Inpatient Psychiatric Facilities (IPF) Quality Reporting Program

Support Contractor

Keys to Successful FY 2016 Reporting

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

**July 15, 2015
1:00 p.m. ET**

Question 1:	When will we see the data for the FUH? Will there be a dry run?
Answer 1:	CMS expects to make the FUH measure rates available November or December 2015.
Question 2:	When will the HBIPS-2 data screen be fixed? It will not display the page.
Answer 2:	You must click the calculate button prior to the submit button, as described on slide 24.
Question 3:	Can data be changed after hitting the Submit button?
Answer 3:	Yes, you may change and submit your data prior to the August 15, 2015 deadline.
Question 4:	If we use an internal survey similar to what Press Ganey uses, is this acceptable?
Answer 4:	Yes. An internal survey patterned after the Press Ganey survey is acceptable.
Question 5:	What does interoperable health information mean?
Answer 5:	Interoperability is the ability of different information technology systems and software applications to communicate, exchange data, and use the information that has been exchanged.
Question 6:	For the EHR [measure], what is the definition of transition of care?
Answer 6:	The meaningful use definition of Transition of Care is "The movement of a patient from one setting of care (hospital, ambulatory primary care practice, ambulatory specialty care practice, long-term care, home health,

and rehabilitation facility) to another." Patient movement from one hospital department to another is not a care transition.

Question 7: Are there any requirements as to which standardized customer satisfaction surveys may be used?

Answer 7: No, there are not.

Question 8: If health information is printed or faxed from [an] EHR do we answer "No" to [the question] did the transfers of health information at times of transitions in care include the exchange of interoperable health information with a health information service provider (HISP)?

Answer 8: The second part of the EHR use measure is asking whether the facility has the EHR capabilities that include the exchange of interoperable health information with a HISP. If this capability exists, then answer "Yes."

Question 9: Can a vendor sign the DACA as in previous years?

Answer 9: No. While a vendor may submit data on a facility's behalf, the facility must sign their own DACA.

Question 10: On slide 30 in the EHR section, the first answer's wording [is] a bit confusing. Can you explain the phrase "not involving the transfer of health information using EHR"?

Answer 10: Of the three statements to which an IPF may attest, this option states that an EHR was not used to transfer health information during a transition in care.

Question 11: I am experiencing an error on QualityNet when I try to go back into HBIPS-2 and -3 and SUB-1 in order to print/change data. I did call and was told this is a known error. However, I do need to change data prior to August 15th. Will this error be fixed prior to the deadline?

Answer 11: We have folks working on this now, and you should be able to go back in and submit data by the end of the week. If you have not already, please submit a ticket with the QualityNet Help Desk with your difficulty. Thank you.

Question 12: If an incomplete version of the Press-Ganey survey is used, would this be acceptable?

Answer 12: A modified version of the HCAHPS survey is acceptable. Some of the questions on the inpatient patient satisfaction survey may not apply to IPF patients.

Question 13: Is there a resource list available for what counts as "standardized collection protocol and structured instrument" for Patient Experience of Care question?

Answer 13: By "standardized collection protocol" we mean that the administration of the instrument occurs under rules or guidelines that ensure or promote comparability of individual responses. By "structured instrument" we mean that oral or written questions constituting the instrument are the same for all respondents and follow consistent rules for administration. There is no list of recommended surveys.

Question 14: Can vendors submit data this year? I thought it was not an option last year.

Answer 14: Yes, authorized vendors may submit data, but cannot sign the DACA for a facility.

Question 15: For the EHR measure, does "at times of transitions in care" mean only our facility to another facility and not transition to an outpatient program or provider?

Answer 15: The meaningful use definition of Transition of Care is "The movement of a patient from one setting of care (hospital, ambulatory primary care practice, ambulatory specialty care practice, long-term care, home health, and rehabilitation facility) to another."

Question 16: We were collecting patient experience internally prior to August 2014 and then started using Press Ganey. Would we answer yes to the Patient Experience question?

Answer 16: Yes, as long as your facility had a structured survey and method for collecting the survey. The name of the survey collected on December 31, 2014 should be entered.

Question 17: EHR question 2: If the capability described was NOT used for the Psychiatry unit, but was used for non-Psychiatry units, would the response to Q2 be YES?

Answer 17: This measure is facility-specific. If the facility is capable of this transfer, then answer "Yes."

Question 18: If we transitioned to EHR in November, do we select paper option for EHR record since the majority of the year we were on paper?

Answer 18: No, select the option that reflects your facility's capability as of December 31 of the reporting year.

Question 19: In reference to slide 30, the second question. Can you please clarify what HISP is?

Answer 19: A health information service provider or HISP is an organization that specifically supports electronic health information exchange.

Question 20: Do we need to complete the Notice of Participation now if the hospital will not have an operating IPF until January 2016, which is in the middle of a reporting period?

Answer 20: The facility needs a CMS Certification Number (CCN) to file the Notice of Participation (NOP). If the IPF already has a CCN and the NOP is complete, then the facility should begin collecting measure data during the next full quarter, after the IPF NOP pledge is submitted.

Question 21: The Hospital Reporting Inpatient Psychiatric Facility Participation Report has no value in Rate per 1,000 patient hours and Percentage. I sent a query to QNET. Is there supposed to be a value listed such as a Zero?

Answer 21: Please submit this question using the Q and A tool on QualityNet, as additional information is needed to respond to this question.

Question 22: So the denominator is the sum of patient days for all cases that were abstracted into the HBIPS population for that quarter?

Answer 22: It is recommended that facilities use the tools on the website QualityReportingCenter.com to calculate the denominator for HBIPS-2 and HBIPS-3. To determine the denominator, Total Leave Days should be subtracted from the Total Number of Inpatient Days per age strata. If using the *QualityNet Secure Portal* to perform the calculation, then this value should be entered as the measure denominator in the *QualityNet Secure Portal*. Once the user clicks "Calculate," the system will complete the calculation. To do the calculation manually, multiply the measure denominator value (inpatient days minus leave days) by 24 hours. Divide this number by 1,000 hours to arrive at the final calculation.

Question 23: What approved options are available for this measure?

Answer 23: Please submit this question using the Q and A tool on QualityNet, as we are unsure which measure is being referenced.

Question 24: Do you have any samples of an Assessment of Patient Experience tool that could be shared with the group?

Answer 24: At this time, there is no list of recommended surveys.

Question 25:   Slides 23 and 27 refer to high rates that should be questioned. Is this for a single age category or overall?

Answer 25:   The values should be questionable, if they exceed the suggested rates in the age and overall categories.

Question 26:   Where can I find Inpatient specific surveys to routinely assess patient experience of care using a standardized collection protocol and a structured instrument?

Answer 26:   At this time, there is no list of recommended surveys. Some facilities have modified the HCAHPS survey for IPF use.

Question 27:   I think if N/A is calculated then no value is on the Participation report, is that correct?

Answer 27:   N/A will appear as a calculated result in the IPF Participation report when both the numerator and denominator are zero.

Question 28:   Is it considered a "critical error" if we have fewer than two contacts listed under the IPF Notice of Participation Contacts list? (If we see the note highlighted in red in the NOP Summary Table)

Answer 28:   No, it is not considered a critical error to have fewer than two contacts listed under Contacts in the *QualityNet Secure Portal*. We recommend that each facility enter contact information for at least two individuals at the facility who will be notified whenever a change is made to the Notice of Participation, Contacts, or Additional Campuses fields in the *QualityNet Secure Portal*.

Question 29:   The phone support number is that correct?

Answer 29:   The HIQR Support Contractor number is 844.472.4477 or 866.800.8765.

Question 30:   Can I get ONE logon for QualityNet if I enter information for several different behavioral health facilities?

Answer 30:   A vendor who is authorized to enter data for multiple facilities can have a single log in for the *QualityNet Secure Portal*.

Question 31:   Does the patient experience of care assessment have to be done for all discharges, including discharges to Acute Care and Skilled nursing homes?

Answer 31:   The measure used for the IPFQR program only asks whether the IPF routinely assesses the patient experience of care. It does not assess when or how the survey is administered.

Question 32: HBIPS-7 requires transmission of discharge plan of care for the most part we fax to the next level of care provider. How we can assure the fax number provider is meeting HIPAA regulation?

Answer 32: Your facility should have policies in place regarding sending patient information securely via fax.

Question 33: What do we do as far as evaluating experience of care for patients that have dementia and are from a nursing home?

Answer 33: The Patient Experience of Care measure assesses whether the IPF routinely assesses patient experience of care and is not dependent on individual patients. If your facility routinely administers a survey, answer "Yes" and provide the name of the survey that was used as of December 31 of the reporting period.

Question 34: So if we have the capability to exchange information as described (i.e., we do this for non-mental health units) but have decided to not use this capability for our Psych Units, do I then answer No?

Answer 34: The three options to answer the first question regarding the use of the electronic health record reference the facility, not the IPF. If your facility has the *capability* and most commonly exchanges health information using certified EHR technology, select the third option.

Question 35: Our Release of Information Department sends the Continuity of Care Documentation to the next level of care provider. Does this mean we answer "Yes" to this since this department manages security for PHI and exchanges data?

Answer 35: Please submit this question using the Q and A tool on QualityNet, as we are unsure which measure is being referenced.

Question 36: Regarding EHR in a general acute care hospital that has EHR certified under the ONC HIT and the facility at large uses HISP but the Psych unit prints from EHR but faxes do we answer yes on part two

Answer 36: If your facility has the capability and most commonly exchanges information using an HISP, answer "Yes."

Question 37: Can you explain again the two choices for HISP?

Answer 37: A Health Information Services Provider (HISP) manages security and transport for health information exchange among health care entities or individuals using the Direct standard for transport. HISP functions can be performed by existing organizations (such as EHR vendors or hospitals or

HIE organizations) or by standalone organizations specializing in security and transport of health information.