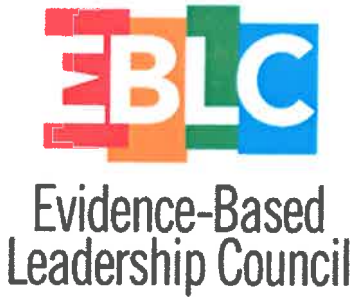


June 22, 2015

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

Dear Senators Hatch, Wyden, Isakson and Warner,

People, especially those with chronic conditions, spend 99% of their time outside of the health care system. The Evidence Based Leadership Council (EBLC) a national collaborative of health innovation leaders have developed and are disseminating evidence-based health and wellness programs to older adults in the communities where they spend 99% of their time. Our mission is to have an ever increasing number of adults engaged in evidence-based programs that inform, activate and empower them to improve their health and maintain independence.

The EBLC commends the Senate Finance Committee Chronic Care Workgroup for finding ways to provide high quality care at greater value and lower cost without adding to the deficit. The programs and organizations we represent have proven to be ways in which high quality services can be effectively provided, at greater value and lower cost.

Our programs include evidence-based self-management (Chronic Disease Self-Management Education (CDSME) and EnhanceWellness), falls (Matter of Balance), physical activity (EnhanceFitness, Healthy MOVES, and Fit and Strong!), depression (PEARLS and Healthy IDEAS) and medication management (HomeMeds) programs. Over one million older adults have participated in these programs.

Access to these and other evidence-based health and wellness programs is critical in order to achieve reductions in health care utilization and, more importantly, higher quality of life for older adults with multiple chronic conditions. There has been very little focus by health plans, including Medicare and Medicaid, on the role of individuals in proactively managing their health and taking more responsibility for improving behaviors that will result in improved health outcomes and costs. A CMMS analysis, 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 EnhanceFitness programs cited above. The second analysis, a prospective study, is currently in progress. These findings should be considered when developing billing codes and assessing effectiveness of evidence-based programs.

Evidence-based program owners and providers are moving from grants and foundation support to working to make these programs part of medical care costs, since these programs directly enhance health, improve quality, and reduce inappropriate service use. Organizations represented by EBLC are making great strides with sustaining programs by developing strong links with health care providers and insurers. Providers have seen these programs as the best option for empowering Medicare beneficiaries to not only play a greater role in managing their health but also engage more meaningfully with their health care providers. As a result of our combined expertise in designing, testing and implementing these programs we have come up with the following suggestions that we would respectfully ask the Workgroup to consider.

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.

Sincerely,

Susan Hunter
Health & Nutrition Coordinator
Area Agency on Aging-NACOG
[redacted]