American Hospital Association

Federation of American Hospitals

National Association of Psychiatric Health Systems

NRI - National Association of State Mental Health Program Directors Research Institute

VIA EMAIL: Kate.Goodrich@cms.hhs.gov

May 23, 2016

Kate Goodrich, M.D.
Director
Center for Clinical Standards and Quality
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

Dear Dr. Goodrich,

The American Hospital Association (AHA), Federation of American Hospitals (FAH), National Association of Psychiatric Health Systems (NAPHS), and the National Association of State Mental Health Program Directors Research Institute (NRI) seek delay of the implementation of the two new transition of care measures (Transition Record with Specified Elements Received by Discharged Patients #0647, and Timely Transmission of Transition Record #0648) and the Screening for Metabolic Disorders measure (not NQF-endorsed). The measure specifications for these new measures have not been finalized, and the ability of facilities to collect reliable and valid data is significantly compromised even after repeated conversations with the support contractor.

Measures #0647, #0648, and the metabolic screening measure are required of all hospitals reimbursed through the Inpatient Psychiatric Facilities Prospective Payment System (IPF PPS) and are reported through the Inpatient Psychiatric Quality Reporting Program (IPFQR). The data collection period is to begin July 1, 2016. Hospitals have been working to prepare for data collection for a number of months ahead of the July 1, 2016 go-live date and have regularly been in touch with the support contractor, Health Services Advisory Group (HSAG). However, at this time, ***many*** very significant questions remain unanswered about the measure specifications making it impossible for those responsible for implementing the measures to know how to instruct staff who abstract the data. Therefore, we **are seeking an implementation delay of at least six months or until the contractor is able to complete the redefinition/specification of the measures.**

We acknowledge the significant efforts by the Centers for Medicare & Medicaid Services (CMS) and HSAG to clarify the specifications and answer the field's questions over the past few months. Yet a substantial amount of confusion remains. A few examples of the many specifications that are unclear include:

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- Uncertainty about how to calculate the initial patient populations for the measures. We understand that HSAG has submitted a flow diagram/algorithm to CMS for approval in order to clarify this data element. However, the timeline for release of the flow diagram we were told is in the next 4-6 weeks, which will be the middle of June or beginning of July. That is not enough time to train staff and accurately abstract data for a July 1, 2016, deadline.

- Questions about the required documentation related to prescription and over-the-counter products that may interact with discharge medications. We have heard concerns that the expectations go beyond normal medication reconciliation and education.

- Concerns that there are no exclusions for patients who refuse to consent to sharing their information. Patient refusals result in hospitals failing to meet requirements for the measure despite every effort on the part of the provider.

Our member hospitals have raised concerns about other unanswered questions, conflicting or confusing responses, and answers to specification inquiries that are not organized in a way that facilitates data abstraction. Modifications have been made to the original specifications in the final rule, and the measure is now very different from the original version. Further, much of the IPF community is not yet at a point where these measures could be drawn from an electronic medical record.

The psychiatric hospital community would appreciate the opportunity to work with CMS and the contractors to provide our expertise in specifying these and other measures for the IPF setting. We could identify a subset of facilities which could test the measures to verify the data integrity of the changes that have been made to definitions, protocols, and algorithms. Pilot testing would avoid the situation of 1,600 facilities being required to implement untested measures.

We are happy to provide addition information or to discuss this request. If you have questions, please contact Kathleen McCann, R.N., Ph.D., at NAPHS (kathleen@naphs.org, 202-393-6700, ext. 102); Jayne Hart Chambers at FAH (JChambers@FAH.org, 202-624-1522); Evelyn Knolle at AHA (eknolle@aha.org, 202-626-2963); or Lucille Schacht, Ph.D., at NRI (lschacht@nri-inc.org , 703-738-8163).

We look forward to hearing from you as soon as possible so that hospitals have a clear idea of what is expected of them as of July 1.

Sincerely,

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