POSITION STATEMENT:

Increase Funding and Access for Intensive Behavioral Counseling to Reduce Cardiovascular Disease-Related Health Inequities

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SUMMARY STATEMENT
The Society of Behavioral Medicine supports increased access to, and reimbursement of, intensive behavioral counseling for primary and secondary prevention of cardiovascular disease.

THE PROBLEM
Cardiovascular disease (CVD) is the primary cause of death among men and women, and poses even greater health risks for members of racial and ethnic minority groups, namely Black and Latinx populations.1 Structural racism is understood to be a fundamental cause of this substantial inequity.2 More specifically, normalization of differential access to care and treatment, discrimination, and prejudice, have all contributed to individual health disparities and systematic health inequity.3 Such inequities are complex problems, and our community of CVD clinicians, researchers and policymakers must develop proactive strategies to address gaps in clinical care which exacerbate patient- and system-level inequities. One strategy is to increase the availability, intensity, and funding of behavioral counseling for CVD.

Behavioral counseling has been shown to complement primary and secondary prevention and CVD care, thereby reducing chronic disease burden.1,4 The American College of Cardiology and the American Heart Association, among others, have acknowledged the benefits of primary prevention by targeting four modifiable behaviors in Life’s Simple 7 (i.e., smoking, diet, activity, weight).5-7 However, evidence-based implementation of primary and secondary CVD prevention practices into cardiovascular clinical care remains limited, particularly for members of racial and ethnic minority groups.

- Reimbursement for intensive behavioral counseling is meager, both on a per-visit basis, and in the annual service limit.
- Access to intensive behavioral counseling is severely limited.

To avoid further exacerbating existing health inequities, it is important to ensure steps to address these problems are universal but proportionate to the unique needs of racial and ethnic minority groups. Addressing both issues is pivotal to reduce cardiovascular health inequities among the racial and ethnic minority groups who are disproportionately impacted by limitations in current policies.

CURRENT POLICIES AND GAPS
In 2020, the United States Preventive Services Task Force (USPSTF) expanded prior recommendations concerning intensive behavioral counseling for healthy diet and physical activity to include adults at increased risk for CVD, even if they are not overweight or obese.8,10 The counseling may be delivered during group or individual patient sessions at a high-intensity – a median of 12 appointments. The USPSTF recommendations further suggest behavioral counseling be delivered by a range of providers, including nurses, registered dietitians, nutritionists, exercise specialists, physical therapists, and both masters- and doctoral-level counselors.

As an initial step, insurers, including The Centers for Medicare and Medicaid Services (CMS), must update their reimbursement procedures to align with these recommendations because:
• Reimbursement is limited to only one visit per year for Medicare beneficiaries, which is insufficient and falls far short of the behavioral science interventions that inform USPSTF recommendations.11-13
• Few providers can bill for behavioral counseling under primary and secondary CVD prevention codes, contrasting with the 2020 USPSTF recommendation that “doctoral-level counselors (including psychologists) trained in behavioral methods...can deliver these interventions.”10
• CMS reimbursement is limited to behavioral counseling for primary and secondary CVD prevention in primary care,14 although community health clinics and urgent care settings more often serve members of racial and ethnic minority groups.15
• Due to the COVID-19 pandemic, CMS expanded reimbursement for audio and video-based telehealth, including behavioral counseling.16-18 Further inequities related to telehealth utilization will likely emerge as temporary coverage expansions are rolled back.

RECOMMENDATIONS
1. Expand CMS reimbursement for intensive behavioral counseling for primary and secondary CVD prevention. CMS reimbursement must be consistent with the USPSTF recommendations for intensive counseling (i.e., 12 sessions).
2. Per USPSTF recommendations, include “masters- and doctoral-level counselors trained in behavioral methods”10 in the CMS definition of qualified clinicians who can provide intensive behavioral counseling for primary and secondary CVD prevention.
3. Extend CMS coverage for intensive behavioral counseling beyond primary care to all health care settings.
4. CMS should maintain expanded coverage for telehealth intensive behavioral counseling for primary and secondary CVD prevention, increasing access to these services to underserved patients.

REFERENCES
14 https://www.cms.gov/Medicare/Prevention/PreventionGenInfo/medicare-preventive-services/MPS-QuickReferenceChart-1.html#CARDIO_IBT.

ENDORSEMENTS

Endorsing organizations do not write or have any control over position statement content.
Authors declare they have no conflicts of interest.

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