



June 13, 2017

The Honorable Seema Verma
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1677-P
Room 445-G
Hubert H. Humphrey Building
200 Independence Avenue, SW
Washington, D.C. 20201

Re: CMS-1677-P: Medicare Program: Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long-Term Care Hospital Prospective Payment System and Proposed Policy Changes and Fiscal Year 2018 Rates; Quality Reporting Requirements for Specific Providers; Medicare and Medicaid Electronic Health Record (EHR) Incentive Program Requirements for Eligible Hospitals, Critical Access Hospitals, and Eligible Professionals; Provider-Based Status of Indian Health Service and Tribal Facilities and Organizations; Costs Reporting and Provider Requirements; Agreement Termination Notices

Dear Administrator Verma:

On behalf of the College of Psychiatric and Neurologic Pharmacists (CPNP), we appreciate the opportunity to comment on the Centers for Medicare and Medicaid Services' (CMS) proposed rule implementing the Hospital Inpatient Prospective Payment Systems (PPS) for Fiscal Year (FY) 2018.

CPNP is a professional association of more than 2,100 members who envision a world where all individuals living with mental illness, including those with substance use and neurologic disorders, receive safe, appropriate, and effective treatment. Most members are specialty pharmacists and Board Certified Psychiatric Pharmacists (BCPPs) who specialize in psychiatry, addiction, psychopharmacology, and neurology. CPNP's mission is to advance the reach and practice of psychiatric pharmacy and serve as the voice of the specialty.

Overview of Psychiatric Pharmacists

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Psychiatric pharmacists are the experts in the safe, effective, and well-informed use of medications in the treatment of psychiatric disorders. This includes: (1) working collaboratively and consulting with other members of the interprofessional team to optimize drug therapy; (2) providing direct patient care, including treatment assessment and medication management activities; (3) monitoring for potential adverse drug reactions and interactions; (4) educating patients and families on psychiatric and addiction medications as well as psychiatric and substance use disorders and other related conditions; (5) engaging in patient advocacy efforts both independently and with consumer groups; (6) teaching pharmacy students and trainees as well as other health care practitioners; (7) conducting original research and publishing in peer-reviewed journals and texts; (8) developing medication and formulary policies for state Medicaid programs; and (9) working to reduce medication costs and demonstrating cost savings to health care systems.

Psychiatric pharmacists are an underutilized resource that can help address the growing demand for mental health services. The mental health care system can better meet demand by utilizing psychiatric pharmacists as: (1) members of the treatment team in managing medications for patients with psychiatric and substance use disorders; (2) the authoritative experts on the optimal use of medications and patient care; and (3) indispensable resources for patients, physicians, and non-physician health care professionals in both inpatient and outpatient settings. Psychiatric pharmacists are integral members of interprofessional teams who address the pharmaceutical care of patients with psychiatric and substance use disorders.

Newly Proposed IPFOR Program Measure for the FY 2020 Payment Determination and Subsequent Years

Medication Continuation Following Inpatient Psychiatric Discharge

CPNP encourages the development of measures around medication continuation following inpatient psychiatric discharge. Inability to obtain necessary medications due to high costs and poor access to care are problems that plague many people following inpatient psychiatric discharge. This leads to poorer return to function in the outpatient setting, greater rehospitalization rates and higher overall health care costs. It is important to measure the rates of medication continuation following inpatient psychiatric discharge as well as the barriers and circumstances leading to non-continuation of medications in this setting. Premature discontinuation of necessary medications after inpatient psychiatric discharge further complicates this issue and should also be considered. The vast majority of patients discontinue necessary medications prematurely, resulting in suboptimal treatment outcomes and higher health care service utilization, including



rehospitalization. Patients should be surveyed about the adequacy of explanations about medications and understanding of diagnoses, treatment plans and their length, and follow up care to reduce the risk of poor clinical outcomes and costs including those associated with rehospitalization.

Possible IPFOR Program Measures and Topics for Future Consideration

Patient Experience of Care

CPNP encourages the development of measures around patient experience of care. Given the shortage of mental health workforce patients may have limited access to adequate interaction with psychiatric providers while in the inpatient setting. They may leave facilities with unclear explanations of diagnoses and treatment plans and inadequate follow up care. It is important to measure patients' experience of care to start to determine value of health care services. Patients should be surveyed about the adequacy of explanations and understanding of diagnoses, treatment plans, and follow up care to reduce the risk of poor clinical outcomes and costs including those associated with rehospitalization.

Opioid Use and Treatment

CPNP encourages the development of measures around opioid use and treatment. There is a national epidemic of opioid abuse and overdose deaths with a staggering impact on individuals, families, and communities around the country. While opioids have a valuable role in treating pain, it is important to understand their use outside of this role. It is important to establish and maintain an appropriate balance between restricting inappropriate opioid use and maintaining access to appropriate opioid prescribing for the treatment of acute pain. Furthermore, there is a lack of access to opioid addiction treatment programs, medication-assisted treatment programs and opioid-reversal devices (ie. naloxone), all of which have the potential to be life-saving approaches for those struggling with opioid use disorders. It is important to measure the rates of people denied admission/access to these treatments to assess the severity of the problem.

Access to Care

CPNP encourages the development of measures around access to care. There is a national shortage of mental health workforce that limits access to care including access to inpatient treatment. It is important to measure the rates of people denied admission to inpatient mental health treatment to assess the severity of the problem. With the increase in coverage of mental health and substance use disorders as a required benefit it appears



to be becoming increasingly difficult to obtain necessary, often lifesaving treatment, in a timely fashion. This is harmful to patients and drives up overall health care costs.

Conclusion

As an organization, CPNP emphasizes increased pharmacist interactions with patients and members of the care team to improve patient care and reduce overall medication/medical costs to providers, patients, and to the health care system as a whole. CPNP very much appreciates the opportunity to provide comments to CMS regarding the proposed rule implementing the IPPS for FY 2018. If you have any questions or require any additional information, please do not hesitate to contact me or our Health Policy Consultant, Jeremy Scott at Jeremy.Scott@dbr.com / 202-230-5197.

Sincerely,

Christopher Thomas, PharmD, BCPP
President