COMMITTEE ON WAYS AND MEANS

U.S. HOUSE OF REPRESENTATIVES
WASHINGTON, DC 20515

April 21, 2016

Andrew Slavitt
Acting Administrator
Centers for Medicare & Medicaid Services
200 Independence Avenue S.W.
Washington, D.C. 20201

Dear Acting Administrator Slavitt:

The past year has seen an increased Congressional focus on mental and behavioral health issues, including improving access to care and treatment. Often ignored are the extensive issues in this space that our seniors face, many of whom are beneficiaries of Medicare. Especially with the growing opioid epidemic in the U.S., which affects seniors just like Americans of other ages, it is essential that Medicare provide more robust data for analysis by the public and policymakers about the extent and nature of mental and behavioral health conditions among the senior population. We are writing to encourage CMS to make available more detailed data about mental and behavioral health disorders among seniors, while of course respecting seniors' privacy, in order to improve the delivery of the health care.

Nearly 26 percent of Medicare beneficiaries experience some mental disorder each year, and approximately 37 percent of all disabled Medicare beneficiaries have a severe mental disorder. These conditions often accompany other chronic conditions, making management of these conditions even more challenging. For example, for the one-third of seniors with diabetes and 30 percent with coronary artery disease, when depression accompanies these conditions—which it does nearly 15 percent of the time—health care costs are about 65 percent higher.[1] Seniors are also at greater suicide risk than the general population, especially those who are veterans.

The Centers for Medicare & Medicaid Services (CMS) has done a commendable job increasing the public availability of data relating to many Medicare issues. This data is essential for stakeholders to better understand the program and its population, in order to improve care and outcomes. While CMS has a standard list of chronic conditions used

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[1] G. S. Adler, "Diabetes in the Medicare Aged Population, 2004," *Health Care Finance Review*, Winter 2007 29(2):91–101; J. Unutzer, M. Schoenbaum, W. J. Katon et al., "Health Care Costs Associated with Depression in Medically Ill Fee-for-Service Medicare Participants," *Journal of the American Geriatric Society*, March 2009 57(3):506–10; and K. Z. Bambauer, D. G. Safran, D. Ross-Degnan et al., "Depression and Cost-Related Medication Non-Adherence in Medicare Beneficiaries," *Archives of General Psychiatry*, May 2007 64(5):602–08.

for data releases, the information relating to mental health conditions should be more granular in order to be meaningful. For example, depression and psychosis/schizophrenia are included, but not mood or personality disorders. CMS needs to ensure that access to necessary data on America's seniors is available as necessary to enable providers to best serve them. Specifically, CMS should add anxiety disorders, bipolar disorder, personality disorders and traumatic brain injury.

Medicare needs to continue to ensure treatment of the mental and behavioral health issues that our seniors face, including partial hospitalizations and traditional outpatient and inpatient visits to behavioral health providers. CMS has not yet published related data to the same extent as with other health conditions; such data would be beneficial for policy makers. Federal restrictions and regulations that prevent the accessibility of this data need to be reformed and brought into the 21st century.

With the growing opioid epidemic in the U.S., it is important to provide more robust data for analysis. Medicare should make data on substance abuse more widely available while respecting seniors' privacy. While we understand the concerns with protecting sensitive mental and behavioral health information, the absence of even de-identified behavioral health data negatively impacts initiatives to achieve better care, smarter spending, and healthier people through our health care system.

CMS has set measurable goals and timelines to move Medicare toward paying providers based on the quality, rather than the quantity, of care they give our seniors. Access to protected data serves as a resource to look into the Medicare program's costs, services, and trends. Open sharing of behavioral health data securely, timely, and more broadly supports insight and innovation in health care delivery. We believe that a balance can be achieved between adequate data sharing and the protection of beneficiary privacy. We strongly recommend that the availability of this data be reexamined in order to coordinate care for mental and behavioral health and to improve the delivery of the health care that our seniors expect and deserve.

Sincerely,

KEVIN BRADY
Chairman

SANDER LEVIN
Ranking Member

PAT TIBERI
Chairman
Subcommittee on Health

JIM MCDERMOTT
Ranking Member
Subcommittee on Health