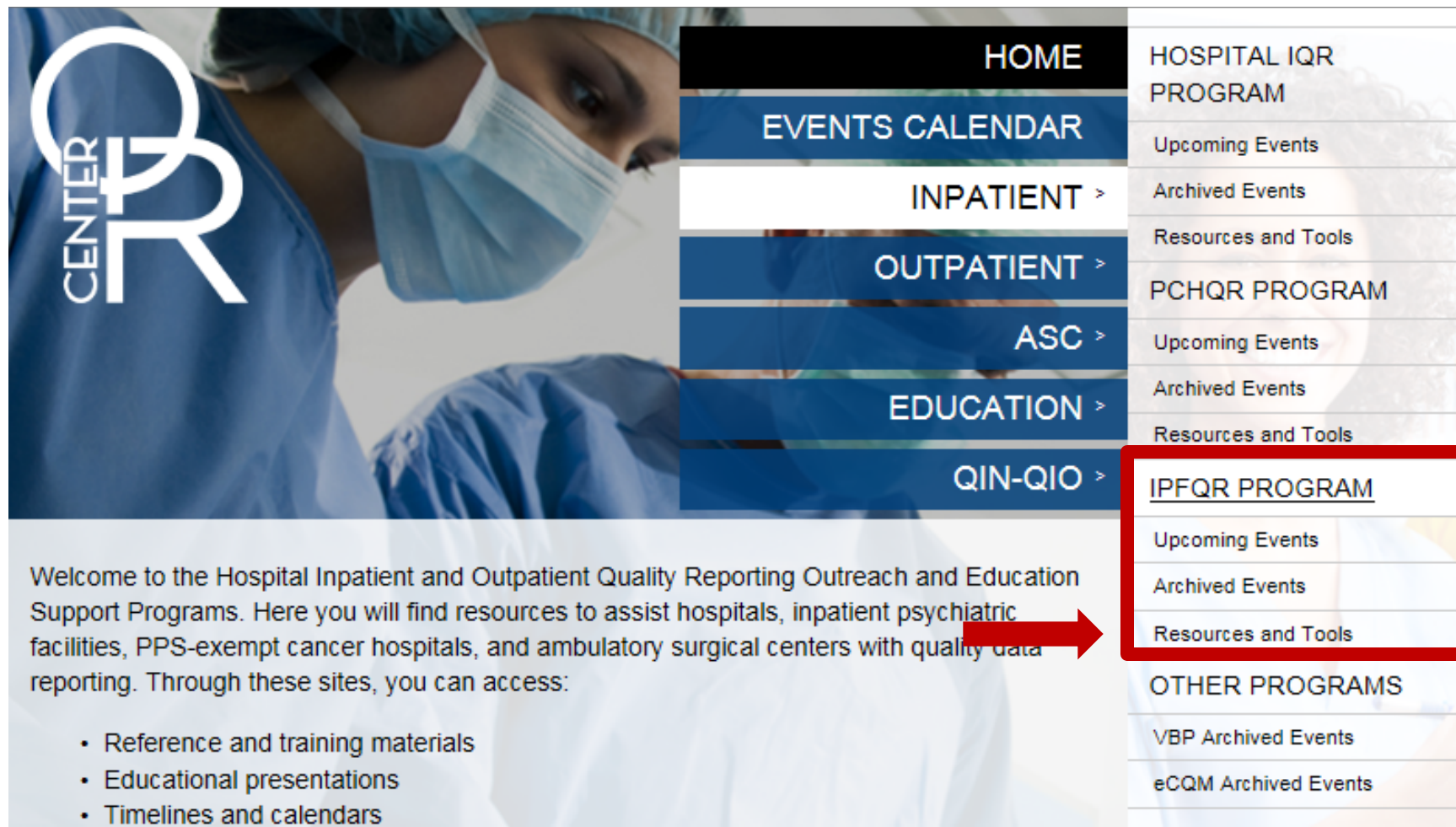
IPFQR Program 101 and New Measures Review

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# HELPFUL RESOURCES

# QualityReportingCenter.com

## IPFQR Program Webpages



The image shows a screenshot of the QualityReportingCenter.com website. On the left, there is a logo for the Quality Reporting Center, featuring a stylized 'Q' and 'R' with the text 'CENTER' and 'REPORTING' integrated into it. The background of the website is a photograph of medical professionals in blue scrubs and masks. A navigation menu is displayed in the center, with items: HOME, EVENTS CALENDAR, INPATIENT >, OUTPATIENT >, ASC >, EDUCATION >, and QIN-QIO >. To the right of the navigation menu is a list of program categories: HOSPITAL IQR PROGRAM, PCHQR PROGRAM, and OTHER PROGRAMS. Under HOSPITAL IQR PROGRAM, there are links for Upcoming Events, Archived Events, and Resources and Tools. Under PCHQR PROGRAM, there are links for Upcoming Events, Archived Events, and Resources and Tools. The IPFQR PROGRAM is highlighted with a red box, and it has links for Upcoming Events, Archived Events, and Resources and Tools. A red arrow points from the text 'quality data reporting' in the welcome message to the IPFQR PROGRAM menu item.

**HOME**

**EVENTS CALENDAR**

**INPATIENT >**

**OUTPATIENT >**

**ASC >**

**EDUCATION >**

**QIN-QIO >**

**HOSPITAL IQR PROGRAM**

Upcoming Events

Archived Events

Resources and Tools

**PCHQR PROGRAM**

Upcoming Events

Archived Events

Resources and Tools

**IPFQR PROGRAM**

Upcoming Events

Archived Events

Resources and Tools

**OTHER PROGRAMS**

VBP Archived Events

eCQM Archived Events

Welcome to the Hospital Inpatient and Outpatient Quality Reporting Outreach and Education Support Programs. Here you will find resources to assist hospitals, inpatient psychiatric facilities, PPS-exempt cancer hospitals, and ambulatory surgical centers with quality data reporting. Through these sites, you can access:

- Reference and training materials
- Educational presentations
- Timelines and calendars

# QualityNet.org

## IPFQR Program Webpages

The screenshot shows the QualityNet.org website interface. At the top left is the QualityNet logo. To its right is a login section with the text "Log in to QualityNet Secure Portal (formerly MyQualityNet)" and a "Log In" button. Further right is a search bar with a "Search" button. Below the header is a navigation bar with tabs for "Home", "My QualityNet", and "Help". Under "My QualityNet", there are several dropdown menus: "Hospitals - Inpatient", "Hospitals - Outpatient", "Physician Offices", "Ambulatory Surgical Centers", "PPS-Exempt Cancer Hospitals", "ESRD Facilities", "Inpatient Psychiatric Facilities", and "Quality Improvement". The "Inpatient Psychiatric Facilities" dropdown menu is open, showing a list of links: "Inpatient Psychiatric Facility Quality Reporting (IPFQR)", "How to Participate", "Notice of Participation", "Measures", "Webinars/Calls", "E-mail Notifications", "Resources", "Support Contact", "Extraordinary Circumstances", "APU Recipients", "APU Reconsideration", "Public Reporting of Data", and "Training". A red arrow points from the "Full Article >" link in the "QualityNet News" section to the "Resources" link in the dropdown menu. On the left side of the page, there are two boxes: "QualityNet Registration" with a list of facility types and "Getting Started with QualityNet" with a list of registration steps. The "QualityNet News" section features a headline about CMS releases and a "Full Article >" link. Below it is a "Headlines" section with several news items. The page footer shows the date "6/8/2016" on the left and the number "60" on the right.

**QualityNet** Log in to QualityNet Secure Portal (formerly MyQualityNet)

Home My QualityNet Help

Hospitals - Inpatient Hospitals - Outpatient Physician Offices Ambulatory Surgical Centers PPS-Exempt Cancer Hospitals ESRD Facilities **Inpatient Psychiatric Facilities** Quality Improvement

**QualityNet Registration**

- Hospitals - Inpatient
- Hospitals - Outpatient
- Physician Offices
- ASCs
- Cancer Hospitals
- ESRD Facilities
- Inpatient Psychiatric Facilities
- QIOs

**Getting Started with QualityNet**

- Registration
- Sign-In Instructions
- Security Statement
- Password Rules
- QualityNet System Security Policy, PDF

**QualityNet News**

**CMS releases July 2016 Hospital Compare Preview Reports and HSRs**

The Centers for Medicare & Medicaid Services (CMS) is making the July 2016 Hospital Compare preview reports available on QualityNet for participating Inpatient Quality Reporting (IQR), Outpatient Quality Reporting (OQR), and PPS-Exempt Cancer Hospital Quality Reporting (PPS-Exempt) hospitals. Hospital-Specific Reports (HSRs) for IQR claims-based measures are also available. Both sets of reports are now available.

[Full Article >](#)

**Headlines**

- [Information updated on Hospital Compare and Data.Medicare.gov websites](#)
- [CMS releases HSRs for the Hospital VBP Program 30-day Risk-Standardized Measures \(PSI-90\) measures](#)
- [Hospital Value-Based Purchasing \(VBP\) FY 2018 Baseline Measures Report now available](#)
- [CMS issues technical update for AHRQ PSI-90 performance standards calculated for the Hospital VBP Program](#)
- [Delay in CMS system release for Fourth Quarter 2015 discharges, encounters](#)

**Inpatient Psychiatric Facilities**

- Inpatient Psychiatric Facility Quality Reporting (IPFQR)
- How to Participate
- Notice of Participation
- Measures
- Webinars/Calls
- E-mail Notifications
- Resources
- Support Contact
- Extraordinary Circumstances
- APU Recipients
- APU Reconsideration
- Public Reporting of Data
- Training

6/8/2016 60

# IPFQR Program General Resources

Q & A Tool	Email Support	Phone Support	Inpatient Live Chat
<a href="https://cms-IP.custhelp.com">https://cms-IP.custhelp.com</a>	<a href="mailto:IPFQualityReporting@hcqis.org">IPFQualityReporting@hcqis.org</a>	866.800.8765	<a href="http://www.qualityreportingcenter.com/inpatient">www.qualityreportingcenter.com/inpatient</a>
Monthly Web Conferences	ListServes	Secure Fax	Website
<a href="http://www.QualityReportingCenter.com">www.QualityReportingCenter.com</a>	<a href="http://www.QualityNet.org">www.QualityNet.org</a>	877.789.4443	<a href="http://www.QualityReportingCenter.com">www.QualityReportingCenter.com</a>

# Upcoming IPFQR Program Educational Webinars

## **July 2016**

*Keys to Successful FY 2017 Reporting*

## **August 2016**

*To Be Determined*

## **September 2016**

*IPFQR Program Final Rule*

# QUESTIONS?

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# 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<sup>®</sup> 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<sup>®</sup>.
  - 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>

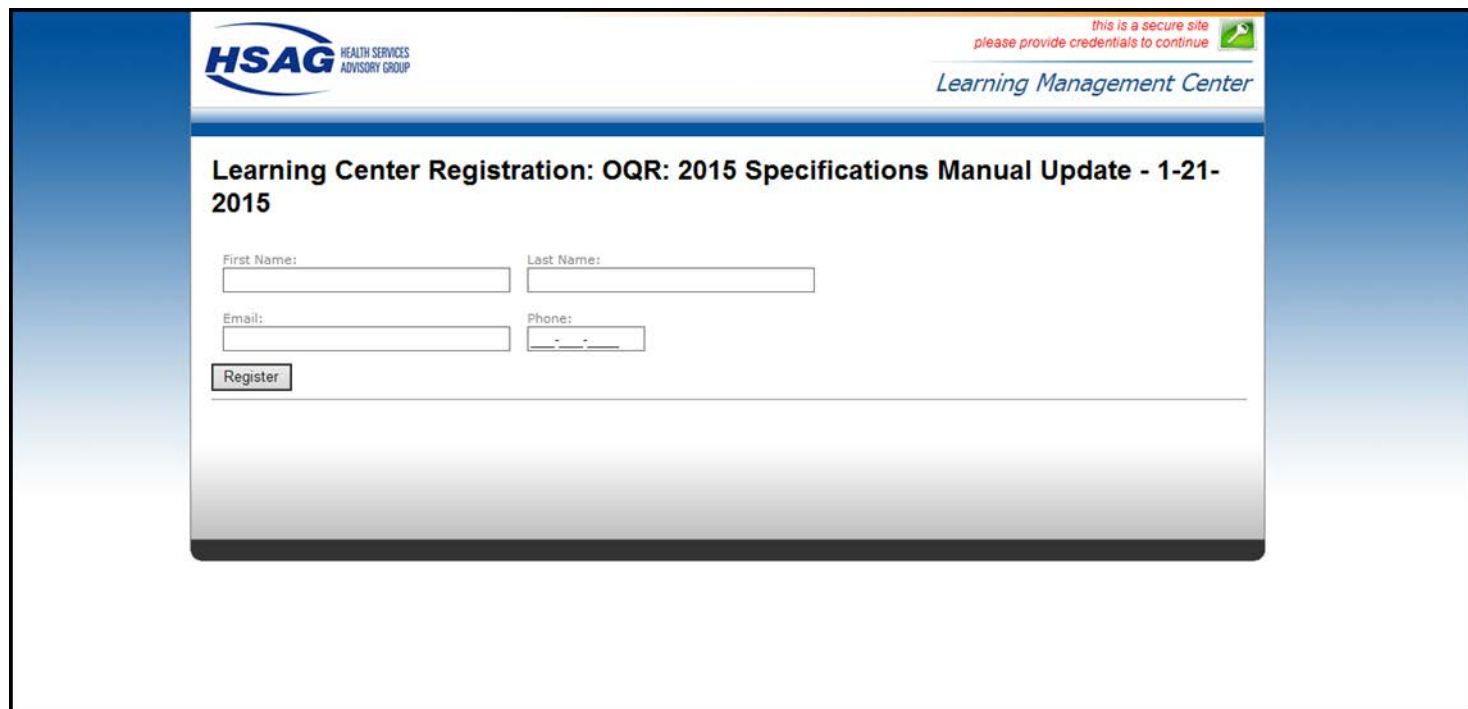
**Existing User Link:**

<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 CE credit course. The page header includes the HSAG logo (Health Services Advisory Group) and the text "this is a secure site please provide credentials to continue" with a lock icon. Below the header, the course title "Learning Center Registration: OQR: 2015 Specifications Manual Update - 1-21-2015" is displayed. The registration form contains four input fields: "First Name:", "Last Name:", "Email:", and "Phone:". A "Register" button is located below the form fields.

**HSAG** HEALTH SERVICES ADVISORY GROUP

this is a secure site  
please provide credentials to continue

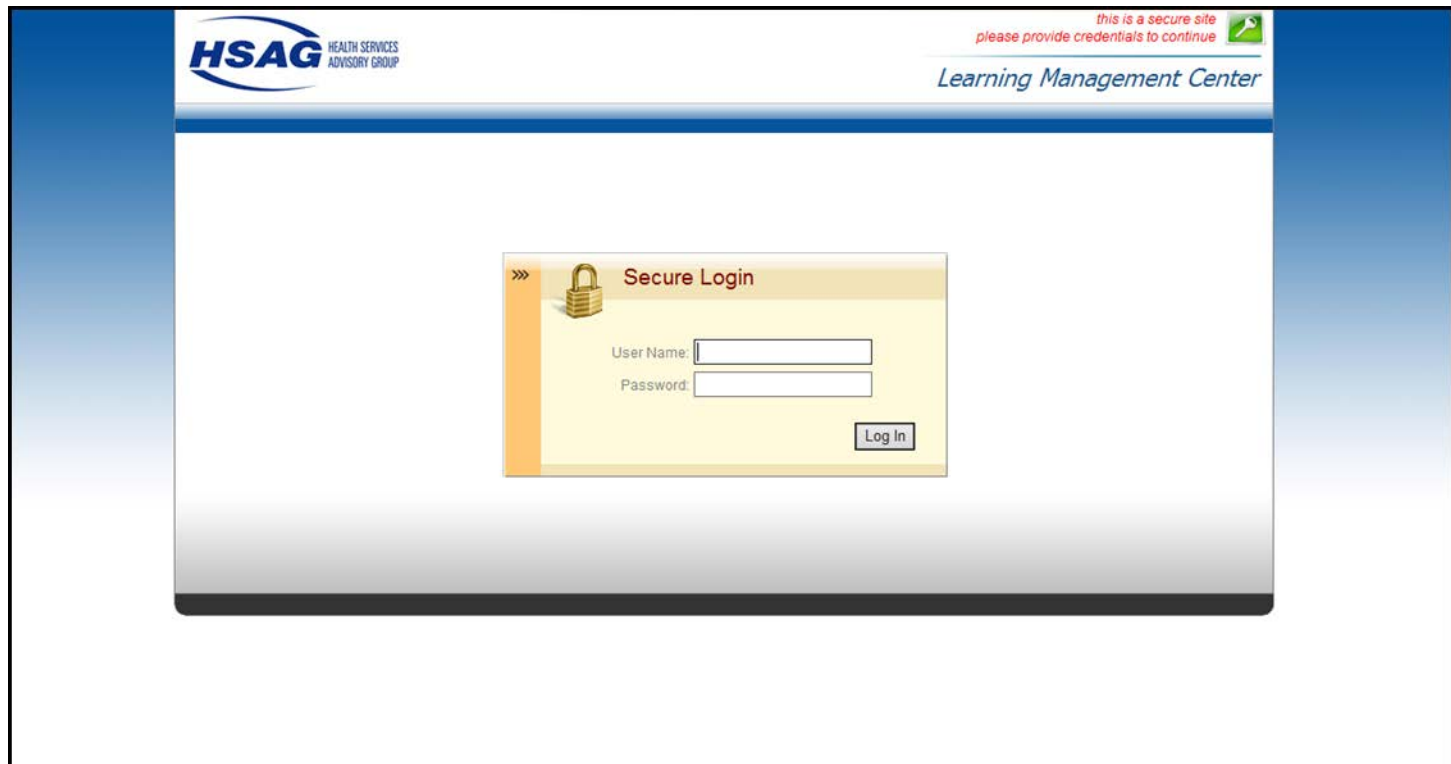
Learning Management Center

**Learning Center Registration: OQR: 2015 Specifications Manual Update - 1-21-2015**

First Name:  Last Name:

Email:  Phone:

# 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 red security warning reads "this is a secure site please provide credentials to continue" next to a lock icon. Below this is the text "Learning Management Center". The central focus is a "Secure Login" box with a yellow background and a lock icon. It contains two input fields: "User Name:" and "Password:". A "Log In" button is positioned at the bottom right of the login box.