

June 16, 2015

Institute for Health Research and Policy (MC 275)
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Senate Finance Committee Chronic Care Workgroup
U.S. Senate
Washington, D.C.

Dear Senators Hatch, Wyden, Isakson and Warne:

Arthritis is the most common chronic condition affecting older adults and the number one cause of disability among them. Many adults with lower extremity arthritis limit their movement because they feel this will decrease their pain; however, we know that sedentary behavior only exacerbates symptoms. We have developed a program called Fit and Strong! to re-condition people who have become sedentary due to presence of arthritis in their lower weight bearing joints. The 8-week Fit & Strong! program uses a combination of physical activity and health education to promote behavior change and disease management. Fit and Strong! was developed and tested over several randomized trials through a sequence of grants from the National Institute on Aging. Findings from the Fit & Strong! trials have demonstrated significant improvements in engagement in physical activity that are maintained out to 18 months. These gains in physical activity engagement have been accompanied by improved joint functioning, pain and stiffness, and improved lower extremity strength and walk time, also out to 18 months. The latter measures are noteworthy because they are risk factors for falls and for mortality. Although walking speed declines with age, we have been able to reverse this process for a population that is at very high risk for future disability.

Fit and Strong! is one of seven programs represented by the Evidence Based Leadership Council (EBLC) and has been deemed a top-tier evidence based program by the arthritis program of the CDC, the Administration on Aging, the National Cancer Institute's Research Tested Intervention Programs (RTIPs), and SAMHSA's National Registry of Evidence-based Programs and Practices. Our program is currently being provided by community based providers like Senior Centers and Parks and Recreation sites across 8 states and has served more than 4,000 seniors to date.

Our Fit and Strong! team commends the Senate Finance Committee Chronic Care Workgroup for its mission to find ways to provide high quality care at greater value and lower cost without adding to the deficit. It costs \$1,400 for a trained, Certified Exercise Instructor to conduct our 8-week program with a class of 20 participants. In 2006, Medicare paid \$11,000 per procedure for primary implant surgeries and \$14,000 per procedure for revisions for hip and knee replacement surgery for beneficiaries with lower extremity arthritis. These procedures are the most costly performed in the Medicare program and it is projected that Medicare could pay \$50 billion for hip and knee replacement surgery by 2030. In contrast, our program uses a non-surgical, non-pharmaceutical cost-effective approach that also reduces pain and improves function while improving strength and mobility, yet is not reimbursed by Medicare despite the fact that our program likely leads to substantial healthcare cost savings over the long-term.

Access to Fit and Strong! and other evidence-based health and wellness programs is critical if we are to achieve reductions in health care utilization and, more importantly, higher quality of life for older adults with chronic conditions. There has been very little focus by health plans, including Medicare and Medicaid, on helping individuals to proactively manage their health and take more responsibility for

improving behaviors that are necessary to improve health outcomes and costs. A CMMS analysis of this topic was completed in 2013, “A Report to Congress: The Centers for Medicare & Medicaid Services’ Evaluation of Community-based Wellness and Prevention Programs” under Section 4202 (b) of the Affordable Care Act. This retrospective study of evidence-based programs reported cost savings for the Matter of Balance and Enhance Fitness programs. A second analysis, a prospective study, is currently in progress. Fit and Strong! is participating in this prospective study. Findings from both studies should be considered when developing billing codes and assessing the effectiveness of evidence-based programs.

Evidence-based program owners and providers know that these programs directly enhance health, improve quality and reduce inappropriate service use. Therefore we believe that these programs should be considered to be reimbursable medical care costs. Organizations represented by EBLC are making great strides sustaining programs by developing strong links with health care providers and insurers. Providers view these programs as the best option for empowering Medicare beneficiaries to not only play a greater role in managing their health but also to engage more meaningfully with their health care providers.

As a result of our experience designing, testing, and implementing an award winning program, our team has come up with the following suggestions that we would respectfully ask the Senate Finance Committee Chronic Care Workgroup to consider.

- It is important to build a system of care that incorporates evidence-based programs, properly targeted to those that need them, in order to optimize population health. These programs need to be recognized as official and appropriate expenses within the health care system. Therefore, we urge the Chronic Care Workgroup to support the following recommendations:
- 1. Include our sister EBLC program, Chronic Disease Self Management E (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 Medicare beneficiaries. Such a program would have the potential to improve the lives of millions of older adults and lessen the burden of an aging population on our nation’s scarce health care resources.

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, **including arthritis**:

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

- Improve requirements for screenings and referrals to CDSME, falls prevention interventions, **and evidence-based physical activity programs** using specific protocols, recommended best processes and practices, and 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 referrals to evidence-based health promotion programs, including persons who are dually eligible. Evidence-based interventions and incentives to promote healthy aging and behavior change for this population have great potential to reduce Medicare spending and improve lives.

2. Add second falls as a Hospital Readmissions Reduction Measure

- A measure that captures a second fall should be added to the Hospital Readmissions Reduction Program. This measure could incur fractures, brain injuries and other injuries resulting from a fall and flag these high-risk patients 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.

Implementing the above recommendations should 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, have their health self-management needs met reliably and well, both in the health care setting and in their communities.

Sincerely,

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On behalf of the Fit and Strong! team,
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