

AMERICAN ACADEMY OF CHILD & ADOLESCENT PSYCHIATRY

W W W . A A C A P . O R G

June 25, 2018

Seema Verma, Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attention: CMS-1690-P
P.O. Box 8010
Baltimore, MD 21244-8010

Re: *FY 2019 Inpatient Psychiatric Facilities Prospective Payment System and Quality Reporting Updates*

Dear Administrator Verma:

The American Academy of Child and Adolescent Psychiatry (AACAP) appreciates the opportunity to provide comments on the above-referenced proposed rule. AACAP is the professional home to 9,300 child and adolescent psychiatrists, many of whom work in inpatient psychiatric facilities and serve on AACAP's committee that focuses solely on inpatient, residential, and partial hospitalization settings. Our mission is to promote the healthy development of children, adolescents, and families, and we therefore have a strong interest in policies that have an impact on inpatient psychiatric hospitals.

Our members are particularly concerned about the proposal to eliminate the requirement for reporting Hours of Physical Restraint Use [NQF #0640] and to eliminate reporting requirement for Hours of Seclusion [NFQ #0641], and do not agree with the rationale for elimination of these measures. Children and adolescents who are being treated in psychiatric hospitals are among the most vulnerable citizens. The harms associated with seclusion and restraint include additional psychological harm, physical injuries to both patients and staff, the re-traumatization of patients who have trauma in their history, and possible death. In addition, those who experience seclusion and restraint take longer to treat and have a higher risk of readmission.¹ The proposed rule states that the agency's rationale for the removal of these measures is that there are other measures of seclusion and restraint, and reports consistently indicate that the hours of seclusion and restraint reduction have plateaued, however, we feel that this rationale does not support the elimination of these measures.

The reduction in seclusion and restraint use triggered in 1998 by the Hartford Courant report of 142 deaths over 10 years², was accomplished through the Centers for Medicare and Medicaid Services (CMS) Interim Final Rule of 1999, and the Final Rule of 2006,³ in part by the required reporting of seclusion and

¹ Substance Abuse and Mental Health Services Administration: <https://www.samhsa.gov/trauma-violence/seclusion>

² Hartford Courant: http://articles.courant.com/1998-10-11/news/9810090779_1_mental-health-deaths-restraint-policy

³ Centers for Medicare and Medicaid Services: <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/InpatientPsychFacilPPS/IPF-PPS-Regulations-and-Notices.html>

restraint hours. Indeed, academic journal accounts of seclusion and restraint reduction successes focus on the reduction in seclusion and restraint hours. That they remain low is a testament to the success of this requirement, not an invitation to remove reporting requirements.

We fear that as soon as seclusion and restraint hours are no longer being monitored for the purposes of quality measure compliance, the number of seclusion and restraint hours will increase, because attention will be focused somewhere else. Discontinuing the monitoring of seclusion and restraint is contraindicated in this setting because it gives a clear signal to facilities that CMS is no longer interested in seclusion and restraint rates at psychiatric facilities.

In addition to retaining reporting requirements for NQF #0640 and NQF #0641, CMS should look for additional strategies to decrease the use of seclusion and restraint, such as patient opinion surveys related to seclusion and restraint experiences, and staff ability to follow de-escalation strategies to reduce the use of seclusion and restraint.

We thank you for your serious consideration of our comments on this critically important topic. Please do not hesitate to contact Karen Ferguson, Deputy Director of Clinical Practice at kferguson@aacap.org should you have questions. AACAP and its member experts stand ready to discuss this topic further should you desire additional information or clarification.

Sincerely,

A handwritten signature in black ink that reads "Karen Dineen Wagner". The signature is written in a cursive, flowing style.

Karen Dineen Wagner, MD, PhD
President