Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program

Support Contractor

IPFQR Program: FY 2020 IPF PPS Final Rule and APU Determination

Presentation Transcript

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August 28, 2019
2 p.m. ET

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Evette Robinson: Before we proceed with today's webinar, I would like to cover a few housekeeping items specific to IPFQR Program webinar events. As a reminder, we do not recognize the raised hand feature in the Chat tool during webinars. Instead, you can submit any questions pertinent to the webinar topic to us via the Chat tool. Any unanswered questions will be responded to and published in the *QualityNet* Questions and Answers (Q&A) Tool at a later date. Any questions received that are not related to the topic of the webinar will not be answered in the Chat tool, instead we recommend that you go to the *QualityNet* Q&A tool to search for posted question-and-answer pairs as well as submit any new questions to us that are not already addressed in the Q&A tool or in a previously published summary of questions and answers. The slides for this presentation were posted to the *Quality Reporting Center* website prior to the event. If you did not receive the slides beforehand, please go to *QualityReportingCenter.com* in your web browser, and, on the bottom left of the screen, you will see a list of Upcoming Events. Click on the link for this event. Scroll down to the bottom of the page. There, you will find the presentation slides available for download.

Hello everyone and welcome to today's presentation. My name is Evette Robinson. I am the Program Lead for the IPFQR Program with the VIQR Support Contractor. I would like to introduce you to our speakers for today's presentation titled, *IPFQR Program: FY 2020 IPF PPS Final Rule and APU Determination*.

Dr. Jeffrey Buck is the Program Lead for the Inpatient Psychiatric Facility Quality Reporting Program and the Senior Advisor for Behavioral Health in the Center for Clinical Standards and Quality in the Centers for Medicare & Medicaid Services (CMS). Before coming to CMS, Dr. Buck held senior positions in the Substance Abuse and Mental Health Services Administration, also known as SAMHSA, and was a section editor of the Surgeon General's Report on Mental Health. Lauren Lowenstein is a Program Specialist in the Inpatient Psychiatric Facility Quality Reporting Program. Before coming to CMS, Lauren worked for the Health and Human Services' Assistant Secretary of Preparedness and Response in the

Division of At-Risk Individuals, Behavioral Health, and Community Resilience. Lauren received her Master's in Public Health degree from the Johns Hopkins Bloomberg School of Public Health and her Master's in Social Work degree from the University of Maryland. As previously mentioned, my name is Evette Robinson. I serve as Program Lead for the IPFQR Program as part of the Inpatient Value, Incentives, and Quality Reporting Outreach and Education Support Contractor, also known as the Inpatient VIQR SC.

During this presentation, Dr. Buck will summarize the change to the IPFQR Program as delineated in the Fiscal Year (FY) 2020 Inpatient Psychiatric Facility Prospective Payment System (IPF PPS) Final Rule, and Ms. Lowenstein will talk about the IPFQR Program annual payment update determination and reconsideration processes, in relation to the recent data submission period.

At the conclusion of this presentation, attendees will be able to describe the IPFQR Program changes per the FY 2020 IPF PPS Final Rule, as well as describe the [annual payment update] APU determination and reconsideration processes.

And, now, I will turn the presentation over to our first speaker, Dr. Buck

Jeffrey Buck: Thank you, Evette. In the next few slides, I will provide an overview of the final rule, as well as a brief summary of the changes that were finalized for the IPFQR Program.

Before I describe the content of the FY 2020 final rule as it relates to the IPFQR Program, I would like to first remind everyone that the [FY 2020] final rule was published in the *Federal Register* on July 30, 2019. The final rule can be downloaded from the *Federal Register* at the website indicated on this slide.

CMS finalized the proposal to adopt the Medication Continuation Following Inpatient Psychiatric Discharge measure into the IPFQR Program. We evaluated the IPFQR Program measure set under the Meaningful Measures framework and determined that the Medication

Continuation Following Inpatient Psychiatric Discharge measure is appropriate for adoption for the FY 2021 payment determination and subsequent years.

With the measure adoption that we are finalizing with this final rule, there will now be 14 IPFQR Program measures for the FY 2021 payment determination and subsequent years, as displayed on this slide.

In the FY 2020 IPF PPS Proposed Rule, we invited public comments on the adoption the Continuation measure into the program. I will review some of the public comments, as well as CMS' responses over the next few slides.

Some commenters recommended that CMS not adopt the measure because it imposes burden on facilities. However, some commenters expressed that the measure aligns with the goal of not increasing provider burden. CMS does not believe that this measure imposes any data reporting burden on facilities because it is calculated by CMS using data submitted in Medicare Part A, B, and D claims. CMS acknowledges that, to improve performance on this measure, there may be costs or burden associated with updating clinical workflows to improve discharge planning and counseling on the importance of medication continuation. However, because of the severity of the negative health outcomes associated with medication discontinuation for this patient population, we believe that these updates are part of providing high quality inpatient psychiatric care.

Several commenters recommended that CMS not adopt the measure because they believe that restricting the denominator to patients who have Medicare Parts A, B, and D coverage makes the population size too small to be meaningful.

In response, CMS notes that the majority of providers met the 75 case minimum threshold required to obtain an overall reliability score of at least 0.7, which is the minimum acceptable reliability rating. Furthermore, the [National Quality Foundation] NQF standing committee evaluated this

when considering the measure for endorsement and determined that the measure does meet their scientific acceptability criteria.

One commenter expressed concern that this measure's patient population does not experience the same barriers to access as patients who do not have Medicare Parts A, B, and D. CMS agrees that the patients included in the measure may not experience the same barriers to access to medications that some other patients encounter because they have insurance and low-income Medicare patients qualify for additional support to help pay for medications. However, the claims data used for analysis and testing of this measure demonstrated ample opportunity for improvement in medication continuation rates for patients with Medicare Parts A, B, and D, with median medication continuation rates of 79 percent and a variation of 21 percentage points between the 10th- and 90th-percentile facilities. While the measure denominator includes only patients with Medicare Parts A, B, and D, all patients can benefit from the evidence-based interventions that facilities may implement to improve medication adherence.

Some commenters recommended that CMS not adopt the measure because the measure assesses patient behavior as opposed to provider quality and, therefore, does not produce data that will help consumers select facilities. CMS recognizes that there are factors external to the IPF that influence filling prescriptions post-discharge in the psychiatric population. However, there is evidence that improvements to the quality of care for patients in the IPF setting, including the discharge process, can help to increase medication continuation rates. These interventions include patient education, enhanced therapeutic relationships, shared decision-making, and text-message reminders, with multidimensional approaches resulting in the best outcomes. We note that in testing the measure, the measure developer found a median score of 79.6 percent and an approximate 21-percentage point difference between the 10th and 90th percentiles. This means that, in the 10th percentile facilities, depending on their condition, 60 to 64 percent of patients (with Medicare Parts A, B, and D) fill prescriptions for evidence-based medications, whereas in the 90th-percentile facilities roughly 90 to 95.5 percent of such patients fill

prescriptions for evidence-based medications. We believe that this performance gap, coupled with the ability of facilities to provide interventions to improve medication continuation, indicate that the measure does provide meaningful information about the quality of care provided to patients.

Some commenters recommended that CMS not adopt the measure because they believe prescription fills do not actually reflect medication adherence. While CMS agrees with commenters that it is possible that patients may fill prescriptions and then not take the medication, or take it incorrectly, we believe that the measure is a good indicator of patient adherence to medication regiments. The NQF Standing Committee for Behavioral Health evaluated this issue and found that most studies related to adverse events for medication non-compliance used the filling of a prescription as a proxy for medication adherence, which aligns with this measure's methodology.

Several commenters expressed the belief that this, or a similar measure, be considered for the outpatient setting because these commenters believe that outpatient providers have more influence on patients' post-discharge care. CMS agrees with the commenters that it is critical for patients to have outpatient providers who can ensure continuity of care post-discharge. However, we note that the period immediately following discharge from a psychiatric hospital is a high-risk period for patients and has been linked to an increased risk of adverse outcomes, including suicide. Data collected through the Follow-Up After Hospitalization for Mental Illness measure show that approximately 30 percent of patients see an outpatient provider within seven days of discharge and approximately half of all patients see an outpatient provider within 30 days of discharge. To address this high-risk period, we believe it is vital that patients have continuity of pharmacotherapy consistent with the recommendations of their inpatient providers until they can develop a long-term care plan with their outpatient providers, which will be more than 30 days post-discharge for nearly half of all patients.

One commenter expressed concern that the measure will not capture medication continuity for patients who filled 90-day supplies prior to admission. During measure testing, we found that the number of patients who filled a 90-day prescription in the 90 days prior to admission was small. Specifically, 5.5 percent of those with major depressive disorder had a 90-day prescription at some point in the 90 days prior to admission; 2.8 percent of those with bipolar disorder had such a prescription; and 1.2 percent of those with schizophrenia had such a prescription. Furthermore, we believe that medications are often adjusted during the inpatient stay, and patients may need to fill a new prescription following discharge even if they have medications at home. Therefore, we believe that the patient population with appropriate pharmacotherapy due to 90-day prescriptions prior to admission is very small and does not necessitate any changes to the measure specifications.

One commenter requested that CMS provide guidance on what medications are considered evidence-based medications for these conditions. The measure technical report, available at the link on this slide, has a detailed list of medications for each condition. As part of routine measure maintenance, CMS will evaluate and update this list on a recurrent basis.

Commenters generally expressed support for the medication continuation measure because it is an NQF-endorsed measure that addresses an important clinical topic with a demonstrated quality gap and will help facilities identify interventions for post-discharge medication compliance, thereby improving care transitions. We thank these commenters for their support and are finalizing our proposal to adopt this measure into the Program.

In the FY 2020 IPF PPS Proposed Rule, we solicited public comments on the future adoption of a patient experience of care survey and other measure concepts that CMS should consider adding to the IPFQR Program. The comments we received will be summarized in the next slides.

Many commenters supported future adoption of a patient experience of care survey. Some commenters observed that, while most IPFs use a patient experience of care survey, there is not one survey used predominantly across settings and recommended that CMS partner with providers to either develop a minimally burdensome survey or to establish a core set of questions that should be included, therefore allowing provider flexibility to ask additional questions. These commenters believe that a custom developed survey would better address the needs of the patient population and would be preferable for providers than having to switch from a setting-specific survey to a survey not designed for this setting. One commenter recommended that adoption of a patient experience of care measure should be done incrementally through a voluntary data collection period to ensure feasibility of collection prior to mandatory data submission. We thank these commenters for their input and will consider these suggestions and concerns as we seek to develop or select an appropriate patient experience of care survey for the IPF setting.

Several commenters provided recommendations for future measure considerations, specifically measures that assess the various topics shown on this slide. We thank these commenters for their suggestions and will consider these concepts as we continue to develop a measure set that meets the specific needs of IPFs and inpatient psychiatric patients and their families.

This concludes the final rule portion of this presentation. I will now turn the presentation over to Lauren Lowenstein, who will review the FY 2020 annual payment update and determination and reconsideration processes.

Lauren Lowenstein: Thank you, Jeff.

This slide lists the four major requirements to participate in the IPFQR Program and qualify to receive the full FY 2020 annual payment update. Specifically, eligible IPFs had to meet the following requirements by the August 15, 2019 deadline. IPFs must have had at least one *QualityNet* Security Administrator. They must have had an IPFQR Program NOP status of "Participating." IPFs must have submitted the measure and non-

measure data listed on this slide, and the final requirement is to have completed and submitted the Data Accuracy and Completeness Acknowledgement. Eligible IPFs that did not meet all of the reporting requirements as described on this slide will be subject to a two-percentage point reduction of their annual payment update.

APU notification letters will be sent in September 2019 to facilities that did not meet one or more of the program requirements by the aforementioned deadlines. Reconsideration requests for decisions are due to CMS 30 days from the date of receipt of the payment notification. CMS will send notifications of APU reconsideration decisions to facilities that file a reconsideration approximately 90 days following the submission of the reconsideration request.

An overview of the APU reconsideration process, including the IPF Reconsideration Request Form, can be found on the IPFQR Program annual payment update [reconsideration] page of the *QualityNet* website, which you can access by clicking on the link on this slide.

On this slide, you can see a list of the acronyms that were referenced during the presentation.

This concludes my portion of today's webinar. I will now turn the presentation back over to Evette.

Evette Robinson: Thank you. I want to thank our guest speakers for today's presentation, Dr. Jeffrey Buck and Lauren Lowenstein, for their review of the most recent IPF PPS final rule, as well as the APU determination process. In the next several slides, I will review helpful resources pertaining to these topics, as well as the IPFQR Program in general.

Listed on this slide are links that you can access pertaining to the current final rule and the newly adopted Medication Continuation Following Inpatient Psychiatric Discharge measure.

This slide lists some of the future webinar topics that will be covered in the next several months. We use the IPFQR Program Listserve to notify

subscribers of future webinar information. In a few moments, I will provide more information about how you can subscribe to the IPFQR Program Listserve to receive email notifications about upcoming webinar events and other information about the IPFQR Program.

CMS recommends that IPFs refer to the updated IPFQR Program manual for information pertaining to the IPFQR Program. The manual is located on the *QualityNet* and *Quality Reporting Center* websites, which can be accessed by clicking on the icons on this slide. The IPFQR Program Manual contains information about program requirements, program measures, and various tools pertinent to the IPFQR Program.

We encourage you to keep us up to date with points of contact at your facility by sending the completed Contact Change Form to us whenever there are staff changes relevant to the IPFQR Program or other quality reporting programs. We also recommend that you sign up for the IPFQR Program Listserve, if you have not already, by clicking on the "Listserve Registration" icon on this slide. Once enrolled in the IPFQR Program Listserve, you will receive communications pertaining to IPFQR Program webinars, program updates, and other announcements. Information about upcoming webinars can be viewed by clicking on the "Upcoming Webinars" icon. We encourage everyone to leverage the "Find an Answer" function in the *QualityNet* Q&A tool to find information about program requirements and measures OR, if not found, submit your inquiries to us via the tool. We also welcome your recommendations for future webinar topics via the Q&A Tool, which you can access by selecting the "Q&A Tool" icon. You can click on the "Email Support" icon to send an email to us at IPFQualityReporting@hcqis.org regarding eligibility, such as next steps for a newly-eligible provider or to notify us that an IPF is or will be closing. Contact the VIQR SC team via phone at (866) 800-8765 or secure fax at (877) 789-4443 with any other inquiries you have.

This concludes the content portion of today's webinar titled, *IPFQR Program FY 2020 IPF PPS Final Rule and APU Determination*. Thank you for your time and attention. Have a great day!