Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program

Support Contractor

IPFQR Program Fiscal Year 2018 Data Review

Presentation Transcript

Moderator/Speaker

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Evette Robinson: Hello everyone and welcome to today's Inpatient Psychiatric Facility Quality Reporting Program webinar. My name is Evette Robinson and I am the Project Lead with the VIQR Support Contractor for the IPFQR program. Today I will be presenting our topic, IPFQR Program Fiscal Year 2018 Data Review. Before we begin today's webinar, I would like to remind those in attendance that the slides for this presentation were posted on the *Quality Reporting Center* web site prior to the event. If you did not receive the slides beforehand, please go to the *Quality Reporting Center* web site at www.QualityReportingCenter.com. On the right side of the homepage, you will find a list of upcoming events. Click on the link for this event, scroll down to the bottom of the page and there you will find the presentation slides available for download. As previously stated, this session is being recorded and the slides, transcript, webinar recording, and questions and answers from this presentation will be posted on the *QualityNet* and *Quality Reporting Center* web sites at a later date.

Please note that we do not recognized the raised-hand feature in the chat tool during webinars. Instead, you may submit any questions that are related to the topic of this webinar to us via the chat tool. Questions that we cannot respond to during the webinar will be reviewed and documented in a Q&A transcript, which will be available at a later date. If you have a question that is not related to the content of this webinar, we recommend that you go to the *QualityNet* Q&A Tool, which you can access using the link on this slide.

The purpose of this presentation is to review the fiscal year 2018 IPFQR Program measure and non-measure data results.

By the end of this presentation, attendees will understand the fiscal year 2018 measure and non-measure data results for the IPFQR program.

On slide 9, you will find a list of acronyms that will be referenced during this presentation.

I will begin with a review of the fiscal year 2018 measure and non-measure results.

The hospital-based inpatient psychiatric services, or HBIPS core measure set, is a specific set of measures developed and maintained by The Joint Commission for the inpatient psychiatric population and some of these measures are used by CMS in the IPFQR Program. The HBIPS-2 and HBIPS-3 measures are event measures that are calculated as a rate per 1000 patient hours. Lower values for both of these measures are indicative of better performance. The HBIPS-2 measure evaluates the total number of hours that all patients admitted to the IPF are maintained in physical restraints, while the HBIPS-3 measure reports the total number of hours of seclusion use for all patients admitted to an IPF. The average fiscal year 2018 results for both measures have decreased in comparison to fiscal year 2017, which was the highest reported HBIPS-2 and HBIPS-3 rate period that the program has seen so far. CMS recognizes that there were a moderate amount of facilities that reported extreme values for the fiscal years 2015 and 2017. For the fiscal year 2018 data submission period, a rate equal to or greater than four hours per 1000 patient hours of care was considered a questionable rate that would require reevaluation. There were several instances where IPFs did report rates higher than the threshold, but after reviewing and recalculating, the majority of the rates were corrected. There were fewer IPFs that submitted outlier data for fiscal year 2018 and, where outliers were reported, they were not as extreme as in previous years. CMS interprets this as facilities now having a better understanding of how to calculate and report these measures. As the VIQR Support Contractor, we do our best each year to provide guidance on how to calculate and report these two measures accurately. We hope to see a continued pattern of lower restraint and seclusion rates being reported. We believe that it is useful to also look at the medians for these measures, which you will see on the following slide.

As you can see, the median values for both the HBIPS-2 and HBIPS-3 measures are much lower than the mean or average national rate, and have essentially remained unchanged over the period of the program. The median values on this slide will not be publicly reported, but we are sharing this information to provide a better understanding of the results reported for these two measures.

Unlike the HBIPS-2 and HBIPS-3 measures, the HBIPS-5 measure is calculated as a percentage. The HBIPS-5 measure assesses the percentage of patients that were discharged on multiple antipsychotic medications with appropriate justification. As you can see, the rates for this measure had a significant decrease in fiscal year 2015 compared to the prior year. However, the rate has increased to nearly 60% for fiscal year 2018. Prior rates indicate better performance for the HBIPS-5 measure.

The alcohol use screening measure, known as SUB-1, is also measured as a percentage. At the national level, the number of patients that were screened for unhealthy alcohol abuse within the first day of admission was 92.31%, as reported for the fiscal year 2018. 69.92% of patients who screened positive for unhealthy alcohol use were offered or received a brief intervention during the hospital stay for the SUB-2 measure. For the subset measure SUB-2a, 61.76% of patients who screened positive for unhealthy alcohol use received a brief intervention during the hospital stay. Higher rates for the SUB-1 and SUB-2/-2a measures indicate better performance.

The TOB-1 measure, tobacco use screening, increased to 96.28% for fiscal year 2018, compared to fiscal year 2017. The tobacco use treatment provided or offered, or TOB-2 measure, as well as its subset, TOB-2a measure, tobacco use treatment provided during the hospital stay, also increased from fiscal year 2017 to fiscal year 2018. The TOB-3 measure, tobacco use treatment provided or offered at discharge, and the subset TOB-3a, tobacco use treatment at discharge, were reported to CMS for the first time this year. Note that higher rates for all of these TOB measures indicate better performance.

Slide 16 displays data for the two measures pertaining to immunization during flu season, the influenza vaccination coverage among healthcare personnel measure and the influenza immunization among discharge patients measure, known as IMM-2. Among healthcare personnel, flu vaccinations increased by almost two percentage points from fiscal year 2017 to fiscal year 2018. Immunizations among patients increased by over ten percentage points during the same timeframe. Note that, for these measures, higher rates are indicative of better performance.

This bar graph represents the percentage of follow-up visits that occurred seven and 30 days, respectively, after hospitalization for mental illness, as calculated by CMS for fiscal years 2017 and 2018. The values remain relatively consistent between the two years for this claims-based measure. Higher percentages for the FUH measure indicates better performance. The assessment of patient experience of care measure is a structural measure and data for this measure are displayed on slide 18. These data indicate that, over the last couple of years, more than three quarters of IPFs routinely assessed patients' experience of care using a standardized collection protocol and a structured instrument. For fiscal year 2018, this means that 76.16% of IPFs selected "Yes" for this measure and identified a structured instrument or survey that was used to assess patients' experience of care at their facility as of December 31, 2016.

The second structural measure assesses the degree to which facilities use electronic health record, or EHR systems in their service program, as well as the use of this technology to support health information exchange at times of transitions and care. The results for the charts on this slide represents activity of IPFs as of December 31st of the calendar years 2014, 2015, and 2016, respectively. The first table indicates that the percentage of IPFs that attested to most commonly using a certified EHR increased from 33.29% in fiscal year 2016 to 39.83% for fiscal year 2018. The second table shows the percentage of IPFs that use an EHR with the capability of exchanging interoperable health information with a health information service provider, or HISP. Just over 29% of IPFs responded "Yes" to this question during the fiscal year 2016 submission and this increased to 37.93% of IPFs answering "Yes" for the fiscal year 2018 submission period.

In the next several slides, I will review graphs and tables of the non-measured data that IPFs collected in calendar year 2016 and reported this year. Please note that these data are being presented for informational purposes only. Unlike the measure data that we just reviewed, the non-measure data do not appear in the *Hospital Compare* Preview Report, nor will they be publicly reported. CMS will use this information to assess

measure submissions for accuracy and to contribute to the development of new measures.

Slide 21 shows the distribution of all discharges from IPFs reported for calendar years 2015 and calendar year 2016. The majority of IPFs, or about 60.67%, had 1000 or fewer discharges in 2016, compared to a slightly lower 60.09% in calendar year 2015.

This slide displays a comparison of total discharges that were reported in calendar years 2015 and 2016 by age group. Three quarters of discharges in both of these calendar years were for adult patients between the ages of 18 and 64 years, while the smallest volume of discharges were among children between the ages of one and 12 years old, across both calendar years.

Slide 23 displays total discharges by diagnostic group and [sic]… The data demonstrates that the highest percentage of discharges for patients that had a primary diagnosis of mood disorder was relatively consistent across both calendar years. And those values are more than 30% greater, 30 percentage points greater, than the second largest diagnostic discharge group, which was schizophrenia and other psychotic disorders.

Slide 24 displays the total discharges by payer. Nearly 75% of IPF discharges in both calendar years 2015 and 2016 were billed to non-Medicare payers.

Finally, I will review several helpful IPFQR Program resources.

CMS recommends that IPFs refer to the latest IPFQR Program Manual for information pertaining to the IPFQR Program. The manual is located on the QualityNet and Quality Reporting Center web site, as it contains information about program requirements, program measures, and various tools pertinent to the IPFQR Program. An updated version of the manual will be published before the end of this year and announced via the IPFQR Program ListServe.

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You can click on the title of the table on this slide to access the IPFQR Program resources page on the *QualityNet* web site. Additional active links on this slide are available for you to send us your questions about the IPFQR Program. We 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 delivers our responses directly to your email inbox. This is also a great way for you to let us know what types of questions and topics you would like for us to address in future webinars. Please be sure to include your facility's CCN, or CMS Certification Number, when submitting a question to us via the Q&A Tool. We also recommend that you sign up for the IPFQR Program ListServe, if you have not already, so that you can receive communications that we sent out to the IPFQR community pertaining to webinars, program updates, and other announcements. You can sign up to be added to the ListServe on the *QualityNet* ListServe registration page. Furthermore, we encourage you to utilize available resources found on the *QualityNet* web site in the inpatient psychiatric facility's dropdown menu to insure appropriate knowledge of the IPFQR Program requirements and deadline.

Here is a list of upcoming educational webinar events that we have planned for the months of December and January. Again, please monitor your emails to ensure that you receive information regarding these webinars, via the IPFQR Program ListServe, at a later date. This concludes today's webinar. Thank you for your time and attention.