

SUBMITTED VIA <http://publiccomments.ncqa.org/home.aspx>

August 25, 2011

Donald M. Berwick, MD, MPP, FRCP
Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Room 445-G, Hubert H. Humphrey Building
200 Independence Avenue, S.W.
Washington, DC 20201

RE: Inpatient Psychiatric Facilities Measures for Comment
(via CMS Quality Measures Public Comment Page)

Dear Dr. Berwick,

As an association representing behavioral healthcare provider organizations and professionals, the National Association of Psychiatric Health Systems (NAPHS) appreciates the opportunity to provide comments on proposed "Inpatient Psychiatric Facilities Measures" required by the *Affordable Care Act*.

Our comments apply to all proposed measures:

- HBIPS-2: Hours of physical-restraint use (patient safety)
- HBIPS-3: Hours of seclusion use (patient safety)
- HBIPS-4: Patients discharged on multiple antipsychotic medications (pharmacotherapy)
- HBIPS-5: Patients discharged on multiple antipsychotic medications with appropriate justification (pharmacotherapy)
- HBIPS-6: Post-discharge continuing care plan created (care coordination)
- HBIPS-7: Post-discharge continuing care plan transmitted to next level of care provider upon discharge (care coordination)

Founded in 1933, NAPHS advocates for behavioral health and represents provider systems that are committed to the delivery of 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, including more than 700 psychiatric hospitals, addiction treatment facilities, general hospital psychiatric and addiction treatment units, residential treatment centers, youth services organizations, outpatient networks, and other providers of care. Our members deliver all levels of care, including inpatient hospitalization, residential treatment, partial hospitalization, and outpatient services.

COMMENTS

NOTE: Our comments apply to all proposed measures (HBIPS-2, 3, 4, 5, 6, and 7).

As an association representing behavioral healthcare provider organizations and professionals, the National Association of Psychiatric Health Systems (NAPHS) supports the use of these measures as performance measures for inpatient psychiatric facilities.

The measures are relevant, useful, and feasible.

The measures were first developed as part of a multi-year national, public-private partnership in collaboration with The Joint Commission. Following extensive testing and national review, the measures have been adopted as “core measures” required of psychiatric hospitals by The Joint Commission (and available to general hospitals with psychiatric units for use in meeting ORYX requirements).

There has been extensive input from the field during the development process. Early adoption of these measures has] been based on widespread acceptance of their relevance and usefulness.

Feasibility issues have been worked through by users over the last three years. Collection and reporting of the measures have been proven to be feasible for all types of public and private providers; large and small organizations; freestanding hospitals and psychiatric units of general hospitals; all geographic areas; all diagnoses; and all age groups.

HBIPS users report significant relevance and usefulness of these measures in addressing quality issues.

All HBIPS measures have established standardized definitions, leading to comparability of data across a very large data set.

These HBIPS measures are a unique contribution to quality efforts because the measures report patient-level data. The measures have also been used on a national level for more than three years.

We support selection of the HBIPS measures (2, 3, 4, 5, 6 and 7) for CMS performance reporting.

CONCLUSION

Thank you for the opportunity to comment. We look forward to continuing to work with the Centers for Medicare and Medicaid Services and the Department of Health and Human Services to advance quality behavioral health care.

Sincerely,

/s/

Mark Covall
President/CEO