



SUBMITTED VIA WEB:

at [COMMENT: Behavioral Health Phase II Public and Member Comment - through October 29.](#)

TO: National Quality Forum (NQF)

FROM: [Kathleen McCann, R.N., Ph.D.](#), Director of Quality & Regulatory Affairs

DATE: October 28-29, 2013

The National Association of Psychiatric Health Systems (NAPHS) is pleased to provide feedback to the National Quality Forum (NQF) on proposed NQF quality measures for behavioral health.

Comments on HBIPS-6 Post discharge continuing care plan created

Level of Support for the Measure: Support

Comment:

This measure has proven to be very helpful to the field in the many years of its use.

Comments on HBIPS-7 Post discharge continuing care plan transmitted to next level of care provider upon discharge

Level of Support for the Measure: Support

Comment:

HBIPS-7 supports the goals of continuity of care for patients in psychiatric hospitals and units in general hospitals.

Comments on HBIPS-5 Patients discharged on multiple antipsychotic medications with appropriate justification

Level of Support for the Measure: Support

This measure supports the field's focus on overutilization and has proven to change professional practice through its use since 2008.

Comments on HBIPS-2 Hours of physical restraint use

Level of Support for the Measure: Support

Comment:

The standardization of definitions provided by this measure has allowed the behavioral health field to systematically compare data.

Comments on HBIPS-3 Hours of seclusion use

Level of Support for the Measure: Support

Comment:

The standardization of this measure has allowed for comparison of restraint data across the field. It continues to be an important measure (along with HBIPS-2) for public reporting.

Comments on standards not recommended

(A) Comment Type:
Not Recommended
Comment:

We fully support the committee's recommendation that TOB-4 and SUB-4 not be recommended for endorsement. The tremendous burden the follow-up calls would impose has no demonstrated clinical benefit.

(B) Comment Type:
Not Recommended
Comment:

HBIPS-4 was not recommended based on the importance criteria when reviewed for maintenance. We acknowledge that it was not designed to be a stand-alone measure, but when paired with HBIPS-5 it provides very important clinical data about the magnitude of the problem of patients being admitted to psychiatric inpatient care on multiple antipsychotic medications. HBIPS-5 then demonstrates change during hospitalization (either discontinuation or justification of meds). In addition, HBIPS-4 has been in use since 2008 and clinical data systems are designed to capture and report it. It is also a requirement of CMS IPF-QR reporting. Removing it from endorsement would cause significant disruption with no clinical advantage.

Comments on TOB - 2 Tobacco Use Treatment Provided or Offered and the subset measure TOB-2a Tobacco Use Treatment

Level of Support for the Measure: Don't Support

Comment:

We do not support the TOB measures for use with hospitalized patients.

Comments on TOB-3 Tobacco Use Treatment Provided or Offered at Discharge and the subset measure TOB-3a Tobacco Use Treatment at Discharge

Level of Support for the Measure: Don't Support

Comment:

We do not support the application of the TOB measures to hospitalized patients. In SUB-3 we are additionally concerned about the requirement that patients be referred to "evidence-based outpatient counseling" for tobacco cessation at discharge. Our members are not aware of such services in their communities. Throughout the TOB measures, the exclusions are not clear. EHRs are not in widespread use in psychiatric hospitals to assist in data collection. The connection between interventions and quit rates is not clear and does not support the significant burden this measure would add.

Comments on SUB-1 Alcohol Use Screening

Comment Type: Harmonization and Competing Measure Issue

Level of Support for the Measure: Don't Support

Comment:

We do not support the use of SUB measures for hospitalized patients. The use of SUB-1 creates harmonization issues with HBIPS-1. We are concerned that the appropriate validated instruments are not available and that the population is limited to 18 years and up.

Comments on SUB-2 Alcohol Use Brief Intervention Provided or Offered and SUB-2a Alcohol Use Brief Intervention

Level of Support for the Measure: Don't Support

Comment:

We do not recommend this measure for use with hospitalized patients. The "brief intervention" it requires is not the appropriate intervention for patients who are deemed to have a significant alcohol use disorder. In psychiatric hospital care, persons with this level of impairment would have an intensive, individualized, multi-disciplinary plan developed to address his/her needs--not a "brief intervention." It is also very unclear in the measure specifications who could do the brief intervention, whether it is expected to have fidelity to the model that has been developed for this

intervention, and whether the extreme burden of complying with this measure would have clinical justification in a population of extremely ill patients.

Comments on SUB-3 Alcohol & Other Drug Use Disorder Treatment Provided or Offered at Discharge and SUB-3a Alcohol & Other Drug Use Disorder Treatment at Discharge

Level of Support for the Measure: Don't Support

Comment:

We do not support use of the SUB measures with hospitalized patients. SUB 3 suddenly jumps to include all patients with BOTH an alcohol AND or drug use disorder. This determination is not based on an assessment. It requires that patients be offered at discharge a prescription for FDA-approved medications for alcohol or drug use disorder. These medications are not indicated for every patient with the identified disorders, may be extremely expensive and not approved by insurance carriers (and if approved, usually following an extensive process), and should not be used with patients who do not have a firm commitment to aftercare treatment. In themselves, these medications have significant potential for abuse. We strongly support the committee's decision to not recommend SUB-4 for endorsement.

Comments on HBIPS-1 Admission Screening

Level of Support for the Measure: Support

Comment:

Based on use since 2008 for TJC accreditation purposes, we have seen the importance of this panel of screens being used with all inpatient psychiatric patients. The literature clearly identifies risk, trauma, and substance abuse as significant factors related to the history and needs of psychiatric patients. Strong baseline information on these areas provides the tools for individualized, multi-disciplinary treatment planning. Treatment based on an assessment of patient strengths is strongly supported by patient-centered, recovery-oriented approaches and is critical in the modern treatment environment.

Thank you for the opportunity to provide feedback. If you have any questions, please contact us at 202/393-6700, ext. 102.

Sincerely,

/s/

Kathleen McCann, R.N., Ph.D.
Director of Quality and Regulatory Affairs