

# Hospital-Based Inpatient Psychiatric Services

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## Core Measure Set

### About Psychiatric Core Measures

#### ABOUT HBIPS:

- Is a major **national leadership effort to improve quality, safety, and performance of hospital-based inpatient psychiatric services** through the collaboration of hospitals, physicians, and consumers.
- Is **part of The Joint Commission accreditation (TJC)** process, as of October 2008, the measures were made available for hospitals to use to fulfill the requirements of performance measurement reporting.
- Core measures for hospital-based inpatient psychiatric services (HBIPS) are **one of several sets of core measures available**. In addition to HBIPS measures, core measure sets exist for general medical conditions such as acute myocardial infarction, heart failure, pneumonia, children's asthma care, pregnancy and related conditions, surgical care improvement, and hospital outpatient.
- HBIPS core measures were **developed with the same rigor as core measures for other medical specialties**.

#### MEASURE SETS:

- HBIPS core measures focus on critical issues that affect the course of an individual's psychiatric hospitalization – from the moment they enter the facility through discharge:
  - the screening process (HBIPS-1),
  - seclusion and restraint (HBIPS-2 and HBIPS-3),
  - the use of antipsychotic medications (HBIPS-4 and HBIPS-5),
  - continuity of care planning (HBIPS-6 and HBIPS-7).
- The measures are evidence-based and have a direct impact on the quality of care received.

#### VALUE OF HBIPS:

- Responds to steadily growing demand for psychiatric quality measurement by public and private purchasers by **enabling comparisons across organizations using standardized, evidence-based measures**.
- Is **promoting consensus building** around hospital-based psychiatric services performance measurement between the public and private sectors and among all the various stakeholders.
- **Creates standardization of measures, data specifications, and definitions** to help hospitals compare their performance within hospital-based psychiatric services to that of their peers.
- This focus on consensus-driven measures is demonstrating **change in clinical practice** in very positive ways.

#### HISTORY:

- Project **grew from a historic public-private partnership** among the National Association of Psychiatric Health Systems (NAPHS), the National Association of State Mental Health Program Directors (NASMHPD), and the NASMHPD Research Institute, Inc. (NRI) in collaboration with the American Psychiatric Association (APA). The partnership approached

The Joint Commission (TJC) and asked to begin the process of developing core measures for inpatient psychiatry.

- At its inception, the project gathered input from 24 **diverse stakeholder organizations** (including consumers, researchers, employers, providers, and other content experts) as a foundation for the measure development process.
- Core measure development continues to be **overseen by a Technical Advisory Panel (TAP)**, made up of clinicians, researchers, and technical experts, all informed by the practical experience of the providers who must collect and use the data.
- HBIPS measures on restraint and seclusion, psychotropic medication, and continuity of care were **endorsed by the National Quality Forum (NQF)** in May 2010.

#### **JOINT COMMISSION ACCREDITATION TIMELINE:**

- Beginning October 1, 2008 **both** free-standing psychiatric hospitals and psychiatric units in general hospitals were permitted to select the HBIPS measure set to help them meet their ORYX (a program of performance measurement required by The Joint Commission as a condition of accreditation) performance measurement reporting requirements.
- Beginning January 1, 2010, **free-standing psychiatric hospitals** were required to report HBIPS data to The Joint Commission on a quarterly basis
- For **general hospitals with psychiatric units**, HBIPS is an additional set of core measures that can be selected. It is **not mandatory** for general hospitals to select the HBIPS measure set. As noted, however, significant value can be derived from use of this measure set, and hospitals are encouraged to adopt it.

#### **CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS) TIMELINE:**

- On April 25, 2012, the Centers for Medicare & Medicaid Services (CMS) announced six measures they have proposed to meet the requirements of the *Affordable Care Act's (ACA)* mandate for both psychiatric hospitals and psychiatric units to begin reporting inpatient quality measures. The ACA requires that, as of rate year 2014 (starting October 1, 2013), all facilities (freestanding psychiatric hospitals and the psychiatric units of general hospitals) reimbursed under the inpatient psychiatric facility prospective payment system (IPF PPS) must report data on at least six measures to CMS for the purpose of public reporting, payment updates, and pilot pay-for-performance programs.
- The measures CMS selected are six of the Hospital-Based Inpatient Psychiatric Services (HBIPS) core measures, which are already required of psychiatric hospitals by The Joint Commission (and available for use by psychiatric units to meet ORYX reporting requirements):
  - seclusion and restraint (HBIPS-2 and HBIPS-3),
  - the use of antipsychotic medications (HBIPS-4 and HBIPS-5), and
  - continuity of care planning (HBIPS-6 and HBIPS-7).CMS will not require the reporting of the screening measure (HBIPS-1) because it has not yet endorsed by the National Quality Forum.
- The specifications for CMS measures are exactly the same as for The Joint Commission.

#### **FOR MORE INFORMATION:**

- Find continuous updates on the HBIPS initiative (including specification manuals, background, and more) at [www.jointcommission.org/hbips](http://www.jointcommission.org/hbips).
- Contact Kathleen McCann, RN, PhD, Director of Quality and Regulatory Affairs, National Association of Psychiatric Health Systems at [kathleen@naphs.org](mailto:kathleen@naphs.org) or 202-393-6700, ext. 102.