



Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program

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

IPFQR Program FY 2024 Data Review Presentation Transcript

Speaker

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**October 26, 2023
2:00 p.m. Eastern Time**

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Evette Robinson: Welcome to the presentation titled *IPFQR Program FY 2024 Data Review*. My name is Evette Robinson. I am the IPFQR Program Lead for the Inpatient Values, Incentives, and Quality Reporting, or VIQR, Support Contractor, and I will be the presenter for this event. Before diving into the webinar, I'll cover a few housekeeping items. First, 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. There you will find the presentation slides available for download. This webinar is being recorded, and the transcript, slides, and a recording of today's presentation will be posted to [QualityNet](#) at a later date. Secondly, we ask that you submit any questions pertinent to the webinar topic in the Q&A section. To do so, click on the question mark in a thought bubble on the right side of the screen. Any unanswered questions will be responded to and considered for publication in the [QualityNet Question and Answer Tool](#) at a later date. Questions received that are not related to the topic of the webinar will not be answered in the Q&A feature. 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. Finally, 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 as any areas for improvement in future presentations.

The purpose of this presentation is to review the fiscal year 2024 IPFQR Program measure data results.

By the end of this presentation, attendees will understand the fiscal year 2024 measure data results for the IPFQR Program.

So, let's jump right into a review of the measure results for fiscal year 2024 and prior years.

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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. The HBIPS-2 and HBIPS-3 measures are event measures that are calculated at a rate per 1000 patient hours. Lower values are indicative of better performance for both measures. This slide shows that, in fiscal year 2024, the average national rate of physical restraints and seclusion decreased, compared to the national HBIPS-2 and HBIPS-3 rates, respectively, in fiscal year 2023, which is indicative of better performance. 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 2024 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 4 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 you 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 2024 was 0.05 per 1,000 patient hours. This is consistent with the median observed in the five years prior. The HBIPS-3 measure median values for the hours of seclusion use decreased to 0.02 per 1,000 patient hours compared to fiscal year 2023, but it aligns with the median rate calculated in fiscal years 2016 through 2022. 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.

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The HBIPS-5 measure assesses the percentage of patients that were discharged on multiple antipsychotic medications with appropriate justification. As you can see, the rate for this measure decreased by more than 4 percentage points to 57.59 percent for fiscal year 2024, compared to the rate for fiscal year 2023, indicating a decline in performance. As noted in the fiscal year 2024 final rule that was recently published, this is the last year that IPFs reported the HBIPS-5 measure to the IPFQR Program. Therefore, it is appropriate for IPFs to discontinue collecting HBIPS-5 measure data as it will not be accepted for reporting during the summer 2024 submission period. Higher rates indicate better performance for the HBIPS-5 measure.

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 almost 79 percent of patients discharged with antipsychotic medications from an IPF received the complete metabolic screening as specified by the measure, which is an increase of more than 1.5 percentage points, compared to the data reported for fiscal year 2023. Higher rates indicate better performance for the Screening for Metabolic Disorders measure.

This slide and the next display the national rates for the Substance Use measure set. The national rate for the Alcohol Use Brief Intervention Provided or Offered, or SUB-2 measure, decreased in fiscal year 2024 compared to fiscal year 2023. This measure includes patients who screened positive for unhealthy alcohol use and either received or refused a brief intervention during the hospital stay. The subset SUB-2a measure, which only includes patients who received the substance use brief intervention during the hospital stay, increased by almost 18 percentage points in fiscal year 2024 compared to fiscal year 2023. Higher rates for the SUB-2/-2a measures indicate better performance.

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This slide displays national rates for the SUB-3 measure and the subset SUB-3a measure, which decreased in fiscal year 2024 compared to fiscal year 2023 for both. The SUB-3 measure reflects the percentage of patients identified with alcohol or drug disorder who received or refused at discharge a prescription for FDA-approved medications for alcohol or drug use disorder or who received or refused a referral for addictions treatment. The subset measure, SUB-3a, 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-3/-3a measures indicate better performance.

Next, let's take a look at the national rates for the Tobacco Treatment, or TOB, measure set. Starting with the Tobacco Use Treatment Provided or Offered, also known as the TOB-2 measure, we see that the rate decreased slightly for fiscal year 2024 compared to the national rate for fiscal year 2023. This measure includes patients identified as tobacco product users who received or refused practical counseling to quit and received or refused FDA-approved cessation medications during the hospital stay. The subset TOB-2a measure rate, Tobacco Use Treatment, increased by almost 1.5 percentage points in fiscal year 2024 compared to fiscal year 2023. This measure includes patients who received counseling and medication as well as patients who received counseling and had a reason for not receiving the medication during the hospital stay. Higher rates for the TOB-2/-2a measures indicate better performance. Note that IPFs reported data for the TOB-2 measure and the subset, TOB-2a, for the last time during the summer 2023 submission period. Per the fiscal year 2023 IPF PPS final rule, CMS will no longer collect TOB-2/-2a measure data for the IPFQR Program; therefore, it is appropriate for IPFs to discontinue abstracting for TOB-2 and TOB-2a given that the data will not be reported during the summer 2024 submission period.

The national rate for the TOB-3 measure, Tobacco Use Treatment Provided or Offered at Discharge, increased slightly for fiscal year 2024 compared to fiscal year 2023.

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This measure includes tobacco product users who were referred to or refused evidence-based outpatient counseling and received or refused a prescription for FDA-approved cessation medication upon discharge. The subset TOB-3a measure includes patients who were referred to evidence-based outpatient counseling and received a prescription for FDA-approved cessation medication upon discharge, as well as those patients who were referred to outpatient counseling and had a reason for not receiving a prescription for medication. The national rate for the TOB-3a measure decreased by more than 2 percentage points in fiscal year 2024 compared to fiscal year 2023. Higher rates for the TOB-3/-3a measures indicate better performance.

This slide displays national data for the IMM-2 measure, which describes influenza immunization among discharged patients during the influenza season, from October through March of the following year. This measure pertains to inpatient discharges who were screened for influenza vaccine status and were vaccinated prior to discharge, if indicated. Immunizations among patients increased to 77.29 percent for fiscal year 2024 compared to fiscal year 2023, reversing the downward trend observed in prior years. Note that higher rates for the IMM-2 measure indicate better performance.

The Transition Record with Specified Elements Received by Discharged Patients, or TR-1, measure data displayed on this slide show a decrease to 61.66 percent of patients and/or their caregiver who received a transition record during calendar year 2022, for fiscal year 2024 reporting, compared to the TR-1 measure data collected for calendar year 2021 discharges for fiscal year 2023 reporting. Higher rates for this measure indicate better performance.

The COVID HCP measure data collected during calendar year 2022 were submitted to the National Healthcare Safety Network, or NHSN, by the quarterly deadlines listed on this slide and transmitted to CMS.

The image on this slide displays the COVID HCP measure data collected starting the fourth quarter of 2021 through the four quarters of calendar year 2022 that were transmitted to CMS.

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This graph shows a steady increase in the percentage of healthcare personnel who worked at least one day at an IPF and who were vaccinated for COVID-19.

The next few slides will display data for the three claims-based measures of the IPFQR Program. As a reminder, claims-based measures are calculated by CMS and do not require chart-abstraction nor data entry on the part of the IPFs nor their vendors. The first claims-based measure we'll review is the Follow-Up After Psychiatric Hospitalization, or FAPH, measure. This is the first year that CMS calculated this measure, and it 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. The image on this slide includes the national rates for follow-up visits that occurred within seven and 30 days after hospitalization, respectively, for both the FUH and FAPH measures. The purpose of including the FUH measure calculated rates for fiscal years 2018 through 2023 is to illustrate the remarkable improvement in follow-up rates within seven and 30 days for the FAPH measure for fiscal year 2024. The follow-up rate for the FAPH measure within 30 days of discharge was higher compared to the seven-day follow-up rate, which is to be expected as it allows additional time for follow-up to occur.

This bar graph represents the percentage of IPF readmissions that occurred based on CMS calculations for fiscal year 2019 through fiscal year 2024. The 30-Day All-Cause Unplanned Readmission Following Psychiatric Hospitalization in an IPF measure results show that approximately 19.6 percent of patients admitted to an inpatient psychiatric facility had an unplanned readmission within 30 days of discharge. This decrease from 20.1 percent the previous year indicates better performance for the IPF Readmission measure.

The third and final claims-based measure that we will review is Medication Continuation Following Inpatient Psychiatric Discharge.

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This measure came in at just over 76 percent for fiscal year 2024, which is the highest rate calculated for this measure since it was first reported in fiscal year 2021. 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 HBIPS-5 and TOB-2/-2a measure data for the last time in calendar year 2022. IPFs will not report any calendar year 2023 HBIPS-5 and TOB-2/-2a measure data to the IPFQR Program during the summer 2024 submission period.

IPFs will continue to collect and report monthly COVID HCP data by the quarterly deadlines listed on this slide. The reported data will impact the fiscal year payment determination two years in the future. For example, calendar year 2023 COVID HCP data collected from January 1, 2023, through December 31, 2023, will impact the fiscal year 2025 payment determination, which is from October 1, 2024, through September 30, 2025.

During the recent submission period, we received several inquiries from providers regarding the status of their COVID HCP measure data submission, as well as reasons why they may have received a notification prior to one of the quarterly deadlines that CMS had not yet received their COVID HCP measure data. There are two reports in the *HQR Secure Portal* that include information about the COVID HCP measure data. In the IPF Provider Participation Report, you will find the submission status for the COVID HCP measure by quarter. In the IPF Facility, State, and National, or FSN, Report, you will find the measure numerator, denominator, and rate values. as well as the date of the most recent data file that CMS received from the CDC containing COVID HCP measure data. If you have any questions about how to access and interpret these reports, then we recommend reviewing the IPFQR Program PPR Reference Guide and the IPFQR Program FSN Reference Guide.

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You can download those from the [QualityNet IPFQR Program Resources](#) webpage, using the first link on this slide. We also received inquiries from providers regarding why their COVID HCP measure data do not appear in the IPF PPR and FSN Reports that they downloaded from the *HQR Secure Portal*. While there are several possible reasons, the two most common issues we identified in the most recent submission period involve the registration status of the facility in NHSN and the component in which data were submitted in the NHSN system. Specifically, all free-standing IPFs must be enrolled as facility type Hosp-Psych, while IPF units that are part of a larger facility must be mapped as a location of the parent facility. If you have any questions related to how your facility is enrolled in the NHSN system, or have any questions about properly submitting data in the NHSN system, then we suggest that you refer to the webinar titled *Enrolling in the CDC's NHSN and Reporting COVID-19 HCP Data* for additional guidance. You can access the webinar materials, including the webinar slides, recording, and transcript by clicking the second link on this slide.

As described in a previous webinar, CMS adopted four new measures, all of which are listed on this slide and will be addressed in more detail in upcoming webinars. Notification emails will be distributed to the IPFQR Program Listserve as these educational webinar events are scheduled.

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

The next couple of slides include links to helpful resources.

CMS recommends that IPFs refer to the latest versions of IPFQR Program resources to stay up to date on program requirements. 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. Those can be accessed by clicking on the icons on this slide. The IPFQR Program Guide is a great place to start, as it highlights the keys to successfully participate in the IPFQR Program.

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Has there been any turnover at your facility within the last several months? If so, then we want to hear from you! You can let us know about any changes to points of contact at your facility by clicking the Contact Change Form link on this slide and sending the information to us by following the instructions on the form. Would you like to receive email communications about future IPFQR Program webinars, program updates, resources, and other announcements? Then, we invite you to sign up for the IPFQR Program Listserve by clicking on the Listserve Registration icon on this slide. Another way to find information about upcoming webinars is to click on the Upcoming Webinars icon on this slide. When you have a general question about the IPFQR Program or need clarification about any of the program measures, be sure to leverage the Find an Answer function in the QualityNet Q&A Tool. If you do not see a published article in the Q&A tool related to your question, then you can submit your inquiry to us via the Q&A tool. You can access it by selecting the Q&A Tool icon. The best way to reach us when you have questions specifically about IPFQR Program eligibility, such as next steps for a newly-eligible provider or to notify us that an IPF is closed or will be closing, is via email. Just click on the Email Support icon to send an email to us regarding eligibility updates. Finally, 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 2024 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.