Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program

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

IPFQR Program: FY 2025 IPF PPS Proposed Rule Presentation Transcript

Speaker

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Lisa Vinson: Welcome to today's presentation titled, *IPFQR Program: FY 2025 IPF PPS Proposed Rule*. My name is Lisa Vinson, and I am the Interim IPFQR Program Lead for the Inpatient Value, Incentives, and Quality Reporting, or VIQR, Support Contractor. I will be one of the speakers for today's event. As the title indicates, we will be discussing the fiscal year 2025 IPF PPS proposed rule. Please note that today's event is specific for participants in the IPFQR Program. 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 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, and there you will find the presentation slides available for download. Secondly, 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. Lastly, if you have questions unrelated to the current webinar topic, we recommend searching for the topic in the QualityNet Question and Answer Tool. If you do not find a similar topic, feel free to use the tool to submit a new question. The QualityNet Question and Answer Tool can be accessed via the QualityNet homepage, under the Help header.

I would now like to introduce and welcome our guest speaker for today's presentation, Kaleigh Emerson. Kaleigh is the Program Lead for the Inpatient Psychiatric Facility Quality Reporting Program at CMS within the Quality Measurement and Value-Based Incentives Group and Center for Clinical Standards and Quality. On our next slide, we will discuss the question and answer limitations for today's event.

Questions can be submitted via the Question function; however, please be mindful that questions submitted pertaining to this event have limitations. The limitations include CMS only addressing procedural questions about the comment submission process. CMS is not able to address any rule-related questions.

Later during this presentation, I will be reviewing the comment submission process, and CMS looks forward to receiving your formal comments on the proposed rule.

This presentation will summarize the proposed updates to the IPFQR Program, as outlined in the fiscal year 2025 IPF PPS proposed rule.

By the end of this presentation, attendees will understand the fiscal year 2025 IPF PPS proposed rule's proposed changes to the IPFQR Program and know how to submit a public comment. At this time, I will turn the presentation over to Kaleigh. Kaleigh, the floor is yours.

Kaleigh Emerson: Thank you, Lisa. The next few slides will include an overview of the purpose and rationale of the proposed changes to the IPFQR Program.

Publication of the proposed rule enables CMS to inform IPFQR Program participants about intended modifications to the program, solicit public comment on proposed changes, and provide ample time for IPFs to prepare for potential program changes.

CMS has proposed one measure for adoption, the 30-Day Risk-Standardized All-Cause Emergency Department Visit Following an IPF Discharge measure, also called the IPF ED Visit measure, beginning with the calendar year 2025 performance period/fiscal year 2027 payment Determination.

The proposed rule includes one administrative proposal related to data reporting requirements. IPFs are currently required to submit all patient-level data for measures in the IPFQR Program once per year. CMS is proposing to change this requirement to have IPFs submit data, instead, on a quarterly basis.

The proposed rule includes a Request for Information in which CMS solicits comments with the goal of engaging the public to identify meaningful data elements for collection that are appropriate for the IPF setting, as well as potential criteria for development and implementation of the instrument.

I would now like to provide an overview of the measure CMS has proposed for adoption.

The IPF ED Visit measure would provide information on the percent of patients discharged from the IPF who visit an emergency department within 30 days of their discharge, without a subsequent readmission. It would complement the 30-Day All-Cause Unplanned Readmission Following Psychiatric Hospitalization in an IPF measure, which is already in the program. Post-discharge outcomes are an important part of CMS' measurement strategy because long-term outcomes, including reduced incidence of readmissions and other post-discharge acute services, are improved by patient-centered discharge planning and coordination of care for patients with mental health conditions and substance use disorders. By proactively addressing potential barriers to post-discharge care, improving patient experience of care and patient-centeredness, and implementing care transition models, IPFs can reduce the need for post-discharge acute care.

The IPFQR Program currently has three measures that assess post-discharge outcomes: the Follow-up After Psychiatric Hospitalization measure; the Medication Continuation Following Inpatient Psychiatric Discharge measure; and the 30-Day All-Cause Unplanned Readmission Following Psychiatric Hospitalization in an IPF, also called the IPF Unplanned Readmission Measure.

The Follow-up After Psychiatric Hospitalization and Medication Continuation measures do not quantify patient outcomes with respect to use of acute care services post-discharge. The IPF Unplanned Readmission measure does not quantify the proportion of patients 18 and older with an ED visit without subsequent admission within 30 days of discharge from an IPF. Therefore, there is a gap in understanding regarding patients' successful reintegration into their communities following their IPF discharge.

CMS recognizes that not all post-discharge ED visits are preventable, nor are all post-discharge ED visits associated with the initial IPF admission.

However, CMS is proposing to adopt an all-cause ED visit measure, as opposed to a more narrowly focused measure of ED admissions for mental health or substance use concerns, for several reasons. First, such a measure aligns most closely with the IPF Unplanned Readmission measure, as this measure is also an all-cause measure. Second, an all-cause measure emphasizes the importance of whole-person care for patients. Whole-person care, during the inpatient stay and through referral at discharge, includes addressing the conditions that may jeopardize a patient's health, but they are not the reason for admission to the IPF, if the IPF has reason to identify these conditions during the course of treatment. For example, if an IPF were to identify through metabolic screening that a patient has diabetes, it would be appropriate for that IPF to recommend appropriate follow-up for that patient, such as with a primary care provider, endocrinologist, or dietician. Third, this measure includes ED visits for all conditions because patients visiting the ED may do so for physical symptoms associated with a mental health condition or substance use disorder. An example is a patient with anxiety that presents to the ED with chest pain and shortness of breath. If the clinician documents the primary diagnosis as chest pain, the patient would not be included in a mental health and substance use-specific IPF ED Visit measure, despite their history of anxiety, a potential contributor to their presenting symptoms at the ED. We recognize that it is possible that such a visit may not be related to the patient's anxiety. However, while not all acute care visits after discharge from an IPF are preventable or necessarily related to the quality of care provided by the IPF, there is evidence that improvements in the quality of care for patients in the IPF setting can reduce rates of patients seeking acute care after discharge from an IPF, representing an improved outcome for patients.

CMS' objective in selecting quality measures for the IPFQR Program is to balance the need for information on the full spectrum of care delivery and the need to minimize the burden of data collection and reporting. CMS' priorities in selecting quality measures are outlined in the CMS National Quality Strategy, CMS Behavioral Health Strategy, Meaningful Measures Framework 2.0, and the Framework for Health Equity.

In alignment with the National Quality Strategy goals, the IPF ED Visit measure supports engagement, outcomes, and alignment. The measure provides a quantified estimate of one post-discharge outcome that patients may experience, that is a post-discharge acute care visit that does not result in an admission. The Meaningful Measures 2.0 Framework is a CMS initiative that identifies priority domains for measures within CMS programs. The IPF ED Visit measure addresses the Seamless Care Coordination and the Person-Centered Care quality domains by encouraging facilities to provide patient-centric discharge planning and support post-discharge care transitions. This measure also supports the Behavioral Health Strategy domains of Quality of Care and Equity and Engagement because engaging patients to improve post-discharge outcomes is an element of providing quality care.

The focus population for this measure is adult Medicare Fee for Service patients with a discharge from an IPF. This measure is based on all eligible index admissions from this population, which is defined as meeting the following criteria: age 18 or older at time of admission; discharged alive from an IPF; enrolled in Medicare Fee for Service Parts A and B during the 12 months before the admission date, the month of admission, and at least one month after the month of discharge from the index admission; and discharged with a principal diagnosis that indicates a psychiatric disorder.

Excluded from the measure are patients discharged against medical advice from the IPF index admission because the IPF may not have had the opportunity to conduct full discharge planning for these patients; patients with unreliable data regarding death demographics or a combination thereof in their claims record because these data are unreliable, and they may lead to inaccuracies in the measure calculation; patients who expired during the IPF stay because post-discharge care is not applicable to these patients; patients with a discharge resulting in a transfer to another care facility because the receiving care facility would be responsible for discharge planning for these patients; and patients discharged but readmitted within three days of discharge, also known as an interrupted stay.

This is because interrupted stays are often reflective of patient needs outside of the IPF, such as treatment for another condition.

To calculate the measure, CMS would use the following data sources which are all available from Medicare administrative records and data submitted by providers through the claims process: Medicare beneficiary and coverage files, which provide information on patient demographic, enrollment, and vital status information to identify the measure population and certain risk factors; Medicare Fee for Service Part A records, which contain final action claims submitted by acute care and critical access hospitals, IPFs, home health agencies, and skilled nursing facilities to identify the measure population, readmissions, and certain risk factors; and Medicare Fee for Service Part B records, which contain final action claims submitted by physicians, physician assistants, clinical social workers, nurse practitioners, and other outpatient providers to identify certain risk factors. To ensure that diagnoses result from encounters with providers trained to establish diagnoses, this measure would not use claims for services such as laboratory tests, medical supplies, or other ambulatory services.

To calculate the IPF ED Visit measure, CMS would identify all IPF admissions in the one-year performance period; apply inclusion and exclusion criteria to identify index admissions; identify ED visits and observation stays within 30 days of discharge from each index admission; identify risk factors in the 12 months prior to index admission and during the index admission; and run hierarchical logistic regression to compute the risk-standardized ED visit rate for each IPF. This hierarchical logistic regression would allow us to apply the risk-adjustment factors developed in measure testing to ensure that measure results are comparable across IPFs regardless of the clinical complexity of each IPF's patient population.

CMS proposes a reporting period beginning with data from the calendar year 2025 performance period/fiscal year 2027 payment determination year. Because all files used to calculate the IPF ED Visit measure are available on Medicare claims, this measure requires no additional data collection or submission by IPFs.

The next few slides present the IPFQR Program measures for fiscal year 2027.

This table, which has been split between this slide and the next, provides the fiscal year 2027 IPFQR Program measures. If the IPF ED Visit measure is adopted, the fiscal year 2027 IPFQR Program would include 16 mandatory measures and one voluntary measure.

The table on this slide is the continuation of the measures for fiscal year 2027.

Next, I will present the proposed modification to data submission requirements.

As CMS has gained experience with patient-level data submission for the IPFQR Program during the voluntary data submission period for fiscal year 2023 and the first mandatory data submission period for fiscal year 2024, CMS observed that annual data submission periods require IPFs to store large volumes of patient data to prepare for transmission to CMS. Furthermore, the volume of data associated with all IPFs reporting a full year of patient-level data during one data submission period creates the risk that systems will be unable to handle the volume of data. CMS reviewed how other quality reporting programs that require patient-level data submission address these concerns and determined that both the Hospital Inpatient Quality Reporting Program and the Hospital Outpatient Quality Reporting Program require quarterly submission of patient-level data. CMS believes this proposal would reduce operational burden for IPFs. Also, having additional data points from additional quarters of data could allow for more nuanced analyses of the IPFQR Program's measures. Specifically, CMS would be able to better identify quarterly highs or lows that may be less apparent when data are combined over a full year. CMS recognizes that if data reporting requirements are updated to require reporting four times per year instead of once per year, then IPFs would need to meet four incremental deadlines instead of one deadline, and that this increases the risk that an individual IPF may fail to submit data specified for the measures and not receive its full market basket update.

However, CMS believes that this risk is low because IPFs already have experience submitting some data required by the IPFQR Program on a more frequent basis.

If this proposal for quarterly data submission is finalized, data submission for each calendar quarter would be required during a period of at least 45 days beginning three months after the end of the calendar quarter. This table summarizes the proposed deadlines for the calendar year 2025 and calendar year 2026 performance periods. All data which continue to be reported on an annual basis, non-measure data, aggregate measures, and attestations, would be required to be reported concurrently with the data from the fourth quarter of the applicable year.

I would now like to give a brief overview of the Request for Information regarding the IPF Patient Assessment Instrument, also called IPF-PAI.

The Consolidated Appropriations Act of 2023 requires IPFs to collect and submit standardized patient assessment data on specified categories. IPFs must submit data from the patient assessments completed during, at least, admission to and discharge from the IPF. This data will enable CMS to propose future revisions to the IPF PPS that would more accurately pay for care, monitor quality, and assess for disparities in behavioral health care.

The IPF-PAI must collect standardized patient assessment data for each of the six categories that are outlined in the Consolidated Appropriations Act of 2023: functional status; cognitive function and mental status; special services, treatments, and interventions; Medical conditions and comorbidities; impairments; and other categories deemed appropriate.

In developing the goals and guiding principles for the IPF-PAI, CMS will consider similar legislatively derived patient assessment instruments previously implemented for certain post-acute care providers, such as the Inpatient Rehabilitation Facility Patient Assessment Instrument. CMS also seeks to balance the need to collect meaningful patient data to improve care with the need to minimize administrative burden.

In this proposed rule, CMS is requesting information from the public to inform the selection of Standardized Patient Assessment Data Elements to be collected on the IPF–PAI and to inform the implementation process. CMS seeks information about patient assessment instruments that IPFs currently use at admission and discharge, as well as information about how IPFs estimate resource needs to determine capacity before a patient is admitted. CMS also seeks information about methods for IPFs to submit patient assessment data and the potential administrative burden. Finally, CMS seeks input on the relationship between the IPF-PAI and the measures within the IPFQR Program.

CMS seeks to collect information that will help improve care in IPFs, improve the accuracy of the IPF PPS, and improve health equity. Please refer to the proposed rule for more details about the IPF Patient Assessment Instrument. That concludes the overview of the measure proposed for adoption, proposed modification to data submission requirements, and the Request for Information. I will now pass the presentation to Lisa.

Lisa Vinson: Thank you, Kaleigh. We appreciate you taking the time to review this information with us today. Now, I would like to draw your attention to CMS' request for public comment.

The fiscal year 2025 IPF PPS proposed rule is available at the *Federal Register* website and can be accessed by clicking on the link on this slide. CMS will accept comments on the proposed rule and input on the Request for Information until Tuesday, May 28.

If you would like to submit a comment electronically, you may do so by navigating to the proposed rule page in the *Federal Register* and selecting the green button labeled Submit a Formal Comment as displayed by the image at the top of the slide in the first sub-bullet. Another option would be by clicking the hyperlink on this slide, which is the second sub-bullet, which will direct you to the comment page on the Regulations.gov website.

On this page you will see the proposed rule image, as displayed on this slide. From there, you will need to select the Comment button, as denoted by the red box. Please refer to the *Federal Register* for additional information about other methods to submit comments, such as by mail.

Now we will review some helpful resources.

This slide displays a list of the acronyms that were referenced during this presentation.

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 this 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, please be sure to leverage the Find an Answer function in the QualityNet Question and Answer Tool. If you do not see a published article in the question-and-answer tool related to your question, then you can submit your inquiry to us via the question-and-answer tool, which you can access by selecting the Q&A Tool icon on this slide.

The best way to reach us when you have a question 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. Please remember that comments regarding the fiscal year 2025 IPF PPS proposed rule are due by Tuesday, May 28. You can refer to slide 36 of this presentation to review information on how to formally submit an electronic comment. Thank you for your time and attention, and we hope you enjoy the remainder of your day.