Inpatient Psychiatric Facility Quality Reporting Program

Support Contractor

IPF: Inpatient Psychiatric Facility Quality Reporting Program New Measures and Non-Measure Reporting – Part 2 - 1.5 C.E.

Questions and Answers

Moderator/Speaker:

Evette Robinson, MPH
Project Lead, Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program
Value, Incentives, and Quality Reporting (VIQR)
Outreach and Education Support Contractor (SC)

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Transition Measures

Question 1: **I believe slides 15–16 list the 11 elements required in the transition record. Slide 19 lists 14 elements and does not include Reason for admission or discharge DX. Can you confirm the 11 required elements?**

Slide 19 is a list of relevant terms, not the 11 specified elements. The 11 specified elements are:

- *Reason for inpatient admission;*
- *Major procedures and tests performed during inpatient stay and summary of results;*
- *Principal diagnosis at discharge;*
- *Current medication list;*
- *Studies pending at discharge;*
- *Patient instructions;*
- *Advance directive or surrogate decision maker documented or reason for not providing;*
- *advance care plan;*
- *24-hour/7-day contact information, including physician for emergencies related to inpatient stay;*
- *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.*

Question 2: **Is the Transition Record Measure an all or nothing measure where if one element is missed or not documented, then we fallout or get an opportunity for improvement on the measure?**

That is correct. All 11 elements must be included in the Transition Record.

Question 3: **Please clarify: the Transition Record should be discussed and given to the patient, as well as transmitted to other providers? Is anyone concerned about HIPAA regarding family getting a copy of chart?**

That is correct. A checklist may be used to indicate that each of the 11 elements was discussed with the patient. The Support Contractor is developing a tool that can be used and included in the medical record to show compliance with the transition measures. It is the facility's responsibility to obtain consent regarding who may have access to the medical record.

Question 4: **Regarding Timely Transmission of Transition Record, is that within 24 "business" hours or a consecutive 24 hours? How can a 24 hour time period be met when patients are discharged on weekends/holidays when the next level of care provider may not available?**

The Transition Record should be sent within 24 consecutive hours from the discharge time recorded in the patient's medical record. It is not required that the record be received within 24 hours.

Question 5: **Are patients who are discharged to a shelter or jail excluded from the measure? How are patients who are discharged into police custody or those who are released by a judge following a commitment hearing considered in that discharge plans would not have been made?**

The eligible population is determined by type of bill and discharge status as entered on the claim (UB-04). For measure information and a list of applicable discharge status codes, please refer to the Physician Consortium for Performance Improvement® (PCPI®) approved Quality Measures Manual:

http://www.ama-assn.org/apps/listserv/x-check/qmeasure.cgi?submit=PCPI.

Question 6: **HBIPS-6 required that indications be listed for all discharge meds, whether they were medical, psychiatric, or over the counter (OTC) meds. I didn't see anything mentioned about indications for meds in these screens. Will this be required on the Transition Record?**

The indication for the medication is not required for the new transition measures.

Question 7: **Does a list of all medications that interact with the discharge medications need to be included [in the patient record]?**

As noted on page 20 of the IPFQR Program Manual, the current medication list should include medication not to be taken by the patient, including a list of medication with which current prescriptions may react.

Question 8: **Inclusion for Transition Record: ALL patients, except those who died or left AMA. LOS is not a factor, so all patients, including those who are admitted to the inpatient psych unit even for one day only or less? Are there any LOS exclusions for the transition record measures?**

There are no LOS exclusions for the transition record measures. Therefore, all patients, regardless of LOS, will be included in the denominator for both transition record measures.

Question 9: **If the social worker documents in their discharge note, which is electronically time-stamped, that they faxed the continuing care plan to the next provider, is this sufficient or must they note the specific time that the information was sent?**

Yes, if confirmation of the time of record transmission is clearly documented to have occurred within 24 hours of patient discharge in the transition record, then this is sufficient.

Question 10: **Current Medication List: What is meant by intended duration? If the instructions given to the patient state they are to continue all listed medications on their discharge instructions until ordered to stop by their health care provider, would this meet the measure for duration?**

The intended duration of a medication is the length of time the patient is to take the medication.

Question 11: **What is the definition of MAJOR procedures and tests as would apply to a psychiatric facility?**

Page 46706 of the FY 2016 IPF PPS FR states that "The AMA–PCPI has also clarified that ''major procedure'' and ''tests'' are intentionally not defined to allow flexibility for providers; therefore, we cannot quantify which procedures or tests are major. If a provider believes a procedure to be ''major'' or a test important enough to be included, it should be included in the transition record."

For additional clarification, the IPFQR Program Manual (page 21) defines major tests as all procedures and tests noteworthy in supporting patients' diagnosis, treatment, or discharge plan as determined by provider or facility. Examples may include: complete blood count and metabolic panel, urinalysis, or radiological imaging.

Question 12: **What if there are no tests and or labs ordered or planned at discharge? How should that be communicated?**

The medical record will need to contain a statement regarding the absence of orders for tests or lab work.

Screening for Metabolic Disorders Measure

Question 13: **Please clarify- test[s] alone will not meet the [Screening for] Metabolic [Disorders] measure [requirements]. Do we need the MD to document the individual results?**

As described during the January 21 IPFQR Program webinar on slide 51, the presence or absence of each screening element is determined by identifying the documentation of numeric lab results in the medical record. The documentation can be made by healthcare providers other than an MD.

Question 14: **Can the metabolic screening tests be done at separate times within the last 12 months? For example, [can the] HbA1c [be] done one day and a lipid panel done another?**

Yes, as long as the name of the provider, original dates, and numeric values for the test results are documented in the record as having occurred within the 12 months prior to the patient's discharge from the IPF.

Question 15: **If you refuse the metabolic screening will you meet the measure?**

Patients who refuse screening will be included in the denominator. CMS encourages providers to educate patients about the importance of metabolic screening.

Question 16: **Are these metabolic panels done only on those patients that come in to the facility on antipsychotics, and/or started on them while in the hospital?**

The denominator for the Screening for Metabolic Disorders measures includes the total number of patients discharged with one or more routinely scheduled antipsychotic medication during the measurement period. Patients that start antipsychotic medications during the hospital stay and are discharged on one or more antipsychotics would be included in the population.

Question 17: **Just to confirm, the specific name of the provider has to be documented for the metabolic tests if not a part of this stay?**

Yes. As described during the January 21 IPFQR Program webinar on slide 57, if the metabolic test values were not from the current stay, then documentation in the patient record for this stay needs to include the numeric value of the test results, the original date on which the value was calculated, and the source of the information (e.g., medical record of a prior hospital stay, information obtained from another provider, and the name of this provider).

Question 18: **Is a glucose that is obtained in a basic metabolic panel sufficient?**

To meet the screening element for blood glucose value, the abstractor can either check for documentation of HbA1c, a fasting plasma glucose, or the 2-hour plasma glucose value after a 75g oral glucose tolerance test to check for diabetes.

Question 19: **Why would the reason for incomplete metabolic screen need to be documented in the medication record? The provider doesn't usually document in the MAR.**

Slide 62 of the presentation contained an error. The definition should read as follows: "A statement by the physician/APN/PA in the current medical record indicating that the screening elements could not be completed due to patient's enduring unstable medical or psychological condition."

Question 20: **For the metabolic screening, if there is no documentation about the four metabolic tests in the current record, are we allowed to review previous values in the EHR within the past 12 months, or must they be directly mentioned in the current record? If the current record has transfer documents included and the four tests are in those transfer documents, can we use those values, or do the values need to be documented by our accepting facility?**

Yes. As described during the January 21 IPFQR Program webinar on slide 57, if the metabolic test values were from any time during the 12 months prior to discharge, documentation in the patient record for this stay needs to include the original date in which the value was calculated and the source of the information (e.g., medical record of a prior hospital stay, information obtained from another provider, and the name of this provider).

To maximize the usefulness of the Q&A transcript we have consolidated questions received through the Chat feature during the event and focused on the most important and frequently asked questions. To obtain answers to questions that are not specific to the content of this webinar, we recommend that you refer to the Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program Manual, the QualityNet Q&A tool, or call the Hospital Inpatient Value, Incentives, and Quality Reporting (VIQR) Support Contractor (SC) at 866.800.8765 or 844.472.4477.