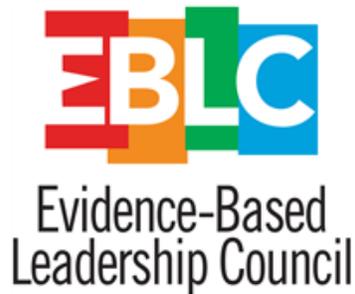


**THIS IS NOT THE TEMPLATE LETTER**



June 16, 2015

Senate Finance Committee Chronic Care Workgroup  
US Senate  
Washington, D.C.

Dear Senators Hatch, Wyden, Isakson and Warner,

The early ramifications of the Affordable Health Care Act apparently are now emerging.

I have been involved in wellness for more than 60 years and had come to believe this day would never happen in my lifetime. Subjects such as Health Maintenance, Falls Prevention, Disease Prevention and controlling Chronic Disease must now be taken off the back burner and placed front and center in the American agenda if we are to retain global our status. Rather than begin a written rant I defer to the second half of the template letter which states -----

It is important to build a system of care that incorporates evidence-based programs, properly targeted to those that need it, in order to optimize population health. These programs need the legitimacy of being official and appropriate expenses within the health care system. The Chronic Care workgroup is urged to support the following recommendations:

**1. Include CDSME in new Medicare billing codes for complex chronic care.**

- Medicare billing codes for Chronic Care Management (CCM) services should include the provision of CDSME. Since the vast majority of chronic condition management takes place outside of the health care setting, providers, including community-based providers, should be able to bill for those patients who attend CDSME workshops either in-person or online.

**2. Conduct a new CMMI demonstration on Integrated Self-Care Planning (ISP).**

- CMMI should be directed to develop and test Integrated Self-Care Planning (ISP), in which primary care and community service providers collaborate and integrate support to help older adults and their caregivers reach personal goals for aging well,. This new process would bring together older adults, caregivers, primary care providers, and aging network providers so they have a shared pathway to managing each person's chronic conditions.

**3. Fund a Medicare Demonstration Modeled after the Medicaid Incentives for Prevention of Chronic Diseases Program.**

- A similar program to the Medicaid Incentives for Prevention of Chronic Disease should be designed and funded, targeting high risk beneficiaries, including dual eligibles (Medicare/Medicaid beneficiaries). Properly constructed based on recent learnings, evidence-based interventions and incentives to promote healthy aging and behavior change for this population has great potential to reduce Medicare spending and improve lives.

We strongly urge the Chronic Care Workgroup to also support the following recommendations to reduce costs and improve care for Medicare beneficiaries with multiple chronic conditions:

**1. Strengthen the annual Medicare wellness visit to better promote healthy aging.**

- Improve requirements for screenings and referrals to CDSME and falls prevention interventions, including specific protocols, recommended best processes and practices, and use of CDC's STEADI tool.
- Develop billing codes for falls risk assessments and patient activation assessments
- Develop standards for post-visit follow-up to better ensure compliance with the including dual eligible. Evidence-based interventions and incentives to promote healthy aging and behavior change for this population has great potential to reduce Medicare spending and improve lives.

**2. Add second falls as a Hospital Readmissions Reduction Measure**

- A measure should be added to the Hospital Readmissions Reduction Program - a second fall could incur fractures, brain injuries and other injuries resulting from a fall and is a sign of high risk and need for post-acute community care transitions coaching in the home.

**3. Provide assistance to states on how to incorporate evidence-based healthy aging programs within their Medicaid programs.**

- The Medicaid Innovation Accelerator Program could provide a platform to deliver technical assistance on these issues to states. Several states have successfully incorporated evidence-based healthy aging programs within their Medicaid programs. Some have included CDSME in HCBS waiver programs; others have sought to include these programs within Medicaid managed care and duals integration demonstrations.

In closing, selected outcomes from our most highly disseminated evidence-based programs show savings in medical costs:

1. Chronic Disease Self-Management Education Program
  - Per capita savings of \$364 in reduced emergency room visits and hospitalization
2. Matter of Balance
  - Per capita savings of \$938 in total medical costs per year
3. EnhanceFitness
  - Per capita savings of \$945 in total medical costs per year per person

Implementing the above recommendations could further reduce costs and increase reach to those most in need of these proven programs.

Thank you for consideration of these recommendations that will empower Medicare beneficiaries with chronic conditions to live with more dignity and independence, having their health self-management needs met reliably and well, both in the health care setting and in their communities.