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United States Senate
Committee Finance
Washington, DC 20510-6200

Dear Senate Finance Committee:

I am a resident of Savannah, Georgia and hosted a Health Policy and Clinical Practice Conference in March for Patients with Multiple Chronic Conditions – for which I invited Senator Isakson's presence. I have been actively involved in Federal and State health policy issues for many years - to support best care and outcomes for patients living with and dying from concomitant conditions that reduce quality of life – increase hospitalization and cause burden to the US health care resources.

Using effective and well established care models from other countries with proven track records should be considered in the US transformation of better health, improved outcomes and cost effective care. I studied with Macmillan Nurse in the United Kingdom who are specialty trained advanced practice nurse clinicians who provide home-based community care for patients with advanced symptomatic chronic conditions in collaboration with General Practitioners and other health-care disciplines for several years up and until the time of death.

This coordinated care model provides comprehensive care management, reduces hospitalization by effectively and promptly managing chronic disease exacerbations, and implementing the use of community resources to support patient and family (e.g., adult daycare, respite care, socialization, meals, housing etc.). The Macmillan Nurse understands how to keep the patient and family at home, without crisis, without symptoms and through the use and implementation of various members of the health care team and community as needed – and eventual transition into end-of-life care. This provides a continuous and coordinated care model and as you know, the lack of coordination between multiple providers and settings is cost prohibitive

The US can benefit from the implementation of this care model which ties directly into the Chronic Care Reimbursement model for Primary Care Providers for patients with more than one chronic condition. To be effective the trained advanced practice nurse practitioner provides:

- coordination of care through needed and appropriate collaboration between disciplines;
- Proactively reduces disease exacerbation by ongoing assessment and evaluation of concomitant symptoms – that precipitate hospital admission;

- Reviews, identifies and manages medication use by preventing drug-drug interactions or unnecessary and costly medication use and intervention;
- Chronic care coordination can occur in remote and frontier areas – I have demonstrated this effective care model in Central rural Michigan – through home visits, elderly housing settings, senior services centers, long term care, clinic and hospital;
- Use of ongoing symptom assessment through computerized or hand-held devices can identify the onset of an exacerbation – reducing the burden of symptoms reduces the need for emergent hospitalization;
- Shared decision making and self-management practices should be implemented in the individualized care of every patient – where patients begin to take responsibility for their own health care and the resultant consequences;
- Use of patient-specific care plans should be established and updated - this can be used as a contract between the patient, family and health care team;
- Implementation of evidence based guidelines, ensuring standard of care and less reliant on cultural centric practices that are costly and inconsistent with the evidence.

The Advanced Practice Nurse Practitioner can apply and implement the role and format of the Macmillan Nurse in the US. Specialization of palliative care and hospice only promote and further the uncoordinated and costly care with suboptimal outcomes.

Primary care providers can and should provide comprehensive, coordinated and cost effective care throughout the chronic disease trajectory. The use and implementation of better trained Advanced Practice Nurse Practitioners will be relied upon in the face of this escalating patient population – coupled with a primary care physician shortage.

Transformative policy in graduate nursing education must take place – nurse practitioner or clinicians should have a strong medical focus on the effective and competent care of chronic conditions. My current research findings suggest that undergraduate and graduate nurses are not prepared to address the care needs of the largest US patient population.

There is expectation that the next generation of primary care providers will come through Nurse Practitioners – yet, if these providers are not prepared on how to utilize evidence based practice guidelines, patient centered outcomes, the use and implementation of comparative effectiveness research – this discipline will not be prepared to manage the myriad of conditions that do and will continue to flood the primary care setting and spend America's health care resources.

Respectfully Submitted:



Dr. Kim Kuebler