Resource Guide for Inpatient Psychiatric Facility Quality Reporting (IPFQR) measure HBIPS-5

HBIPS-5: Multiple Antipsychotic Medications at Discharge with Appropriate Justification

HBIPS-5 is a measure included in the Hospital-Based Inpatient Psychiatric Services (HBIPS) core measure set. It is defined as patients discharged from a hospital-based inpatient psychiatric facility setting on two or more antipsychotic medications with appropriate justification. Research has found that antipsychotic polypharmacy can lead to worsening side effects often without improving clinical outcomes. As a result, it has been recommended that providers work to reduce the unnecessary use of multiple antipsychotics. Polypharmacy of these medications should only be implemented after multiple trials of single antipsychotics proved unsuccessful.

IPF Prospective Payment System

The Inpatient Psychiatric Facility Prospective Payment System (IPF PPS) was implemented for psychiatric services furnished to Medicare patients in psychiatric hospitals and distinct part units in acute care and critical access hospitals. The Affordable Care Act (ACA) has mandated that both psychiatric hospitals and psychiatric units begin reporting inpatient quality measures. IPFs reimbursed under the IPF PPS must report at least six measures (HBIPS-5 being one) to the Centers for Medicare and Medicaid Services (CMS) in order to satisfy this ACA requirement. IPFs not reporting six measures will be subject to a point reduction on their annual payment update.

Submission Process

HBIPS-5 measure data is chart-abstracted and submitted by the provider’s secure administrator through the QualityNet secure portal. Aggregate numerator and denominator data for HBIPS-5 needs to be submitted annually within the data submission period (July 1-August 15). Excluded patient populations that data need not be submitted are:

- Patients who expired
- Patients with an unplanned departure resulting in discharge due to elopement
- Patients with an unplanned departure resulting in discharge due to failing to return from leave
- Patients with a length of stay greater ≤ 3 days

Tools for Success

- Transparency of data and staff-wide sharing of data results
- Education resources and tools for current staff and the inclusion of HBIPS-5 training for new hire orientation

• Real time audits to track measurement progress
• Identify champions to work with and coach staff
• Develop reports to create learning from mistakes and prevent errors in the future

**Benefits of improving HBIPS-5**
• Decrease chances of drug-to-drug interactions and adverse drug reactions
• Reduction in readmissions
• Improvement in quality and effectiveness of patient care

**Resources**
**Centers for Medicare and Medicaid Services website:**
• [CMS home page](#)
• FY 2016 IPFQR Final Rule fact sheet
• IPF PPS fact sheet

**QualityNet website for HBIPS information and data submission processes:**
• QualityNet home page
• How to participate in the IPFQR program
• IPFQR program measures
• IPFQR program and HBIPS-5 measure resources

**The Joint Commission manuals:**
• All HBIPS measures
• HBIPS-5

**National Association of Psychiatric Health Services:**
• NAPHS home page

**Join the QualityNet Listservs:**
Click [here](#) to access the listserv registration page on QualityNet. Select as many listservs as you wish to receive updates, notifications and information for different CMS quality reporting programs. You can unsubscribe from any of the listservs at any time.

**Questions**
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