

NRI Response to the FY2019 CMS IPFQR Measures Under Consideration

In December 2015, CMS announced three measures under consideration for the Inpatient Psychiatric Facility Quality Reporting (IPFQR) program. The measures, if adopted, would go into effect for the FY2019 payment determination (reporting period January – December 2017). The final rule is expected to be released in August 2016 via the Federal Register.

There was a short public comment period in early December 2015 for the Measures Under Consideration. The comments that NRI submitted are listed below.

Proposed measure: SUB-3 Alcohol & Other Drug Use Disorder Treatment Provided or Offered at Discharge

Proposed measure: SUB-3a Alcohol & Other Drug Use Disorder Treatment Provided at Discharge

The measure is a logical extension to the SUB 1 and 2/2a measures for patients with alcohol use disorders. For these individuals, continuation of their treatment for unhealthy alcohol use after their hospital stay is recommended to reduce the relapse rate of patients during care transitions.

The SUB 3/3a measures include patients with drug use disorders listed on the ICD-10 code inclusion tables at discharge, which differs from SUB1 and SUB 2/2a. The denominator for SUB-3 measures (patients with alcohol or drug disorders) will be greater than the numerator for SUB-1 (patients with an alcohol disorder) because it includes patients who received an ICD-10 diagnosis of alcohol or drug use during their stay, as well as those screened with a non-validated tool which indicated unhealthy alcohol use. The disconnect in patients included in the SUB 1 and SUB3 measures makes it more complicated to understand the size of the population in need of these services. It is important to keep in mind that one reason that these measures are reported publically is to help patients make decisions about where to get their health care. Keeping measures harmonious makes the results easier for the public to understand.

Calculation of the SUB3/3a measures rely, in part, on ICD-10 procedure codes for alcohol or drug services. We have been informed by some of our facilities that they do not bill based on procedure codes since Medicare pays facilities based on the IPF PPS. Therefore, IPFs do not track drug or alcohol procedure codes in their systems.

In summary, given the high rate of patients in inpatient psychiatric care who have co-occurring alcohol and/or other drug abuse and dependence, we support the inclusion of the SUB3-3a measures to monitor continuity of care for alcohol/drug disorders after discharge.

Proposed measure: **Thirty-day all-cause unplanned readmission following psychiatric hospitalization in an Inpatient Psychiatric Facility (IPF)**

It is unclear from the List of Measures Under Consideration if the 30-day all-cause unplanned readmission measure is a Medicare claims-based measure. It appears that the psychiatric hospital would be responsible for ensuring patients are enrolled in both Part A and B Medicare at the time of discharge and for 30 days after discharge. Hospitals would not have a way of knowing where patients are readmitted after discharge.

We do not believe an “all-cause” readmission measure appropriately reflects the level of responsibility of inpatient psychiatric hospitals. After a patient is discharged from an IPF, their improved psychiatric state may allow them insights into their medical needs, leading them to seek medical treatment. An admission for medical reasons may be an appropriate action to tend to a patient’s medical needs, and would not be a reflection of inadequate psychiatric care. A re-admission for medical reasons can be identified from paid Medicare claims, and therefore excluded from the measure.

Psychiatric readmission is a measure commonly used by psychiatric facilities; however, it is limited to psychiatric reasons for readmission to the same facility. This is an area of accountability that has been acceptable to psychiatric facilities, readmission being interpreted as lack of readiness of the patient for discharge, unavailability of appropriate community supports, or patient follow-through.

NRI does not support an all-cause readmission measure as appropriate for the IPFQR. A more appropriate measure would be limited to re-admission to IPF setting.

About NRI: NRI is a private, not-for-profit 501(c)(3) organization that ascertains and distributes information, data, and performance measures about public and private behavioral health service delivery systems for the education of the public generally, and for the education and training of public behavioral health administrators. NRI has national and state-level information on over seven million consumers served by each state’s behavioral health systems each year and collects data on the more than \$38 billion expended financing these services. NRI evaluates these data on national, state, and regional levels to help states better plan, budget, and evaluate the delivery of their services.

NRI’s **Behavioral Healthcare Performance Measurement System (BHPMS)** provides nearly 200 psychiatric facilities in 51 states and territories with comprehensive quality improvement and analytic services. The BHPMS is an approved ORYX® vendor for The Joint Commission and submits data to CMS’ IPFQR program on behalf of its member facilities.