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FROM: Kathleen McCann, R.N., Ph.D., Director of Quality and Regulatory Affairs,  
National Association of Psychiatric Health Systems  
[Kathleen@naphs.org](mailto:Kathleen@naphs.org)

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The National Association of Psychiatric Health Systems (NAPHS) is pleased to provide feedback and suggestions on the proposed National Behavioral Health Quality Framework (NBHQF). We support the Substance Abuse and Mental Health Services Administration's (SAMHSA's) goal of including in the NBHQF only measures that:

- are endorsed by NQF or other relevant national quality entity where possible;
- are relevant to NQS and NBHQF priorities;
- address "high-impact" health conditions;
- promote alignment with program attributes and across programs, including health and social programs, and across HHS;
- reflect a mix of measurement types: outcome, process, cost/appropriateness, and structure;
- apply across patient-centered episodes of care; and
- account for population disparities.

We support the acknowledgment that the acceptable level of evidence, the breadth of indicators of quality treatment, and the history of anecdotal and evaluative evidence that may not have been adequately captured present unique challenges to behavioral health. However, we want to encourage SAMHSA to develop a focused agenda that avoids the temptation to proliferate measures and add unnecessarily to what many providers see as measurement for the sake of measurement. We need to develop large enough databases around specific measures so we can do the analysis necessary to really understand the phenomenon of interest and incorporate findings into clinical practice.

To the extent possible, measures should be applicable across the continuum of care. However, we encourage SAMHSA to recognize the needs of acutely ill individuals with mental and addictive disorders. The field has worked collaboratively to identify Hospital-Based Inpatient Psychiatric Services (HBIPS) core measures, which are a requirement for hospital accreditation through The Joint Commission and payment through CMS. We believe that many of these measures (relegated to the appendix in this draft) are core to improving care – particularly for the acutely ill. We urge you to review the continuity of care measures (HBIPS 6 and 7), the antipsychotic medication measures (HBIPS 4 and 5), and the restraint/seclusion measures (HBIPS 2 and 3).

The HBIPS measures are a model of strong collaborative efforts from many aspects of the provider, payor, and consumer communities. They have the long-term goal of providing data back to the field that can be publicly reported and used to continuously improve treatment. The field needs practical information and the time to make meaningful use of the data it is reporting to change clinical practice. Any quality reporting you require should be examined in light of whether it helps clinicians drive organizational change that can make a real difference in their patients' lives.

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We believe that the NBHQF should be parsimonious in selecting measures. For example, there are several measures related to diabetes and substance abuse screening. While we recognize there need to be choices available based on the needs and characteristics of specific populations, we encourage SAMHSA to always look for the measures that best serve the needs of the greatest number of users.

Rather than recreating or adding new measures, the field should work to use – and get maximum value from – the measures already in place (particularly when they meet the criteria of the NBHQF). To the greatest extent possible, the NBHQF should be consistent with the HHS framework (rather than creating new goals).

Thank you for the opportunity to provide feedback.