



# Inpatient Psychiatric Facility Quality Reporting Program

## Support Contractor

### Non-Measure Data and Structural Measures

#### Presentation Transcript

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**Matt McDonough:** Hello everyone and welcome to today's web event. My name is Matt McDonough and I am going to be your virtual host for today's event. Before I turn things over to our presenters today, I'd like to take a moment to cover some housekeeping items with you, so that you know how you can interact with our presenters during the course of today's event and how you can listen to the audio program we are offering today.

As you can see on your screen, audio for this event is available via Internet streaming, and, if you are hearing my voice right now, you know that. What this means is that no telephone line is required to hear our speakers today. However, you do have to connect computer speakers or headphones in order to hear the audio portion of today's event.

Now during today's event you may encounter some audio troubleshooting issues, and I'd like to cover how to resolve some of the most common issues with you right now. If at any point your audio stops for some reason, simply click the *Pause* button that's located in the upper left portion of your screen. Wait about five seconds and then click the *Play* button. Your audio program should resume. If you are currently hearing an echo on my voice today, this most likely means that you are connected to today's event in two separate browsers or two browser tabs. Simply close one of those browser tabs or one of those browser windows and your echoing audio should clear up. Now if none of those solutions solves your audio problem, we do have a very limited number of telephone lines available that you can use to dial in to hear today's audio program. Simply send us a chat message and ask for today's phone number and we'll be happy to provide it to you.

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Now, as noted, the audio for today's session is over computer speakers or headphones, which means that you are not able to ask a verbal question today. But that doesn't mean that you can't interact with our presenters throughout the course of today's event. You'll notice on the side of your screen that there is a chat panel, and at the bottom of that chat panel there is a window where you can type in your question and click *Send*. Now, when you type a question and click *Send*, that question is sent to all of our panelists who are connected today. As time and as resources allow throughout the course of today's event, your questions may be handled in the chat window via our subject matter experts, but all questions are being archived and saved for future notes.

That's going to do it for my introduction for today's event. So, without further ado, I'd like to turn it over to our first speaker of the day. Thank you.

**Evette Robinson:** Thank you and hello everyone. Thanks for joining us for today's webinar. My name is Evette Robinson and I am the project lead for the Inpatient Psychiatric Facility Quality Reporting Program. I will be the presenter for our topic today, *Non-Measure Data Collection and Structural Measures*.

At this time, I would like to take a moment to let everyone know that we have in attendance with us from CMS, the IPFQR program lead, Dr. Jeff Buck, as well our program technical advisor, Rebecca Kliman. Before we slide into the presentation today, I would like to cover a couple of more housekeeping items. As many of you know, the slides for this presentation were posted through the *Quality Reporting Center* website prior to the event, and, if you did not receive these slides beforehand, please go to [qualityreportingcenter.com](http://qualityreportingcenter.com). On the right side, you will see 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.

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](#) websites at a later date. Also, due to the brevity of this presentation, we will not be able to offer continuing education units for this webinar.

This is a list of the acronyms that will be referenced in this presentation. The purpose of this webinar is to summarize the non-measure data collection and structural measure requirements for the IPFQR program. By the end of this presentation, attendees will understand the non-measure data collection and structural measure requirement for the upcoming data submission periods; specifically, the structural measure requirements [that] are going to be entered by IPFs during the upcoming data submission period which begins July 1st of this year and is scheduled to end August 15th. The non-measure

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data collection will be entered for fiscal year 2017, which will be entered next summer.

During this webinar, as previously mentioned, we will discuss these non-measure data collection requirements, as well as the two structural measure requirements; specifically, the assessments of patient experience of care and use of an Electronic Health Record. Then we'll – I'll conclude the presentation with some helpful resources.

The next couple of slides provide an overview of the non-measure data collection requirement. So, in the IPFQR program non-measure data are used to describe total annual discharge data broken out into specific categories, such as diagnostic category and payer. Further, [according to the] Final Rule that is currently in effect, IPFs will be expected to submit non-measure data beginning with the fiscal year 2017 payment determination year for these two categories, as well as age strata and quarter. However, as many of you know from the May webinar, the FY 2016 IPF PPS proposed rule recommends eliminating the age strata and the quarterly categories. Therefore, this presentation will focus on those two categories previously mentioned, the diagnostic category and payer.

So why is this information being collected? It is vital for IPFs to accurately determine and submit general population data for CMS to assess data reporting completeness for their total population, both for Medicare and non-Medicare. This information is expected to improve CMS's ability to interpret measure results and assess their relevance and impact of potential future measures. Understanding that the size of subgroups of patients addressed by a particular measure varies over time could be helpful in assessing the stability of reported measures' values and in subsequent decision making concerning measure retention. Similarly, better understanding of the size of particular subgroups in the overall population will assist CMS in making choices among potential future measures specific to a particular subgroup, for example, patients with depression. Again, based on the Rule that is currently in effect for the IPFQR program, the non-measure data collection required [for] IPFs for the fiscal year 2017 payment determination year includes the discharges by diagnostic categories and payer groups as listed on the slide, as well as by quarter in each data. But again, for the purposes of this presentation, we want to focus on those data collection categories that we anticipate will be approved later this year in the Final Rule.

IPF will report the following aggregate population count for this fiscal year 2017 payment determination, which will be submitted July 1st through August 15th of 2016, and that is again, the diagnostic categories and payer groups, as shown here on the slide. We also, of course, want to see the total discharges, annual discharges listed as well.

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Again if finalized, the FY 2016 IPF PPS Final Rule will eliminate the reporting of measured data, as well as non-measured data, by age strata and quarter. At this time, there is no benchmark available pertaining to their non-measure data collection.

The next several slides will adjust the two structural measures currently required in the IPFQR program: the assessment of patient experience of care and the use of EHR.

First, we'll review the Assessment of Patient Experience of Care structural measure. This measure seeks to find out whether IPFs routinely assess patient experience of care using a standardized collection protocol and structured instruments. The data will be based on IPF activities at a facility on December 31st of the reporting period and requires a simple attestation.

So, why is this measure being collected? Well, this measure aims to address improvement of experience of care for patients, families, and care givers, which is one of the objectives within the CMS quality strategy. Surveys of individuals about their experience in healthcare setting provides important information as to whether or not high quality person-centered care is actually provided and addresses elements of service delivery that matter most to recipients of care. This data is being collected also to provide information in a currently under – unaddressed priority area of the HHS National Quality Strategy; that of patient and family engagement and experience of care, as well as to help in the development of a standardized survey of patient assessment of care that CMS intends to develop as a successor to this measure.

In order to meet, this measure requirement, IPFs will respond to the question, "Did your facility routinely assess patient experience of care using a standardized collection protocol and a structure instrument?" If the response is yes, then a prompt will appear requiring the name of the survey that the facility administers. If the response is no, then the submit button will be selected and the requirement completed.

This slide includes a screenshot, which provides a visual of what you can expect to see when completing this attestation in the *QualityNet Secure Portal* in the upcoming data submission period.

And, here is an example of the structural and web-based measures page where you can see that the assessment of patient experience of care measure is marked completed.

And, next we'll review the use of Electronic Health Record structural measure. This measure assesses the degree to which IPFs use EHR systems for services and to support health information exchange at times of

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transitions in care. The data will be based on IPF activities on December 31st of the reporting period and requires a simple attestation.

And, why is this data being collected? This data is being collected to provide important information about a component of healthcare service delivery shown to be associated with the delivery of quality care and also to provide useful information to consumers and others in choosing among different facilities. Some of the benefits of certified EHR used by IPFs include the following: the EHR helps providers improve internal care delivery practices; it supports the exchange of important information across care partners and during transitions of care; and, [it] also enables the reporting of electronically specified Clinical Quality Measures or eCQMs.

The EHR attestation requires that the IPF select one of the three statements listed on the slide based on IPF activities on December 31st of the reporting period. And, those three options are:

1. The facility most commonly used paper documents or other forms of information exchange, for example email not involving the transfer of health information using EHR technology at times of transitions and care;
2. The facility most commonly exchanged health information using non-certified EHR technology that is not certified under the ONC HIT certification program at times of transitions and care; or
3. The facility most commonly exchanged health information using certified EHR technology certified under the ONC HIT certification program at times of transitions in care.

After selecting an attestation, the IPF will respond to the following question: “Transfers of health information at times of transitions and care include the exchange of interoperable health information with a Health Information Service Provider or HISP. Yes or No?” This slide includes a screenshot that shows what will appear when the use of Electronic Health Record measure is selected. And, as you can see, in the statement above (in the yellow box), all measure questions are required in order to fulfill the annual payment update or APU.

So, once the selection is made for the attestation and a follow up question is selected, then the individual entering this information will click on “Submit.” And, here is an example of the structural – again the structural and web-based measures page where you can see that the use of an Electric Health Record measure is marked completed.

The next several slides include links to helpful resources pertaining to these measures and the IPFQR program in general. Listed here are a couple of links with information pertaining to Health Information Technology and the EHR structural measures.

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And, on this slide, we have a few “save-the-dates” of some webinars that we have coming up later this summer, leading up to the Final Rule. Our next educational webinar is planned for July 16th, at which time we will review the keys to successful fiscal year 2016 reporting. At that time, we’ll discuss, in detail, the data reporting and submission process and requirement. In August, on the 20th, we plan to review the SUB-1 measure; and on September 17th we plan to review the FY 2016 IPF PPF Final Rule.

On the final slide, we have several additional IPFQR programs, but before I delve into that, I would like to respond to a few of the questions we have received pertaining to the non-measure data collection and structural measures.

The first question is, “Can you clarify what *standard collection protocol* and *structured instrument* mean for the IPF Patient Experience of Care measure?”

Yes, the *standard collection protocol* is a routine process that is used to administer the *structured instrument* as measure. And the *structured instrument* is synonymous to a survey.

The next question is, “What measurement period will be used for the non-measure data collection and structural measures?”

As previously mentioned, the non-measure data collection or select aggregate data is collected for one full calendar year. So, for example this requirement goes into effect for the FY 2017 payment determination year. Therefore, the data that will be collected from January 1st of 2015 through December 31st of 2015 will be entered into *QualityNet* during the 2016 data submission period, thereby impacting the 2017 payment determination year. As for the structural measures, IPF should respond to the EHR and the Patient Experience of Care attestation in the upcoming data submission period, which start July 1st of this year, and, that those attestations should be based on the status of the IPF as of December 31, 2014.

The final question that I have here is, “How will we collect the non-measure data?”

We actually aim to release a tool very soon to assist with data collection for the non-measure data. Stay tuned as that release will be announced in an upcoming email addressed to the IPF ListServe, which leads me back to the contents of this IPFQR program general resources slide.

It is important that you are all aware that we have various resources available for you to contact us to find additional information. Basically, if you have any additional questions about these or other IPFQR program measures, requirements, data abstraction, or the program in general, please contact the IPFQR support contractors through one of the options listed on this slide,

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including the *QualityNet* Q&A tool, which we highly encourage you to use, particularly for tracking purposes. You can also contact us via email support or phone. We also have an inpatient live chat available. But as a reminder, all monthly web conferences are posted through the *Quality Reporting Center* website. And, we strongly encourage you all to sign up for the IPF ListServe in order to continue receiving announcements pertaining to upcoming webinars, the Proposed and Final Rules, and of course any helpful information regarding the upcoming data submission period.

In addition, we also welcome any IPFs who would like to share any lessons learned and or best practices in a future webinar event. Please email us directly or you can email me directly at [ipfqualityreporting@area-m.hcqif.org](mailto:ipfqualityreporting@area-m.hcqif.org), and, we'd be glad to make arrangements for you to contribute directly to an upcoming webinar.

This concludes the IPFQR program webinar for June 2015 on the *Non-Measure Data and Structural Measures*. We thank you for your time and participation.

**END**

This material was prepared by the Inpatient Value, Incentives, and Quality Reporting Outreach and Education Support Contractor, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. HHSM-500-2013-13007I, FL-IQR-Ch8-06262015-11