Incorporating a Dementia Stratagem into Your Practice

Billing options, time management, and other considerations

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DO YOU HAVE ANYTHING THAT STOPS THE AGING PROCESS?
11.8
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SURE, WHAT KIND OF DISEASE WOULD YOU LIKE?
PARKER

The United States Preventive Services Task Force (UPSTF) concluded there is not enough data to recommend for or against screening.

The Affordable Care Act of 2010 calls for screening as part of the annual wellness visit for Medicare Patients.

The Internationl Association of Gerontology and Geriatrics (IAGG) published a consensus recommendation for cognitive screening.

Challenges

Measured by people (not machines)

Easy fixes are rare

Treatment + People > Pills

Weak specialist supply and/or access

Poor fit with traditional primary care

Relevance

5.4 million Americans are suffering from dementia

Only 45% of patients and caregivers are aware of the diagnosis

Dementia affects general health care utilization, especially acute care

Relevance

All can worsen chronic disease outcomes

Easily missed by eyeball method

Detectable by screening

Clinical care pathways exist

Basic Premise:
You Cannot Manage What You Cannot See

Problems with cognition

Often invisible

Prevalent

Consequential

Manageable

Active case-finding (screening)

Necessary

Not sufficient without responding

Essentials

Routine case finding

Clear goals of care

Specific clinical pathways/timelines

Response tracking and care plan revision

Patient registry for population management

“it was like being given a pair of flip-flops and then told to climb Everest”

a carers experience

Issues Impacting a Good Life for a Person with Dementia

- Diminished social networks
- Misconception that dementia takes away potential for creativity and engagement
- Dying may be protracted
- Challenge of getting optimal symptom/pain control
- Assumptions that person with dementia lacks capacity to express preferences or feedback in assessment

Health Outcomes, Planning, and Education (HOPE) for Alzheimer's Act (S. 857, H.R. 1559)

- In 2017 Centers for Medicare and Medicaid Services (CMS) began paying clinicians to provide clinical care and support services for person's living with Alzheimer's Disease and related disorders
- Code G0505 provides reimbursement for cognitive and functional assessment and care planning. CPT 99483 in 2018
- Codes G0502, G0503, G0504, and G0507 for Monthly Collaborative Care Management. CPT 99492, 99439, 99494, and 99484 in 2018

Cognitive Impairment Assessment and Care Planning---MD, DO, APN, PA
CPT 99483

Cognition-focused evaluation with pertinent history and examination

Functional assessment including decision-making capacity

Medication reconciliation and review for high risk medications

Evaluation for neuropsychiatric and behavioral symptoms

Advanced care planning discussion

Cognitive Impairment Assessment and Care Planning---MD, DO, APN, PA CPT 99483

- Evaluation of safety including motor vehicle operation
- Evaluation of caregiver's knowledge, needs and social supports
- Address palliative care needs if applicable and desired. PPS and FAST scales
- Creation of a care plan to address symptoms, referral to community resources as needed and shared with patient and/or caregiver

PALLIATIVE PERFORMANCE SCALE (PPS)

<table>
<tr><th rowspan="2">%</th><th rowspan="2">Ambulation</th><th rowspan="2">Activity Level Evidence of Disease</th><th rowspan="2">Self-Care</th><th rowspan="2">Intake</th><th rowspan="2">Level of Consciousness</th><th colspan="3">Estimated Median Survival in Days</th></tr>
<tr><th>(a)</th><th>(b)</th><th>(c)</th></tr>
<tr><td>100</td><td>Full</td><td>Normal
No Disease</td><td>Full</td><td>Normal</td><td>Full</td><td rowspan="3">N/A</td><td rowspan="4">N/A</td><td rowspan="5">108</td></tr>
<tr><td>90</td><td>Full</td><td>Normal
Some Disease</td><td>Full</td><td>Normal</td><td>Full</td></tr>
<tr><td>80</td><td>Full</td><td>Normal with Effort
Some Disease</td><td>Full</td><td>Normal or Reduced</td><td>Full</td></tr>
<tr><td>70</td><td>Reduced</td><td>Can't do normal job or work
Some Disease</td><td>Full</td><td>As above</td><td>Full</td><td>145</td></tr>
<tr><td>60</td><td>Reduced</td><td>Can't do hobbies or housework
Significant Disease</td><td>Occasional Assistance Needed</td><td>As above</td><td>Full or Confusion</td><td>29</td><td>4</td></tr>
<tr><td>50</td><td>Mainly sit/lie</td><td>Can't do any work
Extensive Disease</td><td>Considerable Assistance Needed</td><td>As above</td><td>Full or Confusion</td><td>30</td><td>11</td><td rowspan="3">41</td></tr>
<tr><td>40</td><td>Mainly in Bed</td><td>As above</td><td>Mainly Assistance</td><td>As above</td><td>Full or Drowsy or Confusion</td><td>18</td><td>8</td></tr>
<tr><td>30</td><td>Bed Bound</td><td>As above</td><td>Total Care</td><td>Reduced</td><td>As above</td><td>8</td><td>5</td></tr>
<tr><td>20</td><td>Bed Bound</td><td>As above</td><td>As above</td><td>Minimal</td><td>As above</td><td>4</td><td>2</td><td rowspan="2">6</td></tr>
<tr><td>10</td><td>Bed Bound</td><td>As above</td><td>As above</td><td>Mouth Care Only</td><td>Drowsy or Coma</td><td>1</td><td>1</td></tr>
<tr><td>0</td><td>Death</td><td>-</td><td>-</td><td>-</td><td>--</td><td></td><td></td><td></td></tr>
</table>

(a) Survival post-admission to an inpatient palliative unit, all diagnoses (Virik 2002).
(b) Days until inpatient death following admission to an acute hospice unit, diagnoses not specified (Anderson 1996).
(c) Survival post admission to an inpatient palliative unit, cancer patients only (Morita 1999).

Functional Assessment Scale (FAST)

1	No difficulty either subjectively or objectively.
2	Complains of forgetting location of objects. Subjective work difficulties.
3	Decreased job functioning evident to co-workers. Difficulty in traveling to new locations. Decreased organizational capacity. *
4	Decreased ability to perform complex task, (e.g., planning dinner for guests, handling personal finances, such as forgetting to pay bills, etc.)
5	Requires assistance in choosing proper clothing to wear for the day, season or occasion, (e.g. pt may wear the same clothing repeatedly, unless supervised.*
6	Occasionally or more frequently over the past weeks. * for the following **A)** Improperly putting on clothes without assistance or cueing . **B)** Unable to bathe properly (not able to choose proper water temp) **C)** Inability to handle mechanics of toileting (e.g., forget to flush the toilet, does not wipe properly or properly dispose of toilet tissue) **D)** Urinary incontinence **E)** Fecal incontinence
7	**A)** Ability to speak limited to approximately ≤ 6 intelligible different words in the course of an average day or in the course of an intensive interview. **B)** Speech ability is limited to the use of a single intelligible word in an average day or in the course of an intensive interview **C)** Ambulatory ability is lost (cannot walk without personal assistance.) **D)** Cannot sit up without assistance (e.g., the individual will fall over if there are not lateral rests [arms] on the chair.) **E)** Loss of ability to smile. **F)** Loss of ability to hold up head independently.

*Scored primarily on information obtained from a knowledgeable informant.
Psychopharmacology Bulletin, 1988 24:653-659.

Collaborative Care Management---99484

- Monthly intervention by a Behavioral Health Care Manager
  - Social Work, Nursing, Psychology
  - 20 minutes or more per calendar month
  - Available for face-to-face services in person
- Outreach to and engagement in treatment of the patient
- Development of an individualized treatment plan
- Entering patient in a registry and tracking patient follow-up

Collaborative Care Management

Weekly caseload consultation with treating physician or other qualified health care professional

Provision of brief interventions using evidence-based techniques

- Behavioral activation
- Motivational interviewing
- Focused treatment strategies

Initial Psychiatric Collaborative Care Management---99492

First 70 minutes in the first calendar month

Additional 30 minutes—99494

Behavioral health care manager activities

Consultation with a psychiatric consultant

Directed by treating physician or other qualified health professional

Subsequent Psychiatric Collaborative Care Management---99493

First 60 minutes in a subsequent calendar month

- Additional 30 minutes---99494

Behavioral health care manager activities

Consultation with a psychiatric consultant

Directed by treating physician or other qualified health professional

CPT Procedure Codes Reimbursement

Code	Office	Facility Setting
99483	$252.76	$186.23
99484	$50.83	$34.10
99492	$168.94	$94.04
99493	$134.86	$85.05
99494	$69.68	$45.36

High-quality end of life care for people with dementia can:

Support and empower caregivers

Optimize the psychological, functional, and spiritual wellbeing of people with dementia and their caregivers through access to an appropriately trained workforce

Ensure appropriate access to continuing healthcare services

Strengthen support for caregivers after the death of the loved one

High-quality end of life care for people with dementia can:

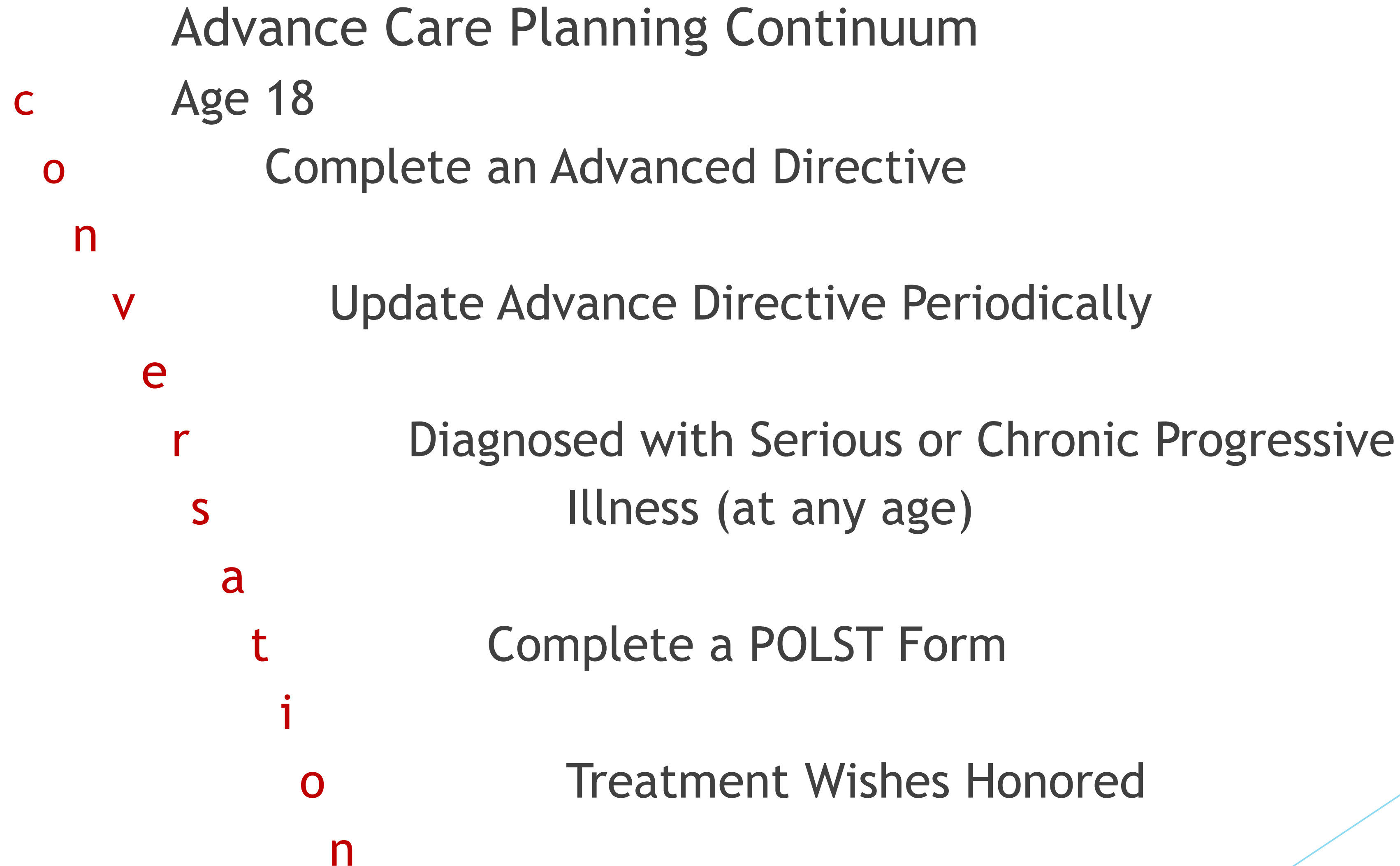
Break down the stigma of dementia which leads to barriers in accessing the care people desire

Enable people to live as well as they can until they die

Increase choice for people with dementia by supporting them in their preferred priorities for care (PPC) through implementation of advance care planning (ACP)

Reduce inequalities by improving access to information, advice, and the range of available support services

Where Does POLST fit in?



Medicare Hospice Benefit

Established in 1982 for high-quality end-of-life care

Eligibility

- Medicare Part A
- Terminal illness (6 months or less if illness runs its natural course)
- Forgo intensive medical intervention of curative intent

Benefit Period

- Two 90-day periods, followed by unlimited 60-day periods
- Initial certification by two physicians
- Recertification by hospice physician

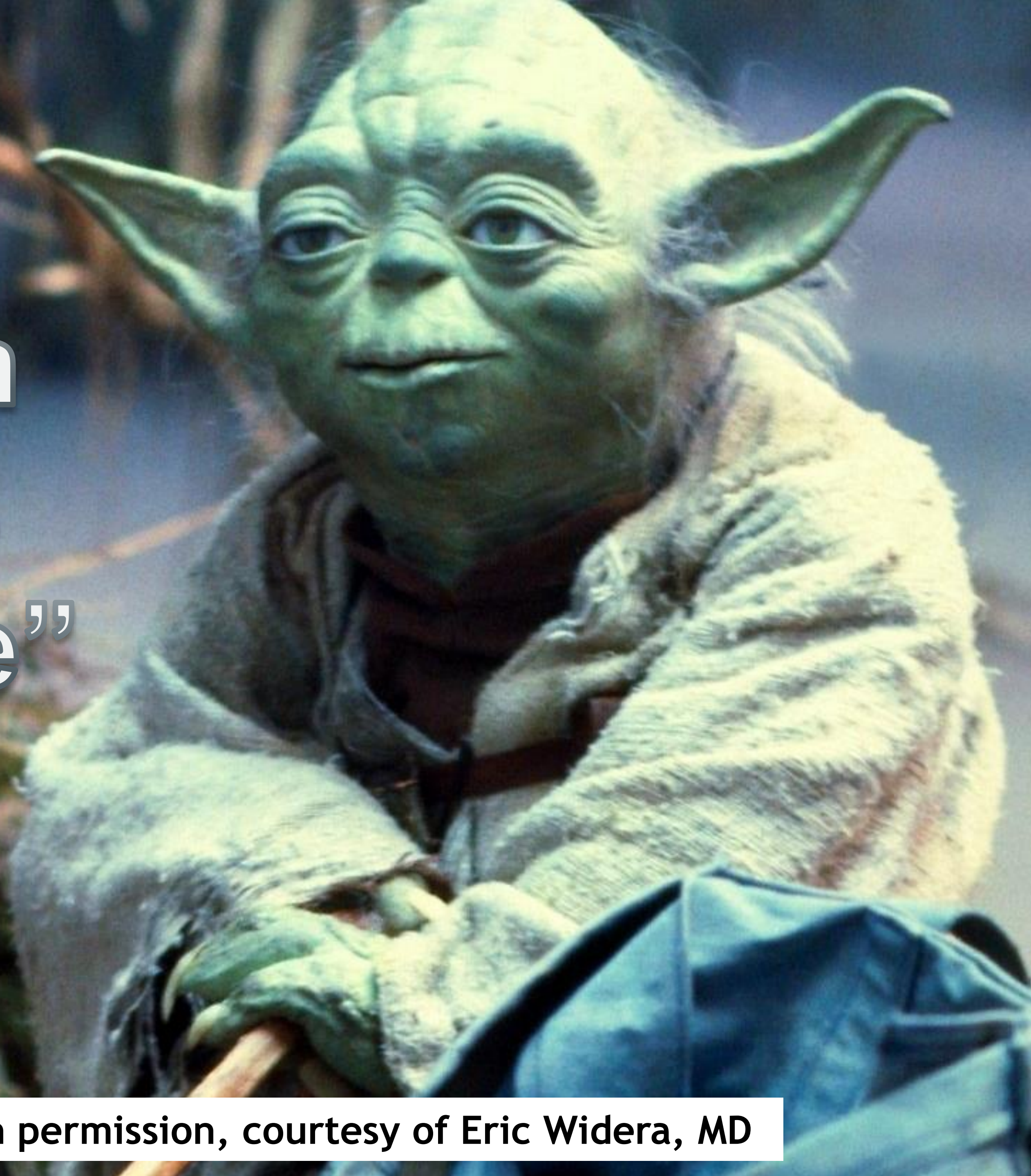
Medicare Hospice Criteria for Dementia

Stage 7 or beyond on the Functional Assessment Staging Scale (FAST)

One of the following within the past 12 months:

- Aspiration pneumonia
- Pyelonephritis or other upper UTI
- Septicemia
- Decubitus Ulcers, multiple, stage 3-4
- Fever, recurrent after antibiotics
- Inability to maintain sufficient fluid and calorie intake with 10%
  - weight loss during the previous six-months or
  - serum albumin < 2.5

“Difficult to see. Always in motion is the future”



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