30-Day Risk Standardized All-Cause Mortality Following Inpatient Psychiatric Facility Discharge

The Centers for Medicare & Medicaid Services (CMS) seeks stakeholders’ comments on the following clinical quality measure under development:

Title
30-Day Risk Standardized All-Cause Mortality Following Inpatient Psychiatric Facility (IPF) Discharge

Description
The claims-based 30-Day Risk Standardized All-Cause Mortality Following IPF Discharge measure quantifies the percentage of adult patients who died from any cause within 30 days of discharge from an IPF. Excluded from the measure are Medicare beneficiaries discharged against medical advice; those discharged to other facilities (acute care, hospice, residential care, or correctional facilities); those receiving palliative or hospice care services; and those who expired during the IPF stay. The measure is risk standardized to account for differences in Medicare beneficiaries’ sociodemographic characteristics and medical acuity.

This document provides information about the measure’s rationale and intent. We seek comments from the public on (1) the measure’s specification and (2) the specific questions outlined in the Questions section of this document.

Rationale for measurement
Individuals with psychiatric disorders have a higher risk of mortality compared to the general population. Druss et al. (2012), using National Health Interview Survey linked with National Death Index data, found that individuals with mental health disorders lived eight fewer years than their counterparts without mental health disorders. Risk factors for mortality included age; tobacco use; diabetes; cardiovascular disease, particularly hypertension; and lower cognitive functioning (Dickerson et al., 2021). Some risk factors are modifiable and could begin to be addressed in the IPF setting, including tobacco cessation counseling—currently a quality action for which a measure already exists—as well as blood pressure control and glycemic control, quality actions with existing measure in other CMS reporting programs. Substance use disorders also contribute to premature death and are amenable to interventions aimed at behavior change (Watkins et al., 2016).

Deaths occurring within 30-days of discharge could be from suicide or natural causes. The U.S. Department of Veterans Affairs (VA) health system examined post-discharge mortality among patients treated in its inpatient mental health units during 2013 and 2014. Among the 106,430 patients, 0.39 percent died within 30 days of discharge (n = 413) and 1 percent died within 90 days of discharge (n = 1,070). Of the 413 individuals who died within 30 days, 18 percent were due to suicide (n = 74) and nearly two-thirds (n = 262) were due to natural causes. Similar results were seen at 90 days. Of the 1,070 individuals who died within 90 days of discharge, 14 percent were due to suicide (n = 152) and 70 percent were due to natural causes (n = 756) (Katz et al., 2019). This study concludes that VA patients with mental illness are at a high risk of post-discharge mortality. In their discussion, the authors suggest that focusing on post-discharge interventions could contribute to a reduction in post-discharge mortality.
Individuals with serious mental illness who are diagnosed with medical conditions often have less awareness of concomitant physical disorders than those without a mental illness (Kilbourne et al., 2006). Also, the primary care treatment received by patients with serious mental illness is frequently of lower quality than that received by the general population (Goldberg et al., 2007; Kisely et al., 2008; Mitchell et al., 2009).

**Measure intent**

Patients with psychiatric disorders have increased risk of death and shorter life expectancy. There are currently no public health surveillance or quality measure programs that monitor the survival and mortality rates of individuals with serious mental illness. The intent of the 30-day Risk Standardized All-Cause Mortality Following IPF Discharge measure is to provide clinicians with information on all-cause mortality for adult patients following IPF discharge and to reduce excess deaths by facilitating patient-centric, holistic, multidisciplinary care that spans the continuum from the hospital setting to the community. Death occurring in close temporal proximity to IPF discharge could be the result of self-inflicted injury or other unnatural causes. Premature death can also result from complications stemming from chronic health conditions, which could possibly be averted or delayed through behavior change and appropriate medical management. Psychiatric care needs to be delivered in a way that addresses the whole patient throughout the entire continuum of care.

**Questions**

We welcome all comments and are particularly interested in comments that address the following topics:

- The extent to which measure scores indicate quality of care in IPFs
- The extent to which IPFs can effect change in measure performance
- The feasibility of implementing the measure in the IPF setting
- The usability of measure scores to improve quality
- Unintended consequences that might result from implementing the measure
- The accuracy and reasonableness of the draft measure specifications, including denominator exclusions and potential risk adjustors
REFERENCES


