Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program

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

IPFQR Program:
FY 2024 Review of IPF-Specific Reports
for Claims-Based Measures
Presentation Transcript

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Inpatient Value, Incentives, and Quality Reporting (VIQR)
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Evette Robinson: Welcome to today's presentation, titled *IPFQR Program: Review of FY 2024 IPF-Specific Reports for Claims-Based Measures*. My name is Evette Robinson, and I am the IPFQR Program Lead for the Inpatient Value, Incentives, and Quality Reporting, or VIQR, Support Contractor, and I will be the moderator for today's event. Before I introduce today's speaker, I will review a couple of 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 web page 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, and 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 Questions and Answers 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, 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. Joining me as our guest speaker for today's webinar is Laura McDermott. Laura is on the Measure Maintenance and Implementation team for the Behavioral Health Measures Development and Inpatient and Outpatient Measure Maintenance contract between CMS and Mathematica. They lead measure maintenance activities for the claims-based measures and, most recently, led the development of the ISR templates and user guides. At this time, I will turn the presentation over to our speaker, Laura McDermott.

Laura McDermott: Thank you, Evette. As with fiscal year 2023, CMS will again provide facilities with reports for their IPFQR Program claims-based measures, or CBMs, prior to public reporting for FY 2024.

IPF-Specific Reports, or ISRs, are confidential and allow facilities to preview their results before the results are made public. ISRs provide additional information to facilities, which is not available to the public, to help inform quality improvement activities.

FAPH, which has replaced FUH, was added to the IPFQR Program in July 2021, and it was first publicly reported in January 2023. FY 2024 public reporting has a performance period of July 1, 2021, through June 30, 2022. IPF Readmission was added to the program in August 2016, and it was first publicly reported in February 2019. FY 2023 public reporting will use Version 5.0 of the measure, which has a performance period of July 1, 2020, through June 30, 2022. MedCont was added to the program in August 2019, and it was first publicly reported in 2021. FY 2023 public reporting will use Version 3.0 of the measure, which has a performance period of July 1, 2020, through June 30, 2022. The performance period for all three measures represents the span of time in which a discharge must occur to be included in the measure.

In early 2023, CMS decided to stratify the IPF Readmission measure by dual eligibility status. As will be discussed later in the presentation, the ISR for the IPF Readmission measure now includes a Dual Eligible Within-Hospital tab and a Dual Eligible Across-Hospitals tab. Additionally, CMS decided to replace the FUH measure with FAPH because it is more broadly applicable to a larger patient population.

The purpose of today's webinar is to provide the IPF community with ways to access and use FY 2024 ISRs and supporting documents for the FAPH, MedCont, and IPF Readmission measures. At the end of this webinar, attendees will understand how to access their FY 2024 ISRs and supporting documents, as well as how to interpret FAPH, MedCont, and IPF Readmission ISRs.

Let's begin by reviewing how to access the ISRs and supporting documents.

ISRs can now be downloaded directly from the Hospital Quality Reporting, also known as the HQR system, using your HARP account. First, you will log in to the HQR system using your HARP username and password. If you do not have a HARP account, you may visit harp.cms.gov to register for a HARP ID.

Next, to locate your ISR, select Program Reporting on the left-hand menu. Then, select Claims-based measures.

On the next screen, you will want to select 2023 as the release year to view the FY 2024 ISRs. Then in the Program drop-down menu, select IPFQR. This will populate the reports available in the Report drop-down. Under Report, you can view a list of ISR files available for download. As indicated on the slide, under Report, when IPFQR is selected, you will see three drop-down options. The first option, labeled IPFQR, is the report for FY 2024. The IPFQR Readmission and IPFQR Readmission Disparity drop-down options are geared towards the rerun back in January 2023 that was requested by the program. Additionally, ISRs can be exported in either CSV or Excel.

All three of the claims-based measures under the ISR User Guides, which I will discuss in the coming sections of this presentation, can be found on QualityNet, along with mock ISRs. The mock ISRs are ISRs with fictitious data at the facility level and real data at the state and national level.

In the next several slides, we'll take a look at the IPF-Specific Report for the FAPH measure.

FAPH assesses the percentage of IPF hospitalizations for treatment of select mental health and/or substance use disorders that were followed by an outpatient mental health or substance use disorder encounter. There are two rates that are reported, the percentage of discharges for which the patient received follow-up within 7 days of discharge and the percentage of discharges for which the patient received follow-up within 30 days of discharge.

Your FAPH ISR will be an Excel workbook with five worksheets, and I will go over each of these. The information in Worksheet 2, labeled Publicly Reported, is the only information that will be publicly reported.

The Summary worksheet provides general information on the measure, links to resources, and information on your facility. Before reviewing the report, please check that the name of your IPF and CMS Certification Number, also known as CCN are accurate, and be sure to contact the CCSQ Service Center if you notice any discrepancies. I do want to point out that if the IPF is part of an acute care, critical access, or long-term care hospital, then the CCN will be 6-digits, all numeric, because the HQR system does not recognize the alpha-numeric version of an IPF CCN.

This worksheet contains information that will be publicly reported in CMS's Provider Data Catalog in January 2024. The data you see on this slide are fictitious for the purpose of demonstration. If your facility has a denominator of 10 or fewer, your results will not be publicly reported. You will see your facility's denominator, as well as your facility's 7- and 30-day rates. You will also see the 7- and 30-day rates across your state and nationwide. Please refer to the ISR user guide for more information on this worksheet and those that follow.

This worksheet provides the nationwide distribution of facility-level 7- and 30-day IPF FAPH rates. The final column provides your facility's percentile by each of the two rates. In this example, the facility's 7-day rate is as good as or better than 95 percent of the facilities in the nation with at least 11 denominator cases.

This worksheet provides information on the types of patients by diagnosis discharged from your facility and facilities nationwide. In this example, Row 3 tells us that this facility had 307 patients discharged with mood disorders during the measurement period, which accounted for 53 percent of hospitalizations at this facility during that time. We also see the 7- and 30-day rates for this facility only including those patients discharged with mood disorders. The national-level information is in the bottom half of the table, as seen in Row 16.

This worksheet provides information on all discharges eligible for inclusion in the measure from your facility during the measurement period. Please contact the CCSQ Service Center if you identify any rows with provider IDs in the second column that are not for your facility. The provider ID is the CMS Certification Number of the discharging IPF.

Now let's take a look at the ISR for the IPF Readmission measure in more detail.

The IPF Readmission measure estimates an all-cause, unplanned, 30-day, risk-standardized, readmission rate for adult Medicare Fee for Service patients with a principal discharge diagnosis of a psychiatric disorder, dementia, or Alzheimer's disease.

Your IPF Readmission ISR will be an Excel workbook with 13 worksheets, and I will go over each of these. The information in Worksheet 2, labelled Publicly Reported, is the only information that will be publicly reported.

The Summary worksheet provides general information on the measure, links to resources, and information on your facility. Before reviewing the report, please check that the name of your IPF and CMS Certification Number are accurate, and be sure to contact the CCSQ Service Center if you notice any discrepancies. Similar to FAPH, if the IPF is part of an acute care, critical access, or long-term care hospital, then the CCN will be 6-digits, all numeric because the HQR system does not recognize the alpha-numeric version of IPF CCNs.

This worksheet contains information that will be publicly reported on CMS's Provider Data Catalog in January 2024. You will see your facility's comparative performance category, which will be Worse Than, No Different From, or Better than the National Rate. If your facility has fewer than 25 cases eligible for the measure, you will see N/A in Row 6, and your results will not be publicly reported.

If the national observed unplanned readmission rate is within the range of your facility's lower and upper limits of the 95 percent interval estimate, then your facility will be categorized as No Different than the National Rate.

Facility rates for each IPF are estimated from the results of a hierarchical logistic regression model that accounts for the mix of cases represented in the index admissions for each IPF during the measurement period. A standardized risk ratio, or SRR, for each IPF is calculated as the predicted number of readmissions for a specific IPF, divided by the number expected for any IPF with a similar case mix. The SRR is then used to calculate the risk-standardized readmission rate, also known as the RSRR, by multiplying the SRR by the national readmission rate.

The RSRR and corresponding 95 percent interval estimate is calculated for each IPF. Measure performance is categorized as Better than the National Rate, No Different than the National Rate, Worse than the National Rate, or Number of Cases Too Small. Performance is based on the overlap of the IPF's 95 percent interval estimate with the observed national readmission rate. This figure shows the results of the three example facilities. Facility A has a 95 percent interval estimate that is better than the national rate of 20.1. Facility B has an interval estimate that runs over the national rate, and thus is no different than the national rate. Facility C has an interval estimate that is worse than the national rate.

This worksheet provides the number of facilities in each performance category at the state and national level, including the number of those that had too few cases.

This worksheet shows how your RSRR was calculated. In this example, the total number of unplanned readmissions, which is 204, would be divided by the number of index admissions, 728, to arrive at the observed unplanned readmission rate, which is 28.0 percent. This number would then be divided by your SRR, 1.18 here, to arrive at your RSRR.

Because the national rate of 20.1 percent falls below the lower limit of this fictitious facility's 95 percent interval estimate, this facility performed worse than the national rate.

This worksheet provides the distribution of facility-level observed and risk-standardized, readmission rates nationwide. Rows 7 and 9 show your facility's percentile rank for the observed and risk-standardized readmission rates. Because lower rates are better, in this example, the facility's observed unplanned readmission rate is equivalent to or worse than 93 percent of facilities nationwide. The facility's RSRR is equivalent to or worse than 89 percent of facilities nationwide.

This worksheet provides information on the types of patients by diagnosis discharged from your facility and facilities nationwide. In this example, which uses fictitious data, we see that this facility had nine patients discharged with alcohol-related disorders during the measurement period, which accounted for 8.9 percent of hospitalizations at this facility during that time. We also see that 44.4 percent of these individuals were readmitted within 30 days and that 33.3 percent were readmitted with the same principal diagnosis. The national-level information is in the bottom half of the table. A value of NQ in a cell indicates that the facility had no qualifying cases for this diagnosis classification.

This worksheet shows what type of facility patients were readmitted to, both at your facility and nationwide. You will see the total number of 30-day unplanned readmissions, the count and percent of unplanned readmissions that returned to the discharging facility, and the count and percent of unplanned readmissions that occurred at another facility. Rows 16 through 18 show whether individuals were readmitted to another IPF or an acute care hospital.

This worksheet shows how many patients were readmitted more than once during the measurement period. You will see the number of eligible index admissions and readmissions and the number of beneficiaries with an eligible index admission or readmission.

In the example, there are fewer beneficiaries than eligible index admissions or readmissions because beneficiaries can have multiple eligible index admissions during the measurement period. The counts and percentages of beneficiaries with only one readmission during the measurement period are provided in Rows 12 and 13. The counts and percentages of beneficiaries with two or more readmissions are provided in Rows 14 and 15.

This worksheet shows the top 10 CCS principal discharge diagnoses for readmissions following discharges from your facility and facilities nationwide. In the example, the facility had a higher percentage of readmissions related to alcohol disorder than facilities nationwide. When considered with the information from Worksheet 6, this could be because the facility treats a higher percentage of patients with alcohol disorder than are treated by IPFs nationwide.

This worksheet compares facility-level risk factor prevalence to national risk factor prevalence. Patient risk factor categories include gender, age, principal discharge diagnosis of the index admission, comorbidities, and other psychiatric-specific risk factors. In this example, the facility has a higher percentage of index admissions for patients between the ages of 18 and 34 than the national measure population. This facility does not have any qualifying index admissions for patients with principal discharge diagnoses of impulse control disorders during the measurement period, which is indicated by NQ in the Facility Discharges column.

This worksheet summarizes the facility-level performance on the within-hospital disparity method applied for patients who are dually eligible for Medicare and Medicaid. The performance information includes the facility's comparative performance, rate difference, average predicted readmission rate, total number of readmissions, and total number of eligible discharges. The facility results are reported as rate differences between patients who are dually eligible compared to patients who are not dually eligible. As noted in Row 8, this facility has a reported rate difference of -0.63 percent.

Rate differences above 0 percent indicate worse outcomes for dually eligible beneficiaries, and rate differences below 0 percent indicate better outcomes.

This worksheet summarizes the facility-level performance on the across-hospital disparity method applied for dually eligible patients. Similar to our last slide, the performance information for this worksheet includes the facility's comparative performance, rate difference, average predicted readmission rate, total number of readmissions, and the total number of eligible discharges. Additionally, facility results are reported as rate differences between patients who are dually eligible, compared to patients who are not.

This worksheet provides information on all discharges eligible for inclusion in the measure from your facility during the measurement period. The figure on this slide does not include every column in this table.

In the next several slides, we'll take a look at the IPF-Specific Report for the MedCont measure.

MedCont assesses whether psychiatric patients admitted to an IPF) for Major Depressive Disorder, schizophrenia, or bipolar disorder filled a prescription for evidence-based medication within two days prior to discharge and 30 days post-discharge.

As we saw for the FAPH measure, your MedCont ISR will be an Excel workbook with five worksheets. Again, the information in Worksheet 2, labelled Publicly Reported, is the only information that will be publicly reported.

The summary worksheet provides general information on the measure, links to resources, and information on your facility. Before reviewing the report, please check that the name of your IPF and CMS Certification Number are accurate, and be sure to contact the CCSQ Service Center if you notice any discrepancies.

Similarly, if the IPF is part of an acute care, critical access, or long-term care hospital, then the CCN will be six digits, all numeric, because the HQR system does not recognize the alpha-numeric version of IPF CCNs.

This worksheet contains information that will be publicly reported in CMS's Provider Data Catalog in January 2024. The data you see on this slide are fictitious for demonstration purposes. If your facility has a denominator of 10 or fewer, your results will not be publicly reported. You will see your facility's denominator, as well as your facility's rate. You will also see the rates across your state and nationwide. Please refer to the ISR user guide for more information on this worksheet and those that follow.

This worksheet provides the nationwide distribution of MedCont rates. The final column provides your facility's percentile. In this example, the facility's MedCont rate is as good as or better than 100 percent of the facilities in the nation with at least 75 denominator cases.

This worksheet provides information on the types of patients by diagnosis discharged from your facility and facilities nationwide. In this example, we see that 26.1 percent of all IPF hospitalizations nationwide have a principal discharge diagnosis of bipolar disorder. Of the hospitalizations for bipolar disorder nationwide, the MedCont rate was 73.5 percent. This means that 73.5 percent of patients discharged from an IPF with a principal diagnosis of bipolar disorder during the measurement period filled a prescription for evidence-based medication within two days prior to discharge and 30 days post-discharge.

This worksheet provides information on all discharges eligible for inclusion in the measure from your facility during the measurement period. Please contact the CCSQ Service Center if you identify any rows with provider IDs in the second column that are not for your facility.

On this slide you can see a list of the acronyms that may have been referenced during the presentation.

	This concludes my portion of today's webinar. I will now turn the presentation back over to Evette.
Evette Robinson:	I want to thank our guest speaker for today's presentation, Laura McDermott, for providing a great review of the ISRs for the IPFQR Program claims-based measures. In the next several slides. I will review helpful resources pertaining to this topic, as well as the IPFQR Program in general.

The specifications for the FAPH, Medication Continuation, and IPF Readmission measures are on QualityNet, as is the quick reference guide, which includes information on the confidential review period and contact information. These resources are also available for download from the Quality Reporting Center IPFQR Program Resources and Tools web page. You can find those links on this slide.

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, which 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.

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.

**Inpatient Value, Incentives, and Quality Reporting (VIQR)
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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, which you can access by selecting the Q&A Tool icon. The best way to reach us when you have questions about IPFQR Program eligibility, such as the 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 the content portion of today's webinar titled, *IPFQR Program: Review of FY 2024 IPF-Specific Reports for Claims-Based Measures*. Thank you for your time and attention.