

January 24, 2018

Kate Goodrich, MD
Director, Center for Clinical Standards and Quality
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

Re: Exclusion Criteria for MDS 3.0 Measure: *Percent of Residents Who Received an Antipsychotic Medication (Long-Stay)*

Dear Dr. Goodrich,

On behalf of the American Geriatrics Society (AGS), we are writing to express our concern regarding the exclusion criteria for the Centers for Medicare & Medicaid Services (CMS) MDS 3.0 Measure: *Percent of Residents Who Received an Antipsychotic Medication (Long-Stay)*.

The AGS is a not-for-profit organization comprised of nearly 6,000 physician and non-physician practitioners who are devoted to improving the health, independence, and quality of life of all older adults. The AGS provides leadership to healthcare professionals, policy makers, and the public by implementing and advocating for programs in patient care, research, professional and public education, and public policy

As experts in the care of older adults with complex chronic conditions, we understand the importance of medication safety for our patients and recognize that the inappropriate use of antipsychotics among nursing home (NH) residents, particularly those with dementia, remains a significant problem. We very much appreciate CMS' ongoing efforts to address this issue, including the long-stay antipsychotic measure which has helped reduce over-prescribing by encouraging NH facilities to use non-pharmacologic approaches as first-line therapy for dementia-related behaviors.

We are deeply concerned, however, that the measure in its present form has compromised care for the growing number of NH residents for whom the use of antipsychotic medication *is* appropriate. **We therefore urge CMS to broaden the exclusions to better account for the population of NH residents and to more accurately reflect current practice and quality care in the NH setting.**

Specifically, we believe that the exclusion criteria for the measure is too limited because it fails to include additional diagnoses (i.e., bipolar disorder and major depressive disorder (MDD), adjunct) for which the use of these medications is indicated by the Food and Drug Administration (FDA) and required for effective treatment.¹

¹ U.S. Department of Health and Human Services. Centers for Medicare and Medicaid Services. Atypical Antipsychotic Medications: Use in Adults. (October 2015). Retrieved November 11, 2017, from <https://www.cms.gov/Medicare->

As a result, NH facilities that administer antipsychotic medications to NH residents with these non-excluded diagnoses (i.e., those of pre-existing, severe mental illness (SMI)) are penalized. Conversely, facilities that try to achieve high star ratings for the measure put these residents at risk of not receiving proper medical care and possibly being turned away all together.

In our day-to-day work, we have seen the real-world implications of the measure across both the private and public sector. A recent survey distributed to VA Medical Centers and to three NH owners—who together own 73 NHs in Alabama, accounting for 75 percent of NHs in the state—confirmed what we have seen first-hand: Facilities are declining admission for prospective residents on antipsychotics for SMI not included in the MDS exclusionary criteria. 77 percent of the VA Medical Centers surveyed answered “yes” to the following question: *“Have you experienced reluctance on the part of VA Community Nursing Homes (CNHs) and State Veterans Homes to admit Veterans on an antipsychotic being given for a serious mental illness NOT in the current MDS exclusionary criteria?”* When the three NH owners were asked to answer the same question in the context of their private NHs, they all responded “yes.”

To avoid these harmful, unintended consequences, we strongly believe that **CMS could refine the measure without jeopardizing its original intention** to identify overuse of antipsychotics among NH residents with dementia-related behavioral symptoms. Of note, a recent analysis of data from the Department of Veterans Affairs (VA) found that adding all SMIs to the exclusion criteria would not result in a large change in the overall performance of the measure. These findings indicate that the exclusions could be added, improving the validity as seen by providers and avoiding the risks of access barriers, without having a large effect on the actual ratings.

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Thank you considering our request. We would be pleased to answer any questions you may have. Please contact Anna Mikhailovich, amikhailovich@americangeriatrics.org.

Sincerely,



Debra Saliba, MD, MPH, AGSF
President



Nancy E. Lundbjerg, MPA
Chief Executive Officer

CC:
Shari Ling, MD
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