Re: Medicare, Medicaid, and Children’s Health Insurance Program (CHIP); Meeting on Behavioral Health Payment and Care Delivery

Dear Administrator Verma,

The Alzheimer’s Association appreciates the opportunity to attend the upcoming Meeting on Behavioral Health Payment and Care Delivery and offers the following comments for the consideration of the Centers for Medicare & Medicaid Services (CMS) and the Center for Medicare and Medicaid Innovation (CMMI).

The Alzheimer’s Association is the leading voluntary health organization in Alzheimer’s care, support, and research. Today, there are more than 5 million Americans living with Alzheimer’s, and it is the only cause of death among the top 10 without a way to prevent, cure, or even slow its progression. As the size and proportion of the United States population age 65 and older continue to increase, the number of Americans with Alzheimer’s and other dementias will grow. Caring for individuals with Alzheimer’s will cost an estimated $259 billion in 2017 with Medicare and Medicaid bearing $175 billion—67 percent—of that figure.

We appreciate CMS’s inclusion of Alzheimer’s and related dementias in the meeting agenda. An overwhelming majority of persons with dementia experiences psychotic symptoms or agitation, which we refer to as behavioral and psychological symptoms of dementia (BPSD). Many such symptoms are the impetus to falls, weight loss, infection, incontinence, and nursing home placement, and cause considerable caregiver stress.

As it develops potential care delivery and payment models, we encourage CMMI to consider psychosocial interventions that incorporate training and education for health professionals and family caregivers, as many of these behaviors occur in the home and will be managed by caregivers. Additionally, multiple interventions and regular reevaluation should be included in any model since an affected person’s needs—frequently expressed through behaviors—can change from day to day and across the disease spectrum. Finally, any model should be built around the quality of a beneficiary’s life.

Historically, antipsychotic medications have been used appropriately and inappropriately to address some BPSD, such as agitation, aggression, and hallucinations. The Association continues to support the appropriate use of medications when BPSD pose a greater risk to individuals and families living with dementia than the medications. For the more common occurrences of BPSD, non-pharmacologic...
interventions should be a first-line alternative to pharmacologic therapies. We refer CMS and CMMI to the Alzheimer’s Association position statement on BPSD.¹

Thank you for the opportunity to comment. The Alzheimer’s Association would be glad to serve as a resource to CMS as it considers these important issues and how they relate to individuals living with Alzheimer’s and related dementias. Please contact Laura Thornhill, Manager of Regulatory Affairs, at 202-638-7042 or lthornhill@alz.org if you have questions or if we can be of additional assistance.

Sincerely,

Robert Egge  
Executive Vice President, Government Affairs