



AMERICAN COLLEGE OF
OCCUPATIONAL AND
ENVIRONMENTAL MEDICINE

June 22, 2015

The Honorable Orrin Hatch
Chair
Finance Committee
U.S. Senate
Washington, DC 20510

The Honorable Ron Wyden
Ranking Member
Finance Committee
U.S. Senate
Washington, DC 20510

The Honorable Johnny Isakson
U.S. Senate
Washington, DC 20510

The Honorable Mark Warner
U.S. Senate
Washington, DC 20510

Dear Senators:

I am writing on behalf of the American College of Occupational and Environmental Medicine (ACOEM) to respond to your request for recommendations and policies for improving care for Medicare patients with chronic conditions.

ACOEM is an organization of more than 4,000 occupational physicians and other health care professionals that provides leadership to promote optimal health and safety of workers, workplaces, and environments.

ACOEM agrees with the Senate Finance Committee's statement "an increasing number of adults between the ages of 45 and 64 are living with multiple chronic conditions." These members of the Baby Boom generation will soon be aging into the Medicare program.

The U.S. Center for Disease Control and Prevention estimates that as many as one out of every two Americans may now be dealing with a chronic disease – a trend that is adding major costs to the health care system, including Medicare, while negatively impacting our economy. The only sustainable way to relieve the economic pressures of rising health care costs is to "drain" some of the manageable health risk and illness burden out of the population – and that means addressing chronic health conditions and their precursor risk factors more aggressively.

The workplace can play a unique role in helping move forward a national effort to address chronic health conditions. Specifically, we believe that by striving to keep workers healthier from the moment they enter the workforce to the time they retire, we can dramatically increase the probability that they will "graduate" into entitlement programs such as Medicare in a much healthier condition.

As the workforce ages, more and more workers are still at work after they reach the Medicare age. The place of work provides unique opportunities to support better self-management of chronic conditions; disease monitoring and assist in care coordination. According to the Bureau of Labor Statistics, in 2014 17.9% of individuals 65 and older were employed and of those 10.7%, or 4.8 million, were employed full-time.

Evidence is mounting that effective workplace health and wellness programs, when properly managed and sustained, can help reduce the incidence and burden of chronic conditions such as hypertension, obesity, and diabetes, which are driving up the costs of Medicare. Helping workers avoid these chronic conditions while they are still employed lessens the chance that they will enter the Medicare system burdened with illness. The net effect is a likely reduction in costs to Medicare in the long term.

Compelling new research shows that health risk factors can be reduced even in older age groups. For example, a study of 15 employers that included workers over age 60 found significant reductions in risk factors, including cholesterol levels, blood pressure, and BMI, after participating in their personal prevention plan for just two years. [Loeppke R; Edington D, Bender J, et.al. The Association of Technology in a Workplace Wellness Program with Health Risk Factor Reduction. *Journal of Occupational and Environmental Medicine*. March 2013;55(3):259-64.]

Such an approach presents a win-win-win paradigm: Employers benefit from a healthier more productive workforce and lower health care costs; employees are rewarded with a longer and improved quality of life; and government's long-term health care costs are reduced. It makes sense that a healthier retiree who 'graduates' into Medicare is going to ultimately have lower costs than one who enters the system already debilitated by chronic disease.

Policy Recommendations

We offer the following comments and recommendations for consideration by the Committee.

1. Medicare's fee-for-service program should incentivize providers to engage patients in management of chronic care conditions. Employer health and community health programs can be leveraged to align incentives for employers/patients/workers to be engaged in primary prevention (maintain good health), secondary prevention (screening for early diagnosis) and tertiary prevention (proactive management in the management of their chronic conditions). Instead, Medicare's current fee-for-service program does the opposite, incentivizing providers for treatment of patients living with chronic conditions. Incentives should be aligned with the goal of functional restoration and return-to-work/stay-at-work.
2. Encourage the Centers for Medicare and Medicaid Services (CMS) to support research assessing the value of employee health and management of chronic health conditions in reducing the cost burden to the Medicare program. ACOEM and others are engaged in research to help advance this link – but a more robust federal commitment is needed to move the effort forward.

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3. Provide GME funding to support occupational medicine residency programs that agree to deploy occupational medicine residents to employer health programs for the purpose of chronic care management and primary, secondary and tertiary prevention. [Occupational residency training occurs in community settings outside the traditional teaching hospital environment, and therefore, is not eligible for Medicare GME support.]
4. Direct CMS to capture industry and occupation (I/O) information when an individual first applies for Medicare benefits; and utilize this information to focus prevention and chronic care management programs by industry sector.
5. Direct that CMS undertake one or more pilot programs to determine how employer health programs can be used to prevent and/or manage chronic care conditions of employees between the ages of 45 and 65, as well as employees and retirees who are Medicare beneficiaries.
6. Direct CMS, as part of the pilot program proposed above, to study the feasibility of providing financial incentives for employers and employees engaged in workplace programs designed to reduce the burden of chronic conditions for both employees who participate in Medicare and those who will soon age into Medicare.
7. Encourage CMS to add a metric for Healthy Life Expectancy (HLE). Europe and the U.S. Centers for Disease Control and Prevention use HLE as a metric. HLE is a population health measure that combines mortality data with morbidity or health status data to estimate expected years of life in good health for persons at a given age. HLE accounts for quantity and quality of life and can be used to describe and monitor the health status of populations
[<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6228a1.htm>].

Thank you for your consideration of these comments. We would be pleased to meet with the Committee at a later date to elaborate on our recommendations. Please contact Patrick O'Connor, ACOEM's Director of Government Affairs, if you have additional questions or need additional information. He can be reached at 202-223-6222 or by email at patoconnor@kentoconnor.com.

Sincerely,



Mark A. Roberts, MD, PhD, MPH, FACOEM
President