

**STATEMENT OF**

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**ON BEHALF OF THE  
AMERICAN GERIATRICS SOCIETY**

**BEFORE THE SPECIAL COMMITTEE ON AGING**

**UNITED STATES SENATE**

**SEPTEMBER 19, 2012**

**INTRODUCTION**

Good afternoon Chairman Kohl, Ranking Member Corker and Members of the Committee:

I would like to express my sincere appreciation to Senator Kohl, Senator Corker and the members of the Senate Special Committee on Aging for allowing me the opportunity to provide testimony and your willingness to address the issues surrounding the use of Power Mobility Devices (PMDs). This is an important and often times complex issue, with implications for patient care as well as to our health care system.

My name is Jerome Eplin, M.D. I am a board-certified family physician and geriatrician in Litchfield, Illinois – a small rural town with a population of 7,000. When I started my practice in 1978, I saw patients of all ages, but as my practice grew, I started to focus increasingly on older adults and older people now make up 80% of my practice. I am also an active member and fellow of the American Geriatrics Society (AGS), a non-profit organization of over 6,000 geriatrics healthcare professionals dedicated to improving the health, independence and quality of life of all older Americans.

Today, I will briefly outline my experience as a physician caring for older patients who may or may not benefit from a Power Mobility Device.

## **OVERVIEW**

I offer the perspective of a busy family physician and geriatrician with regard to patient evaluations for Power Mobility Devices. Let me first provide you with some background on the role of a geriatrician. A geriatrician is a medical doctor who is specially trained to meet the unique healthcare needs of older adults. Illnesses, diseases and medications may affect older people differently than younger adults and older patients often have multiple health problems and take multiple medications. Geriatricians prevent, manage and develop care plans that address the special health problems of older Americans, which include evaluating patients for Power Mobility Devices.

For a patient to obtain a PMD, which includes both Power Wheelchairs and Power Operated Vehicles (POVs), a physician must support the clinical need for the device. A significant number of patients ask about acquiring a motorized wheelchair or power scooter. In some cases, the patient or his friends or family believe that he or she would benefit from having a PMD. Over the past several years, I noticed that the majority of requests are prompted by ads seen on television or from mailings received by the patient from companies selling the vehicles. I would estimate that out of every 10 people that come to me, only one to two people really need a PMD. On average I send in one to two applications a month for PMDs on behalf of patients with a clinically justified need.

One of the hallmarks of geriatrics care is our focus on preserving function and a key to that is keeping people moving. In my practice, I assess an individual's need for a PMD with a

focus on how mobile they currently are and whether other assistive devices can help them to safely maintain mobility. I also consider the importance of my patients, when feasible, maintaining muscle mass and flexibility.

After I make my clinical evaluation, I talk through what I've discovered with the patient and advise him or her as to whether or not I can complete an application. These can be difficult conversations but I believe that an important part of caring for people is helping them to understand the risks and benefits of treatment decisions. The loss of function often associated with aging is due in large part to physical inactivity. The old adage "Use it or lose it" is especially pertinent when it comes to muscle mass and flexibility and maintaining maximum functionality for older adults.

Let me give you two examples of patients. The first illustrates the type of patient who would benefit from the use of a PMD. In the second example, use of a PMD would not be appropriate for the patient portrayed and, in fact, could hinder her mobility.

#### **PROFILE #1 – A Patient that Needs a PMD**

This patient is an 80 year old woman who recently suffered a stroke, with significant impairment of her right arm and little to no strength in her right leg. She remains cognitively intact and is able to speak and swallow. She has learned to transfer from bed to chair with minimal assist. Prior to her stroke, she was very active with no significant impairments. She was the caretaker of her husband who is mildly demented and has significant osteoarthritis. Evaluation of her house shows that it would be feasible for her to operate a vehicle in her home.

In my opinion, such a patient would benefit from a PMD. She is no longer able to walk on her own and does not have a strong support system at home. Without a vehicle, she would be a nursing home candidate, and possibly her husband may go with her. As a couple, they will be able to maintain their independence. Fiscally, under this scenario, federal and state health programs may save money. Use of a PMD would keep the patient safer in her home by preventing falls, a significant and often preventable cause of hospitalizations among older adults. In addition, the medically appropriate use of the PMD may serve to prevent or delay nursing home placement.

## **PROFILE #2 – A Patient that Does Not Need a PMD, but Receives One Anyway**

I will now give an example of a patient whom I feel does not qualify for such a device. This is an 80 year old woman who recently suffered a stroke with residual moderate strength of her right leg. She has only mild weakness of her right arm. She is able to transfer from bed to chair with minimal assistance. After a course of physical therapy she is able to operate a standard wheelchair when going in a straight path and her husband is able to help her negotiate the turns in their house. In addition she has started using a walker with some success.

I feel this patient is best served with a standard wheelchair and a walker, with more physical therapy. If she became dependent on a Power Mobility Device, her residual muscle strength could worsen and her risk of falls increase. In addition, her risk of pressure ulcers would also increase.

## **REQUESTS FOR PMDs & POTENTIAL RISKS**

Many of the requests that I receive from my patients for Power Operated Vehicles are easy to evaluate. In many cases, it is obvious to me that a patient does not need a PMD and would not qualify under the current Medicare guidelines. Some patients are mistaken in believing that it is an easy process to qualify for such a vehicle under Medicare. These patients assume that these devices can be used merely as a convenience and not as a necessity. After I explain the purposes of a PMD, many of these patients drop their requests, although often reluctantly. In most cases, these patients may be harmed by use of a PMD as their physical activity would be decreased.

Occasionally, I suggest to patients that they investigate the possibility of obtaining such a vehicle. I do so when I feel the patient would medically benefit from and qualify for the device, but either had not considered it, or were too proud to ask for it.

However, I am often uncertain if my patients qualify for a PMD. In these cases, I take a more detailed history from the patients, trying to ascertain if the patients' complaints and conditions warrant a motorized vehicle. On the one hand, getting a PMD sometimes allows the patient easier access around the home and may delay or prevent nursing home placement.

I often use our local physical therapists to help me decide if the patient qualifies for such a vehicle. I feel they have more time than I for a thorough evaluation and often have the ability to give a more objective evaluation. Our local physical therapists have told me that often a representative from a company that sells PMDs will accompany the patient for the evaluation. The representative often wants to help fill out the forms, or at least instruct the therapist on how to fill out the forms to better ensure that the patient will obtain a Power Operated Vehicle. Understandably, the therapists feel pressured in such instances.

Often a letter instructing me how to favorably fill out the application for a Power Operated Vehicle will accompany the application. I see this as an inappropriate attempt to circumvent or influence my objectivity and clinical judgment when evaluating the patient. A physician with whom I trade calls told me of a patient who was denied by him a request for a Power Operated Vehicle. Soon thereafter he received a call from a representative of the company telling him that if he changed some of his responses the patient could get such a vehicle. The physician refused.

At least in Illinois, each nursing home is required to fill out a form on each resident every three months as to why the residents should not have a PMD. In most cases, the residents do not have the mental capabilities to operate such a vehicle safely. Even if the resident has the cognitive ability to operate the vehicle, the other residents walking in the facility may not have the ability to safely get out of the way of the vehicle. Thus, in addition to potentially decreasing the muscle strength of the driver of the vehicle, the other ambulatory nursing home residents may be in harm's way. This could also become a potential liability issue for the nursing home.

### **IMPACT OF DIRECT TO CONSUMING ADVERTISING**

Unquestionably the patients have been unduly influenced by the ads seen on television or received in the mail. They are told that all the doctor needs to do is sign the form and they will receive the vehicle. When seen by me in the office, they already have false hope that they will qualify for a vehicle. If they are denied, many become very upset. I have had patients leave my practice because I denied their request for a vehicle.

Perhaps, a more responsible approach would be for the ads to emphasize that many people who think they qualify for a vehicle may not qualify for one. Also the ads could list some

of the features that will cause a patient to be disqualified from obtaining a vehicle. The ads could also list some of the side effects of the vehicles, such as worsening muscle weakness.

In summary, a Power Operated Vehicle can be very helpful and important for some disabled people to have. However, far more want these vehicles when, in actuality, they would be best served by increasing their physical activity. The ads telling patients that all their doctor needs to do is sign their form and they could qualify for a vehicle are misleading and can lead to disappointed, disgruntled and angry patients.

### **MEDICARE COVERAGE & CRITERIA FOR ELIGIBILITY**

If a doctor submits a written order stating that a patient has a medical need for a PMD, Medicare will pay 80% of the Medicare-approved amount. After the patient has paid their Part B deductible, they will be required to pay 20% of the Medicare-approved amount. For Medicare to cover wheelchairs or scooters, the patient must meet the following conditions as outlined by CMS:<sup>i</sup>

- You have a health condition that causes difficulty moving around in your home.
- You're unable to do activities of daily living (like bathing, dressing, getting in or out of a bed or chair, or using the bathroom) even with the help of a cane, crutch, or walker.
- You're able to safely operate, and get on and off the wheelchair or scooter, or have someone with you who is always available to help you safely use the device.
- The dimensions of your home must be able to support the operation of a PMD.

Furthermore, in order to document the need for a PMD there are a few specific statutory requirements that must be met before the prescription is written:<sup>ii</sup>

1. An in-person visit between the ordering physician and the beneficiary must occur. This visit must document the decision to prescribe a PMD.
2. A medical evaluation must be performed by the ordering physician. The evaluation must clearly document the patient's functional status with attention to conditions affecting the beneficiary's mobility and their ability to perform activities of daily living within the home. This may be done all or in part by the ordering physician. If all or some of the medical examination is completed by another medical professional, the ordering physician must sign off on the report and incorporate it into their records.
3. Items 1 and 2 together are referred to as the face-to-face exam. Only after the face-to-face examination is completed may the prescribing physician write the prescription for a PMD. This prescription has seven required elements and is referred to as the seven-element order which must be entered on the prescription only by the physician.

4. The records of the face-to-face examination and the seven-element order must be forwarded to the PMD supplier within 45 days of the completion of the face-to-face examination
5. CMS' National Coverage Determination requires consideration as to what other items of mobility assistive equipment (MAE), e.g., canes, walkers, manual wheelchair, etc., might be used to resolve the beneficiaries mobility deficits. Information addressing MAE alternatives must be included in the face-to-face medical evaluation.

## **CMS DEMONSTRATION**

As you know, Illinois is one of the seven states where CMS is implementing a Prior Authorization process for scooters and power wheelchairs for people with Fee-For-Service Medicare. The purpose of the demonstration is to ensure that a beneficiary's medical condition warrants the medical equipment under existing coverage guidelines.

I am hopeful that the demonstration project will better match patients who need the power operated vehicle versus those who would be better served by other means.

However, the information which I have received from CMS about the demonstration project is lengthy and not very clear. The thick packet of materials arrived by mail to my office not well marked as to its contents. Some physician offices could have unknowingly discarded the package before being read or even opened.

I did review the materials and, in my view, the demonstration needs to be better explained to clinicians in a more concise fashion. I am hopeful that the demonstration project will deter some vendors in that fraud may be easier to detect. However, abuse and misuse would be harder to find as clinicians will still find the application form long and onerous to fill out. In addition, we still are influenced by the history given to us by the patient, which has the possibility that the patient was coached by a vendor or influenced by the ads as to what to say in order to qualify for a powered device.

## **RECOMMENDATIONS**

It would be helpful for clinicians if the application form could somehow be streamlined. A single application takes at least 30 minutes to fill out after a lengthy examination. For most experienced clinicians, it is not difficult to quickly determine if a patient qualifies for a powered vehicle. It can also be easy to determine if the patient does not qualify for one. It would be

helpful if somehow a narrative would be accepted as an opinion instead of filling out a lengthy form. As you may know, there is already a dire shortage of geriatrics healthcare providers and the time spent filling out paperwork could be better spent providing care to patients. In addition, it would be helpful if the expectations of patients were not unduly elevated by outside sources – advertisements, for one -- when they are seen for their initial examination.

## **CONCLUSION**

This is an important issue as many patients benefit greatly from PMDs. The challenge for all of us is to seamlessly get those vehicles to the appropriate patient. From a fiscal standpoint, it is also important that Medicare not pay needlessly for vehicles for patients who would be better served by more beneficial and less expensive modalities.

Thank you again for inviting me to participate in today's important hearing.

Respectfully,

Jerome Eplin, M.D., FAAFP, AGSF

Family Physician and Geriatrician

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<sup>i</sup> Centers for Medicare and Medicaid Services. *Medicare's Wheelchair and Scooter Benefit*.

<http://www.medicare.gov/publications/pubs/pdf/11046.pdf>

<sup>ii</sup> Centers for Medicare and Medicaid Services. *PMD Documentation Requirements (Nationwide)*.

<http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/CERT/PMDDocumentationRequirementsNationwide.html>