AMERICAN ACADEMY OF FAMILY PHYSICIANS

STRONG MEDICINE FOR AMERICA

August 18, 2011

Donald Berwick, MD
Administrator
Centers for Medicare & Medicaid Services
Department of Health & Human Services
P.O. Box 8013
Baltimore, MD 21244–8013
Submitted via email to CAGinquiries@cms.hhs.gov

Re: Proposed Decision Memo for Screening and Behavioral Counseling Interventions in Primary Care to Reduce Alcohol Misuse (CAG-00427N)

Dear Dr. Berwick:

On behalf of the American Academy of Family Physicians (AAFP), which represents more than 100,300 family physicians and medical students nationwide, I am writing in strong support of the Centers for Medicare & Medicaid Services (CMS) proposal to begin coverage for screening and behavioral counseling for alcohol misuse. Specifically we support the proposal for annual alcohol screenings and for those that screen positive, up to four brief, face-to face, behavioral counseling interventions per year for Medicare beneficiaries, including pregnant women:

- Who misuse alcohol, but whose levels or patterns of alcohol consumption do not meet criteria for alcohol dependence (defined as at least three of the following: tolerance; withdrawal symptoms; impaired control; preoccupation with acquisition and/or use; persistent desire or unsuccessful efforts to quit; sustains social, occupational, or recreational disability; use continues despite adverse consequences); and;
- Who are competent and alert at the time that counseling is provided; and;
- Whose counseling is furnished by qualified primary care physicians or other primary care practitioners in a primary care setting.

The AAFP's policy on alcohol misuse is consistent with the U.S. Preventive Services Task Force (USPSTF) recommendations to CMS. It is our longstanding position that primary care physicians provide screening and behavioral counseling interventions to reduce alcohol misuse by adults, including pregnant women. The AAFP concurs with the proposed decision memo that the evidence is adequate to conclude that screening and behavioral counseling to reduce alcohol misuse, are reasonable and necessary for the prevention of early illness or disability, and are therefore appropriate for individuals entitled to benefits under Medicare Part A or enrolled under Medicare Part B.

As referenced in the CMS proposal, the AAFP provides a detailed Rationale for Screening and Brief Intervention for Alcohol Problems in Primary Care. We believe alcohol-related problems substantially impact morbidity and mortality rates and that a screening can be a safe and comfortable experience for patients and physicians. In successful clinical screening trials, brief interventions have typically taken two 10 to 15 minute

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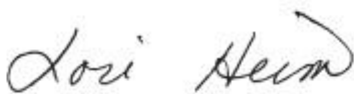
office visits; therefore, integrating them into daily practice is challenging. Primary care office visits are short but face complex agendas. Furthermore, physicians value a patient-centered approach to care, which will include a discussion of alcohol only if the patient initiates the discussion (which is uncommon) or there is a clear indication to do so (e.g., intoxication). Given the prevalence of alcohol use disorders and their contribution to patient morbidity and mortality, family physicians are best positioned to screen for this problem.

In the proposed decision memo, CMS refers to "qualified" primary care physicians and other primary care practitioners. CMS defines "primary care physicians" and "other primary care practitioners," but "qualified" was not defined. However, the AAFP concurs with the CMS proposal to define "physician" for purposes of this national coverage determination as physicians who are identified in the available data as a general practitioner, family medicine practitioner, general internist, obstetrician, or gynecologist. The AAFP recommends that CMS also include geriatrician physicians for purposes of the alcohol misuse coverage determination.

The AAFP recognizes that this proposed decision memo pertains to Medicare beneficiaries, yet this largely excludes the adolescent population. It is the AAFP's position that the avoidance of alcohol products by adolescents is desirable. The University of Michigan's Monitoring the Future National Results on Adolescent Drug Use: Overview of Key Findings 2010 reports that "Alcoholic beverages have been among the most widely used psychoactive substances by American young people for a very long time. In 2010 the proportions of 8th, 10th, and 12th graders who admitted drinking an alcoholic beverage in just the 30-day period prior to the survey were 14%, 29%, and 41%, respectively." Although the evidence regarding the effectiveness of physician's advice and counseling is uncertain, it is the AAFP's recommendation that physicians should use their clinical judgment in determining whether or not to counsel an adolescent patient regarding alcohol use. The USPSTF recommendation, in the clinical consideration portion, includes a statement that, "Effective interventions to reduce alcohol misuse include an initial counseling session of about 15 minutes, feedback, advice, and goal-setting. Most also include further assistance and follow-up. Multi-contact interventions for patients ranging widely in age (**12**-75 years) [*emphasis added*] are shown to reduce mean alcohol consumption by 3 to 9 drinks per week, with effects lasting up to 6 to 12 months after the intervention." As CMS and the U.S. Department of Health & Human Services make future coverage determinations for state-based health exchanges, Consumer Operated and Oriented Plans (CO-OPs) or as HHS works with states on their Medicaid programs, we recommend coverage of alcohol screenings for adolescents.

The AAFP looks forward to working further with CMS to assist in the creation of coding and billing rules needed to implement this new policy. We appreciate the opportunity to provide these comments and make ourselves available for any questions you might have or clarifications you might need. Please contact Robert Bennett, Federal Regulatory Manager, at 202-232-9033 or rbennett@aafp.org.

Sincerely,



Lori J. Heim, MD, FAAFP
Board Chair

CC: Louis Jacques, MD, CMS Director, Coverage and Analysis Group