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Andy Slavitt
Acting Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
7500 Security Boulevard
Baltimore, Maryland 21244-1850

September 3, 2015

Re: Medicare Program; Revisions to Payment Policies under the Physician Fee Schedule and Other Revisions to Part B for CY 2016

Dear Acting Administrator Slavitt,

The Alzheimer's Association appreciates the opportunity to comment on the Centers for Medicare & Medicaid Services' (CMS) proposed updates and changes to the Calendar Year 2016 Physician Fee Schedule.

The Alzheimer's Association is the world's leading voluntary health organization in Alzheimer's care, support, and research. Today, there are more than 5 million Americans living with Alzheimer's disease. Alzheimer's is the sixth leading cause of death in the United States, and the only cause of death among the top 10 without a way to prevent, cure, or even slow its progression. In 2015, the direct costs to American society of caring for those with Alzheimer's will total an estimated \$226 billion, including \$153 billion in costs to Medicare and Medicaid. Nearly one in every five dollars spent by Medicare is on people with Alzheimer's or another dementia. In 2050, it will be one in every three dollars.¹ The number of Americans with Alzheimer's disease and other dementias will continue to grow each year as the size and proportion of the population age 65 and older continue to increase. Thus, we encourage CMS to consider the following comments to improve care for this growing population of beneficiaries.

Specific Comments

Improving Payment Accuracy for the Professional Work of Care Management Services

The Alzheimer's Association supports CMS's ongoing efforts to encourage and improve care management services, particularly for beneficiaries with complex chronic conditions like dementia. While we support the concept behind the Transitional Care Management Code and the Chronic Care Management (CCM) Code, the Association has heard from providers that the codes, as written, create too great a risk for fraudulent billing. For instance, only one practitioner can bill under the CCM as the patient's Chronic Care Manager, but there is no mechanism for a patient to designate and document his/her Chronic Care Manager or communicate such a designation between providers. Without some designation and documentation--which may change from month to month--providers cannot practically determine which of them is billing under it. Rather than risk inadvertent fraudulent billing, some of our

¹ Alzheimer's Association. (2015). *2015 Alzheimer's Disease Facts and Figures*.

providers choose not to use the code at all. We encourage CMS to consider these issues as it continues its efforts to improve care management and incentivize providers accordingly.

Establishing Separate Payment for Collaborative Care

The Association also appreciates CMS's efforts to improve care through provider collaboration. All patient populations, especially the frail elderly, can benefit from better care coordination. Additionally, in a 2015 Alzheimer's Association special report,² providers cited diagnostic complexity and a lack of access to specialists and interdisciplinary teams as reasons for not disclosing a dementia diagnosis. The proposed reimbursement may encourage primary care providers who feel they lack the needed expertise to connect to specialists for support. Specifically, we suggest that such a code or codes include the following elements:

- that both providers be reimbursed;
- that both providers be eligible for reimbursement with or without the patient present;
- that qualified nonphysician (e.g., nurse practitioners, licensed clinical social workers) providers be eligible; and
- that documentation of the connection with other providers be required for reimbursement.

Advance Care Planning Codes

The Alzheimer's Association applauds CMS's proposal to make active existing advance care planning codes. Care planning generally--discussing one's preferences and wishes for health and long-term care, who will be involved in one's care, financial planning, and more--is particularly important for persons with dementia and their families. Planning for the future can improve the quality of life for both persons with the disease and caregivers. Advanced directives, like Durable Powers of Attorney for Health Care and other legal forms, are an important part of this. These allow the affected person to participate in decision making while he or she is still able and can reduce stress and confusion for friends and family in the future. With regard to the proposed codes, the Association recommends that these only be reimbursable for services in clinical settings and that providers ensure that patient and family preferences are reflected in these documents.

Proposed New PQRS Measures and Proposed Changes to Existing PQRS Measures

The Alzheimer's Association supports CMS's ongoing efforts to measure and improve the care of persons with dementia and their caregivers. We respectfully offer the following recommendations on specific measures.

Cognitive Impairment Assessment Among At-Risk Older Adults

The Alzheimer's Association applauds CMS's effort to improve rates of assessment and diagnosis among older adults. Prioritizing assessment and diagnosis underscores the major diagnosis gap that currently exists: approximately half of the more than 5 million Americans with the disease may not have been told by a physician that they have it.³ The Association encourages CMS to consider the following changes to the proposed measure.

² Ibid.

³ Ibid.

Age of Patients Assessed

The Alzheimer's Association strongly encourages CMS to measure the percentage of patients age 65 and older who have been assessed for cognitive impairment, rather than those age 80 and older. One in nine people age 65 and older has Alzheimer's disease.⁴ Detection of cognitive impairment at an earlier stage allows providers to establish the individual's and family's treatment preferences, connect them to community resources, and help them to plan for the future. The Medicare Annual Wellness Visit (AWV) includes a cognitive assessment element available to all Medicare beneficiaries, the majority of whom are under the age of 80. We believe this measure should capture the assessment of persons age 65 and older.

Measurement Period

The Association respectfully suggests a measurement period of one year. This period is consistent with the cognitive assessment within the AWV.

Documentation

We applaud CMS's inclusion of the requirement that a provider document the results of the assessment in the electronic health record (EHR), either from the results of a standardized cognitive impairment assessment tool or a patient or informant interview. We also encourage CMS to require that providers document the assessment tool used and whether a referral was provided to the patient. Finally, we suggest that a diagnosis, if applicable, be provided to the patient and his or her proxy. In addition to the benefits to patients and caregivers, this measure would also help to advance the Healthy People 2020 objective⁵ of increasing the proportion of persons with diagnosed Alzheimer's disease and other dementias, or their caregiver, who are aware of the diagnosis. The collection of the data discussed above could offer CMS important insight, like which assessment tools providers use and referral patterns.

eMeasure: Determination of a Health Care Proxy for Patients with Cognitive Impairment

We support CMS's inclusion of proxy identification. As noted above, identifying a proxy at the earliest possible opportunity allows a person with dementia to express his or her preferences and plan for the future, easing the stress of future decision making.

Documentation

In addition to identification of a proxy, we encourage CMS to require documentation of the proxy's contact information in the EHR.

Measurement Period

As in the measure of Cognitive Impairment Assessment Among At-Risk Older Adults, the Association respectfully suggests a measurement period of one year. This period is consistent with the cognitive assessment within the AWV.

⁴ Ibid.

⁵ *Healthy People 2020*, available at <http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=7>.

Multiple Chronic Conditions Measures Group for 2016 and Beyond and Dementia Measures Group for 2016 and Beyond

The Alzheimer's Association applauds CMS's increasing emphasis on advanced care planning across settings. Alzheimer's is a chronic disease, and Medicare beneficiaries with Alzheimer's disease and other dementias are more likely than those without dementia to have other chronic conditions.⁶ Thus, this measure is likely to capture persons with dementia. As noted above, advanced care plans are important for this population, and naming surrogates in the early stages of the disease allows those surrogates to understand and help implement those plans. This is especially true for the more than 800,000 people with dementia in the United States who live alone.⁷

Surrogates and/or caregivers help to implement advanced care plans by providing insight into the affected person's preferences and eventually making decisions when the person with dementia is no longer able. The 2015 Institute of Medicine report *Dying in America: Improving Quality and Honoring Individual Preferences Near the End of Life*,⁸ makes the distinction between advanced care planning and surrogates, discussing surrogates as stewards of patients' wishes and preferences, often guided by the use of a plan. These are two separate and equally important elements of effective care.

The "Care Plan" proposed measure (NQF #0326/PQRS #047) appearing in both the Chronic Conditions Measures Group and the Dementia Measures Group reads: *Percentage of patients aged 65 and older who have an advance care plan or surrogate decision maker documented in the medical record or documentation in the medical record that an advanced care plan was discussed but the patient did not wish or was not able to name a surrogate decision maker or provide an advanced care plan.*

As written, the measure includes two distinct elements: an advanced care plan and a surrogate decision maker. While we support the underlying intention--to capture the percentage of individuals with advanced care plans and surrogates--these are not and should not be alternatives to each other. We believe capturing these percentages separately would better serve CMS's purpose. The Association respectfully suggests that CMS replace the current single measure with two measures:

Advanced Care Plan: Percentage of patients aged 65 years and older who have an advanced care plan documented in the medical record and documentation in the medical record that the advanced care plan was discussed and distributed to the patient and/or a designated surrogate decision maker.

Designated Surrogate Decision Maker: Percentage of patients aged 65 years and older who have a designated surrogate decision maker documented in the medical record or documentation in the medical record that the patient did not wish or was not able to name a surrogate decision maker.

⁶ Alzheimer's Association. (2015). *2015 Alzheimer's Disease Facts and Figures*.

⁷ Alzheimer's Association. (2012). *2012 Alzheimer's Disease Facts and Figures*.

⁸ IOM (Institute of Medicine). 2015. *Dying in America: Improving quality and honoring individual preferences near the end of life*. Washington, DC: The National Academies Press.

Finally, we appreciate the continued inclusion of a Dementia Measures Group in the Physician Quality Reporting System. The measures each require a diagnosis, yet no measures of diagnoses exist. We respectfully encourage CMS to include the following additional measures:

- *The percentage of patients who received a diagnosis of cognitive impairment and/or were referred for further testing following an Annual Wellness Visit.*
- *The percentage of patients who are provided with documentation of a diagnosis of dementia.*

Thank you for the opportunity to comment. The Alzheimer's Association would welcome a chance 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,

A handwritten signature in black ink, appearing to read 'RE', with a long horizontal stroke extending to the right.

Robert Egge
Executive Vice President, Government Affairs