Inpatient Psychiatric Facility Quality Reporting Program Manual

Release Notes Version 4.0 **Release Notes Completed: May 30, 2018**

Guidelines for Using Release Notes

Release Notes Version 4.0 provides modification to the *Inpatient Psychiatric Facility Quality Reporting Program Manual*. The information in this document is to be used as a reference and is not intended to be used to program abstraction tools. Please refer to the *Inpatient Psychiatric Facility Quality Reporting Program Manual* for references to the complete and current technical specification and abstraction information.

The notes are organized to follow the order of the Table of Contents in the IPFQR Program Manual. The headings are described below:

- **Impacts** – used to identify the impacted measures and portion(s) of the IPFQR Program Manual section (e.g., Measure Specifications, Appendix).
- **Rationale** – provided for the change being made.
- **Description of Changes** – used to identify the section within the document where the change occurs (e.g., Definition, Denominator Statement, Reporting Period).

The content below is organized to follow the Table of Contents in the Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program Manual.

TITLE PAGE – Inpatient Psychiatric Facility Quality Reporting Program Manual

Impacts: Title Page

Rationale: Updating the version number and effective date will allow users to easily distinguish the current manual from others.

Description of Changes:

Change to Version 4.0

Add Effective May 30, 2018

Effective dates: January 1, 2019 (all measures, except for Influenza Vaccination Coverage Among Healthcare Personnel (HCP) and Influenza Immunization (IMM-2), which are effective October 1, 2018)

NOTICES AND DISCLAIMERS

Impacts: Notices and Disclaimers Page

Rationale: Describes the effective date for changes in the manual impacting individual measures.

Description of Changes:

Add after the paragraph about the AMA:
Changes in the manual that impact collection of individual measures go into effect at the beginning of the next applicable year, January 1, 2019, except for the two immunization measures, for which data collection begins October 1, 2018.

TABLE OF CONTENTS

Impacts: Table of Contents

Rationale: Adding the PRA Disclosure statement will make the document compliant with Office of Management and Budget (OMB) requirements.

Description of Changes:

Add text at the end of the table of contents:

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is **0938-1171 (Expires 07/31/2019)**. The time required to complete this information collection is estimated to average **10 minutes** per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. ******CMS Disclosure**** Please do not send applications, claims, payments, medical records, or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact the IPFQR Support Contractor at (844) 472-4477.**

SECTION 2 – Measure Details

Impacts: Measure Details

Rationale: Hyperlink for the Care Transitions – Performance Measurement Set was updated when the Physician Consortium for Performance Improvement (PCPI) launched a new website in early 2018; acronyms and clarifying verbiage added as needed.

Description of Changes:

Change hyperlink for the Care Transitions – Performance Measurement Set specifications resource in Table 1: Specification Resources for IPFQR Program Measures to http://c.ymcdn.com/sites/thepcpi.site-ym.com/resource/resmgr/Care_Transitions_updated_mea.pdf.

<u>Identifying the IPFQR Patient Population: Identifying the Initial Patient Population</u>

Change third bullet to:
Transition Record with Specified Elements Received by Discharged Patients and Timely Transmission of Transition Record measures (collectively referred to as Transition Record measures) will use the entire population (all IPF discharges) for the IPP.

Change fourth bullet to:
Screening for Metabolic Disorders measure IPP details are found in the IPP algorithm located in Appendix D of this program manual.

<u>Event Measures (HBIPS-2 and HBIPS-3)</u>

Change second paragraph to:

Facilities must use the entire IPP for reporting, including all payer sources (Medicare and non-Medicare). The Event Measures (HBIPS-2 and HBIPS-3) **are not eligible for sampling**.

Discharge Measure (HBIPS-5)

Change paragraph to:
The discharge measure HBIPS-5 can be sampled. For specific details regarding the IPP and sampling, refer to the guidelines published within the HBIPS-5 section of the *Specifications Manual for Joint Commission National Quality Measures*.

Sampling: FY 2019 Payment Determination and Subsequent Years

Add "Either sampling option may be used only after a measure's IPP is determined." to the end of the paragraph above Option 1.

Chart-Based Measures: SUB, TOB, IMM-2, Transition Record, and Screening for Metabolic Disorders

Add text to the second paragraph under Transition Record with Specified Elements Received by Discharged Patients:

If a patient is transferred to another inpatient facility and the discharging clinician determines that the patient is clinically unstable, or the patient and/or caregiver is unable to comprehend the information, then the discharging facility is not required to discuss and provide the transition record to the patient and/or caregiver; however, the following four elements must be discussed with the receiving facility to be included in the numerator for the Transition Record with Specified Elements Received by Discharged Patients measure:

- 24-hour/7-day contact information, including physician for emergencies related to inpatient stay, AND
- Contact information for obtaining results of studies pending at discharge, AND
- Plan for follow-up care, AND
- Primary physician, other health care professional, or site designated for follow-up care

Change third paragraph under Transition Record with Specified Elements Received by Discharged Patients to:
The numerator is comprised of patients or their caregiver(s) (or inpatient facilities in the case of patient transfer) who received a transition record (and with whom a review of all included information was documented) at the time of discharge including, at a minimum, all the following elements:

Change third paragraph under Timely Transmission of Transition Record to:
The **numerator** includes patients for whom the transition record was transmitted to the facility (including inpatient facilities) or primary physician or other health care

professional designated for follow-up care within 24 hours of discharge. All eleven elements must be captured and transmitted within 24 hours to satisfy the measure numerator.

Change text after Reason for IPF Admission under Definitions for Transition Record Measures to:
The events the patient experienced prior to this hospitalization; the reason for hospitalization must be documented as a short synopsis describing or listing the triggering or precipitating event. A diagnosis alone is not sufficient.

Change text after Transition record under Definitions for Transition Record Measures to:
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 and/or caregiver 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. The transition record may only be provided in electronic format if acceptable to the patient and only after all components have been discussed with the patient.

If a patient is transferred to another inpatient facility and the discharging clinician determines that the patient is clinically unstable, or the patient and/or caregiver is unable to comprehend the information, then the discharging facility is not required to discuss and provide the transition record to the patient and/or caregiver; however, the following four elements must be discussed with the receiving facility to be included in the numerator for the Transition Record with Specified Elements Received by Discharged Patients measure:

- 24-hour/7-day contact information, including physician for emergencies related to inpatient stay, AND
- Contact information for obtaining results of studies pending at discharge, AND
- Plan for follow-up care, AND
- Primary physician, other health care professional, or site designated for follow-up care

Add text below first paragraph after Within 24 hours of discharge under Definitions for Transition Record Measures:

The date and time of discharge are to be used as the "trigger time" to determine if the transition record was transmitted within 24 hours after hospital discharge; therefore, use the date and time that the patient is "officially" discharged to begin calculating the 24-hour period.

Example: The IPF discharge date and time are 6/2/2017 and 08:23 a.m. The transition record should be transmitted within 24 hours after that discharge date and time. Meaning, the facility should complete the transmission by 6/3/2017 at 08:23 a.m.

SECTION 7: Accessing and Reviewing Reports

Impacts: Provider Participation Report

Rationale: The information was updated to provide clarification on availability of report.

Description of Changes:

Change first paragraph to:
The Provider Participation Report provides the facility with a summary of the requirements for participation in the IPFQR Program. The report assists IPFs in determining their facility's status towards meeting the program requirements. However, the information provided does not guarantee the hospital will receive the full APU.

APPENDIX C – Initial Patient Population (IPP) for the Transition Record Measures

Impacts: Initial Patient Population (IPP) for the Transition Record measures

Rationale: Clarify that the IPP algorithm provided aims to facilitate integration of the Transition Record measures into the electronic health record (EHR) used at IPFs.

Description of Changes:

Add text above first paragraph:

The IPP for the Transition Record measures includes all patients discharged from an IPF. The following IPP algorithm aims to facilitate integration of the Transition Record measures into the EHR used by physicians and other health care professionals at IPFs.

APPENDIX D – Screening for Metabolic Disorders

Impacts: Measure Information Form

Rationale: The Notes for Abstraction section was updated for several data elements to provide clarification.

Description of Changes:

<u>Blood Glucose</u>

Change first two bullets under Notes for Abstraction to:

- To meet the screening element for Blood Glucose, the abstractor must identify at least one documented result of HbA1c, fasting plasma glucose, or plasma glucose after an oral glucose tolerance test (OGTT).

- If results are obtained from a comprehensive metabolic panel or basic metabolic panel indicated for serum or for which indication of plasma or serum is missing, documentation that the patient fasted prior to the test is required. If there is no documentation that the patient fasted, that test cannot be used for this data element.

Blood Pressure

Change first bullet under Notes for Abstraction to:

- To meet the screening element for Blood Pressure, the abstractor must identify at least one documented value.

Body Mass Index (BMI)

Change first bullet under Notes for Abstraction to:

- To meet the screening element for BMI, the abstractor must identify at least one documented value. Documentation of height and weight only is NOT an acceptable substitute for BMI.

Lipid Panel

Change first bullet under Notes for Abstraction to:

- To meet the screening element for Lipid Panel, the abstractor must identify at least one documented value for all four parts of the lipid panel: total cholesterol, triglycerides, high-density lipoprotein (HDL), and low-density lipoprotein (LDL). If any one of the parts is missing, select “No.”