

I have been a leader and now a Master Trainer for the Chronic Disease Self-Management program for 7 years.

As a health educator, it is the one program that has changed lives and improved peoples management of their health. Most of the people who are leaders are volunteers. We need continued funding for the program because it helps to support the volunteers in co-leading the programs around the area.

The uncertainty of future funding provides challenges to continuing this forward momentum. Funding is critical to continue the gains that have been made toward improving the quality of life for millions of older adults and lessening the burden of an aging population on our nation's scarce health care resources.

CDSMP and other evidence-based programs can address a number of the areas you have asked for input on in the stakeholder letter. These programs will improve the health and quality of life for Medicare beneficiaries with multiple chronic conditions. For example, individuals are more likely to effectively use of their prescription drugs and understand their importance. There is an on-line version of the CDSMP which would allow use of technology to spread self-management strategies with broader reach. In addition, there is a mailed tool kit for CDSMP for those living in rural and frontier areas that do not have access to the internet or community programs. Each one of these options has been shown to be effective in improving self-management skills. These programs are the best option for empowering Medicare patient to play a greater role in managing their health and meaningfully engaging with their health care providers. This will meet the goals of primary care providers and care coordination teams to maximize the health care outcomes for Medicare patients living with chronic conditions.

Having a policy that allows for any person with chronic illness to attend a CDSMP program will be transformative and the Chronic Care Workgroup can recommend that all Medicare Advantage Programs, ACO Programs, CMS piloted alternate payment models (APMs) and Patient Centered Medical Homes make these programs available to their population with chronic disease. I urge the Chronic Care Workgroup to recommend CDSMP be provided by community-based organizations to all health care providers, organization and systems as the fundamental self-management approach for Medicare beneficiaries with one or more chronic diseases. These programs will allow individuals to live with the dignity and independence they want to have, having their health care needs met reliably and well, and with the costs being sustainable for our country.

Sincerely,

Shari Tedford