

Alzheimer's Drug Therapy Initiative (ADTI) Qs & As for Research Program

1. Are physicians being paid to fill out Special Authority forms?

No, there is no payment for filling out the ADTI's SA forms. While physicians are not being compensated for completing non-research aspects of the SA forms, they are eligible for payment when they complete the optional demographic section of the forms.

2. What are physicians being paid for?

In addition to payments for providing optional demographic information, physicians are also eligible for compensation for:

- sending a referral fax on behalf of patients and caregivers who are interested in participating in the ADTI's research projects; and
- completing the required research forms (total of up to 5 forms over 18 months) for patients enrolled in the Seniors' Medication Study (SMS).

There are seven new fee items: three for completing the optional sections of the ADTI's Special Authority forms and documenting why cholinesterase inhibitor (ChEI) treatment was stopped; and another four relate directly to enrolling and monitoring indeterminate responders in the SMS.

Note: Research Program fee items apply to the Seniors' Medication Study only. Physicians are welcome to refer people to the Caregiver Study but the fee item only applies if the referral includes the patient.

3. Do I need to bill these fee items separately?

Yes, the seven new fee items are billed through MSP, following their standard billing practices, and are in addition to the fee items normally associated with an assessment visit.

4. What are the rules for billing these fee items?

All fee items may be billed in addition to the regular office visit by general practitioners and specialists when the office visit is associated with dementia care. Note: If a separate visit is scheduled for the sole purpose of completing the research forms, physicians cannot bill MSP a visit fee.

There are restrictions on how many times an item may be billed that reflect study timelines. Details are provided on the list of fee items included with this package and on the ADTI website at www.health.gov.bc.ca/pharmacare/adti/clinician/index.html.

The following rules apply to all fee items:

- the patient must be approved for coverage through the ADTI
- research forms must be fully completed and submitted to UVic's Centre on Aging
- the optional section of the ADTI SA requests must be completed in full.

5. Who is paying for this program?

The Research Program is funded 100 percent by Pharmaceutical Services Division of the Ministry of Health Services. No funds are being directed from the current collective agreement with the BCMA. Physicians can bill MSP directly for the new fee items using the existing fee-for-service billing/payment system.

6. When can physicians begin to bill these fees?

Payment for participating in the ADTI Research Program is tentatively scheduled to begin on July 1, 2009. Please note that there is no retroactive payment for completing the optional section of the ADTI SA requests before that date.

7. Can physicians bill MSP for regular office visits and/or consultations along with the research fees?

Yes, physician compensation for participation in the ADTI Research Program is over and above your usual MSP billing. MSP has separate designated fee items for the ADTI Research Program. Physicians can apply for up to \$375.00 in compensation per patient for their participation in the ADTI and SMS.

Please see the Fee Items table in this package for billing guidelines.

8. How are these fees being audited?

Fee items paid under the ADTI's Research Program will be reconciled using Ministry of Health Services databases. Any incorrectly billed items will be reclaimed according to standard MSP procedures.

9. What are the criteria for enrolment in the Seniors' Medication Study (SMS)?

Firstly, individuals must have coverage through the ADTI; only patients in the mild to moderate stage of Alzheimer's disease with SMMSE scores at or between 10 and 26 and a Global Deterioration Scale of 4 to 6 are eligible for coverage through the ADTI.

The SMS focuses on the subgroup of patients who are assessed as having an indeterminate response to treatment with ChEIs between 6 and 12 months.

Eligibility for the SMS is determined by the research team; at a minimum, patients must:

- be enrolled in the ADTI
- be assessed as having an indeterminate response to ChEI treatment;
- have signed an Informed Consent/Assent form with the University of Victoria (the SMS Research Office will contact patients after receiving a Referral Fax from their physician); and
- be accompanied by their caregiver when meeting with their physician to satisfy University of Victoria ethics requirements.

It is difficult to predict which patients will benefit from this treatment and little clinical evidence exists to guide treatment decisions for indeterminate responders. The SMS will capture a broad range of data to better understand the outcomes of different decisions and contributing factors.

10. If the patient isn't interested in participating in the SMS, will their physician be compensated for submitting the Referral Fax?

If neither the patient nor caregiver wishes to be contacted by the Centre on Aging, the Referral Fax should not be submitted. If the caregiver is interested in participating in the Caregiver Study but the patient does not want to be involved in the SMS, the physician may submit the Referral Fax but should not bill MSP for submitting the form. Payment is applicable only when the patient is willing to consider participating in the SMS.

11. How much paperwork is involved?

For the SMS, the paperwork is integrated into usual practise. There are up to 3 follow-up visits with the physician over the course of the study (staggered 6 months apart). At Visit 1, the Allocation Fax and Clock-Drawing Test are faxed to the Study Office. At Visits 2 and 3, the Clock-Drawing Test and Medication Stop Form (if applicable) are faxed to the Study Office.

Practising clinicians participating in the ADTI advisory groups have estimated the time required to complete the paperwork for the Research Program at 1 to 3 minutes per optional section of the ADTI SA form and 3 to 5 minutes for the University of Victoria's research documents.

12. What support is available for physicians participating in the research study?

The Research Team is available to provide assistance via fax, phone, and email. Physicians will receive a research package from the University of Victoria that includes a study booklet, referral faxes, and Caregiver/Seniors' Medication Study Information Sheets for distributing to patients and family members. Once a patient agrees to participate and is enrolled in the SMS, patient-specific paperwork will be sent to the physician, along with a copy of their consent form for the patient file. All patient-specific paperwork will have identifying fields completed.

13. How can physicians find out how the research is progressing?

Regular updates will be provided on the ADTI website at www.health.gov.bc.ca/pharmacare/adi/.

14. What are the current results (e.g., how many people are enrolled and are any preliminary findings available?)

As of March 31, 2009, over 7,300 British Columbians with mild to moderate Alzheimer's disease were approved for coverage under the ADTI.

While the ADTI researchers do not have any preliminary findings on the effectiveness of the medications, a statistical summary is attached that shows the type of data being collected and how this information can be used to provide an overview of ChEI use in British Columbia.

We anticipate that once enrolment meets target levels researchers will be in a position to draw some initial conclusions.

15. Has the ADTI been extended, and if it has, why?

The ADTI has been extended by an additional year to March 2012 to increase enrolment numbers in the associated research studies. This will allow for more comprehensive analyses and conclusive recommendations.

16. Who can I call if I have billing questions?

Billing questions should be directed to MSP Claims Provider Services. In the Lower Mainland, please call 604-456-6950 or in the rest of the province, toll-free 1-866-456-6950.

17. Who should I contact if I have questions about the research?

If you have questions about the research or the UVic forms, you can contact the Seniors' Medication Project Administrator directly at 250-472-4464 or by email sms@uvic.ca.