Thirty-Day All-Cause Unplanned Readmission Following Psychiatric Hospitalization in an Inpatient Psychiatric Facility (IPF Readmission)

Logic Model Attachment

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Contents

Logic Model Attachment

Figure 1. Logic model for thirty-day all-cause unplanned readmission following psychiatric hospitalization in an inpatient psychiatric facility

Measure Title: (CBE ID 2860) Thirty-Day All-Cause Unplanned Readmission Following Psychiatric Hospitalization in an Inpatient Psychiatric Facility

Measure Type: Outcome

Measure Description: This is a facility-level outcome measure that estimates an unplanned, 30-day, risk-standardized readmission rate for adult Medicare fee for service (FFS) patient discharges from an inpatient psychiatric facility (IPF) with a principal discharge diagnosis of a psychiatric disorder or dementia/Alzheimer's disease. This measure reflects the quality of care provided to patients at IPFs by providing a reliable comparison between an individual IPF risk-standardized readmission rate and a national readmission rate. The reporting period used to identify cases in the measure population is 24 months. The reporting period begins on July 1 and ends on June 30 two years later. Data from July 1 through July 30 two years later are used to identify readmissions. CMS will calculate the measure using Part A and Part B claims data received by Medicare for payment purposes. Part A data are used to identify index admissions, readmissions, and some risk factors. Part B data are used to identify additional risk factors. This approach requires no additional data collection or reporting by IPFs.

Inputs	Activities	Outputs	Outcomes	Impacts
• Submit Medicare Part A and Part B claims data. • Incorporate literature findings and best practices that result in lower IPF readmission rates into care. • Have current discharge preparation and discharge workflow and process. • Educate clinicians and IPF staff about interventions to decrease readmission. • Educate patients about condition and available community resources. • Develop community behavioral health resources.	• IPFs implement best practices identified in literature. • Revise, as needed, discharge preparation and discharge workflows and processes. • Educate clinicians and IPF staff about interventions to decrease readmission. • Connect with and develop relationships with community behavioral health resources. • Deliver patient education about condition and community resources	• Revise discharge preparation and discharge processes and workflows. • Educate patients using resources and materials available.	**Short Term:** • Increased patient awareness of community behavioral health resources. **Intermediate Term:** • Increased patient engagement and utilization of community behavioral health resources. **Long-term:** • Increased availability of community behavioral health resources. • Decrease in hospital and IPF readmission rates following discharge from an IPF.	• Reduction in IPF care costs associated with readmissions. • Improvement in two-way communications and patient transitions between IPFs and community resources that bridge existing gaps. • Improved patient engagement and satisfaction with behavioral care health system processes and outcomes.

Feedback Mechanisms

- Measure performance scores, available on Care Compare at facility, state and national level.
- IPF Specific Report for 30-Day All-Cause Unplanned Readmission Following Psychiatric Hospitalization in an Inpatient Psychiatric Facility (IPF Readmission) Measure (READM-30-IPF)

Assumptions

- Communities into which IPFs discharge patients have outpatient resources to support and treat patients thus minimizing the likelihood of readmission.
- Patients have accessibility to outpatient resources.
- IPFs and community resources will work together to bridge the gap between IPF care and outpatient care during care transitions.

External Factors

- Community outpatient resource availability.
- Patient access and barriers to resources such as transportation, insurance, family support.