Inpatient Psychiatric Facility Quality Reporting Program

Support Contractor

Potential Measures for the IPFQR Program and the Pre-Rulemaking Process

Questions & Answers

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Overview of the Measures Under Consideration Process

Question 1: **What does JIRA stand for?**

JIRA is not an acronym. It is the web-based product CMS utilizes for issue tracking and project management for pre-rule making. Stakeholders can input quality and efficiency measure specifications for CMS review using JIRA, an issues tracking system. Note that user credentials are required to access the JIRA system. If you need access to JIRA, refer to the 2017 CMS Measures under Consideration User Guide for assistance.

Question 2: **Are notifications sent out when the MUC list is published? Do the other Quality Reporting Programs follow the same timeline for MUC (IQR, OQR)?**

Yes, please reference the CMS Blog at http://blog.cms.gov/2016/11/22/cms-finalizes-its-measures-under-consideration-list-for-pre-rulemaking. Any quality and efficiency measures CMS considers for the following programs must be included in the annual List of Measures Under Consideration (MUC) published by December 1 annually. For more information about CMS Pre-Rulemaking process please visit the following CMS website: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityMeasures/Pre-Rule-Making.html

Question 3: **How is CMS going to respond to the recommendations from MAP regarding the 3 measures under consideration? What is the rationale for recommending the reconciliation measure that was not endorsed by NQF? How is CMS going to respond to the Medication Reconciliation measure not being endorsed by the NQF?**

Placement of a measure on the MUC list for Measure Applications Partnership (MAP) review only indicates that CMS is considering the measure for possible adoption into the reporting program. The proposal to actually adopt a measure is done through the rulemaking process, after due consideration of the relevant pros and cons for such adoption, including issues related to National Quality Forum (NQF) endorsement and MAP recommendations. Typically, the rationale for the adoption of any measure that would be proposed in rule would include a discussion of these types of issues.

Overview of the Measures Application Partnership

Question 4: **Are we allowed to submit comments on previously adopted measures during open comment periods to CMS or will those not be considered since they have already been implemented?**

MAP welcomes input on both previously adopted measures and measures under consideration. The MAP Workgroups and Coordinating Committee consider public comments when making their recommendations. A summary of public comments received are included in MAP reports to CMS.

Measures on the 2016 MUC List for the IPFQR Program

Question 5: **Is the Medication Continuation measure chart abstracted?**

No, the Medication Continuation measure is a claims-based measure.

Question 6: **So, if it is claims based, but the patient does not fill the prescription as instructed, how would the facility prove that they had met the intent of the measure?**

The intent of the measure is to evaluate whether the patient continued their medication following IPF discharge. If there is not a valid claim for a medication, it indicates that the patient has not continued their medication and the intent of the measure has not been met.

Question 7: **What if the patient received sample medications, there would not be a claim, but the patient has received the medication? How is this measured [for the Medication Continuation Following Inpatient Psychiatric Discharge measure]?**

If the patient received sample medications and there was no claim, it would not count towards the measure. However, a medical record review during testing of the measure found that there were few discharges in this patient population where the facility provided medications to patients at discharge. We anticipate that free medications are provided to the patient population for this measure less frequently because all patients included in the measure denominator are enrolled in Medicare Part D. Low-income Medicare patients

can receive assistance with co-pays, and patients who are dually enrolled in Medicaid (70% of this cohort) receive additional assistance covering the costs of medications that are not covered by Medicare. Notes from the medical record abstractors indicate that all of the medications provided at discharge were for 30-day supplies or less. Therefore, the patients who received medications at discharge on Day 0 would need to fill a prescription for an evidence-based medication before the end of the 30-day follow-up period to avoid gaps in treatment. Those fills would appear in the claims data.

Question 8: **On the medication compliance, will they do some comparison with patient readmission and follow up appointments to see if there is a trend?**

During testing for the Medication Continuation Following Inpatient Psychiatric Discharge measure, facility-level medication continuation scores were compared to facility-level scores on the following measures: Follow-Up After Hospitalization (7- Day), Follow-Up After Hospitalization (30-Day), and IPF 30-Day All-Cause Unplanned Readmission Measure. The medication continuation scores were moderately correlated with the scores for 7- and 30-day follow-up after hospitalization for mental illness ($\rho = 0.34$ and 0.43). The medication continuation scores were negatively correlated with readmission scores, which is expected given that high readmission scores indicate poor quality ($\rho = -0.26$). All correlations are statistically significant at p-value < 0.0001. For further details about measure testing, please visit https://www.cms.gov/medicare/Quality-Initiatives-Patient-Assessment-Instruments/HospitalQualityInits/Measure-Methodology.html (To access the report, click on the zip file titled "Inpatient Psychiatric Facility Medication Continuation Measure")

Question 9: **What calendar year would be the earliest to begin collecting data for the Medication Reconciliation on Admission measure?**

A proposal to adopt a measure into the reporting program is announced through rulemaking and normally includes information about the date at which measure collection would begin.

Question 10: **Would the Prior to Admission (PTA) [list] be completed by the provider prior to admission (i.e., in office)?**

No, the Prior to Admission (PTA) medication list needs to be completed during the IPF stay within 48 hours of admission. PTA refers to the

medications to differentiate them from medications that may be administered or prescribed during the inpatient stay.

Question 11: **Who do you consider a licensed prescriber [for the Medication Reconciliation on Admission measure]?**

The measure does not define licensed prescriber as this can vary by state.

Question 12: **You mentioned that admissions medication reconciliation was to be completed within 48 hours, how does this apply to patients that are with us for less than 48 hours?**

Patients admitted for less than 48 hours are excluded from the sample for this measure because the facility may not have had the opportunity to complete a comprehensive medication reconciliation process.

Question 13: **Is this only applicable to stand alone Psychiatric facilities? What about a patient who is transferred to a psychiatric unit? Would they qualify for [the Medication Reconciliation on Admission] measure?**

The Medication Reconciliation on Admission measure is applicable to all inpatient psychiatric facilities that participate in the IPFQR Program. This includes both freestanding facilities and units within other types of facilities. Admissions that result from a transfer from another inpatient facility or inpatient unit are not included in the measure population because of different medication reconciliation processes for those admissions. Transfers from outpatient providers, long-term care facilities, and emergency departments are included in the measure population.

Question 14: **We sent in a public comment in February for the Medication Reconciliation. Will we receive a response and if so, when?**

Responses to public comments received for the Medication Reconciliation on Admission measure are in the process of being publicly posted and should be available in April 2017 at the following link: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/MMS/CallforPublicComment.html.

Question 15: **What would dictate a patient being screened for opioid use testing?**

Specifications related to inclusion and exclusion criteria for the denominator of the Opioid Screening measure are under development. The proposed measure specifications will be put out for public comment once the measure testing is complete.

Question 16: **For the opioid measure, is it possible to add treatment options reviewed with patient and community resources provided?**

The purpose of the Opioid Screening measure is to first identify patients who are at risk of opioid use disorder. We will take this recommendation into consideration for future measure development.

Question 17: **So, all patients will need a urine drug screen, even if they come from a medical unit or skilled nursing facility (SNF) and we have a medication list?**

Specifications related to inclusion and exclusion criteria for the denominator of the Opioid Screening measure are under development. The proposed measure specifications will be put out for public comment once the measure testing is complete.

Question 18: **When will the technical report and/or specifications be available for the two chart abstracted measures [on the 2016 MUC list]?**

The technical report and specifications for the Medication Reconciliation on Admission and Opioid Screening measures will be available after measure development is complete.

Question 19: **Are these measures [on the 2016 MUC list] in addition to what we are currently doing [for the IPFQR Program]?**

Yes, the measures on the MUC list are being considered for adoption in the IPFQR Program.

Question 20: **When would we expect the three measures discussed to be in the proposed ruling? When do you expect, if approved, these potential new measures to go live?**

The fact that a measure appears on the MUC list does not necessarily mean that it will be proposed for the program, and even if it is, it may not be at the first opportunity to do so. Proposals to add measures to the program are normally announced through rulemaking, and rarely, if ever, before.