



Spotlight on Core Measures is a news brief to provide the most current and up-to-date information on Core Measures for psychiatric facilities and answers to the most frequently asked questions.

Core Measure Set: Recommended Changes to Measures

This issue of *Spotlight* summarizes recommendations to the HBIPS Core Measure Set as discussed by the Technical Advisory Panel for The Joint Commission. A meeting was held of the panel on February 27, 2008. In general, all measures were recommended to move forward into the final set. A number of changes were recommended both in the data elements and the measure calculations. This issue of *Spotlight* also incorporates the conference call held on March 19, when Celeste Milton from The Joint Commission joined Lucille to provide an overview of the recommended changes to the measure set and to address questions.

Please note that this is a preliminary summary; specific details of the new codes will be provided in future issues of *Spotlight*. Draft final measure specifications are expected to be reviewed in April before final release in June.



Initial screening assessment completed

It was recognized that much of the wording for the initial assessment included aspects of both screening and assessment. To clarify the initial measure to focus on screening several changes were proposed.

- Separate risk of violence into two elements: risk to self, risk to others
- Screen for Substance Use should replace screen for substance abuse disorder
- Screen for Psychological Trauma History should be more clearly defined, and not include requirement for "impact on current functioning"

It was noted that many facilities were not able to track the "time" of the screening. The group recommended using "3 days" instead of "72 hours."

It was noted that many longer-term clients had not been screened on all components as some components were only defined in the past few years. It was recommended that clients with a length of stay greater than 365 days be excluded from the measure.

It was noted that clinicians were unable to complete some screenings due to the client being unable or unwilling to complete the screen (recognizing medical reasons for unable to complete). Therefore, expanding the definition of "Unable to Complete" was proposed.

The level of documentation required to indicate that the component is appropriately covered in the screening was discussed and revisions are under consideration.



The timeframe covered by each of the screenings is under review. The risk of violence screens and substance use screen may be limited to the 6 months prior to admission.

Hours of restraint use

The Joint Commission was unable to get clear guidance on measuring duration of drug or medication restraints, and therefore this type of restraint should be excluded from the measure. The measure should be renamed to Physical Restraint.

It was also recommended that restraint events with duration of less than 1 minute be reported as 1 minute.

Hours of seclusion use

There were no changes recommended.

Patients discharged on multiple antipsychotic medications

It was recognized that this measure by itself did not provide a context for evaluating the resultant rates. It was recommended that the measure be split into two measures:

1. Percent of clients on 2 or more routine antipsychotic medications after discharge of those clients on antipsychotic medications
2. Of those clients on multiple antipsychotic medications at discharge, percent with appropriate justification

The first measure provides a context for evaluating the level of use of multiple antipsychotic medications. The second measure provides a context for evaluating the documentation of justification for multiple antipsychotic medications.

It was recommended that the appropriate justification categories be expanded: history of 3 failed trials, recommend aftercare provider evaluates tapering to monotherapy, and augmentation of Clozapine.

It was also recommended that the measure include clients discharged to inpatient and outpatient settings.

It was recommended that clients with length of stay less than 3 days be excluded from the measure.

Discharge/referral information sent to next provider prior to aftercare appointment

It was recognized that the measure actually includes three activities related to continuity of care and that many hospitals were unable to secure aftercare appointments before the client was discharged. It was then recommended that the measure be split into two measures:

1. Continuity of Care Plan created with the four identified components of diagnoses,

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- medications, next level of care recommendations, and reason for hospitalization
2. Plan transmitted to aftercare within 5 days after discharge

It was recommended that the aftercare appointment requirement be dropped from the measure.

The plan can be transmitted by different methods (fax, email, mail, EMR). The plan can be a packet of documents.

The level of documentation required to indicate that the component is appropriately covered in the continuity of care plan was discussed and revisions are under consideration.

General recommendations that apply to all measures

Age may be calculated on discharge – this is still in discussion.

It was recommended that the age groups for children and adolescents be changed to align with other national standards.

It was also recommended that there needs to be a general clarification of definitions and more examples should be provided. A number of facilities and vendors continue to send case examples to The Joint Commission for clarification of coding.

Data elements that are being recommended to be dropped from the initial “final set” were still recognized as important in the overall planning and treatment of clients in the hospital setting (e.g. aftercare appointment).

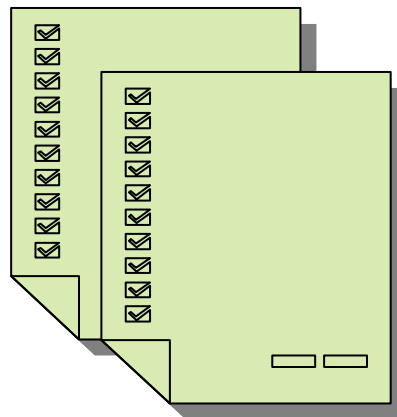
Core Measure Set: Potential Changes to Data Collection

There will be some new data requirements; at the same time, we expect that there can be some efficiency.

Time will not need to be compiled for screenings completed and referrals sent; however, these may be elements that facilities continue to build the capacity to collect.

For continuity of care plan, facilities will need to determine for each element whether it was transmitted within 5 days after discharge. It was found through the test that some elements were transmitted while others were not.

The Joint Commission is designing the measure set to be ready for alignment with Centers for Medicare and Medicaid Services (CMS). To this end, it may be necessary to begin compiling information that will become required by CMS, such as Insurer (Medicare, other).



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NRI will begin draft specifications that will address the final core set and will remove redundancy across data elements. A workgroup is being formed to develop these specifications.

Questions and Answers

For the screening measure and discharge measures, facilities will be allowed to “sample” from cases discharged in a month. The sample size requirement will be released by The Joint Commission with the final specifications. During the test year, the sample size was 20% of clients discharged per month, with a maximum sample of 52 cases.



Psychiatric care setting will be a new data element to identify clients to include in the measure set. Many facilities serve client populations in various programs. Clients served in substance abuse services programs (e.g. detox) would be excluded from the measures. Further clarification on this distinction will be needed as many of these clients are also served for co-occurring mental disorders.

Principal diagnosis is not used to define cases for inclusion. The principal diagnosis, as documented on discharge, is only 1 of 18 diagnoses that can be reported for a client. If the client has any mental illness documented at discharge (and is served in a psychiatric care setting), the client would be included in the measure set.

Facilities can not join the test set. As more information is received about the final set, it becomes less useful to join a set that will be ending. However, facilities should continue to review their documentation to determine whether their medical record contains the type of information required in the final set.

If you have a question, please email it to CMInfo@nri-inc.org. Responses are provided for each question and are also summarized in the following issue of *Spotlight*.

Core Measure Set Requirements: Important Notes

The HBIPS set will only be available to facilities accredited under the HAP standards.

PMS vendors will undergo validation testing with The Joint Commission to verify readiness for the final HBIPS set. Vendor specifications will be reviewed along with vendor data collection plans. Vendors will also process “test” cases to verify correct application of The Joint Commission specifications.

All data elements compiled for the core measure set must be evident in the client

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medical record. When other forms are used to collect original data, the facility will need to ensure that the data are then placed in the client medical record.

The missing data policy of The Joint Commission will apply to all data elements required for the final core measure set. Facilities that submit missing or invalid codes will need to review their processes for compiling such data.

Data reviews of facilities' medical records are required for all core measure sets. When the data for the set is transmitted to both The Joint Commission and CMS, medical record re-abstraction is conducted by a vendor under contract with CMS. Review results are expected to be shared with The Joint Commission. When the core measure set is transmitted only to The Joint Commission, The Joint Commission expects the PMS vendor to conduct the medical record re-abstraction and share the results with The Joint Commission. A sample of records is chosen for review. Facilities will be expected to correct data that does not meet the high quality standards set by The Joint Commission.



Completeness testing is required for all core measure sets. The Joint Commission selects for each PMS vendor a sample of facilities to review and the review period. The Joint Commission will outline the steps for sharing results of the reviews with The Joint Commission. Facilities will be expected to correct data that does not meet the high quality standards set by The Joint Commission.

Timeline Update

The date for releasing the final core measure set involves several critical steps.

1. Test Implementation (Calendar 2007)
2. Evaluation of test implementation (August 2007 – February 2008)
3. Technical Advisory Panel meeting – held February 27, 2008
4. Submission to National Quality Forum (NQF) and endorsed
5. Accepted by Hospital Quality Alliance (HQA)
6. The Joint Commission releases final specifications and required start date for data collection (90-120 days after release of final specifications)
7. Vendor specifications
8. Hospitals collect data – projected October 2008
9. Data submission to The Joint Commission



We are currently in the fourth step – preparation of final measure set for review. The Joint Commission expects that final specification will be completed for June 1 and the start date for data collection at facilities will be October 1.

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Resources for Facilities

From The Joint Commission:

<http://www.jointcommission.org/PerformanceMeasurement/PerformanceMeasurement/Hospital+Based+Inpatient+Psychiatric+Services.htm> includes the test set specifications and final specifications (when available). A white paper is expected on the use of multiple antipsychotic medications.

From NRI:

<http://www.nri-inc.org/projects/BHPMS/coremeasures.cfm> includes previous issues of Spotlight and background information.

A resource guide will be made available to participating facilities in July.

Additional reference materials are posted for participating facilities on the secure website for the BHPMS. Reference materials will be updated when final specifications are made available.

BHPMS User Group Conference on Core Measure Implementation - July 24, 2008 in Nashville, TN and July 31, 2008 in Las Vegas, NV. Learn about the final specifications, requirements defined by The Joint Commission, evaluating your system, preparing for data collection, and network with other facilities.

Core Measure Set Conference Call

This call is open to all facilities. We encourage facilities that did not participate in the test phase to join the call. We encourage state offices that are responsible for data compilation to join the call. The call is held the third Wednesday of each month, at 2 pm (Eastern). We will begin using this call to assist facilities with preparing for the final set as well as transitioning from the test set. We will also provide updates as we receive them from The Joint Commission.



The next call is Wednesday April 16, 2008, at 2pm (EDT).

To join the call, please call: 1-888-296-6500, guest code 804535#

NRI will continue to send bulletins to state facilities and post updates on its website. Earlier bulletins related to the core measure set for hospital based inpatient psychiatric services are available on the NRI website at www.nri-inc.org/projects/bhpms. If you have any questions concerning the core measure set, please contact me though email at Lucille.Schacht@nri-inc.org.



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