The Future Health Care Needs of Colorado’s Alzheimer’s Population

Senior Care of Colorado and the M.E.S.A. Initiative

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Geriatric Medicine Today

• Lack of acceptance of the geriatric model
• Limited Geriatric Medical Education
  – Despite government funding via Medicare
• Limited clout of geriatricians
  – AMA and specialty societies much stronger
• Limited support for advanced training in geriatrics
• Perceived inadequate reimbursement
Development of Medical Specialties

- Usually market driven
- Examples
  - Pediatrics
  - Emergency Medicine
- No incentives for geriatric training
- Other specialists control reimbursement
The Origin of GME Funds

• Prior to 1965
  – Interns/Residents got room & board

• After 1965
  – Medicare trust fund provided subsidy for Graduate Medical Education (GME)

• Medicare funds physician training
  – Theoretically, to provide a workforce to care for Medicare patients

• Little of GME funds go towards geriatric education and training
Medical Specialty Reimbursement

- AMA controls physician reimbursement
- RUC (RVS Update Committee)
- 29 members - very few from primary care
- No regular seat for a geriatrician!
- Reimbursement skewed towards procedures
Senior Care of Colorado, P.C.

- 25 physicians (12 fellowship-trained)
- 32 mid-level practitioners
- 3 LCSWs
- Nursing home triage
- 60 other employees
- $15,000,000 annual budget
Size and Scope

- >14,000 patients
- Three large and three satellite clinics
- Most nursing homes in Denver metro area
- Most assisted living facilities
- Home visits
- Rural nursing homes and Cheyenne
- Greeley, Longmont, Evergreen
Assumptions

- Most FPs/Internists/Geriatricians Like Taking Care of Seniors

- Clinicians Like To “Carry Their Weight”

- Reimbursement Stagnant

- Medicare Viewed As Labor Intensive

- Have To Live Within The System; Can’t Wait For THE Health Care Reform
Rural Areas Have More Seniors

Seniors By Setting

% of Area Population

Age 65+  Age 75+

Source: Southwest Rural Health Research Center, 2003
Physicians Per 100k Population

<table>
<thead>
<tr>
<th>Major Metro Areas</th>
<th>MD/100k</th>
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<tbody>
<tr>
<td>Denver (6 counties)</td>
<td>265</td>
</tr>
<tr>
<td>Grand Junction</td>
<td>265</td>
</tr>
<tr>
<td>Pueblo</td>
<td>243</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Grant Regions</th>
<th>MD/100k</th>
<th>Vs Metro</th>
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</thead>
<tbody>
<tr>
<td>Grand Junction Region (5 counties*)</td>
<td>167</td>
<td>63%</td>
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<tr>
<td></td>
<td>NE to Glenwood Spring from Grand Junction</td>
<td></td>
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<tr>
<td></td>
<td>SE to Gunnison from Grand Junction</td>
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</tr>
<tr>
<td>Greeley Region (3 counties)</td>
<td>130</td>
<td>49%</td>
</tr>
<tr>
<td></td>
<td>NE to Sterling from Greeley</td>
<td></td>
</tr>
<tr>
<td>Pueblo Region (6 counties*)</td>
<td>121</td>
<td>46%</td>
</tr>
<tr>
<td></td>
<td>Salida, Alamosa, Trinidad, and LaJunta</td>
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*Excluding: Grand Junction in Mesa County, Pueblo in Pueblo County
Some Are Closing to Medicare

- Primary Care Practices
  - 62% closed to new Medicare patients - Texas Medical Association 2008
  - 59% of rural practices closed to new Medicare patients - Washington Department of Health 2003
What Can We Do About It?

• The Colorado M.E.S.A. Initiative
  – Medicare Experts / Senior Access
  – Comfortable serving patients with dementia & other geriatric syndromes

• The Colorado Health Foundation
• Senior Care of Colorado, PC
• Alzheimer’s Association, Colorado Chapter
M.E.S.A. Initiative Regions

56% of Colorado’s counties
20% of Colorado’s population
The Right Attitude

• Seniors Need Our Help
• Medicare Reimbursement Is Fair
  – Although not adequate to fix the growing crisis
• Play by the Rules
  – Auditor not interested in “perfect” notes
• Responsible Stewards of Medical Resources
• May Have To Break Old Habits
Maximum Annual Revenue - Time

Assumes 100% billing for 8 hours per day, 46 weeks per year at average of levels 2, 3, and 4 based on “time.”

For illustration purposes only, not suggestive of actual or appropriate annual revenue. Revenue shown represents gross charges.
Inappropriate Coding

• **Cost of Over-coding**
  – Lost time and money from audits
  – Potential loss of revenue, fines, or even license

• **Cost of Under-coding**
  – By one level in an office setting: 30 - 50%
  – By one level in a nursing home: 25 - 35%
Critical Billing Success Factors

- **Bill Accurately**
  - All providers should know how to use ICD & CPT codes

- **Bill Appropriately**
  - Medical necessity
  - Adequate documentation

- **Bill Courageously**
  - Bill fairly for services rendered per the rules
  - Be prepared for audits, not intimidated by them
Time Coding 3
Geriatric Medicine Principles

- Often “High-touch & low-tech”

- Team Approach
  - Critical Input From Patient & Family
    - Desires and preferences
    - Balance the pros and cons of treatment options
    - Focus on function
  - Professional Teams
    - Facility staff (LTC, SNF, AL)
    - Colleagues (MD, NP, PA, LCSW)
• Medications
  – Try a Safe & Potentially Effective Medication
    • If it doesn’t help, try something else
  – Look for the Effects of Multiple Medications
    • Ask to see all medications at one time
    • Consider reducing dosage or removing entirely
  – Be Sensitive to the Cost of Medications
  – Understand the Patient’s Preferences Regarding Medications
List of Clinical Guidelines

- Dementia
- A-Fib
- Arthritis
- Cancer Screening
- CHF
- COPD
- Diabetes
- Gerd & PUD
- Hypertension
- Incontinence
- Parkinson’s
- PVD
Dementia: Diagnosis

- **The Key to Diagnosis**
  - History from family or significant others

- **Be Sure These Are Not Contributing to Deficits:**
  - Medications
  - Depression
  - Underlying medical conditions (i.e. B12 deficiency)

- **Imaging Studies Only If:** family insists, unusual history, or neurological exam has focal finding
Dementia: Education

• **Immediatley Guide Families to Resources**
  – Call Alzheimer’s Association local office or 24/7 Helpline at **800.272.3900**

• **At Some Point, Early On, Educate Patient & Family About**
  – Cause
  – Expected course
  – Treatment options
Dementia: Treatment

• **Same Medications Regardless of Dementia Type**
  – Cholinesterase inhibitors (Exelon, Razadyne, or Aricept) & Namenda
  – Judge response by reports from patient/family

• **If Patient/Family Want to Do Everything Possible**
  – Consider other options to slow progression, e.g., exercise, cognitive stimulation, add another medication
Dementia: Medications

- **At About 4 Months After Initiation:**
  - If no improvement, consider changing medication

- **After Trial of 2 or More Medications:**
  - Discuss pros and cons of continuing medications
  - Realize that medications may be slowing the progression

- **Be Sensitive to Cost of Medications**
  - New classes in the pipeline likely to increase cost
Advanced Dementia

- **Reassess Medications in Advanced Stages**
  - Especially in the LTC setting
  - It’s fine to continue medications appropriately
  - Be wary of claim ‘patient will decline rapidly after withdrawal from medication’

- **Hospice Care**
  - Consider for advanced dementia and clear decline
www.coloradomesa.org

The Colorado M.E.S.A. Initiative!

Are You A Colorado Physician Providing Primary Care to Seniors?

Thanks to a grant from the Colorado Health Foundation and the support of the Alzheimer’s Association Colorado Chapter and Senior Care of Colorado, YOU can:

Become a Medicare Expert!

- Be confident in your coding and documentation abilities
  - know the 2 key paths to billing success
  - know how to provide great geriatric patient care AND be paid appropriately
  - know the critical role of place of service
  - know, specifically, what Medicare pays
- Learn key lessons from Colorado’s largest geriatric practice

Increase Senior Access to Quality Healthcare!

- Understand what the Medicare guidelines require and what they don’t
- Understand that the Medicare program does pay fairly (although not necessarily adequately to fix the growing crisis)
- Be comfortable serving seniors with the toughest clinical challenges

When you become a participant in the Colorado Mesa Initiative **at no cost to you or your practice**, you’ll gain access to the M.E.S.A. Training Resources:
QUESTIONS?