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Collaborative Care Initiatives For Senior Chronic Pain Patients

*How new CMS changes benefit patients
and physicians.*



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INTRODUCTION

This white paper provides physicians and healthcare providers of senior patients with chronic pain issues with a comprehensive understanding of new treatment options to address the rapid rise of behavioral and mental health issues associated with these patients.

Through CMS, the government has recognized the need for more proactive and consistent detection and treatment of these issues among these patients. Beginning in 2019, CMS introduced several changes to expand treatment options for chronic pain patients to encourage providers of all disciplines to include a broader scope mental health program in their existing practices to help to address the prevalence of mental illnesses such as depression, addiction and cognitive decline among these patients.

Although the changes made by CMS are straightforward, their successful and compliant implementation into practices is not so easy and can present many challenges for physicians. BRE specializes in helping physicians and providers to not only seamlessly implement these care services for their patients but also generate a significant income stream for the practice and individual partners.

This white paper provides the reader with:

- A broad understanding of the issues and opportunities associated with this current and growing healthcare need; and,
 - Detailed information on all aspects of the new CMS guidelines and how the BRE System works within practices.
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Social

Government statistics forecast that mental health disease will be the #1 diagnosed malady by 2030, surpassing heart disease.

Economics

The estimated costs for treatment will exceed \$12 Trillion (USD)

EXECUTIVE SUMMARY

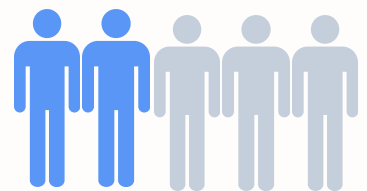
Senior patients with chronic pain conditions have an extremely high rate of mental health issues associated with depression, addiction, and cognitive decline. The rate of these associated mental health issues among senior patients has been steadily increasing. CMS has recognized this disturbing trend and the need to proactively and regularly assess these risks within this patient group. As such, CMS introduced several new CPT codes since 2019 to help physicians better serve these patients.

The BRE program allows physicians to comprehensively utilize these new services without using their staff and without upfront costs. BRE healthcare professionals directly interact with these patients in a Medicare compliant way, allowing physicians to provide more proactive care for these patients while significantly increasing annual net income to the practice.

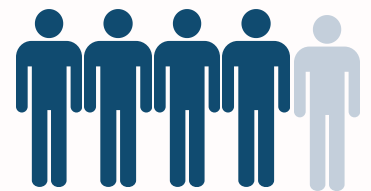
Practice owners and other stakeholders benefit as this broader scope of mental health care is promoted by government and other related payers because of the growing opioid and controlled substance abuse crisis, and the increased prevalence of mental health issues among the senior population. BRE has had multiple meetings in Washington DC with senior ranking staff at Medicare and with Congress members, both active and retired, to ensure the program addresses the objectives outlined in a fully compliant fashion.

Medical office business owners receive net production margins from 46-55% with no other directly related office staffing or space consideration expenses. BRE's program provides improved documentation and compliant action steps virtually eliminating liabilities to the practice.

55% of older adults experience report suffering from chronic pain

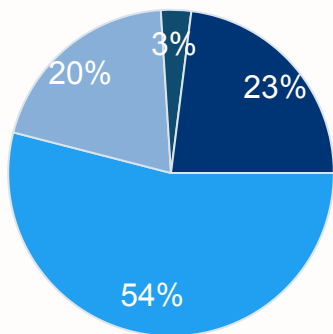


85% of chronic pain sufferers are affected by severe depression



THE GROWING HEALTH CRISIS AMONG SENIORS WITH CHRONIC PAIN

The Baby Boomer population presents new and increasing healthcare needs and challenges than previous generations. The number of adults over the age of 65 is increasing dramatically and will double in the next decade, representing one-third of the population. This group has a higher degree of alcohol abuse than with previous generations and has well-known severe consequences for physical and mental health-related issues. Opioid abuse levels are significantly rising in the over 65 population, despite the common belief that the opioid epidemic primarily affects younger adults. One of the primary reasons for this increase is because a high percentage of this population suffers from some form of chronic pain.



- Pain Only
- Pain & Depression
- Pain & Anxiety
- Pain, Depression & Anxiety

About 28% of adults in the United States suffer from chronic pain, with a substantial proportion being elderly patients. Seniors over the age of 65 also have a high prevalence of depression, alcohol abuse, steadily rising levels of opioid abuse, and increasing cognitive decline. These conditions are further exacerbated by chronic pain within these adults. Concomitant depression and chronic pain are highly prevalent in the elderly population, with an estimated 13% suffering from both conditions at the same time. Rates of suicide are also higher in the elderly than in other age groups.

Depression is the third leading cause of disease burden worldwide, and the World Health Organization (WHO) estimates that it will be the leading cause by 2030. Many medications necessary for the physical health of seniors directly contribute to depressive symptoms. The management of pain in older persons represents a particular challenge, and a proactive approach in treating these patients is often necessary.

Although the pharmacological treatment of pain with these elderly patients is particularly important, they have substantially less tolerance of analgesics such as opioids, anti-inflammatory drugs, and adjunctive agents like tricyclic antidepressants than younger people. The result is often sedation and confusion. Therefore, it is essential to recognize that there are other treatments, in addition to pharmacology, available for this group of patients.

Primary care physicians and other specialties, such as pain management, are ideal venues for identifying these common diseases in elderly patients during regular visits. Early detection allows for better treatment options, leading to better outcomes and lower morbidity and mortality. Mental health is the fastest-growing pathology in the United States, just as seniors are the fastest-growing population sector. Preventative treatment is more effective and less costly to the health care system.

NEW CMS CHANGES PROVIDE MORE COMPREHENSIVE CARE TO SENIOR PATIENTS WITH CHRONIC PAIN CONDITIONS

The Centers for Medicare and Medicaid Services (CMS) has recognized the disturbing increase of behavioral and mental health issues among senior patients, particularly those with chronic pain. CMS has stated that integrating behavioral health care with primary care is an effective strategy for improving outcomes for the millions of Americans with mental or behavioral health conditions.

Mental-health-related issues are the second most common reason for emergency room visits in the US. Also, many medications used to treat common illnesses and pain are associated with mood changes and depression. Furthermore, many newer medications now perform multiple duties (some off-label) to treat more than one condition. Consequently, interactions and reactions of medications have risen, resulting in more potential undesired side-effects, which can be challenging to detect early without standardized testing and comparative analysis.



CMS is encouraging more robust mental health care, recognizing that annual mental health screens may be a good idea for the general population—but insufficient for those with certain chronic illnesses as they require a more consistent and rigorous approach.

New CPT Codes 96130, 96132, and 96138 support physicians with these efforts to provide comprehensive mental and behavioral health assessments. A detailed list and explanation of these new codes can be found in Appendix A-1

To help physicians address this growing crisis, CMS introduced several new CPT codes since 2019 to help physicians better serve these patients and encourage more collaborative care with broadened qualifiers. These new initiatives from CMS support the tracking and monitoring of "Brain Health" through early detection of depression, addiction, suicidality, and substance abuse, as well as cognitive impairment using standardized, interactive testing. This proactive approach can lead to early intervention options for medical treatment. The recent changes by CMS assist physicians in early identification of adverse side effects due to medication interaction.

CMS also finalized significant changes related to Remote Patient Monitoring via Telemedicine, which is excellent news for the providers who need more time monitoring and managing their patient's condition outside of the practice. More patient monitoring outside of a clinical setting increases patient access and, in turn, lower healthcare costs.

Although all patients benefit from yearly mental health screening, senior patients who visit practices monthly or quarterly benefit the most. Monitoring these high-risk patients provides key benefits through early identification, intervention, and treatment, which the new CMS changes support through all physicians.

COMPLIANCE & VERIFICATION

When creating the BRE Program, its founders recognized that in addition to the quality of patient services and outcomes, compliance and verification across all payers would be of utmost concern to physicians and practices.

Before the release of the program, BRE's leadership had multiple meetings in Washington DC with senior ranking staff at Medicare, as well as with active and retired members of Congress who provide healthcare oversight. Through those meetings and discussions, CMS and Congressional leadership made clear that proactive and regular support for mental health issues among senior patients is of the highest priority, and would continue for the foreseeable future.



Compliance with CMS requirements and reimbursements guidelines is our highest priority

Dr. Ron Cohen
Founder & CEO

During discussions back in 2018, CMS officials indicated that they would be expanding coverage in this area with new CPT codes to take effect in 2019. True to their word, CMS introduced several changes, including new CPT codes in 2019 and again in 2020, to encourage more collaborative behavioral and mental health care for physicians and their patients.

These changes and new additions for early detection and comprehensive treatment options also benefit medical payers from cost containment via lowered emergency services, fewer hospitalizations, and reduced demand for overburdened psychiatric care providers and treatment facilities.

With this understanding, BRE intentionally designed the program to adhere to the highest level of compliance requirements, including:

1. The BRE system software was 'reverse-engineered' to follow the appropriate descriptors and any evidence-based outcome requirements. As such, the software has pulldown menus that guide BRE staff throughout all procedural steps to document each patient's interaction for compliance.

(Continued on next page)

COMPLIANCE & VERIFICATION

2. A HIPPA compliant tracking system is available to CMS leadership that provides statistics on patient participation and improvement metrics. BRE now boasts upwards of 30% of patients showing notable improvement in mental health status as measured by the assessment process over time. This transparent tracking system provides an essential measure of accountability for the BRE Program.
3. A third-party certified Medicare auditor has independently audited the BRE program and system for compliance. The audit covered testing and review of the BRE system protocols as well as billing/insurance content related to the Behavioral Response Evaluation Assessment Tests, reports, and dissemination of newly created or updated treatment plans as part of the work product.

Also included in the audit were the reimbursement requirements for compliance relative to specific CPT codes applicable to the BRE System and related services. The audit confirmed that BRE's protocols are appropriate and in compliance with CMS and other insurance company guidelines.

4. Reduces tort liability exposure through third party documentation and BRE's meticulous compliance measures and procedures.

“After an in-depth review, we are satisfied that the protocols and information as presented, are appropriate and in compliance with CMS and other insurance company guidelines.

◦ Independent Expert Medicare Biller/Auditor

“The Behavioral Response Evaluation Program is very much in line with the work we are doing here at CMS.

◦ CMS Executive

The Challenges for Practices to Independently Implement A Behavioral and Mental Health Program



Increased Staffing - To profitably support the patient volumes necessary to complete both in-office and remote patient monitoring requirements, a practice would need to hire a minimum of four trained, dedicated staff members at 100% efficiency. Current staff cannot properly administer the necessary protocols and documentation for compliance in addition to other duties.



Delayed/Rejected Reimbursement - Coding requirements with time elements, including service descriptions, must be met and documented. Without them, payers will require further documentation before reimbursement or simply reject reimbursement requests altogether.



Increased Time & Expense - Implementing an independent system without efficient, actionable documentation and data provides little patient benefit, and only adds to the doctor's time when interacting with the patient. The net effect is more work, frustration, and less money.



Research and Compliance Expense - Practices need someone to stay current on all changes to procedural codes and payer reimbursement requirements.



Liability Exposure - Independent implementation without a verifiable method and tracking system exposes the practice to tort and other liabilities. BRE's program reduces provider time through efficient software access and our professionally trained staff, while providing improved documentation and compliance.



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Appendix

Appendix A-1

CPT Code	Descriptor	Date Est.	Test
Test Evaluation Services			
96130	Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report and interactive feedback to the patient, family member(s) or caregiver(s), when performed, first hour.	2019	CESD-R
96132	Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report and interactive feedback to the patient, family member(s) or caregiver(s), when performed, first hour.	2019	GP-COG
G0396	Alcohol and/or abuse substance (other than tobacco) abuse structured assessment, and brief intervention 15 to 30 minutes	2008	PMQ-R
Test Administration & Scoring			
96138	Psychological and neuropsychological test administration and scoring by technician, two or more tests, any method, first 30 minutes.	2019	N/A
Annual Patient Screening Services			
G0444	Annual depression screening, 15 minutes	2011	PHQ-9

CESD-R is the Center for Epidemiologic Studies Depression Scale

GP-COG is the General Practitioner Assessment of Cognition