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CAHPS RFI

Westat

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Re: Inpatient Mental Health Experience of Care RFI

Thank you for the opportunity to provide input on the development of a CAHPS survey for inpatient mental health settings. Assessment of patient experience for people receiving mental and behavioral health care is a critical goal, and there are currently significant gaps in the system's ability to do this consistently and systematically.

Our comments provide feedback on the following overarching issues:

1. What are the highest priority topic areas (i.e., aspects of patient experience) that should be covered by an inpatient mental health CAHPS survey?
2. What are the benefits and limitations of a patient experience survey as applied in an inpatient mental health setting?
3. What population-specific considerations should be taken into account as part of this effort?

1. What are the highest priority topic areas (i.e., aspects of patient experience) that should be covered by an inpatient mental health CAHPS survey?

- The survey should address aspects of shared decision-making and patient involvement in care. Questions could include:
 - Do you feel like staff listened to you and respected you?
 - How much effort was made to help you understand your health issues? *
 - How much effort was made to listen to the things that matter most to you about your health issues? *
 - How much effort was made to include what matters most to you in choosing what to do next?*
 - Questions assessing information transparency (e.g., regarding admission, discharge, and treatments).

* Drawn from the CollaboRATE measure

(http://www.glynelwyn.com/uploads/2/4/0/4/24040341/collaborate_for%C2%A0patients_v6.pdf)

- The survey should assess patients' experience of safety (e.g., "did you feel safe on the unit?") and effectiveness of care (e.g., "did you feel like you got better?").
- The survey should examine the extent to which patients had access to psychotherapeutic interventions during and after their inpatient stay. Psychotherapy, family therapy, etc. are important aspects of care for mental illness, but are often underutilized in the inpatient setting.
- Patients should also be asked about their experience with care transitions and discharge planning, and whether adequate follow-up arrangements have been made for their post-discharge care.
- Other important topic areas could include:
 - Experience interacting with staff
 - Experience interacting with other patients
 - Experience with groups/activities
 - Access to outdoors (if possible)

2. What are the benefits and limitations of a patient experience survey as applied in an inpatient mental health setting?

APA applauds the effort to develop a CAHPS survey for mental health settings. Such a survey will offer significant benefits to patients with mental illness, who are rarely asked about their treatment, and will provide opportunities and incentives to improve the quality of mental and behavioral health care. However, there are some limitations and challenges associated with the application of patient experience surveys to inpatient mental health settings. Patients in inpatient mental health units are often there involuntarily; this can lead to a lack of alignment between the patient's goals and the provider's treatment goals. Patients' experiences are not likely to be positive if their experience is focused on being forced to stay in the hospital. Patients in mental health units may also be experiencing active psychiatric symptoms related to mood, psychotic, or anxiety disorders, which can affect their insight into the need for hospital care or their comprehension of the specific question or issue being explored. These issues can impact the accuracy of survey responses. However, it is important to emphasize that just because patients have been admitted involuntarily, this does not mean they shouldn't be surveyed or that negative comments should be discounted. It remains critically important to collect the data needed to improve these patients' care and experience. Collecting information on whether patients have been admitted involuntarily may be helpful for interpreting or potentially stratifying results and could allow for more targeted interventions to improve the experience of patients who are there involuntarily.

3. What population-specific considerations should be taken into account as part of this effort?

- The survey should include both adults and children; survey versions should be developmentally appropriate for the target population.
- A survey should be constructed for parents/guardians of those under 18 and for caregivers of adult patients, especially geriatric patients. Family members would be able to provide accurate information about services during and/or after hospitalization.
- AHRQ should explore how to develop culturally-appropriate items for the survey; the survey should be available in the most common languages, with translators available for other languages.

- We would suggest including the main psychiatric conditions that are usually addressed during inpatient psychiatric treatment, which include:
 - Affective disorders (depression, bipolar disorder)
 - Psychotic disorders (schizophrenia, schizoaffective disorder)
 - Anxiety disorder
 - Substance use disorders

4. Other considerations or recommendations

In addition to the items listed above, APA offers the following feedback for AHRQ's consideration. As development of an inpatient mental health CAHPS survey progresses, AHRQ should explore whether companies that currently conduct patient experience or satisfaction surveys (e.g., Press Ganey) would be able to provide their data sets for examination. Factor analysis could help to identify key concepts to include and reduce the length/burden of the survey for respondents. The timing and method of administration should also be considered. While CAHPS surveys are traditionally administered well after discharge, this can limit response rates substantially, particularly given the high rate of psychiatric patients who are homeless or marginally housed. Ideally, surveys would be done at the time of discharge or a few days after discharge to increase the likelihood of responses from these and other vulnerable populations. We would also note that feasibility concerns remain, with states experiencing challenges in implementation of the CAHPS survey under the Medicaid program, due in part to the costs of administration.

Thank you for your review and consideration of these comments. If you have any questions or would like to discuss any of these comments, please contact Andrew Lyzenga (alyzenga@psych.org), Deputy Director, Quality.

Sincerely,



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CEO and Medical Director