



Charles N. Kahn III  
President and CEO

June 17, 2019

The Honorable Seema Verma, Administrator  
Centers for Medicare & Medicaid Services  
Department of Health and Human Services  
Hubert H. Humphrey Building  
200 Independence Avenue, S.W., Room 445-G  
Washington, DC 20201

***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.***

Dear Administrator Verma,

The Federation of American Hospitals (FAH) is the national representative of more than 1,000 investor-owned or managed community hospitals and health systems throughout the United States. Our members include teaching and non-teaching hospitals in urban and rural America, as well as inpatient rehabilitation, psychiatric, long-term acute care, and cancer hospitals. The Federation of American Hospitals (FAH) appreciates the opportunity to provide comments on the Centers for Medicare and 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."

The FAH supports the Inpatient Psychiatric Facility Quality Reporting Program (IPFQR). However, we are concerned that, especially when weighed against the burden of complying with the administratively complex data collection and reporting process, the program is not yet yielding the desired and intended improvement in quality of care. The FAH applauded CMS for removing measures in last year's rule and believes that adopting new measures at this time is premature and works against the Patients over Paperwork Initiative. We look forward to continuing to work with CMS to improve the program.

### **Inpatient Psychiatric Facility Quality Reporting Program (IPFQR)**

Proposed New Quality Measure for the FY 2021 Payment Determination and Subsequent Years—Medication Continuation Following Inpatient Psychiatric Discharge (NQF #3205)

IPFQR currently includes 13 measures. For FY 2020, CMS is proposing the addition of Medication Continuation Following Inpatient Psychiatric Discharge (National Quality Forum #3205), a claims-based measure, beginning with the FY 2021 payment determination and subsequent years. This measure focuses on the appropriate medication of patients admitted to IPFs with diagnoses of Major Depressive Disorder (MDD), schizophrenia, or bipolar disorder. **The FAH supports the intent and importance of the measure in tracking medication adherence for this population, however we find this measure better suited to the outpatient setting and as such do not support its addition to the IPFQR.**

During discharge, hospitals ensure that patients understand their medications, including potential complications if discontinued and the importance of the dosage and timing of the schedule. In addition, hospitals provide information on who to contact if there are any complications or questions. Once discharged, hospitals have little control on patient adherence to medication. This measure is better suited to an outpatient setting that the patient will be visiting for standard rather than urgent care.

### Possible IPFQR Program Measures and Topics for Future Consideration

#### **Patient Experience of Care**

CMS seeks to adopt measures related to patient experience of care based on a consumer survey such as the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS). The FAH recognizes the importance of patient experience of care within the quality of care framework. The majority of FAH members providing inpatient psychiatric services use some version of the patient perception of care measures. However, there is no standardized version that is used across hospitals. As CMS continues to conduct future development and testing of a survey-based patient experience of care measure for the inpatient psychiatric population, the agency should consider the following concerns.

- **HCAHPS need to be re-evaluated**

The FAH also recognized that the HCAHPS is dated and in need of a re-evaluation and does not recommend the adoption of the survey as it stands.<sup>1</sup>

- **Inpatient psychiatric population experience of care may differ from standard inpatient experience**

The FAH suggests that experience of care in an IPF may have nuances that will express themselves in what matters to patients and caregivers when a patient is admitted to these facilities. In addition, this patient population differs in the kind of complexity they present. The FAH strongly encourages CMS to conduct focus groups to explore what matters to inpatient psychiatric patients.

- **Efficiency and effectiveness of care is a very important part of the patient experience**

Part of the experience of care revolves around such experiences as receiving test results quickly and being discharged promptly upon being told they are ready to go home. The

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<sup>1</sup> <https://www.healthaffairs.org/doi/10.1377/hblog20190307.766083/full/>

FAH encourages CMS to explore experience of care questions that examines the patient experience in receiving efficient and effective care

- **Measure and report on topics that are actionable by hospitals**

There are patient-, community-, and environmental- level characteristics that factor into a patient's experience of care. The FAH encourages CMS to fully explore current research when developing these measures so as to appropriately adjust for the relevant factors. In addition, the FAH encourages CMS to pursue provider input into the perceived challenges of affecting change on certain measures.

- **Be mindful of patient and provider burden for data collection and reporting**

The FAH continues to applaud CMS for its Patients over Paperwork initiative and encourages its consideration and application in the development of these measures.

### **Patient Empowerment Measure**

The FAH encourages CMS to explore a patient empowerment measure such as safety planning measures and patient and caregiver engagement measures. The statistics on suicide are alarming and clearly demonstrate a public health crisis across the county. Hospitals seek to support patients in their self-care and improvement even once discharged to the community. A measure of patient empowerment would support hospitals in providing better care at discharge. Finally, patient empowerment is a patient-level characteristics that affects a patient's experience of care and would be helpful for overall patient experience of care study.

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The FAH appreciates the opportunity to submit these comments. If you have any questions, please contact me at 202-624-1534, or Claudia Salzberg, Vice President, Quality at [csalzberg@fah.org](mailto:csalzberg@fah.org) or 202-624-1522.

Sincerely,



