



Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program

Inpatient Value, Incentives, and Quality Reporting (VIQR) Outreach and Education Support Contractor

IPFQR Program: FY 2023 Data Review

Presentation Transcript

Speaker

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Evette Robinson: Before we proceed with today's webinar, I would like to remind everyone that we ask that you submit any questions pertinent to the webinar topic to us via the Chat tool. Any unanswered questions will be responded to and considered for publication in the [QualityNet Question and Answer 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 and 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](https://www.qualityreportingcenter.com) in your web browser. On the bottom left of the screen, you will see a list of Upcoming Events. Click on the link for this event. There, you will find the presentation slides available for download.

Welcome to the presentation titled, *IPFQR Program: FY 2023 Data Review*. My name is Evette Robinson, and I am the IPFQR Program Lead for the Inpatient Value, Incentives, and Quality Reporting, or VIQR, Support Contractor. I will be the presenter for this event. At the end of this presentation, you will have the opportunity to complete a survey. We ask that you complete the survey, as we value your feedback regarding what works well as well and any areas for improvement in future presentations.

The purpose of this presentation is to review the fiscal year 2023 IPFQR Program measure data results.

By the end of this presentation, attendees will understand the fiscal year 2023 measure data results for the IPFQR Program.

So, let's jump right into a review of the measure results for fiscal year 2023 and prior years.

The Hospital-Based Inpatient Psychiatric Services, or HBIPS, core measure set is a specific set of measures developed and maintained by The Joint Commission for the inpatient psychiatric population.

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The HBIPS-2 and HBIPS-3 measures are event measures that are calculated at a rate per 1,000 patient hours. Lower values are indicative of better performance for both measures. This slide shows that, in fiscal year 2023, the average national rate of physical restraints and seclusion increased, compared to the national HBIPS-2 and HBIPS-3 rates, respectively, in fiscal year 2022. The HBIPS-2 measure evaluates the total number of hours that all patients admitted to the IPF are maintained in physical restraints, while the HBIPS-3 measure reports the total number of hours of seclusion use for all patients admitted to an IPF. For the fiscal year 2023 data submission period, a rate equal to or greater than 6 hours per 1,000 patient hours of care was considered a questionable rate that would require re-evaluation for the HBIPS-2 measure, while a rate equal to or greater than 5 hours per 1,000 patient hours of care was considered a questionable rate that would require re-evaluation for the HBIPS-3 measure. We believe that it is useful to also look at the medians for these measures, which we will see on the next slide.

The median values for both the HBIPS-2 and HBIPS-3 measures are much lower than the mean, or average, national rates. The median values for the hours of physical restraint for the HBIPS-2 measure in fiscal year 2023 was 0.05 per 1,000 patient hours. This is consistent with the median observed in the four years prior. The HBIPS-3 measure median values for the hours of seclusion use increased to 0.03 per 1,000 patient hours compared to the seven prior years. As with the average national rates, lower median rates for the HBIPS-2 and HBIPS-3 measures indicate better performance. Note that the median values on this slide will not be publicly reported, but we are sharing this information to provide a better understanding of the results reported for these two measures.

Unlike the HBIPS-2 and HBIPS-3 measures, the HBIPS-5 measure is calculated as a percentage. The HBIPS-5 measure assesses the percentage of patients that was discharged on multiple antipsychotic medications with appropriate justification. As you can see, the rate for this measure is nearly 62 percent for fiscal year 2023, which is almost two-percentage points lower than the rate for fiscal year 2022.

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Also displayed in the graph on this slide are the results for the Screening for Metabolic Disorders measure. This measure assesses the percentage of patients discharged with antipsychotics from an IPF for which a structured metabolic screening for four elements was completed in the past year. The measure results show that 77.34 percent of patients discharged with antipsychotic medications from an IPF received the complete metabolic screening as specified by the measure. That is nearly the same as the data reported for fiscal year 2022. Higher rates indicate better performance for both the HBIPS-5 and the Screening for Metabolic Disorders measures.

This slide displays national rates for the Substance Use measures. The Alcohol Use Brief Intervention Provided or Offered, or SUB-2 measure, as well as the subset, SUB-2a, measure, Substance Use Brief Intervention Provided During the Hospital Stay, both decreased in fiscal year 2023 compared to fiscal year 2022. For the SUB-3 measure, there was a slight increase in fiscal year 2023 compared to fiscal year 2022. However, the graph shows that the national rate for the subset measure, SUB-3a, in fiscal year 2023 decreased to nearly 62 percent compared to fiscal year 2022. This sub-set measure pertains to patients identified with alcohol or drug disorder who received a prescription for FDA-approved medications for alcohol or drug use disorder OR received a referral for addictions treatment. Higher rates for the SUB-2/-2a and SUB-3/-3a measures indicate better performance.

The Tobacco Use Treatment Provided or Offered, also known as the TOB-2 measure rate, as well as the subset, TOB-2a, measure rate, Tobacco Use Treatment Provided During the Hospital Stay, decreased in fiscal year 2023 compared to fiscal year 2022. Similarly, the TOB-3 measure, Tobacco Use Treatment Provided or Offered at Discharge, and the subset TOB-3a measure, Tobacco Use Treatment at Discharge, both decreased in fiscal year 2023 compared to fiscal year 2022. Higher rates for the TOB-2/-2a and TOB-3/-3a measures indicate better performance.

This slide displays national data for the measure pertaining to immunization during flu season, the Influenza Immunization Among Discharged Patients measure, known as IMM-2.

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Immunizations amongst patients decreased slightly in fiscal year 2023 compared to fiscal year 2022. Note that higher rates for the IMM-2 measure indicate better performance.

The Transition Record measure data displayed on this slide show a decrease to 66.72 percent of patients and/or their caregiver who received a transition record and a decline to 57.48 percent of transition records that were transmitted to the next level of care in a timely manner in fiscal year 2023 compared to fiscal year 2022. Higher rates for both measures indicate better performance.

The COVID-19 Vaccination Coverage Among Healthcare Professionals, or COVID HCP, measure data collected during Quarter 4 2021 were submitted to the National Healthcare Safety Network, or NHSN, by May 16, 2022, and transmitted to CMS. This graph shows that 81.87 percent of healthcare personnel who worked at least one day at an IPF were vaccinated for COVID-19.

The next few slides will display data for the three claims-based measures of the IPFQR Program. This bar graph represents the percentage of follow-up visits that occurred within 7 and 30 days, respectively, after hospitalization for mental illness, as calculated by CMS for fiscal year 2018 through fiscal year 2023. The follow-up rate remained roughly the same between fiscal year 2020 and fiscal year 2022 for both 7-day follow-up and 30-day follow-up. It then increased slightly for fiscal year 2023, which is good to see given that higher percentages indicate better performance for the Follow-Up After Hospitalization for Mental Illness measure.

This bar graph represents the percentage of IPF readmissions that occurred based on CMS' calculations for fiscal year 2019 through fiscal year 2023. The 30-Day All-Cause Unplanned Readmission Following Psychiatric Hospitalization in an IPF measure results show that approximately 20.1 percent of patients admitted to an inpatient psychiatric facility had an unplanned readmission within 30 days of discharge.

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This illustrates consistency across all five years that CMS has calculated this claims-based measure. Note that lower percentages indicate better performance for the IPF Readmission measure.

The third and final claims-based measure that we will review is the Medication Continuation Following Inpatient Psychiatric Discharge measure. This measure came in at just over 73 percent for fiscal year 2023, which is identical to the rate calculated in fiscal year 2022. Note that higher percentages indicate better performance for the Medication Continuation measure.

Next, I will briefly review some of the upcoming measure data reporting processes and deadlines.

As a reminder, IPFs collected the Timely Transmission of Transition Record measure data for the last time in calendar year 2021. Calendar year 2021 was also the last year that CMS calculated rates for the Follow-Up After Hospitalization for Mental Illness measure.

IPFs will continue to report monthly COVID HCP data in subsequent calendar years, which will impact the fiscal year payment determination two years in the future. For example, calendar year 2022 COVID HCP data, reported for January 1, 2022–December 31, 2022, will impact fiscal year 2024 payment determination, which is October 1, 2023–September 30, 2024.

CMS will calculate the claims-based Follow-Up After Psychiatric Hospitalization, or FAPH, measure for the fiscal year 2024 payment determination onward. The FAPH measure is an expanded and enhanced version of the Follow-Up After Hospitalization for Mental Illness measure that addresses the percentage of Medicare Fee for Service beneficiaries who were discharged from an IPF with a principal diagnosis of select mental illness or Substance Use Disorders, or SUDs, for which the patient received a follow-up visit for treatment of mental illness or SUD. FAPH is a claims-based measure and does not require chart-abstraction nor data entry on the part of the IPFs, nor their vendors.

Here is a list of acronyms that were referenced during this presentation.

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The next couple of slides include links to helpful resources.

CMS recommends that IPFs refer to the latest versions of IPFQR Program resources for information pertaining to the IPFQR Program. Various documents, including the IPF Specifications Manual, IPFQR Program Guide, and optional paper tools are available for download from the QualityNet and Quality Reporting Center websites. These can be accessed by clicking on the icons on this slide. The IPFQR Program Guide is a great place to start, as it provides an overview of the 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, updates, and other announcements. Information about upcoming webinars can be viewed by clicking on the Upcoming Webinars icon on this slide.

We encourage everyone to leverage the Find an Answer function in the QualityNet Q&A Tool to find information about program requirements and measures. 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 with questions regarding eligibility, next steps for a newly eligible provider, or notification that that an IPF is closed or will be closing. You can also contact the VIQR support contract team via phone at (866) 800-8765 or via secure fax at (877) 789-4443.

This concludes today's webinar titled, *IPFQR Program: FY 2023 Data Review*. As a reminder, you will have the opportunity to complete a survey at the end of this presentation. We value your feedback and welcome your suggestions regarding future presentations. Thank you for your time and attention.