



Inpatient Psychiatric Facility Quality Reporting Program

Support Contractor

IPFQR Program Public Reporting and Fiscal Year 2016 Measure Results Review

Questions and Answers

Moderator/Speaker:

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Hospital Compare Preview Period/Report

- Question 1:** Does the preview period begin on January 12 or 16?
- Answer 1:** The *Hospital Compare* Preview Period runs January 16 through February 14, 2016.
- Question 2:** Other *Hospital Compare* Reports include the top 10% performance. Will the IPFQR Reports include this performance in the future?
- Answer 2:** The Centers for Medicare & Medicaid Services (CMS) does not have plans to do that at this time.
- Question 3:** How can we access results of the Follow-Up After Hospitalization (FUH) measure? Are there any alternative ways to view FUH data for your facility due to the suppression on the upcoming report? Will FUH 30-day/7-day information be provided independently to individual facilities?
- Answer 3:** As described during the webinar, the Fiscal Year (FY) 2016 FUH measure data will be suppressed by CMS in the upcoming *Hospital Compare* update. Updates to the calculation of this measure are in progress. A ListServe announcement will be distributed to communicate the availability of future FUH measure results at a later date. We do not anticipate providing measure data independently to facilities.



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Question 4: Why does it take so long for preview reports to be made available? The data entry period for Calendar year (CY) 2014 data was several months ago, and the preview reports are just now becoming available.

Answer 4: The provision of preview reports are subject to production priorities and other program requirements that may affect the timeliness of their availability.

FY 2016 Measure Results Review

Question 5: How many total hospitals are participating in the IPFQR Program?

Answer 5: Slide 26 shows that 1,559 IPFs participated in quality reporting for both FY 2015 and FY 2016.

Question 6: Can you provide the date ranges that you are referring to when you say FY 2015 and FY 2016.

Answer 6: The federal fiscal year always refers to the period between October 1 and September 30 of the subsequent year. For example, FY 2016 refers to the period from October 1, 2015 through September 30, 2016. Data that were collected during CY 2014 (from January 1 through December 31, 2014) were reported to CMS during the 2015 data submission and impacted the FY 2016 Annual Payment Update (APU) for eligible IPFs.

Question 7: Are the stats being shared in this presentation national numbers?

Answer 7: Yes, the measure values are presented at the national level in slides 28 through 30 of the webinar presentation.

Question 8: Do you have any insight into why seclusion rates are lower than physical restraint?

Answer 8: We do not have any insight into this.

Question 9: Will benchmarking data be available on *QualityNet* in the future for IPF measures?

Answer 9: Benchmark data are not planned to be available for the IPFQR Program measures at this time.

Question 10: Is CMS applying Risk Reduction Methodology to evaluate acuity and have a fair comparison among behavioral facilities?



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Answer 10: Consistent with measures' specifications, there is no such methodology associated with any of the current measures for the program.

IPFQR Program Measure Reporting Requirements

Question 11: Are we correct that we will no longer be required to report on HBIPS-4, for FY 2017, but we are reporting on HBIPS-5, which includes HBIPS-4, correct?

Answer 11: Yes, facilities will not be required to collect for HBIPS-4, -6, and -7 beginning January 2016. A complete list of [IPFQR Measures for FY 2017 and FY 2018 and Population Sampling](#) can be found on the IPFQR Program Resources and Tools page on the *Quality Reporting Center* website at <http://www.qualityreportingcenter.com/inpatient/ipf/tools/>. Yes, HBIPS-5 includes data collected by HBIPS-4, but HBIPS-4 no longer needs to be reported separately.

Question 12: Going forward, will HBIPS-6 and -7 measurements remain the same or will there be changes to the measures?

Answer 12: As of January 1, 2016, the HBIPS-6 and HBIPS-7 measures will no longer be collected for the IPFQR Program. These measures are being replaced with the Transition Record measures, which will go into effect July 1, 2016. CMS decided that the Transition Record measures, which will be discussed in our next webinar, will replace HBIPS-6 and HBIPS-7 because the Transition Record measures provide a greater level of specificity and detail around the transition process for discharged patients.

New Transition Record and Screening for Metabolic Disorders Measures

Question 13: When is the fax transmission of the Continuing Care Plan (CCP) measure going to change to 24 hours from the current 5 days? Is it finalized?

Answer 13: The new Transition Record measures will go into effect July 1, 2016. As of January 1, 2016, HBIPS-6 and HBIPS-7 will no longer be collected for the IPFQR Program.

Question 14: NQF 0647 and NQF 0648 specifications require the patient or caregivers to receive a transition record at the time of discharge effective with July 1, 2016 discharges. Considering medical transcription companies take up to 24 hours to provide a dictated report, how is this being addressed in regard to the ability to comply with this measure?



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- Answer 14:** There are no special provisions in either of the measures for this type of situation.
- Question 15:** When will the actual specifications for the new measures be released?
- Answer 15:** IPFQR Program specifications for the Transition Record and Screening for Metabolic Disorders measures are available in the IPFQR Program Manual. Additional specifications pertaining to the Screening for Metabolic Disorders measure will be included in the forthcoming release of the IPFQR Program Manual.
- Question 16:** Will the Transition Record measure remove the requirement of indications for all medications to be listed in the discharge home medication list?
- Answer 16:** Yes, according to the definition of the term “Current medication list” found on page 20 of the IPFQR Program Manual. Please refer to the latest version of the IPFQR Program Manual located on the IPFQR Program Resources and Tools page (<http://www.qualityreportingcenter.com/inpatient/ipf/tools/>) of the [Quality Reporting Center](#) website for additional information.
- Question 17:** Will the new measures in July be reported to CMS and the Joint Commission (TJC)?
- Answer 17:** The new Transition Record and Metabolic Screening measures are specific to the IPFQR Program and will be reported only to CMS.
- Question 18:** When will we receive training on the new Transition Record and Screening for Metabolic Disorders measures?
- Answer 18:** An educational webinar concerning the new measures is scheduled for Thursday, January 21 at 2 p.m., Eastern Time. Educational webinar registration is typically available two weeks prior to the event. A ListServe Notification will be distributed to ListServe subscribers when registration is open. We ask that you monitor your email for a ListServe announcement to register for this event. You may also monitor the Events Calendar on the [Quality Reporting Center](#) website for information pertaining to registration for this event.



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Substance Use (SUB) Measure Set

Question 19: Will there be training for Brief Intervention?

Answer 19: There are many training resources available online for Screening, Brief Intervention, and Referral to Treatment (SBIRT). A free online SBIRT course is provided through Medscape (<https://login.medscape.com/login/sso/getlogin?urlCache=aHR0cDovL3d3dy5tZWVzY2FwZS5vcmcvdmld2FydGljbGUvODMwMzMx&ac=401>), addressing the basic principles of SBIRT. This continuing medical education (CME) or continuing education (CE) course is intended for primary care physicians, pediatricians, psychiatrists, emergency physicians, dentists, chiropractors, social workers, nurses, nurse practitioners, and physician assistants. A free membership to Medscape is required to access the training.

Question 20: How long is the SBIRT training referenced above? And, some states define those clinicians that can provide Brief Interventions for SA. These definitions, I understand, can be related to title and practice acts. Are there any issues with the HBIPS requirement conflicting with prevailing applicable state laws?

Answer 20: Duration of SBIRT training varies. The SBIRT Training Catalog developed by the Pacific Southwest Addiction Technology Transfer Center (ATTC) contains a comprehensive list of SBIRT trainings across the country. It includes a synopsis of the topics covered in each training session, training formats, training lengths, and the types of materials and resources used in the curriculum. This list is available at <http://www.integration.samhsa.gov/clinical-practice/sbirt/training-other-resources>. There should be no compliance issues with state laws given that the measure only assesses whether the brief intervention was performed by someone trained in SBIRT. The facility should determine who receives the training, according to prevailing applicable state laws.

Question 21: Can you provide a resource for Sub 2 and the 5 A's related to brief counseling for alcohol dependence?

Answer 21: Reference to the 5 A's (Ask, Advise, Assess, Assist, Arrange) is made in the September 1, 2015 *Keys to Implementing and Abstracting the Substance Use Measure Set* webinar, specifically on slide 40. You can access the webinar on the [Quality Reporting Center](#) website. Select **[Inpatient]** from the navigation menu and then the IPFQR Program's **[Archived Events]** option. Once in the archive, scroll down to the event



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name to find the webinar slides, recording, presentation transcript, and questions and answers transcript. Here is an example of a pocket guide that utilizes the 5 A's:

<http://pubs.niaaa.nih.gov/publications/practitioner/PocketGuide/Pocket.pdf>

Question 22: On the AUDIT-C tool, what scores constitute the additional intervention regarding substance/alcohol use?

Answer 22: There should be a key on the AUDIT-C tool to determine unhealthy alcohol use. If the score on the screen indicates unhealthy alcohol use (moderate or high risk), a brief intervention is recommended.

Tobacco Use (TOB) Measure Set

Question 23: Where is the tobacco form located on *QualityNet*? Can the link to the TOB Screening and Treatment tool be posted? I am having trouble locating it on the website.

Answer 23: The tool is currently posted on the [Quality Reporting Center](http://www.qualityreportingcenter.com) website. Select [**Inpatient**] from the navigation menu and then the IPFQR Program's [**Resources and Tools**] option, and you will see that Tobacco Screening and Treatment Resource tool listed on that page (<http://www.qualityreportingcenter.com/inpatient/ipf/tools/>). The tool will be posted to the *QualityNet* website at a later date.

Question 24: On the *Quality Reporting Center* website, there's a new Tobacco Screening & Treatment Resource Form set up in the format of a checklist. This will be very useful for the nursing staff. Do you know if there will also be a similar form created for Substance Use?

Answer 24: At this time, we do not have a similar tool for Substance Use because it is recommended that facilities use the AUDIT-C tool. An example of a validated questionnaire for alcohol screening is the 10 item Alcohol Use Disorder Identification Tests (AUDIT). The first three questions of the AUDIT-C, ask about alcohol consumption, and can be used reliably to identify and validate the presence of unhealthy alcohol use.

Question 25: Regarding the TOB-3/-3a measure, if you select that referral information was given to the patient at discharge, but the appointment was not made by the provider or health care organization prior to discharge, will you be given credit for that indicator?



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Answer 25: In order to meet the TOB-3a measure requirements, the provider must document that they have communicated to the patient the confirmed date, time, and provider for the scheduled appointment. For Quitline referrals, the healthcare provider or hospital can either fax or email a Quitline referral, or assist the patient in directly calling the Quitline prior to discharge.

IPFQR Program General Information

Question 26: How do we sign up for access to the *QualityNet Secure Portal* if we are not administrators?

Answer 26: Instructions for signing up for access to the *QualityNet Secure Portal* can be found in the IPFQR Program Manual. The IPFQR Program manual is currently posted on the [Quality Reporting Center](#) website. Select **[Inpatient]** from the navigation menu and then the IPFQR Program's **[Resources and Tools]** option. Please refer specifically to Section 3: *QualityNet* Registration, page 30, for instructions on how to access the *QualityNet Secure Portal*.

Question 27: How do we sign up for the IPFQR Program ListServe?

Answer 27: Register to receive the IPFQR Program ListServe Notifications by clicking on the following link and entering the required user information on the *QualityNet* website:
<https://www.qualitynet.org/dcs/ContentServer?pagename=QnetPublic/ListServe/Register>.

Question 28: We use Epic[®] and share the same platform as our acute care sister hospitals. We have found that many of the IPF core measures are not supported in the same way the acute measures are supported. Does CMS have any influence on these EHR vendors to support core measures for psych facilities?

Answer 28: Thank you for this information; however, CMS does not influence vendors.