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Andy Slavitt  
Acting Administrator  
Centers for Medicare & Medicaid Services  
Department of Health and Human Services  
7500 Security Boulevard  
Baltimore, Maryland 21244-1850

May 13, 2016

Re: CMS Proposed Quality Measure: Use of Antipsychotics in Older Adults in the Inpatient Hospital Setting

Dear Acting Administrator Slavitt,

The Alzheimer's Association appreciates the opportunity to comment on the Centers for Medicare & Medicaid Services' (CMS) proposed quality measure, Use of Antipsychotics in Older Adults in the Inpatient Hospital Setting.

The Alzheimer's Association is the world's leading voluntary health organization in Alzheimer's care, support, and research. Today, there are more than 5 million Americans living with Alzheimer's disease. As the size and proportion of the United States population age 65 and older continue to increase, the number of Americans with Alzheimer's disease and other dementias will grow.<sup>1</sup> Studies have found that more than 90 percent of people with dementia develop at least one dementia-related behavior,<sup>2</sup> like hallucinations and aggression, and a significant percentage of these individuals have serious clinical implications. Although use of antipsychotic medications is associated with an increased mortality risk, there are instances in which dementia-related behaviors pose a greater risk to individuals and families than the medications themselves. We appreciate CMS's effort to measure and ensure their safe and appropriate use.

Historically, antipsychotic medications have been used appropriately and inappropriately to address some of the behavioral and psychological symptoms of dementia. Psycho-social interventions (non-pharmacologic) should be a first-line alternative to pharmacologic therapies. However, psychotropic medications may need to be considered when non-pharmacologic interventions do not address the behavior. We refer CMS to the Alzheimer's Association position statement on dementia-related behavior<sup>3</sup> and offer feedback on the measure's elements and CMS's additional areas of concern below.

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<sup>1</sup> Alzheimer's Association. (2016). *2016 Alzheimer's Disease Facts and Figures*.

<sup>2</sup> Alzheimer's Association. (2015). *Dementia-Related Behaviors*, available at [http://www.alz.org/documents\\_custom/statements/Dementia\\_Related\\_Behaviors.pdf](http://www.alz.org/documents_custom/statements/Dementia_Related_Behaviors.pdf).

<sup>3</sup> Ibid.

While this measure is designed to capture information in inpatient settings, the Association believes that the initiation of antipsychotics often occurs in emergency departments (EDs) and they are carried over to an inpatient stay or upon discharge from an ED. Without knowing when the antipsychotic was prescribed, this measure may not provide the appropriate guidance as a quality indicator for hospital care (e.g., the need for better inpatient staff training). With regard to short hospital stays, recommendations to use antipsychotics in the lowest dose for the shortest possible amount of time may not be feasible to implement prior to discharge, leaving dose titration and discontinuation to non-hospital based care providers. Furthermore, this measure may or may not recognize hospitals working to reduce antipsychotic use in patients with longer lengths of stays (LOSs). Consistent with the Government Accountability Office's 2015 report and recommendation,<sup>4</sup> the Alzheimer's Association respectfully requests that the Department of Health and Human Services (HHS) collect and share data on antipsychotic use in hospitals and emergency departments and per LOS for hospitalized patients prior to implementing a measure. Such data can inform measure development.

### **Comments on Measure Specifications**

#### *Rationale*

The Alzheimer's Association does not recommend the use of benzodiazepines in place of antipsychotics. Both benzodiazepines and antipsychotics may both contribute to cognitive decline, particularly when used over long periods of time. Antipsychotics should only be used when non-pharmacologic interventions have failed. When they are used, they should be used for the briefest possible period. We urge CMS to monitor and disseminate the most recent literature on the risks and benefits of these medications to providers.

#### *Denominator*

The Alzheimer's Association supports expanding the application of this measure to all hospital inpatients. Approximately 200,000 individuals under the age of 65 have younger-onset Alzheimer's disease,<sup>5</sup> often experience dementia-related behaviors, and may receive antipsychotics if aggressive or threatening behavior results in hospitalization. The administration of antipsychotics to these individuals should be captured in addition to older persons. CMS should also capture the number of all persons admitted through emergency departments and their lengths of stays.

#### *Denominator Exclusions*

The Association appreciates CMS's exclusion of individuals with disorders for which antipsychotics are indicated.

#### *Additional Considerations*

Implementation of this measure is likely to shed light on the magnitude of antipsychotic use in the inpatient setting. We are concerned, however, that hospitals and prescribers may interpret implementation of the measure as CMS discouraging antipsychotic use. As noted, the Association and persons with dementia and their families acknowledge the potential benefits of appropriately-used antipsychotics.

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<sup>4</sup> Government Accountability Office. (2015). *Antipsychotic Drug Use*.

<sup>5</sup> Alzheimer's Association. (2016). *2016 Alzheimer's Disease Facts and Figures*.

These medications should be an option that is weighed by informed prescribers and consumers alike. CMS must fully communicate the underlying intent of the measure and how it will be used in the future.

As written, the measure is not likely to improve prescribing practices or address quality gaps on its own. Little is known about antipsychotic use in settings other than nursing homes or the impact of transitioning between settings, which experts agree affects usage.<sup>6</sup> Again, we urge HHS and CMS to collect data on antipsychotic use in various settings to better understand where and how they are used. CMS can then use this information to design measures to improve prescribing practices and address quality gaps.

The Alzheimer's Association would be pleased to serve as a resource to CMS as it considers these important issues and how they relate to individuals living with Alzheimer's and related dementias. Please contact Laura Thornhill, Manager of Regulatory Affairs, at 202-638-7042 or lthornhill@alz.org if you have questions or if we can be of additional assistance.

Sincerely,

A handwritten signature in black ink, appearing to read 'R. Egge', with a long horizontal flourish extending to the right.

Robert Egge  
Executive Vice President, Government Affairs

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<sup>6</sup> Government Accountability Office. (2015). *Antipsychotic Drug Use*.