

August 18, 2011

Dr. Don Berwick, Administrator  
Centers for Medicare & Medicaid Services  
Department of Health and Human Services  
7500 Security Boulevard  
Baltimore, MD 21244

**Re: Proposed Decision Memos for Screening for Depression in Adults (CAG-00425N) and Screening and Behavioral Counseling Interventions in Primary Care to Reduce Alcohol Misuse (CAG-00427N)**

Dear Dr. Berwick:

The Coalition for Whole Health is a broad coalition of national organizations in the mental health and substance use disorder prevention, treatment, and recovery communities, and we appreciate the opportunity to comment on the CMS proposals to cover annual screenings for alcohol misuse and depression for adult Medicare beneficiaries. We thank you for making screenings for alcohol misuse and depression top priorities. We also thank you for your consideration of our below recommendations.

We strongly support the CMS proposals to cover screening and behavioral counseling interventions to reduce alcohol misuse and screening for depression as Medicare preventive services. Excessive alcohol use and depression represent major, and often overlooked, public health problems among older Americans. As noted in the memos, depression and substance use problems are common in older adults, and each often co-occur with other chronic diseases, complicating treatment compliance, worsening health outcomes, and increasing health care costs.

In addition to our strong support for providing these screens annually in primary care settings by primary care practitioners, we make the following recommendations:

- CMS should cover depression and alcohol misuse screenings and interventions that occur in any appropriate setting, not just primary care settings, furnished by any qualified practitioner, not limited to primary care physicians, nurse practitioners, clinical nurse specialists, or physician assistants.
- Depression and alcohol misuse screenings should not be limited to once annually. Screenings should be provided at every opportunity or whenever appropriate.
- CMS should further expand Medicare preventive services to include screening and intervention for illicit and prescription drug misuse and screening for additional mental health related conditions.

The following is a more detailed overview of our above recommendations.

**CMS should cover depression and alcohol misuse screenings in all appropriate settings, provided by any qualified practitioner, not only primary care practitioners.**

According to the Proposed Decision Memos, CMS is only proposing to cover alcohol screenings and interventions “furnished by qualified primary care physicians or other primary care practitioners in a primary care setting” and only proposing to cover depression screenings “in primary care settings that have staff-assisted depression care supports in place.” The memos explicitly exclude coverage of these screenings if they occur in emergency departments, inpatient hospital settings, outpatient hospital settings, ambulatory surgical centers, independent diagnostic testing facilities, skilled nursing facilities, inpatient rehabilitation facilities, and hospice.

By limiting screenings to primary care settings and providers, CMS is reducing the potential of these critically important preventive health services. For example, under these proposals CMS would not cover an alcohol screening provided in an emergency room after an alcohol-related accident, nor would it cover depression screens provided outside of a primary care setting, regardless of the appropriateness of providing those screens.

In addition, we ask that CMS allow alcohol misuse and depression screens to be provided by any qualified health care professional. By limiting those eligible to provide the screens to primary care physicians and primary care practitioners, CMS is only covering screens provided by those practitioners who may be too busy to screen and follow-up effectively, without allowing them to delegate to others who are qualified to conduct these screens. The list of those eligible to screen for alcohol misuse and depression should be expanded to include any qualified practitioner.

**Depression and alcohol misuse screenings should not be limited to one annually, but should be provided as frequently as appropriate.**

Given the low risk, low cost, and high effectiveness of screening for alcohol misuse and depression, and the current state of knowledge about the consequences of untreated addiction and mental illness, screenings should be done often to effectively identify problem drinking and/or depression and intervene early. CMS should not put arbitrary frequency limits on the proposed alcohol misuse and depression screenings. Screenings should be provided as often as appropriate, which may include at every opportunity for individuals identified as at particularly high risk. Similarly, CMS should cover more than four brief, face-to-face, behavioral counseling interventions per year for those identified through alcohol misuse screens as needing interventions, if additional interventions are determined appropriate.

**CMS should cover preventive screenings for other mental health conditions, not only depression, and screenings for illicit and prescription drug misuse, not only alcohol misuse**

Substance use disorders and mental illnesses are treatable and often preventable chronic diseases, and prevention, early identification, and treatment of these diseases is highly cost-effective.

We appreciate the inclusion of the U.S. Preventive Services Task Force recommended screenings and interventions related to depression and alcohol misuse as covered preventive services. In addition to these screenings identified by the USPSTF, there are other preventive screenings for substance use and mental health conditions that have been used for a number of years and are extremely effective.

While the USPSTF has not yet determined the value of screening for illicit drug use and prescription drug misuse, a significant body of evidence points to its effectiveness. The National Institute on Drug Abuse, the National Institute on Alcohol Abuse and Alcoholism and other distinguished researchers have demonstrated that screenings for drug use are effective tools to help identify adults in need of brief interventions and treatment services. Recent research clearly demonstrates that rapid, economical screening and brief interventions reduce substance use and significantly reduce health care costs.<sup>1</sup> Therefore, we ask that you include drug misuse screening, brief intervention, and referral to treatment as a Medicare covered preventive service.

Similarly, in addition to screening for depression, Medicare covered preventive services should include screenings for the full range of mental health conditions, including screening for trauma history, for bipolar disorder, and for multiple mental health conditions. Such screenings have been shown to be feasible and effective.<sup>2</sup> Therefore, we ask that you include screening for mental health related conditions, including trauma history, bipolar, and multiple mental health conditions, as covered services for Medicare beneficiaries.

In addition to the above recommendations, we urge CMS to continue to collaborate with SAMHSA, given their work regarding implementation of the Affordable Care Act in identifying the wide range of services that are needed and utilized by individuals with, at risk for, or in recovery from mental illness and/or substance use disorders. Furthermore, we urge CMS to continue to collaborate with SAMHSA and HRSA to further our prominent theme of integrating general health care with care for mental health and substance use disorders.

Thank you again for proposing to cover screening and behavioral counseling interventions in primary care to reduce alcohol misuse and screening for depression for all adult Medicare beneficiaries. Please use us as a resource moving forward.

Sincerely,

American Association on Health and Disability  
American Foundation for Suicide Prevention/SPAN USA  
American Group Psychotherapy Association

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<sup>1</sup> See Madras, B.K. et al. "Screening, brief interventions, referral to treatment (SBIRT) for illicit drug and alcohol use at multiple healthcare sites: Comparison at intake and 6 months later." *Drug and Alcohol Depend* [e-pub ahead of print], 2008.

See also Bernstein, J. et al, "Brief motivational intervention at a clinic visit reduces cocaine and heroin use." *Drug Alcohol Dependence* 77(1):49–59, 2005.

See also Humeniuk, R.; Dennington, V.; Ali, R.; and WHO ASSIST Phase III Study Group. *The Effectiveness of a Brief Intervention for Illicit Drugs Linked to the ASSIST Screening Test in Primary Health Care Settings: A Technical Report of Phase III Findings of the WHO ASSIST Randomized Controlled Trial (Draft)*. Geneva, Switzerland, 2008.

See also Devlin, R.J., and Henry, J.A. "Clinical review: Major consequences of illicit drug consumption." *Crit Care*.12(1):202, 2008. Available at

[http://www.ncbi.nlm.nih.gov/pubmed/18279535?ordinalpos=1&itool=EntrezSystem2.PEntrez.Pubmed.Pubmed\\_ResultsPanel.Pubmed\\_RVDocSum](http://www.ncbi.nlm.nih.gov/pubmed/18279535?ordinalpos=1&itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_RVDocSum).

<sup>2</sup> See Gaynes, Bradley et al, "Feasibility and Diagnostic Validity of the M-3 Checklist: A Brief, Self-Rated Screen for Depressive, Bipolar, Anxiety, and Post-Traumatic Stress Disorders in Primary Care." *Annals of Family Medicine*, Vol. 8, No. 2, March/April 2010

American Society of Addiction Medicine  
Anxiety Disorders Association of America  
Association for Ambulatory Behavioral Healthcare  
California Association of Alcohol and Drug Abuse Counselors (CAADAC)  
Center for Clinical Social Work/ABE  
Clinical Social Work Association  
Community Advocates, Inc  
Community Anti-Drug Coalitions of America  
Emergency Nurses Association  
FATE (Fighting Addiction Through Education)  
Hazelden  
HIV Medicine Association  
International Certification and Reciprocity Consortium (IC&RC)  
Legal Action Center  
Mental Health America  
NAADAC, The Association for Addiction Professionals  
National Alliance on Mental Illness  
National Association for Children of Alcoholics  
National Association of Social Workers  
National Association of State Alcohol/Drug Abuse Directors (NASADAD)  
National Association of State Mental Health Program Directors (NASMHPD)  
National Council on Alcoholism and Drug Dependence, Maryland Chapter  
National Foundation for Mental Health  
National TASC  
State Associations of Addiction Services  
Texas Health Institute  
Treatment Communities of America  
Treatment Research Institute  
United Methodist Church - General Board of Church and Society  
US Psychiatric Rehabilitation Association (USPRA)