



December 23, 2014

Marilyn Tavenner
Administrator
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

Dear Administrator Tavenner:

On behalf of the American College of Physicians (ACP), Institute for Patient- and Family-Centered Care (IPFCC), and National Partnership for Women and Families (NPWF) we are writing to express our support for Medicare reimbursement for advance care planning discussions between doctors, patients, and their families. We respectfully urge you to include this provision as a Medicare covered service.

“There may be no truer test of a healthcare system than how it supports persons with advanced illness or at the end of life and the loved ones who care for them” (Ness and Johnson, *Ann Intern Med.* doi: 10.7326/M14-2537). Unfortunately, the American healthcare system has not placed the value on advance care planning that it deserves. ACP, IPFCC, and NPWF have been longstanding supporters of Medicare coverage for voluntary conversations between doctors, patients and their loved ones to create an end of life care plan that advances the needs of the patient and family members. We strongly support the role of doctors in promoting advance care planning discussions with adult patients with decision-making capacity. Physicians should engage in conversations that support patient and family member review of their values and preferences. We believe that the advance planning conversations between patients, family members and a trusted primary care physician should occur before an acute crisis so that there is sufficient time for a patient to address their end of life care plan.

In November, CMS released a final decision not to cover “complex advance care planning services.” Complex advance care planning refers to the most difficult, emotional and lengthy discussions between people with serious illnesses and their doctors, to work through issues such as choosing a surrogate if they become unable to make decisions, resuscitation and life support, and whether to continue treatments that may no longer be working but causing significant pain. More specifically, these discussions include addressing the patient’s current disease state, disease progression, available treatments, cardiopulmonary resuscitation, life sustaining measures, do not resuscitate orders, life expectancy considering the patient’s age and co-morbidities, and clinical recommendations of the treating physician, as well as reviews of patient past medical history, medical documentation/reports, and response(s) to previous treatments.

Although a significant body of evidence exists that shows that advance planning consultations will significantly improve care at the end of life, a 2013 U.S. survey of nearly 2,100 adults showed that while 90 percent believed having family conversations about wishes at the end of life is important, less than 30 percent had done so (The Conversation Project, 2013). This reluctance sometimes originates from patient belief that clinicians should initiate the conversation. Thus, removing an opportunity for physicians to have advance care planning discussions by withholding reimbursement presents a real barrier for patients who may be fearful of discussing the topic. In fact, a recent Institute of Medicine report on Dying in America recommended support for the time required to have advance care planning conversations between physicians, patients and families, stating time

constraints presented a significant barrier to effective clinician-patient communication. Providing Medicare coverage for the physician time required to support patients and families in their end-of-life choices eliminates a barrier to these much-needed discussions.

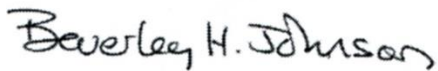
As the population ages and medical science gives us an increasing number of medical options to consider, advance care planning that promotes choices for end of life care while weighing the values and preferences of each patient is essential. Each of us deserves this kind of care, and it should be viewed no differently than any other type of medical care that research shows is effective. Now is the chance for us to place the value on advance care planning it so warrants. We urge CMS to make complex advance care planning a covered medical service and provide adequate reimbursement to physicians and other clinicians for these consultations due to the significant amount of time and documentation involved in developing an end of life care plan.

We appreciate your consideration of this issue. Please contact Shari Erickson, Vice President of Governmental and Regulatory Affairs at ACP, if you have any questions or need additional information. You can reach her by phone at (202) 261-4551 or by e-mail at serickson@acponline.org.

Sincerely,



Steven E. Weinberger, MD, FACP
Executive Vice President and Chief Executive Officer
American College of Physicians



Beverley H. Johnson
President and Chief Executive Officer
Institute for Patient- and Family-Centered Care



Debra L. Ness
President
National Partnership for Women and Families

ACP is the largest physician medical specialty society, and the second largest physician membership organization, in the United States. ACP members include 141,000 internal medicine physicians (internists), related subspecialists, and medical students. Internal medicine physicians are specialists who apply scientific knowledge and clinical expertise to the diagnosis, treatment, and compassionate care of adults across the spectrum from health to complex illness.

Founded in 1992 as a nonprofit organization, the Institute for Patient- and Family-Centered Care (IPFCC) works to advance the understanding and practice of patient- and family-centered care in all settings where individuals

and families receive health care and support. IPFCC models and facilitates the development of meaningful and effective partnerships with patients and families in all aspects of health care, including health care delivery, professional and interprofessional education, and evaluation and research.

The National Partnership is one of the nation's most powerful and effective voices for women and families. It carries out its mission through focused activity in two broad areas: health care system reform and quality and work and family issues. Engaging patients and families in system transformation is a central component of the organization's work. The National Partnership is widely respected as an organization that works effectively with many stakeholders to build consensus and to develop systemic solutions that advance the common good. The organization has broad credibility, substantive policy expertise, strategic savvy, and access to the highest levels of policy makers, the media, and public and private sector leaders. Public officials frequently turn to the National Partnership as a key resource for developing policies that address the needs of patients and families.