



August 10, 2022

Ms. Chiquita Brooks-LaSure
Administrator
Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
Attention: CMS-4203-NC
PO Box 8013
Baltimore, MD 21244-8013
Via electronic submission at regulations.gov

55 West 125th Street
13th Floor
New York, NY 10027
TEL 212-201-2670
FAX 212-426-1369
capc.org

Re: Request for Information on Medicare Advantage

Dear Administrator Brooks-LaSure:

Thank you for the opportunity to submit comments on advancing equity for enrollees in Medicare Advantage plans (MA).

The Center to Advance Palliative Care (CAPC) is a national organization dedicated to ensuring that all persons living with serious illness have access to high-quality care that addresses their symptoms and stresses, including access to specialty palliative care services. We comment from a strong evidence base, that this approach to care during serious illness [improves quality of life](#), [reduces caregiver and clinician burden](#), and [reduces avoidable utilization and spending](#).

CAPC appreciates the steps CMS is taking to advance health equity, and we offer our insights and recommendations from a recently completed [scan of disparities during serious illness](#), focused on Black patients and families. Our investigations revealed racial disparities across multiple aspects of serious illness care, including the [quality of clinician-patient communication](#), the [burdens on caregivers](#), and [utilization of hospice](#) services, to name a few. We draw on this as we respond to selected questions from section A below.

A2. What are examples of policies, programs, and innovations that can advance health equity in MA? How could CMS support the development and/or expansion of these efforts and what data could better inform this work?

We recommend that all MA plans be required to assess for symptoms and for caregiver burden, creating a much-needed opportunity to identify distressing unmet needs and intervene. Studies have shown that Black beneficiaries with serious illness are [less likely to be assessed for pain](#) and other symptoms when compared to white patients, and even those who indicate their suffering to their clinicians are less likely to be believed and provided appropriate treatment. As recently as 2016, half of [white medical students and residents held false beliefs](#) about biological differences between white and Black patients, and these beliefs lead to perceptions that Black patients experience less pain than do white patients.

At the same time, half of all Black beneficiaries are enrolled in an MA plan, and these plans regularly perform health status assessments and other screens. While current revenue policies incentivize these assessments, there is no guidance nor requirements for what circumstances and needs must be assessed.

Specifically, routinized assessment in these areas can mitigate some of the disparities now occurring:

- Symptom burden- Unmanaged symptoms account for the [majority of potentially preventable emergency department visits](#) in some serious illnesses like cancer, and in fact, the Center for Medicare and Medicaid Innovation is now requiring symptom reporting and response in the new Enhancing Oncology Model. Similar approaches are needed in the MA program as well.

There are several brief and validated symptom assessment tools, including the [Revised Edmonton Symptom Assessment System](#) or the [Condensed Memorial Symptom Assessment Scale](#). The plan can then either refer beneficiaries for palliative care consultation and/or contact the treating provider to encourage and support best practice symptom management.

- Caregiver burden- Research on caregivers has noted significant disparities between white caregivers and those of other races, with [non-white caregivers facing greater harm](#) to their own physical and financial health when compared to white families. Moreover, recent research shows that high caregiver burden results in [increased health care spending for the patient](#), as caregivers struggle to deal with the emotional, physical, financial, and spiritual aspects of caregiving.

Here too, MA plans can play a vital role in identifying the unmet needs of caregivers and referring to available supports, including timely referrals for palliative care consultation, which has been proven to reduce caregiver depression and anxiety. Validated tools exist, such as the [Zarit Burden Interview](#), and take only a few minutes to complete.

Further, by requiring symptom and caregiver assessment across all MA plans, CMS can begin to collect national data on health care experiences during serious illness and how they differ by race, eventually informing broader policies to address health disparities.

A10. How have MA plans and providers used algorithms to identify enrollees that need additional services or supports, such as care management or care coordination?

An unspecified number of MA plans are working with vendors that provide proprietary algorithms to identify enrollees with a likely short prognosis. These algorithms often rely on: specific diagnosis codes; past hospital, intensive care, and emergency department utilization; past or current home health utilization; age; and specific medication and DME claims. While their [prognostic accuracy is not fully known](#), these are indeed the variables that indicate need for palliative care consultation.

In conversations with both MA and specialized program representatives, CAPC has been informed that these algorithms in fact somewhat disproportionately identify non-white enrollees, perhaps given their reliance on past utilization as a key factor, and the [current differences in utilization](#) during serious illness by race.

CAPC recommends that CMS encourage the use of algorithms to identify enrollees in need of palliative care, perhaps through issuing specific technical assistance. An objective algorithm can ensure that the highest-need MA beneficiaries are appropriately referred for palliative care services.

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In closing, the Center to Advance Palliative Care is eager to support both CMS and all MA plans as they work to improve equity and reduce suffering during serious illness. CAPC can provide resources, guidance on identification and assessment, ideas to improve access to palliative care specialists, and clinical training that can enhance equity-informed communication skills and pain and symptom management. We welcome continuing dialog, and ask that you please contact me at Allison.Silvers@mssm.edu or Stacie Sinclair, Associate Director of Policy (Stacie.Sinclair@mssm.edu) for further assistance.

Sincerely,



Allison Silvers
Chief, Health Care Transformation