**National Association for Behavioral Healthcare**

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**SUBMITTED VIA www.regulations.gov**

Ms. Seema Verma
Administrator, Centers for Medicare and Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

RE: CMS–1712–P: Proposed Rule: Medicare Program; FY 2020 Inpatient Psychiatric Facilities Prospective Payment System and Quality Reporting Updates for Fiscal Year Beginning October 1, 2019 (FY 2020) RIN 0938–AT69.

17 June 2019

Dear Ms. Verma:

As an association representing behavioral healthcare provider organizations and professionals, the National Association for Behavioral Healthcare (NABH) appreciates the opportunity to provide comments on the Centers for Medicare & Medicaid Services' (CMS) "Medicare Program: FY 2020 Inpatient Psychiatric Facilities Prospective Payment System and Quality Reporting Updates for Fiscal Year Beginning October 1, 2019 (FY 2020) RIN 0938–AT69."

Founded in 1933, NABH represents and advocates for behavioral healthcare provider systems that are committed to delivering responsive, accountable, and clinically effective prevention, treatment, and care for children, adolescents, adults, and older adults with mental and substance use disorders. Our members are behavioral healthcare provider organizations that own or manage more than 1,000 specialty psychiatric hospitals, general hospital psychiatric and addiction treatment units and behavioral health divisions, residential treatment facilities, youth services organizations, and extensive outpatient networks. These providers deliver all levels of care, including partial hospitalization services, outpatient services, residential treatment, and inpatient care.

For years, NABH has worked with CMS, accrediting agencies, consumers, and other stakeholders to develop and support using inpatient psychiatric performance measures. Our association was one of the original organizations that spent more than 10 years developing the Hospital Based Inpatient Psychiatric Services (HBIPS) measures that were among the Inpatient Psychiatric Facilities Quality Reporting (IPFQR) program's first performance measures. We support the IPFQR program, which articulates overall national goals for improved healthcare. The IPFQR is an opportunity to provide public data for behavioral healthcare, which, in turn, will help keep behavioral health on the same level with general healthcare.

CMS' goal of selecting quality measures that balance the need for information from the full care continuum with the need to minimize the burden of data collection and reporting is an important one. However, our members remain concerned that the complex data collection and reporting requirements have not improved patient care and outcomes. Furthermore, the amount of resources required to collect and report information outweighs the data's value and purpose.

For example, last year CMS for the first time removed five measures from the IPFQR program, which NABH supported. However, CMS now proposes new measures, which simply replaces last year's

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regulatory burdens with new ones. Given our strong concerns with the IPFQR program, we request that CMS ***not*** include the "Medication Continuation following Inpatient Psychiatric Discharge" in the final rule. Instead, we suggest CMS work more closely with the provider community—specifically those facilities that the IPFQR program is designed for—to develop measures together.

**Proposed New Quality Measure**
CMS proposes adopting the Medication Continuation following Inpatient Psychiatric Discharge measure for the 2020 payment year. We recognize that appropriate medication is a critical component for a patient's follow-up plan. The literature supports that medication adherence is an important component of a patient's ability to remain stable in the community. Currently, providers work individually with patients to help them understand the importance of medication in their treatment plan. They teach patients about the effect and potential side effects of medication, as well as about the dosing schedules for the drugs they will take. Providers also work with the patients' Part D plans to ensure that patients have access to the medication. When appropriate, providers work with the patients' families and caregivers to engage them in post-discharge activities.

The proposed measure assesses whether a patient filled a prescription. We do not believe inpatient psychiatric care providers have control over this practice; therefore, providers should not be held accountable for the outcome. There are many factors that contribute to why a patient might not fill a prescription. Instead, we believe that assessing whether patients take medication in outpatient settings is a function of outpatient, rather than inpatient, treatment. To be sure, providers should focus on what factors and strategies influence patient behavior in this area. but we do not think the information this measure generates will be useful to the public in deciding the quality of psychiatric care that a hospital delivers.

**Measure for Future Development**
We support CMS' proposal to develop a new measure for a standardized patient perception of care. However, it is crucial that this measure include the IPFQR provider's perspective and be specific to the psychiatric hospital setting. The vast majority of NABH members participating in the IPFQR program use some version of a patient perception of care measure; however, there is not one single measure that all providers or a majority of providers use. Therefore, we have strong concerns that CMS will make it mandatory for behavioral healthcare providers to adopt something such as the Hospital Consumer Assessment of Healthcare Provider and Systems (HCAHPS) survey.

Instead, we recommend that CMS bring together relevant partners to develop a patient perception of care measure that is tailored to psychiatric patients. We also encourage CMS to consider this future measure alongside the principles the NABH Quality Committee has developed. Specifically, the measure should:

- Improve the effectiveness and efficiency of patient care;
- Focus on indicators that provide the most useful clinical and operational data possible;
- Focus on indicators that are reasonable for organizations to collect and later act on;

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- Provide a balance between the level of intensity to collect data and the value and purpose of that data;
- Offer potential to be used for measurably improving healthcare processes, outcomes, efficiency, and patient experiences.

For CMS' future consideration, NABH recommends the agency consider a patient empowerment measure for patients who have suicidal ideation, known as a safety planning measure. Suicide is a national public health crisis, and a very high percentage of patients are admitted to psychiatric hospitals because they cannot keep themselves safe in the community or in settings with various levels of care. The literature documents that the first two weeks after hospitalization are a high-risk period for patients who have suicidal ideation.

One of the goals of psychiatric inpatient providers is to empower patients to live in the community. Therefore, CMS should develop a measure that evaluates how hospitals help patients develop a plan for dealing with suicidal ideation—both during hospitalization and after discharge. There is a significant body of literature that could guide this development. This type of measure could also address family and caregiver engagement, which CMS has identified as an area that the IPFQR program measures do not cover sufficiently. Safety planning is a good proxy for patient-centered involvement and could be linked to discharge planning and readiness.

For the reasons noted above, NABH strongly urges CMS not to include any new measures in the final rule. Instead, we recommend that CMS work more closely with the behavioral healthcare provider community to improve the IPFQR program.

If you have questions, please contact me directly at 202-393-6700, ext. 100, or contact NABH Director of Policy and Regulatory Affairs Scott Dziengelski at 202-393-6700, ext. 115.

Thank you for your attention to these important issues.

Sincerely,

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