
SUBMITTED ELECTRONICALLY: www.regulations.gov

March 12, 2010

Ms. Charlene Frizzera
Acting Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Hubert H. Humphrey Building
200 Independence Avenue, SW
Room 445-G
Washington, DC 20201

RE: CMS-0033-P: Medicare and Medicaid Programs; Electronic Health Record Incentive Program

Dear Acting Administrator Frizzera,

As an association representing behavioral healthcare provider organizations and professionals, the National Association of Psychiatric Health Systems (NAPHS) appreciates the opportunity to provide comments on the "Medicare and Medicaid Programs; Electronic Health Record Incentive Program" [CMS-0033-P] as published in the January 13, 2010, *Federal Register*.

ABOUT NAPHS

Founded in 1933, NAPHS advocates for behavioral health and represents provider systems that are committed to the delivery of responsive, accountable, and clinically effective prevention, treatment, and care for children, adolescents, adults, and older adults with mental and substance use disorders. Our members are behavioral healthcare provider organizations, including more than 600 psychiatric hospitals, general hospital psychiatric and addiction treatment units, residential treatment centers, youth services organizations, outpatient networks, and other providers of care. Our members deliver all levels of care, including partial hospitalization services, outpatient services, residential treatment, and inpatient care.

Our comments, which support an alternative proposed definition of children's hospitals, follow below.

COMMENTS

Psychiatric hospitals and residential treatment centers for children and adolescents play a critical role in the overall healthcare delivery system. However, unfortunately, behavioral health facilities (paid under the Inpatient Psychiatric Prospective Payment System) were not included in the *American Recovery and Reinvestment Act of 2009* (AARA) HIT Medicare and Medicaid incentive payment program. NAPHS is working with Congress to correct this omission of psychiatric facilities in the HIT Medicare and Medicaid incentive payment program.

In this comment letter, we are responding to the specific request of CMS to offer some insight into the definition of children's hospitals, an eligible entity for Medicaid HIT payments under AARA.

Children's Psychiatric Hospitals Should Receive Medicaid HIT Incentive Payments.

Children's psychiatric hospitals play an important role in addressing the most severe and disabling psychiatric disorders for children and adolescents who are in crisis and have no other alternative. Just like children's hospitals for medical conditions, these psychiatric children's facilities rely heavily on Medicaid funding to operate.

The ultimate goal of widespread adoption of health information technology – to save American lives through improved coordination of care – is particularly relevant to young persons with mental and addictive disorders. According to an eight-state study issued by the Substance Abuse and Mental Health Services Administration (SAMHSA) in December 2006, individuals with serious mental illnesses served by public mental health authorities **die – on average – 25 years sooner than other Americans**. SAMHSA directly linked this horrific mortality data to high incidence of untreated co-occurring chronic medical conditions in this patient population including cancer, hypertension, diabetes, asthma, heart disease, and cardio-pulmonary conditions. Recently, *The New York Times* reported that hospitalized patients with bipolar disorder have mortality rates that ranged from 35% to 200% higher than those of any other patients; again, the cause of death was co-occurring chronic diseases. For young people, coordinating their psychiatric and medical needs will pay big dividends later in their lives.

Health information technology (HIT) is the essential cornerstone of efforts to address this emerging public health crisis. HIT will enable behavioral health and substance abuse treatment providers to effectively coordinate care across mental health and substance abuse service systems, primary care entities, and specialty medicine.

Psychiatric Hospitals Are Implementing Health IT.

A June 2009 survey sponsored by the Software and Technology Vendors Association, National Council for Community Behavioral Healthcare, and National Association of Psychiatric Health Systems (conducted by Centerstone Research Institute) indicates that on average psychiatric hospitals plan to spend more than \$600,000 this year for health IT.

When asked what was the major barrier to the implementation of information technology in behavioral health, close to 90% of psychiatric hospitals said cost was a major barrier, and more than 50% said insufficient reimbursement was a barrier.

Although the vast majority of reporting psychiatric hospitals said cost and insufficient reimbursement were the major barriers to implementing health IT, close to 50% of the respondents said that their hospital has either fully or partially implemented some of the major components of a health IT system, including billing, scheduling, clinical assessment, and treatment planning. However, one component of the clinical information system in psychiatric hospitals that most facilities have not implemented yet is the quality improvement or outcomes piece. More needs to be done to implement a comprehensive clinical information system in these facilities, but without additional resources it will be very difficult to complete the job.

RECOMMENDATION

Psychiatric hospitals – and, more specifically, children’s psychiatric hospitals – are critical parts of the overall healthcare delivery system, and these organizations have made great strides in beginning to implement health IT to help improve the delivery of behavioral health care and to better coordinate with overall health care. But much more needs to be done.

Financial support by the federal government will be critical to ensuring that these providers will be able to take the next step in fully implementing health IT along with other hospitals and healthcare providers.

Although NAPHS strongly supports the inclusion of all psychiatric hospitals and residential treatment centers as eligible entities for federal support to implement HIT, in this comment letter we are addressing the proposed rule’s request to help define children’s hospitals under the ARRA.

Therefore, we would urge CMS to adopt the definition of “children’s hospital” to include psychiatric hospitals as defined in the Medicare program.

CONCLUSION

Thank you for your consideration of our comments. We look forward to working with CMS and the Department of Health and Human Services to ensure that health information technology will be available to psychiatric hospitals – as it is to other types of hospitals – to improve the lives of the millions of American youth who are living with psychiatric and addictive disorders.

Sincerely,

Mark Covall
President/ CEO