National Association for Behavioral Healthcare

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30 June 2022

Re: Notice of request for information regarding potential Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey for Inpatient Mental Healthcare Settings

Robert Otto Valdez, Ph.D., M.H.S.A, Administrator
Agency for Healthcare Research and Quality
5600 Fishers Lane
Rockville, MD 20857
Electronic Submission: CAHPS1@westat.com subject line: Inpatient Mental Health Experience of Care RFI

Dear Dr. Valdez:

The National Association for Behavioral Healthcare (NABH) respectfully submits the following comments regarding the request for information regarding potential Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey for Inpatient and Mental Healthcare settings.

NABH represents behavioral healthcare systems that provide mental health and substance use disorder treatment across the entire continuum of care, including inpatient, residential treatment, partial hospitalization, and intensive outpatient programs, as well as other facility-based outpatient programs, including medication assisted treatment (MAT) centers. Our membership includes behavioral healthcare providers in 49 states and Washington, D.C. The association was founded in 1933.

We appreciate this opportunity to identify model approaches to measuring the experience of care of patients receiving inpatient mental healthcare. Our members have extensive experience treating individuals with mental health disorders in the inpatient setting. All of our members implement patient experience-of-care surveys, and routinely use these measures to evaluate treatment programming and implement quality improvement adjustments. However, experience-of-care measures are not standardized across our members' services or the larger psychiatric inpatient hospital community.

We support the Agency for Healthcare Research and Quality's (AHRQ) intention to develop a standardized tool and are pleased to collaborate on its development. NABH previously collaborated with the Centers for Medicare & Medicaid Services to develop the Inpatient Psychiatric Facility Quality Reporting System measures.

While the CAHPS survey is a useful tool for medical-surgical inpatient settings, it is not sufficiently nuanced to capture the patient experience of care that takes place within the psychiatric treatment setting. Psychiatric hospital settings offer services that are not restricted to the bedside. The milieu of psychiatric inpatient facilities and the characteristics of the patient population are substantially different from medical-surgical environments. This combination requires measure sets that are specific to the unique population being served and that capture the non-specific factors of therapeutic treatment that form the curative factors of care. As a result, we do not believe that valid satisfaction scores can be obtained for this population through the current CAHPs instrument.

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1. What are the highest priority aspects of patient experiences within patient mental healthcare that should be included in measures and surveys?

    - The highest priority aspects of inpatient treatment that should be included in measures and surveys are those that incorporate the broad therapeutic milieu in which patients relate to a team of staff and fellow patients in group and individual treatment sessions, often involving the participation of family, as well as other therapeutic activities such as art and movement.

A. Why are these aspect(s) of patient experience a high priority for inclusion within assessment tools?

    - Patient-survey measures should reflect the elements of the intentional therapeutic treatment setting that strives to promote patient dignity, instill hope, and coalesce into an environment in which emotional and psychological healing and recovery can take place.

B. What other topic area(s) should new measures and/or surveys assessing patient experiences with inpatient mental healthcare address?

To focus on the experience of care, reflect the supportive role of psychiatric treatment teams, and mirror the intent of the intentional therapeutic milieu, surveys should include items such as:

- the environmental milieu and whether patients felt that it was conducive to healing
- the multi-person treatment model and whether the team worked collaboratively to address patient concerns
- whether the staff included the individual in their treatment planning and helped them to understand their treatment
- the role of family in treatment planning and patient recovery
- the role of peers in recovery
- whether the staff attempted to help the patient feel physically and emotionally safe
- whether the patient felt they were treated with respect and dignity
- whether the patient experienced a sense of hopefulness about their care
- whether the patient believed that the presenting problem(s) was resolved
- We also suggest use of a Net Promoter Score.

2. What are the benefits of collecting information about the experience of patients in inpatient mental health settings from (a) patients and/or (b) patients' family members/caregivers?

    A. What are the benefits and/or limitations of asking patients to respond to a patient experience of care survey?

        - Patients have direct experience of the milieu and are the population for whom the environment is structured to benefit. Therefore, their experience is not only valuable, but necessary, in determining the effectiveness of care.
        - Limitations include the variable capability of patients to respond constructively to a survey, perhaps due to their diagnosis, current emotional state, and cognitive limitations. Patients

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often come to the hospital with unique symptomatology and diagnoses that may result in a lack of insight into their illness and potentially the reason for their admission, whether voluntarily or involuntarily. At the same time, they may also be limited in their ability to express thoughts and feelings, to comprehend written material, or sustain their attention to complete a survey. Some patients are admitted involuntarily and may require restraint and seclusion and may be unwilling to respond to the survey.

B. What are the benefits and/or limitations of asking family members/ caregivers to respond to surveys about patient experience on behalf of patients?

- Family members often know the patient better than anyone and can help to interpret the meaning of a question and patient feelings and intentions when completing a survey. However, because they are not the actual patient, the depth and validity of responses may be limited. For children, it is important that family members support the patient responses due to language and cognitive limitations.

C. What are the benefits and/or limitations of asking family members/caregivers to respond to surveys about their personal experience with their family member?

- Family members are often highly involved in the life of the patient, are affected by the course of patient treatment and the degree of successful outcomes and have a unique history of the patient which the patients themselves may not have, due to the symptoms of their illness. Including family perspectives provides useful information and a more balanced view of the patient, including their pre-hospitalization levels of functioning. At the same time, family members may have their own lens through which they see the patient that may not always be accurate or current reflections of the patient, or direct care in productive ways. Both perspectives are important and a treatment plan should appropriately balance differing perspectives.

3. What, if any, challenges are there to collecting information about the experience of patients in inpatient mental health settings?

- During inpatient stays, patients typically experience an increase in psychiatric symptomatology, including, but not limited to, hallucinations, paranoia, delusions, emotional lability, and fragmented cognitive processes. Patients may thus be limited in their ability to express thoughts and feelings, to comprehend written material, or sustain their attention to complete a survey. In addition, some patients may fear that negative responses will impact their discharge date and process. In addition, inpatient stays are often very short, and completing a discharge survey so soon after admission may not provide enough time for reflection on the care received.

4. What would facilitate the collection of information about the experience of patients in inpatient mental health settings?

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- Communicating the discharge plan to the patient before the survey is administered and explaining that it will not impact the discharge could improve the survey response rate. If it appears that the individual may not readily respond to the survey while still at the facility, we suggest making it clear in the survey that this will not affect discharge planning, and also offering post discharge surveys if necessary.

5. For which respondent group(s) should measures and/or surveys be developed? For example, should measure and/or surveys be developed for adults, children, or both?
    - We recommend separate surveys for adults 18 and over, and surveys for children 12 and under. For children 12 and under and those with severe communication and/or cognitive impairments, surveys should be directed to the parents or guardians.

A. In which language(s) should measures and/or surveys about the experience of patients in inpatient mental health settings be administered?

- Develop surveys in English and Spanish with other language requirements dependent on the local population.

B. Which patient conditions (e.g., personality disorders; depression; schizophrenia; substance use disorder; co-occurring disorders (e.g., mental health and substance use disorders; etc.)) should these measures and/or surveys focus on in documenting the experience of patients in inpatient mental health settings?

- All patient conditions and diagnoses should be included. The survey should not be specific to any one condition or diagnosis.

C. In what kinds of inpatient facilities, including public and private psychiatric hospitals, nonfederal general hospitals with separate psychiatric units, the U.S. Department of Veterans Affairs medical centers, and day treatment or partial hospitalization mental health facilities should these measures and/or surveys be administered?

- Surveys should be implemented in all types of facilities.

6. What measures and surveys that assess the experience of patients in inpatient mental health settings are currently being used?

- NABH has many psychiatric health system providers that use evidence-based instruments. As stated above, there is a wide range of proprietary and non-proprietary measures currently in use. Our members stand ready to share these tools with AHRQ as a point of discussion for instrument development.

A. Which respondent group(s) (e.g., patients in inpatient settings; family members; providers; etc.) are asked to complete these measures and surveys?

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- A mix of all patient groups and family members.

B. In which language(s) are these current measures and surveys administered?

- Generally, English and Spanish, with additional languages as required by the local population.

C. Which patient conditions (e.g., personality disorders; depression; schizophrenia; substance use disorder; co-occurring disorders; etc.) are the focus of current measures and surveys about the experience of patients in inpatient mental health settings?

- All patient populations.

D. What kinds of inpatient facilities including public and private psychiatric hospitals, nonfederal general hospitals with separate psychiatric units, the U.S. Department of Veterans Affairs medical centers, and day treatment or partial hospitalization mental health facilities are using these current measures or surveys?

- Most of the nation's psychiatric inpatient facilities use a patient satisfaction survey.

E. What patient experiences relative to the use of restraint and seclusion in inpatient facilities are captured using these current measures or surveys?

- NABH members do not typically break out seclusion and restraint as a question on the survey; however, the programs can analyze data to extract the experiences of that population subset.

F. Do any current measures or surveys collect information about the degree of adherence to patient rights in inpatient facilities?

- Most currently used patient satisfaction surveys include the domain of patient rights.

G. How are these currently used measures and surveys administered (e.g., paper-and-pencil; web-based; etc.) to these respondent group(s)?

- A mix of pen and pencil as well as electronic surveys are administered.

H. How are the results/findings of these measures and surveys of patient experience in inpatient mental healthcare used and in which setting(s)?

- The results of measures are regularly reviewed as part of the organization's quality oversight and improvement activities. Survey responses may be addressed through changes in clinical programming, workforce training and supervision, and other available mechanisms.

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I. What is working well/what are the strengths of these measures and surveys currently in use?

- The strength of the current measures is that they respond to the specific clinical environment of inpatient psychiatric settings and account for the multiple relationships that are integral to haling and recovery.

J. What content areas are missing from these measures and surveys currently in use?

- Surveys in current use were developed for the specific inpatient treatment setting and generally cover all necessary elements. Moreover, many elements are required by regulations or accreditation.

K. What content areas are low priority or not useful in these currently used measures and surveys, and why?

- Current measures are specific to the setting and do not contain elements that are not useful or unnecessary.

L. What, if any, challenges are there in administering these measures and surveys in current use?

- As stated above, during inpatient stays, patients are typically experiencing an increase in psychiatric symptomatology, including, but not limited to, hallucinations, paranoia, delusions, emotional lability, and fragmented cognitive processes. Patients may thus be limited in their ability to express thoughts and feelings, to comprehend written material, or sustain their attention to complete a survey. For these reasons, we suggest limiting surveys to 20-25 questions, or 8-10 questions staggered across the whole population, or with a response time of 10 minutes.
- In addition, some patients may fear that negative responses will affect their discharge date and process. In addition, inpatient stays are often very short, and doing a discharge survey so soon after admission may not provide enough time for reflection on the care received.
- However, post-discharge surveys have a poor response rate, as patients often do not have stable housing, cellular phones or email addresses that facilitate receipt and return of the survey. As a result, we recommend administering the surveys prior to discharge.

M. How are the results/findings of these current measures and surveys used to evaluate and/or improve care quality in inpatient mental healthcare settings?

- As stated above, the results of surveys are regularly reviewed as part of the organization's quality oversight and improvement activities. Survey responses may be addressed through changes in clinical programming, workforce training and supervision, and other available mechanisms.

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Thank you for considering our comments and recommendations. We encourage AHRQ to use the long history and experience of NABH members to develop a new experience of care for the unique population we serve.

Please contact us for existing instruments and any questions. Feel free to contact me directly at shawn@nabh.org or Sarah Wattenberg NABH Director of Quality and Addiction Services at sarah@nabh.org.

Sincerely,

Shawn Coughlin
President and CEO

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