Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program

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

Overview of IPFQR Program Resources, Part 2

Presentation Transcript

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June 2022

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Evette Robinson: Hello! My name is Evette Robinson. I am the IPFQR Program Lead for the VIQR Support Contractor, and I am happy to present this On Demand presentation titled, *Overview of IPFQR Program Resources, Part 2*.

Part 1 of this webinar series included a review of the various resources available for download from the QualityNet IPFQR Program Resources web page.

The purpose of Part 2 of this series is to help participants navigate the QualityNet website to locate the *Specifications Manual for National Inpatient Psychiatric Facility Quality Measures,* heretofore referred to as the IPF Specifications Manual, and answer several commonly asked questions related to the manual.

By the end of this presentation attendees will be able to locate the IPF Specifications Manual and leverage its contents to optimize success in the IPFQR Program.

If you have any questions pertinent to the webinar topic, please send an email to WebinarQuestions@hsag.com. Write "IPF Program Resources, Part 2" in the subject line. If your question pertains to a specific slide, include the slide number in the body of the email.

Let's begin with a review of how you can access the IPF Specifications Manual on QualityNet.

There are a few ways to access the IPF Specifications Manual. The simplest way is via the URL provided on this slide. We recommend that you bookmark this in your browser for future reference. To access the manual from the QualityNet home page, you will first click on the Inpatient Psychiatric Facilities button indicated by the red box on this slide.

This brings you to the IPF Overview page, where you can click on the blue button labeled IPF Specifications Manual to access the latest version. In Part 1 of this webinar series, we demonstrated how you can also access the manual from the IPFQR Program Resources web page, so we will not review that again in this presentation.

Alternatively, if you scroll to the bottom of the IPF Overview web page you will find another option, which is to click on the blue Learn More button.

When you click the Learn More button at the bottom of the IPF Overview web page, you will come to the IPFQR Overview web page, where you can access the latest version of the IPF Specifications Manual under Key Documents on the right side of the web page.

So, let's dive into the IPF Specifications Manual and commonly asked questions.

When you arrive on the Inpatient Psychiatric Facility Specifications Manuals web page, you will see the most recently published version of the manual. A ZIP folder containing the complete manual and the associated Release Notes document can be downloaded from the table near the top of the page. You can access prior versions from the menu on the left side of the screen. For the purposes of this presentation all content will focus on version 1.0a of the IPF Specifications Manual, as it is the version relevant to those who chose to voluntarily submit patient-level data during the upcoming summer 2022 submission period.

When you download and open the ZIP folder, you will see three files: the IPF Specifications Manual in a PDF file and two Excel files, the clinical data XML file layout and the non-measure XML file layout.

Rather than review each section of the IPF Specifications Manual, page by page…

Or by every row of the XML file layout spreadsheets...

This presentation will address several questions that CMS has received from IPFQR Program stakeholders since the publication of the first IPF Specifications Manual. Along the way, I will include information on where to find relevant guidance in the manual and/or published in articles of the QualityNet Q&A Tool.

One of the first questions we received after the publication of the IPF Specifications Manual was, "Why isn't there an IPFQR Program Manual after version 7.0a?" Due to CMS' decision to transition from aggregate to patient-level reporting of measure data for the IPFQR Program per the FY 2022 IPF PPS Final Rule, which you can access by clicking on the link on this slide, CMS decided to discontinue producing the IPFQR Program Manual. Instead, CMS created the IPF Specifications Manual and several supporting resources to be used going forward. These documents are modeled after those used by the Hospital Inpatient Quality Reporting, or IQR, Program.

How will I know when a new version of the manual is available for download? CMS communicates the availability of the IPF Specifications Manual, as well as other program resources and updates, to subscribers of the IPFQR Program Listserve. We recommend that you sign up for the IPFQR Program Listserve, if you have not already, by clicking on the link on this slide to ensure that you receive timely communications.

What changed from the previous version to the current version of the IPF Specifications Manual? A Release Notes document is posted each time a new version of the manual is published. Where possible, the document includes the page number where information was added or changed. The document also states when information was removed. You can download the Release Notes document from the QualityNet Inpatient Psychiatric Facility Specifications Manuals web page using the link on this slide.

Why are specifications about the Timely Transmission of Transition Record, or TR-2, measure in the manual for calendar year 2022 discharges if the measure was discontinued after calendar year 2021? In anticipation of this question, CMS included a footnote on page 87 of the IPF Specifications Manual, version 1.0a. Footnote 2 states, "Eligible IPFs will collect Timely Transmission of Transition Record (TR-2) measure data through December 31, 2021, and report the data to CMS for the IPFQR Program for the last time during the summer 2022 data submission period.

This IPF Specifications Manual provides guidance for calendar year 2022 discharges; however, this measure is included because it is the only resource available to providers who choose to voluntarily report TR-2 measure data at the patient-level during the summer of 2022." While we are on the topic of the transition record measures, we will address several questions about these measures in the next several slides.

How do I abstract for the Transition Record measures if the patient has multiple admissions to the IPF, and the visits are combined into one encounter? A transition record must be created for each discharge from the IPF and abstracted accordingly, not based on how the patient encounters are billed. This information is addressed in the Episode of Care section on page 7 of the IPF Specifications Manual, which states: "For the Transition Record measures, abstract each discharge from the IPF separately, regardless of whether the patient was discharged from the IPF to home, to another unit within the same facility, or to a different inpatient facility. If a patient is transferred from an IPF unit to another IPF unit within the same healthcare system, and the IPF units share the same CCN, this should be abstracted as one episode of care." You can also refer to the published article KB0017308, accessible from the link on this slide, for additional guidance. Throughout this presentation you will see links to articles that start with the letters KB, which stands for Knowledge Base.

Where can I find a complete list of the 11 data elements that must be in the transition record? The 11 data elements that must be included in the transition record are listed on this slide. As a side note, one of the updates to the recently published version 1.1 of the IPF Specifications Manual is the inclusion of this list of 11 required data elements in the *Notes for Abstraction for the Transition Record Discussed and Provided* data element, as well as the numerator statement table in the Measure Information Form and Flowchart (Algorithm) TR section of the manual. See the Release Notes, version 1.1, for more details.

Another commonly asked question is regarding documentation that meets the 11 required data elements that exists across multiple documents.

For example, "Our After-Visit Summary (AVS) and discharge summary together include all 11 data elements. Can the transition record be multiple documents?" The answer is no because the transition record must be clearly identifiable as a single document containing all 11 data elements. The transition record can be multiple pages long but, if one or more elements is missing from the transition record–even though the information may be available elsewhere in the patient's medical record, such as via the patient portal or may be provided to the patient as a separate document–the transition record is considered incomplete, and the case will not be included in the numerator for the Transition Record measures. This slide includes links to a few published articles about this topic.

Now, let's review some questions that are specific to the required data elements. For instance, "Must the contact person for the 24-hour/7-day contact information, including *Physician for Emergencies Related to Inpatient Stay* data element, be a physician? Refer to the definition of the 24-hour/7-day contact information, including *Physician for Emergencies Related to Inpatient Stay* data element, on pages 16 and 146 of the IPF Specifications Manual, which states that it is appropriate to abstract "Y (Yes)" when the transition record includes documentation regarding the "physician, health care team member, or other health care personnel who has access to medical records and other information concerning the inpatient stay and who could be contacted regarding emergencies related to the stay." In other words, if the instructions documented in the transition record are sufficient to direct the patient and/or caregiver to contact the discharging IPF unit to reach someone "who has access to medical records and other information concerning the inpatient stay and who could be contacted regarding emergencies related to the stay," then it is appropriate to abstract Yes for the 24-hour/7-day contact information, including the *Physician for Emergencies Related to Inpatient Stay* data element.

We receive variations of the following question about the *Transition Record Discussed and Provided* data element quite often. For example, "Our hospital uses a signature page to indicate the transition record was discussed with and provided to the patient and/or caregiver. What should

we abstract if they refuse to sign?" The answer is that signatures are not required and do not indicate in and of themselves whether the transition record was discussed with and provided to the patient, the patient's caregiver, or both. If there is documentation anywhere in the medical record indicating that the transition record was discussed with and provided to the patient or the patient's caregiver at discharge, then it is acceptable to abstract Value "1 Transition record was discussed with and provided to the patient and/or caregiver at discharge" for the *Transition Record Discussed and Provided* data element, as described on page 71 of the IPF Specifications Manual, version 1.0a. If there is no such documentation in the medical record and the patient or the patient's caregiver did not sign the signature page, then abstract Value "3 Transition record was not discussed with and/or provided to the patient and/or caregiver at discharge or Unable to Determine (UTD) from the medical record documentation" for the *Transition Record Discussed and Provided* data element. This topic is addressed in article KB0017249, which you can access via the link on this slide.

Regarding the *Four Elements Discussed with Receiving Inpatient Facility* data element, several abstractors have asked, "Does the transmission of all 11 elements in the transition record to the inpatient facility satisfy the measure, or does the transition record have to be verbally discussed with the receiving facility?" There are multiple articles about this topic, which you can access in the QualityNet Q&A Tool by clicking the links on this slide. If a patient is discharged from an IPF to an inpatient facility, then the *Four Elements Discussed with Receiving Inpatient Facility* data element must be met. Documentation of verbal communication regarding the four elements (at a minimum), is required to abstract Yes as defined for the *Four Elements Discussed with Receiving Inpatient Facility* data element on page 38 of the IPF Specifications Manual. The discussion can occur during a verbal report when the patient transitions to a medical floor, for example, or by phone to the receiving inpatient facility.

This is a commonly asked question about the *Major Procedures and Tests Performed During Inpatient Stay and Summary of Results* data element.

"When tests were completed during the IPF stay, do the results need to be documented in the transition record, or is a blanket statement that the results were discussed with the patient and/or caregiver sufficient?" The answer is that a blanket statement is not sufficient. Documentation of the specific noteworthy test or tests performed, and the results of those tests in the transition record, is required to abstract Yes for the *Major Procedures and Tests Performed During Inpatient Stay and Summary of Results* data element, unless there is documentation that none were performed during the IPF stay. Refer to the second bullet in the Notes for Abstraction for this data element on page 44 of the IPF Specifications Manual, version 1.0a, which states: "The name and results of noteworthy procedures and tests performed during the IPF stay must be documented to meet this element, if applicable." Also, note the following abstraction guidance on page 9 of the IPF specifications manual: "The medical record must be abstracted as documented, taken at "face value." Information should not be added after the fact and assumptions should not be made to meet a measure. Documentation is not to be added at the time of abstraction to ensure the passing of measures for the IPFQR Program. When the value documented is obviously in error (not a valid format/range or outside of the parameters for the data element) and no other documentation is found that provides this information, the abstractor should select Unable to Determine, or UTD."

What if the patient's active problem list is documented in the transition record? Is this sufficient to abstract Yes) for the *Principal Diagnosis at Discharge* data element? No. Refer to the second bullet in the Notes for Abstraction for the *Principal Diagnosis at Discharge* data element on page 63 of the IPF Specifications Manual, version 1.0a, which states: "The principal diagnosis must be clearly identified in the transition record to meet this data element. A problem list cannot be used to meet this element."

If the discharge diagnosis list is numbered, but there is no distinguishing principal diagnosis, will this meet the *Principal Diagnosis at Discharge* data element?

Again, the answer is no. Again, refer to the second bullet in the Notes for Abstraction for the *Principal Diagnosis at Discharge* data element. Page 62 of the IPF Specifications Manual states: "The principal diagnosis must be clearly identified in the transition record to meet this data element." Listing more than one diagnosis under "Principal Diagnosis" in the transition record introduces ambiguity as to which one is the final principal diagnosis and thereby would not meet this data element. If the transition record clearly labels the final principal diagnosis at discharge and lists only one diagnosis under that label, regardless of other diagnoses listed elsewhere in the transition record), then the *Principal Diagnosis at Discharge* data element is met. If, when abstracting, there is ambiguity or doubt as to whether a data element is met, then abstract No for the data element.

Several stakeholders have submitted questions about the *IPF Discharge Disposition* data element, which I will address in the next few slides. What types of facilities meet Value "1 Home" for the *IPF Discharge Disposition* data element? If the patient was discharged to a place where the patient will no longer receive inpatient-level healthcare services, such as a home residence or homeless shelter, then it is appropriate to abstract Value "1 Home" for the *IPF Discharge Disposition* data element.

What types of facilities meet Value "2 Inpatient Facility" for the *IPF Discharge Disposition* data element? To determine whether the patient was discharged to an inpatient facility, refer to the second bullet in the Notes for Abstraction for the *IPF Discharge Disposition* data element on page 40, which states: "If the patient is discharged to a location where the patient will receive inpatient-level health care services, then abstract Value '2 Inpatient Facility'." A few examples, though not inclusive, are included in the definition of the term "inpatient facility" on page 150 of the manual, which states "hospital inpatient or observation, skilled nursing facility, rehabilitation facility, or IPF."

To abstract Value 3 for the *IPF Discharge Disposition* data element, how can I tell if a patient discontinued care?

It is appropriate to abstract Value 3 for the *IPF Discharge Disposition* data element when there is documentation in the medical record that the patient died, left against medical advice, or discontinued care. Per the definition of the term "discontinued care" on page 149 of the IPF Specifications Manual, it "includes elopement and failure to return from leave," both of which are described in the definition. Refer to the link on this slide for additional information.

We receive quite a few questions about the *Advance Directives or Surrogate Decision Maker Documented OR Documented Reason for Not Providing Advance Care Plan* data element, including questions regarding states or age groups for whom advance directives may not be enforceable. For example, "Advance directives are not enforceable in my state. Is documentation of the law sufficient to meet the data element?" No. This is because the psychiatric and non-psychiatric, or medical, advance directives or the designation of a surrogate decision maker can still be completed, even if it is not enforceable. This is applicable for pediatric and adult patients alike. We encourage you to review the articles referenced on this slide for additional guidance.

Does the surrogate decision maker need to be identified by first and last name to meet the data element? There are no format requirements for the name of the surrogate decision maker. Per the last sentence in the definition of the term "surrogate decision maker" on page 154 of the IPF Specifications Manual, "The surrogate decision maker must be identified in the transition record by name and telephone number." Documentation of a descriptor and first name, such as "daughter Sue," and the surrogate decision maker's contact number would meet this requirement. Ideally, the surrogate decision maker would be identified by first and last name in the transition record to reduce or avoid confusion, particularly if the patient and the surrogate decision maker share the same or similar names, but the inclusion of the telephone number is also important to ensure that the person can be contacted.

Another data element for which we receive several questions on a regular basis is the *Reason for IPF Admission* data element.

Many would like to know: What do I need to document to meet the *Reason for IPF Admission* data element? Is there an inclusion and exclusion list of terms for the data element? To abstract Yes for the *Reason for IPF Admission* data element, the transition record must include documentation that states how the patient came to be admitted to the IPF or why the patient was admitted to the IPF and the triggering or precipitating event that led to IPF admission, if applicable. Examples of how the patient was admitted include the patient was self-admitted, was brought in by a family member, was transported by police, or was admitted through the ER. Documentation regarding why the patient was admitted would include the behaviors and symptoms that led to IPF admission. A triggering event should be included if there was one. In the absence of a triggering event, a clear description of how and/or why the patient was admitted is sufficient to abstract Yes for the *Reason for IPF Admission* data element.

Many times, we receive requests for a specific example of documentation that will meet the *Reason for IPF Admission* data element and inquiries as to whether documentation of "Danger to self" is sufficient to abstract Yes for the *Reason for IPF Admission* data element. Specific examples are provided in the Notes for Abstraction for the *Reason for IPF Admission* data element on page 64 of the IPF Specifications Manual, version 1.0a. The sample documentation demonstrates how an IPF can succinctly include all the information that is most useful for this data element. Documentation of "danger to self" is too vague, but it can be conveyed with more precision, as shown in the following example from page 64 of the manual: "Jane Doe was admitted with a 2-month history of an increasingly depressed mood, difficulty sleeping, and suicidal thoughts with a plan to take an overdose. Recent events include poor adherence with antidepressant treatment, becoming homeless, and conflict with family that led them to contact police."

Some will say, "I reviewed the specifications and the Notes for Abstraction for the *Reason for IPF Admission* data element, but can you help me understand how to determine if the documentation is sufficient?"

This slide breaks down how the first example provided on page 64 of the IPF Specifications Manual, which was included on the previous slide, meets the *Reason for IPF Admission* data element. The documentation explains why the patient was admitted, including a description of the patient's behaviors and symptoms that led to the patient's admission. It was specifically due to "increasingly depressed mood, difficulty sleeping, and suicidal thoughts with a plan to take an overdose". It also states how the patient came to the IPF, the circumstances of the admission. In this case, the patient was brought in by police. Finally, it addresses the triggering, or precipitating, events that led to why the patient was admitted to the IPF, namely "poor adherence with antidepressant treatment, becoming homeless, and conflict with family."

What about documentation of "Needs detox; psychosis or thought disorder"? Is this sufficient to meet the *Reason for IPF Admission* data element? No, the documentation provided does not meet the *Reason for IPF Admission* data element. The documentation is missing a clear description of how and/or why the patient was admitted to the IPF. Documentation of "psychosis or thought disorder" is not sufficient per the last sentence in the definition of the data element: "A diagnosis or a list of symptoms alone is not sufficient." Also, documentation of "needs detox" is too vague. Additional detail around how the patient came to the IPF, for example, through self-admission or brought in by a family member; the behaviors that led to admission, such as the patient expressed auditory and visual hallucinations to family member; and a description of the triggering event, such as the patient attempted detox from heroin, would meet the data element.

The last few commonly asked questions in this webinar pertain to preparation for the voluntary period of patient-level reporting of IPFQR Program chart-abstracted measures. For example, "Are separate XML files required for each episode of care?" The answer is yes. We recommend that you refer to the guidance provided on page 107 in the IPF Specifications Manual, version 1.0a, which states, "Each case must have a separate XML file."

Exceptions pertaining to the Transition Record and HBIPS event measures are also described on this page. For the Transition Record measures, each discharge from the IPF must be abstracted as a separate episode of care, not based on how the inpatient stay was billed. This is regardless of whether the patient was discharged from the IPF to home, to another unit within the same facility, or to a different inpatient facility. Regarding the HBIPS-2 and HBIPS-3 event measures, if a patient has multiple events, specific patient identifiers must match for each event record transmitted.

Can a ZIP folder containing 15,000 XML files be uploaded into the HQR system? Yes, a single zip folder containing 15,000 XML files for the reporting period will be acceptable.

When will the calendar year 2023 specifications be available? Version 1.1 of the IPF Specifications Manual, which is effective January 1, 2023, posted to the QualityNet website on May 27, 2022.

This slide includes images that display the updated layout for the manual going forward. Similar to the style in which the IQR manual is published, the IPF Specifications manual as a whole and the associated Release Notes document will continue to be published in a table near the top of the web page, and the remainder of the page will provide the opportunity to download each section of the manual separately.

You may be wondering, “What is next?”

Here is a list of a few of the upcoming webinar topics, including Part 3 of this webinar series, which you can access On Demand. CMS will send email notifications about the remaining educational webinar events to subscribers of the IPFQR Program Listserve.

Now, let’s review some helpful resources.

Here are the acronyms addressed in this webinar.

CMS recommends that IPFs refer to the latest version of IPFQR Program resources located on the QualityNet and Quality Reporting Center websites. You can access these resources by clicking on the icons on this slide.

As always, 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. Please note that the Contact Change Form was recently updated and includes a link to a Provider Contact Lookup Form. If you would like more information about the updated form, please refer to Part 1 of this webinar series for step-by-step instructions. 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, program updates, and other announcements. Information about upcoming webinars can be viewed by clicking on the Upcoming Webinars icon. We encourage everyone to leverage the Find an Answer function in the QualityNet Q&A Tool to find information about program requirements and measures, or, 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 at IPFQualityReporting@hsag.com regarding eligibility, such as next steps for a newly-eligible provider or notification that an IPF is closed or will be closing. Contact the VIQR support contractor via phone at (866) 800-8765 or secure fax at (877) 789-4443. As a reminder, we welcome any questions you have about this webinar. You can send an email to WebinarQuestions@hsag.com. Put "IPF Program Resources, Part 2" in the subject line. If your question pertains to a specific slide, we ask that you include the slide number in the body of the email.

This concludes the On Demand webinar titled *Overview of IPFQR Program Resources, Part 2*. Thank you for your time and attention!