American Association on Health & Disability

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AAHD - Dedicated to better health for people with disabilities through health promotion and wellness

LAKESHORE

June 26, 2018

Seema Verma, M.PH, Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
200 Independence Avenue, SW
Room 314G-01
Washington, D.C. 20201

RE: Medicare Program, FY 2019 Inpatient Psychiatric Facilities Prospective Payment System and Quality Reporting Updates for Fiscal Year Beginning October 1, 2019 (FY 2019)
CMS-1690-P

Dear Administrator Verma:

The American Association on Health and Disability and the Lakeshore Foundation appreciate the opportunity to provide comments. We write to support and concur with the June 24 comments submitted by NAMI (National Alliance on Mental Illness). We also support the June 14 comments on restraints and seclusion submitted by the National Association of State Mental Health Program Directors (NASMHPD).

The American Association on Health and Disability (AAHD) (www.aahd.us) is a national non-profit organization of public health professionals, both practitioners and academics, with a

primary concern for persons with disabilities. The AAHD mission is to advance health promotion and wellness initiatives for persons with disabilities.

The Lakeshore Foundation (www.lakeshore.org) mission is to enable people with physical disability and chronic health conditions to lead healthy, active, and independent lifestyles through physical activity, sport, recreation and research. Lakeshore is a U.S. Olympic and Paralympic Training Site; the UAB/Lakeshore Research Collaborative is a world-class research program in physical activity, health promotion and disability linking Lakeshore's programs with the University of Alabama, Birmingham's research expertise.

AAHD has served on committees and work groups of the National Quality Forum since 2012. We are particularly concerned with CMS proposals related to patient/beneficiary/recipient/consumer experience and satisfaction. Removal of the restraint and seclusion measures significantly impact patient outcomes and quality of treatment. Our priorities are consumer-person-beneficiary-patient experience, satisfaction, and engagement measures and reporting, as well as self-direction and shared decision-making approaches, as well as protection of basic civil and human rights.

The National Quality Forum and the NAMI June 24 letter observe that the overall quality of mental health care in the United States is quite poor, compared to other medical conditions.[i] One contributing factor is the lack of uniform methods for measuring quality. As the authors of a recent article on the current state of mental health quality measurement state, "we cannot improve what we cannot measure."[ii]

CMS has been making steady, while extremely slow, progress in developing modest, clinically focused behavioral health quality measures. We agree with NAMI that just as these measures are beginning to take hold and impact on the quality of treatment in inpatient psychiatric facilities, CMS is proposing to remove eight (8) of these measures in FY 2019. Eliminating these measures would represent a significant step in the wrong direction. We agree with NAMI's particular concern about the proposed elimination of the following measures.

Hours of Physical Restraint Use
Hours of Seclusion Use
Alcohol Use Screening
Tobacco Use Screening
Tobacco use Treatment Provided or Offered at Discharge
Assessment of Patient Experience of Care

Assessment of Patient Experience of Care Measure

One of the National Quality Strategy triple aim is improving the patient experience of care (including quality and satisfaction). CMS proposals in the inpatient psychiatric hospital undermines this aim.

CMS has made significant progress in recognizing and reporting patient/beneficiary/recipient/consumer experience and satisfaction measures in home and community-based programs. These measures include the AHRQ CAHPS (Consumer Assessment

of Healthcare Providers and Systems) home and community-based services (HCBS) experience survey, the National Core Indicators, and the Personal Outcome Measures.

The National Quality Forum has explored the potential of ECHO (The Experience of Care and Health Outcomes) and the Patient Experience of Psychiatric Care as Measured by the Inpatient Consumer Survey (ICS).

As described by NAMI, the CMS rationale for eliminating this measure is that it is a process measure that assesses whether the facility utilizes a patient experience of care survey but does not provide actual information about the real-world experience of care of inpatients in the facility. The drafters further explain that the measure was originally adopted in part to inform potential future development of measures that assess actual experiences of care. The measure, they explain, is no longer needed because sufficient information has been collected.

We join NAMI and urge CMS to retain this measure until a more substantive patient experience of care survey measure is developed and implemented.

People who are patients in inpatient psychiatric treatment facilities are vulnerable, all too often subject to abuse and neglect, and often feel that they have no meaningful voice or control of treatment decisions. Surveys of patient experiences in inpatient facilities are often the only opportunity to provide feedback about their experiences, feedback that can be a valuable source of information for improving treatment environments and strengthening therapeutic alliances. Eliminating the current measure without a new one to replace it would be a step backwards and we urge CMS to reconsider this decision.

Hours of Physical Restraint Use; Hours of Seclusion Use

Both the NAMI and NASMHPD letters address this topic in detail. We concur with their recommendations.

Conclusion

In summary, AAHD & the Lakeshore Foundation join NAMI strongly urging CMS not to finalize these changes as proposed, but rather to maintain the current quality measures in the inpatient psychiatric facility quality reporting program. Persons residing and staying in inpatient psychiatric facilitates are among the most vulnerable, ill, and disabled folks in our society.

Thank you for the opportunity to comment. If you have any questions please contact Clarke Ross at clarkeross10@comcast.net.

Sincerely,

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Member, National Quality Forum (NQF) workgroup on Medicaid adult measures (December 2017-present). Member, National Quality Forum (NQF) workgroup on persons dually eligible for Medicare and Medicaid (July 2012-July 2017) and NQF population health task force (2013-2014) http://www.qualityforum.org/) and NQF representative of the Consortium for Citizens with Disabilities (CCD) Task Force on Long Term Services and Supports (http://www.c-c-d.org/). 2017 member, NQF MAP workgroup on Medicaid adult measures. 2016-2017 NQF duals workgroup liaison to the NQF clinician workgroup. 2015-2016 and 2014-2015 NQF duals workgroup liaison to the NQF PAC/LTC workgroup. Member, ONC (Office of the National Coordinator for Health Information Technology) Health IT Policy Committee, Consumer Workgroup, March 2013-November 2015; Consumer Task Force, November 2015-April 2016. (http://www.healthit.gov/policy-researchers-implementers/federal-advisory-committees-facas/consumer-empowerment-workgroup). Member, SAMHSA Wellness Campaign National Steering Committee – January 2011-September 2014. (http://promoteacceptance.samhsa.gov/10by10/).

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[i] H.A. Pincus, et. al., "Quality measures for Mental Health and Substance Use: Gaps, Opportunities and Challenges, Health Affairs, 2016, 35: 1000-1008.

[ii] A.M. Kilbourne, K.Beck, et. al., "Measuring and Improving the Quality of Mental Health Care: A Global Perspective," World Psychiatry, Feb. 2018, 17(1); 30-38.