



100 Maryland Avenue, NE, Suite 500
Washington, DC 20002
t | 800.664.3848
f | 202.544.0890
w | www.lutheranservices.org

June 22, 2015

The Honorable Orrin Hatch
Chair, Committee on Finance
United States Senate
Washington, D.C. 20510

The Honorable Ron Wyden
Ranking Member, Committee on Finance
United States Senate
Washington, D.C. 20510

The Honorable Johnny Isakson
Committee on Finance
United States Senate
Washington, D.C. 20510

The Honorable Mark Warner
Committee on Finance
United States Senate
Washington, D.C. 20510

Dear Chairman Hatch, Ranking Member Wyden, Senator Isakson, and Senator Warner:

On behalf of Lutheran Services in America (LSA), thank you for the opportunity to provide input on policy initiatives to facilitate the delivery of high-quality care for people with Medicare living with multiple chronic conditions. We applaud the Senate Committee on Finance for engaging in a bipartisan, transparent process to seek input on proposals to address long-standing concerns regarding care for these populations.

LSA is a nationwide network of more than 300 Lutheran health and human services organizations that touch the lives of one in 50 Americans each year. Our members serve low-income, vulnerable people of all ages, faiths, and abilities in a variety of settings across the country. Nearly two-thirds of LSA member organizations provide services to older adults, including the health, supportive, and preventive services financed through Medicaid and Medicare.

As trusted community-based service providers, LSA members recognize the need to identify policy and legislative solutions to advance care delivery models that improve the health and well-being of individuals with multiple chronic conditions, with a particular focus on embedding person and family-centered care principles and integrating care across settings, services, and systems. We hope the principles outlined below will help guide the Committee's efforts to develop bipartisan legislation that achieves these goals.

We respectfully submit the following comments for your consideration:

Person and Family-Centered Care

Functional, Cognitive, Behavioral, and Social Needs. We agree that Congress should prioritize solutions to improve care quality for persons with multiple chronic conditions. The health care needs of older adults and people with disabilities should be at the center of these efforts. As such, we urge the Committee to broaden the focus of its inquiry to include not only chronic disease management as framed in the request for feedback, but to also consider functional and cognitive needs.

Many individuals with multiple chronic conditions are also likely to need assistance with activities of daily living, like bathing and dressing, or more intensive long-term services and supports. At the same

time, some of these individuals may be living with dementia or other cognitive illnesses that require specialized care. We strongly encourage the Committee to advance legislative solutions focused on person- and family-centered care that addresses all needs, including physical and cognitive functioning as well as behavioral and social well-being.

Consumer Engagement. People who experience chronic disease or disability are the best experts on living with their conditions. In the management of complex conditions, self-direction, person-centeredness, and consumer empowerment are key tools to sustaining and improving health. Individuals and families know best what will work for their lives. When they are in the driver's seat, they can work with their health care providers to develop a care plan that has a much greater chance of success than a care plan that fails to incorporate their perspectives, goals, and values.

From a policy standpoint, this means that care models should include patient involvement at all levels of care: individuals and caregivers must be engaged in care design and redesign, in policy and governance, and at the community level. Providers must be adequately supported to meet the needs of consumers at all levels of care planning.

Advance Care Planning. Individuals living with multiple chronic illnesses often face advanced illness or are nearing the end of life. These individuals need and deserve person and family-centered care that is well coordinated and honors their dignity, values, and health care choices at each stage of their illness. Individuals must have access to the full range of high-quality medical care and treatment, including curative care, palliative care, and hospice care.

As such, we encourage the Committee to address advanced care needs as it develops new, or enhances existing, models of care for people with multiple chronic conditions. In particular, the Committee should ensure that policies support individual planning and self-determination; encourage communication among individuals, their families, and their health care providers; increase access to hospice and palliative care; respect the health care preferences of individuals; prevent overuse, underuse, and misuse of health care services; and incorporate practitioner education.

Family Caregivers. Family caregivers are often seen as the backbone of our nation's long-term services and supports—with 43.5 million adults having provided unpaid care to an adult or a child in the prior 12 months. On average, caregivers spend 24.4 hours a week providing care and usually become de facto care coordinators for care recipients.^[5] In 2009, it was estimated that caregivers provide the equivalent of \$450 billion in uncompensated care annually—saving federal, state, and local governments millions of dollars.^[6]

As the Committee develops legislation, we urge you to explicitly address needed supports for family caregivers. Areas of the highest need include identification of caregivers most at risk for deteriorating health and financial security; training for caregivers performing activities of daily living, medical/nursing tasks, and interacting with formal care providers; and planning for future needs, like end-of-life care.^[7]

^[5] AARP Public Policy Institute and National Alliance for Caregiving, "Caregiving in the U.S.," (June 2015), available at: <http://www.aarp.org/content/dam/aarp/ppi/2015/caregiving-in-the-us-research-report-2015.pdf>

^[6] Feinberg, L., Reinhard, S.C., Houser, A., and R. Choula, "Valuing the Invaluable: 2011 Update, The Growing Contributions and Costs of Family Caregiving," (AARP Public Policy Institute: 2011), available at: <http://assets.aarp.org/rgcenter/ppi/ltc/i51-caregiving.pdf>

^[7] AARP Public Policy Institute and National Alliance for Caregiving, "Caregiving in the U.S.," (June 2015), available at: <http://www.aarp.org/content/dam/aarp/ppi/2015/caregiving-in-the-us-research-report-2015.pdf>

Integrated Care

Care Across Settings. As evidenced by recent proposed regulations for Medicaid managed care, the health care landscape is changing, and there is an enhanced focus on aligning health care systems.^[9] Any legislation should seek to bridge the gap between acute care and long-term services and supports (LTSS). Accordingly, we encourage the Committee to consider policies that integrate acute care and LTSS, and avoid policies that focus exclusively on Medicare payment for acute services.

It is commonly accepted that poorly coordinated care transitions between health and LTSS settings are associated with high hospital readmissions, emergency department visits, medication errors, and adverse drug events.^[10] Further, it is widely accepted that LTSS providers are key partners in improving transitions and coordination across the acute care spectrum.^[11] Given this, we urge the Committee to adopt a holistic approach to services, incorporating LTSS and removing outdated restrictions that prevent Medicare from utilizing a broad array of home and community based services in coordination with Medicaid.

Committed leadership in Congress and at CMS is necessary to create and monitor demonstration authorities that can be used to construct community-anchored care systems that are capable of providing both medical and LTSS services to older adults and people with disabilities. Additionally, both Congress and CMS must be willing to support the development of new or expanded quality and financial metrics that will ensure appropriate transparency and accountability in the context of care models that are designed to meet both individual and population health goals.

Community Integration. The majority of older adults and people with disabilities prefer to receive services in their homes and communities, and often have better outcomes and lowered costs when they do so. As such, we urge the Committee to tap into existing resources in the Aging and Disability Networks. Together, this nationwide network provides programs and services to support the health, independence, and well-being of people with disabilities and older adults in communities across the nation.^[12]

The services offered through the Aging and Disability Networks include educational programs, management of chronic conditions such as diabetes, daily independent living supports, case management, caregiver support, meal delivery, transportation services, and many others. In particular, the Aging Network - which includes 20,000 individual service providers - is expanding partnerships with a wide range of health care organizations.

This experience ideally situates the Aging and Disability Networks to provide older adults and people with disabilities with the health-related supports they need and to provide these services at a lower cost than prevailing care paradigms. As such, we urge the Committee to consider policy options to create and incentivize stronger links between existing health care programs, especially Medicare and Medicaid, and

^[9] 80 Fed. Reg. 31098 (June 2, 2015)

^[10] Assistant Secretary for Planning and Evaluation (ASPE), Department of Health and Human Services, "Long-Term and Post-Acute Care Providers Engaged in Health Information Exchange: Final Report," (2013), available at: <http://aspe.hhs.gov/daltcp/reports/2013/HIEEngage.shtml>

^[11] *Id.*

^[12] This comprehensive network includes Area Agencies on Aging, Aging & Disability Resource Centers, State Units on Aging, Centers for Independent Living, Protection & Advocacy Agencies, Developmental Disabilities Councils, and University Centers for Excellence in Developmental Disabilities.

existing community-based providers and organizations that comprise the Aging and Disability Networks as well as related service providers.

Housing and Supportive Services. We urge the Committee to consider policies and promote models to integrate supportive services with housing for low-income seniors. Low-income housing can be a platform for providing health and social services, reducing Medicare and perhaps Medicaid costs. Affordable housing properties linked with health and supportive services provide an option for meeting the varied needs of low-income older adults, while also helping address multiple public policy priorities. Low-income, dually eligible beneficiaries are the biggest users of health and long-term care services; housing with services enhances access to necessary services and supports, helping individuals to better manage their conditions and coordinate their care needs.

By focusing on low-income seniors in subsidized housing, integrated housing models build on the existing infrastructure of housing, health, and community provider networks. With the concentration of high-risk, high-cost residents, many of whom are dually eligible for Medicare and Medicaid, senior housing offers an economy of scale that can increase delivery efficiencies for providers and improved outcomes for older adults. We encourage the Committee to explore opportunities to integrate supportive services with housing in future legislation.

Thank you again for the opportunity to provide input on the Committee's work. LSA is committed to advancing the health, independence, and economic security of older adults, people with disabilities, and their families. We appreciate your collective efforts to identify thoughtful policies that will improve care for these vulnerable populations, and we look forward to continued engagement as the Committee continues this meaningful process. If you have any questions, please contact Lindsey Copeland, LSA's Director of Public Policy and Advocacy, at lcopeland@lutheranservices.org, or (202) 499-5832.

Sincerely,

A handwritten signature in cursive script that reads "Charlotte Haberaecker".

Charlotte Haberaecker
President and CEO
Lutheran Services in America