



TECHNICAL NOTES

MONTHLY NEWSLETTER

BEHAVIORAL HEALTHCARE PERFORMANCE MEASUREMENT SYSTEM

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NOTE FROM THE DIRECTOR

Happy New Year! This January issue of *Technical Notes* summarizes plans for the year ahead and highlights activities of interest to psychiatric hospitals in relation to federal and national initiatives in performance measurement and quality improvement. Please share this issue with colleagues at the facility and other interested parties.

There are several areas of interest that NRI continues to monitor for their implications on facilities. The major focus of the past year was the expanded requirements for Inpatient Psychiatric Facilities to report quality measures to the Centers for Medicare and Medicaid Services (CMS). We anticipate CMS will continue to add new measures each year, using the same process as in the past. NRI monitors announcements for measures under consideration and the federal registers. We incorporate these notices in our Technical Notes and educational sessions, and provide written response to CMS. NRI will continue to work with psychiatric facilities to optimize the use of these reporting requirements for improvements in patient care.

Additional areas of interest include updates from The Joint Commission, advancement of electronic health records, implementation of ICD-10, and learnings from previous use of measures. For The Joint Commission, psychiatric facilities must report only the HBIPS

measures. The Joint Commission continues to encourage a focus on data quality issues and quality improvement initiatives. NRI will continue to center efforts through targeted data-driven reports and technical papers to assist facilities with evaluating and improving data integrity.

I continue to serve on the technical advisory panel for The Joint Commission for HBIPS. I have submitted an application to serve on the technical expert panel for CMS for the IPFQR program under the new support contractor. My years of experience with HBIPS and other performance measures and working with over 200 psychiatric facilities will guide my input into the technical and clinical implications of future measures.

A major goal of the BHPMS project is to assist facilities in utilizing the vast array of performance measure data available to evaluate and improve the services provided. Personal service is at the forefront of our mission. The newsletters, educational webinars, and topical reports are a few of the models we use for technical assistance. Please feel free to contact me or any of the staff with feedback and suggestions on how our services can better meet your needs.

Regards,

Lucille Schacht, Director

REMINDER:

3Q2014 Data are due for transmission to The Joint Commission in January.

BHPMS ANNUAL REVIEW: USER ACCESS

Facility Primary Contacts should review and update the current list of account users. To access the list, log into the secure BHPMS website and retrieve the User Listing Report - Facility from the User Functions/Monthly Processing Page, in the Enrollment Information list. Please notify us if there are any inactive accounts by faxing the report to (703) 738-8185.

CMS UPDATES

CMS Public Preview Reports

CMS has enabled the public preview reports for Psychiatric Facilities to review prior to the public release in April. The preview reports are available from **December 31, 2014 through January 29, 2015**. The preview reports include data for 2Q2013 - 4Q2013 for the HBIPS measures. Facilities will see their rates, plus state and national rates for all measures. Psychiatric facilities should take this opportunity to review their data prior to the public release. Public release will occur on both the Hospital Compare website and at: <https://data.medicare.gov>.

Psychiatric facilities can access the preview report through the secure Quality Net portal. Once logged in, select the "Run Reports" from the "My Reports" drop-down, then proceed with the following steps:

- In the "Report Program" drop-down, select "IPFQR"
- In the "Report Category" drop-down, select "Public Reporting – Preview Reports"
- Click the "View Reports" button. A list of reports will be displayed below
- Under the heading "Report Name," select "Public Reporting – Preview Reports"
- Select [Run Reports]. (This puts the report into a queue.)

To review the report, select the "Search Reports" tab. The report requested will

display as well as the report status. A green check mark will display in the "Status" column when the report is complete. Once complete, the report can be viewed or downloaded using the icons at the far right.

Please note that in order to run the report, users must either be the Security Administrator or have the role "File Exchange and Search." Issues with Quality Net access should be reported to the QualityNet Help Desk by email to qnetssupport@sdps.org. Issues with the report content should be reported to the IPFQR Support Contractor at 866-800-8765 or at IPFQualityReporting@HCQIS.org. The Support Contractor has also posted a News link for the Hospital Compare Preview Reports with a quick reference guide (<https://www.qualitynet.org>).

CMS Measures Under Consideration – Public Comment Period

In late December, CMS released the measures under consideration for the FY 2018 payment determination (PD). NRI submitted formal comments on behalf of our member facilities. The proposed rule for the updates to the Inpatient Psychiatric Facility Quality Reporting (IPFQR) program will be released in April, with the final rule being released in August. Public comments are encouraged during each of these phases.

The FY 2018 PD measure data will represent January to December 2016 discharges and events. All measures previously required will continue to be

QUALITY NET SECURITY ADMINISTRATOR REMINDER

All Inpatient Psychiatric Facilities should ensure an active Security Administrator account at Quality Net in order to stay in compliance with the IPFQR program requirements. Security Administrators should log into the secure Quality Net portal at least monthly to maintain an active account. It is best practice to have at least two accounts, a primary and backup administrator to ensure access is maintained. If your primary administrator leaves, the facility is responsible for ensuring an alternate user has been granted access.

CMS UPDATES (CON'T)

required. The four measures under consideration are listed below along with their NQF measure identification number.

E0647 Transition Record with Specified Elements Received by Discharged Patients (Discharges from an Inpatient Facility to Home/Self Care or Any Other Site of Care)

E0648 Timely Transmission of Transition Record (Discharges from an Inpatient Facility to Home/Self Care or Any Other Site of Care)

E1656 TOB-3 Tobacco Use Treatment Provided or Offered at Discharge AND TOB-3a Tobacco Use Treatment at Discharge

E1663 SUB-2 Alcohol Use Brief Intervention Provided or Offered AND SUB-2a Alcohol Use Brief Intervention Received

Public comment on this phase ends JANUARY 13, 2015 at 6 pm eastern. To review the measures and provide public comment, access the materials at: <http://www.qualityforum.org/MUC.aspx>

THE JOINT COMMISSION UPDATE

2013 'Top Performer' Recognition Released by The Joint Commission

NRI is pleased to announce that 30 members of the Behavioral Healthcare Performance Measurement System (BHPMS) were recognized by The Joint Commission as 2013 Top Performers on Key Quality Measures®! This distinction recognizes excellence in accountability measure performance shown to improve care.

For calendar year 2013, hospitals that exceeded a rate of 95% on the following quality measures were eligible for the award:

HBIPS 5 - Multiple antipsychotic medications at discharge with appropriate justification – Overall rate

HBIPS 6 - Post discharge continuing care plan – Overall rate

HBIPS 7 - Post discharge continuing care plan transmitted – Overall rate

In addition, hospitals must have submitted at least 12 calendar months of data, the sum of all the denominator cases for all accountability measures submitted must be at least 30, and the composite rate must be 95% or greater.

For calendar year 2014, the calculation for Top Performer status will add HBIPS 1 - Admission Screening – Overall Rate.

CALENDAR OF EVENTS

The Joint Commission Transmissions 2015

January
(Jul-Sep 2014 data)

April
(Oct-Dec 2014 data)

July
(Jan – Mar 2015 data)

October
(Apr-Jun 2015 data)

Holidays - Office Closed

Martin Luther King Day
January 19, 2015

President's Day
February 16, 2015

LIVE

Monthly
Educational
Webinar

Wednesday
February 18th, 2015
2:00 pm (ET)

PERFORMANCE MEASUREMENT AND QUALITY IMPROVEMENT SERVICES FROM NRI

Performance measurement has been a fundamental activity of NRI since its inception in 1987. The first landmark event was the 1997 formal framework for performance measures developed with the state mental health agencies to address concepts of access to care, appropriateness of care, quality of care, and outcomes of care. The second landmark event was the 1999 listing of NRI's performance measurement system by The Joint Commission as meeting the criteria for inclusion in the accreditation process and is included on The Joint Commission's list of acceptable ORYX® vendors.

NRI commits to the involvement of stakeholders in the development of performance measures. Measures used for accountability of organizations must include clinically relevant indicators and consumer-focused outcomes. Measures must be assessed for feasibility and burden and weighted against the benefits of metrics to improve processes and outcomes. NRI has assisted states agencies, professional organizations, and providers in their movements toward meaningful metrics to improve the lives of persons served.

<http://www.nri-inc.org/#!/performance-measure-develop/cbr8>

EDUCATIONAL WEBINAR 2015 SCHEDULE

Educational Webinars will resume in February. We anticipate that live sessions will be provided every other month. We are also looking at updating older recorded sessions that have relevant content. We are creating our agendas to meet three goals:

- To optimize the use of reporting requirements for improvements in patient care,
- To focus efforts on assisting facilities with evaluating and improving data integrity, and
- To identify the technical and clinical implications of future measures.

We will provide targeted sessions that provide in-depth review and utilization of NRI produced reports. Our reports can be combined with your local reports to further your investigations into data quality and to plan quality initiatives. We will also provide targeted sessions that focus on the data integrity process itself, from mapping your local data sources and crosswalk your coding to NRI coding, to the extraction process that converts your data stores into NRI specifications. We will provide training on conducting a data integrity review and determining the impact of missing and invalid data. As new potential measures are released by CMS and others, we will provide sessions that evaluate the measures from data burden to clinical utility.

Accessing old Webinars

For recordings from past Educational Webinars, please contact alex.dorisca@nri-inc.org.

CLINICAL RATIONALE FOR HBIPS MEASURES AVAILABLE THROUGH AMAZON

NRI's 2009 publication on the clinical rationale for each of the HBIPS measures includes the scientific evidence for the measures and their relationship to quality outcomes. This resource provides clinical staff with the basic knowledge they need to adopt the HBIPS measures and move forward with improving care.

NRI RESEARCH – TOPIC AREAS FOR 2015

NRI has several research projects slated for calendar year 2015. We have highlighted some of the projects identified for the coming year below. Two major areas of focus are the HBIPS measures and the patient experience of care measures. All research studies that utilize BHPMS data use a limited data set.

HBIPS RESEARCH

Examination of HBIPS 4 & 5 among patients by mental health diagnosis – in progress

The dual purpose of this project is to determine the percent of patients discharged on at least 1 antipsychotic medication by mental health diagnosis (schizophrenia, depression, etc.), and to identify the rationale for using multiple antipsychotic medication based on the reason for two or more prescribed antipsychotic medication data element. A comparison between state psychiatric patients and patients receiving services in private hospitals that are also being discharged on at least 1 antipsychotic medication will be analyzed.

Patient's Participation in Discharge Planning

This study will analyze the relationship between the participation in treatment domain on the Inpatient Consumer Survey (ICS) and the hospital's overall rate of discharge continuing care plans created and transmitted (HBIPS 6 and HBIPS 7).

State Psychiatric Hospitals Performance as Reflected by HBIPS Standardize Measures, 2009-2013

This study will examine state psychiatric hospitals' performance as measured through the HBIPS core measure set. Using data submitted by hospitals, NRI will evaluate the performance of hospitals, from 2009-2013, among the different components of the HBIPS core measure and will measure the magnitude of improvement.

The HBIPS Core Measure Set: A Guide for Quality Improvement- in progress

In 2009, NRI published a resource guide on the clinical rational for the HBIPS measure set. The resource guide includes a statement of the measure, what the research shows, the clinical relevance and justification, and evaluating resources. The HBIPS Core Measure Set: A Guide for Quality Improvement builds upon the original resource guide. The main goals of the new guide are to provide updated research on each measure component, current HBIPS data, and to suggest activities for quality improvement.

HBIPS Quality Measures: Establishing National Benchmarks and Highlighting Strategies for Improvement

This study will investigate HBIPS measure rates based on stratified patient characteristics including age, gender, race, and mental health diagnosis. NRI's extensive experience working with state psychiatric facilities to implement and monitor the HBIPS measures allows us to provide insight into areas where hospitals are struggling to increase their performance, and highlight strategies to improve performance.

Assessing the Effects of Interagency Communication on Readmission Rates

A recommended practice is for psychiatric hospitals to create a continuing care plan for each patient and submit it to the patient's next care provider within 5 days of discharge. This

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Behavioral Healthcare
Performance
Measurement System
(BHPMS)

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NRI RESEARCH (CON'T)

research project will assess if increasing communication with the patient's next care provider has an effect on 30-day and 90-day hospital readmission rates.

Case Studies of High Performers on the HBIPS Measures

The top 10% performers on the HBIPS measures can inform psychiatric facilities on the best practices for screening patients at admission, reducing the number of patients discharged on multiple antipsychotics, and creating a discharge continuing care plan and sharing it with the next care provider. The goal of the case studies is for hospitals to share effective ideas to achieve performance goals.

ICS RESEARCH

Reliability of ICS Hospital's Performance Scores used for Benchmarking in Quality of Care

This study will examine the ability of the ICS in discriminating hospital performance using domain scores. It will examine the reliability of the ICS quality measures to assess hospitals performance.

Performance evaluation of the Spanish version of the Inpatient Consumer Survey (ICS)

The English version of the ICS was translated into Spanish however its performance has not been evaluated. This study will explore if the validated structure of the English version of the ICS and its domains transfer to the ICS-Spanish version.

OTHER RESEARCH

Other research activities within NRI are federally or state sponsored. As these studies advance and permissions are granted to share findings, information will be provided in Technical Notes and through our web site at www.nri-inc.org.

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NRI operates the Behavioral Healthcare Performance Measurement System (BHPMS) to assist hospitals in meeting the requirements of the ORYX® initiative, of The Joint Commission and the IPFQR requirements of CMS. In addition to performance and outcome measurement, the BHPMS offers enhanced technical assistance, data quality reviews, and specialized reports for private and public psychiatric facilities.