



The Honorable Richard Neal
Chairman
House Ways and Means Committee
1102 Longworth House Office Building
Washington, DC 20515

The Honorable Kevin Brady
Ranking Member
House Ways and Means Committee
1139 Longworth House Office Building
Washington, DC 20515

November 25, 2019

Re: Rural and Underserved Communities Health Task Force Request for Information

Dear Chairman Toomey and Ranking Member Brady,

The Alzheimer's Association and the Alzheimer's Impact Movement (AIM) appreciate the opportunity to respond to the Rural and Underserved Communities Health Task Force's Request for Information (RFI) and we applaud the Task Force for working to promote policies to improve the quality of health care and quality of life for these individuals. Please note that while we have limited our responses to three of the 10 questions contained in the RFI, we would be pleased to work with the Task Force on any and all of these issues as it pursues solutions related to individuals affected by Alzheimer's and related dementias.

The Alzheimer's Association is the leading voluntary health organization in Alzheimer's care, support, and research. The Alzheimer's Impact Movement (AIM), the advocacy arm of the Alzheimer's Association, is a nonpartisan, nonprofit organization and works in strategic partnership with the Alzheimer's Association to make Alzheimer's a national priority. Today, there are more than 5 million Americans living with Alzheimer's, and it is the sixth-leading cause of death in the United States and the fifth-leading cause of death among those age 65 and older. As the size and proportion of the United States population age 65 and older continue to increase, the number of Americans with Alzheimer's or other dementias will grow: without a disease-modifying treatment, as many as 14 million Americans 65 and older may have Alzheimer's by 2050. Every state across the country is expected to experience an increase of at least 12 percent in the number of people with Alzheimer's between 2019 and 2025. The West and Southeast are expected to experience the largest percentage increases.¹ The Task Force has an enormous opportunity to serve this growing population in areas where the need is great.

1. What are the main health care-related factors that influence patient outcomes in rural and/or urban underserved areas? Are there additional systems or factors outside of the health care industry that influence health outcomes within these communities?

¹ Alzheimer's Association. (2019). *2019 Alzheimer's Disease Facts and Figures*.

Federally Qualified Health Centers (FQHCs) are serving increasing numbers of Medicare beneficiaries² and clinicians in FQHCs and Rural Health Centers (RHCs) are likely to encounter increasing numbers of persons with dementia--diagnosed and undiagnosed.

Failure to diagnose or disclose a diagnosis of Alzheimer's are problems across the country, including in underserved areas. Healthy People 2020 has stated that Alzheimer's and other dementias are more often undiagnosed in rural and minority populations,³ and studies suggest that dementia is diagnosed less frequently in rural areas than in metropolitan areas.⁴ Studies also suggest that individuals with Alzheimer's and related dementias have a higher mortality rate⁵ in these areas and that individuals living with dementia in rural areas receive suboptimal care.⁶ Detecting and diagnosing dementia is critical to an individual's overall health. The professionals serving these communities--areas sometimes referred to as "neurology deserts" due to projected chronic shortages of neurologists--must be prepared to deliver dementia care in order to positively influence health outcomes. In order to train more professionals in dementia care, the Alzheimer's Association launched two Project ECHO (Extension for Community Healthcare Outcomes) pilot programs in 2018: one in primary care settings focused on dementia diagnosis and care; and one in assisted living communities focused on person-centered dementia care. These programs give providers the knowledge, skills, and confidence to improve care for people living with Alzheimer's in their own communities. We encourage the Task Force to consider policies that will ensure an adequate, well-trained dementia care workforce to positively influence health outcomes.

6. What successful models show a demonstrable, positive impact on addressing workforce shortages in rural and underserved areas? What makes these models successful?

As noted above, professionals providing care to individuals in rural and underserved communities need to be properly trained in dementia detection, diagnosis, and care. Section 6083 of the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act (P.L. 115-271) provides additional payments to FQHCs whose physicians have received specialized training in the treatment of opioid use disorders. Section 6092 of the SUPPORT Act then directs the Centers for Medicare & Medicaid Services (CMS) to develop guidance for hospitals on non-opioid pain management.

We respectfully request that the Task Force consider similar strategies--extra payments for specialized dementia training for FQHC/RHC professionals and/or guidance from CMS on best practices in dementia care and tools for assessment--to address the growing Alzheimer's and dementia crisis in underserved communities.

² National Association of Community Health Centers. (2016). *Health Centers and Medicare: Caring for America's Seniors*.

³ Office of Disease Prevention and Health Promotion. Accessed at <https://www.healthypeople.gov/2020/topics-objectives/topic/dementias-including-alzheimers-disease>.

⁴ Abner EL, Jicha GA, Christian WJ, Schreurs BG. (2016) Rural-Urban differences in Alzheimer's disease and related disorder diagnostic prevalence in Kentucky and West Virginia. *J Rural Health*, 2016 Jun; 32(3): 314-320.

⁵ Singh GK, Siahpush M. Widening rural-urban disparities in all-cause mortality and major causes of death in the USA, 1969-2009. *J Urban Health*. 2014;91:272-92.

⁶ Thorpe JM, Van Houtven CH, Sleath BL, Thorpe CT. Rural-urban differences in preventable hospitalizations among community-dwelling veterans with dementia. *J Rural Health*. 2010;26:146-55.

10. Are there two or three institutional, policy, or programmatic efforts needed to further strengthen patient safety and care quality in health systems that provide care to rural and underserved populations?


Health professionals in FQHCs and RHCs can provide some services to support individuals with dementia, but they are not comprehensive. For example, they can administer the Annual Wellness Visit (AWV) and its assessment for cognitive impairment, advance care planning, chronic care management, and mental health services, but they cannot currently bill for the cognitive impairment care planning code, CPT□ 99483.

Dementia-specific care planning is associated with fewer hospitalizations, fewer emergency room visits, and better medication management.⁷ It allows diagnosed individuals and their caregivers to learn about medical and non-medical treatments, clinical trials, and support services available in the community — resulting in a higher quality of life for those with the disease. Because Alzheimer’s and related dementias complicate the management of other chronic conditions, care planning is key to care coordination and managing those other conditions.

While some of the current care management services available through FQHCs and RHCs benefit persons living with dementia, CPT□ code 99483 is a comprehensive set of services that extends beyond what is now covered under the FQHC/RHC Prospective Payment System (PPS). The Alzheimer’s Association and the Alzheimer’s Impact Movement (AIM) have met with the Centers for Medicare & Medicaid Services (CMS) to discuss the addition of this code to the FQHC/RHC PPS and ensure access to these critical services, and we respectfully request that the Task Force and the Ways and Means Committee explore legislative means of improving this access.

Thank you for the opportunity to comment. The Alzheimer’s Association and AIM would be glad to serve as a resource to the Task Force as it considers these important issues and how they relate to individuals living with Alzheimer’s and related dementias. Please contact Catherine Knowles, Director, Federal Affairs, at caknowles@alz-aim.org if you have questions or if we can be of additional assistance.

Sincerely,

A handwritten signature in black ink that reads "Rachel M. Conant". The script is cursive and fluid.

Rachel M. Conant
Vice President, Federal Affairs

⁷ Healthsperien. (2015). *Analysis and estimate of the federal budget impact of the Health Outcomes, Planning and Education (HOPE) for Alzheimer’s Act of 2015*.