

Senate Finance Committee Chronic Care Workgroup

US Senate

Washington, D.C.

Dear Senators Hatch, Wyden, Isakson and Warner,

My name is Ellen Pihlstrom. I work with the Stanford evidence based Chronic Disease Self-Management Programs. I know that you will be or/and have received many letters on statistics on why we need this program and the evidence that has shown how it works. Working directly with medical professionals and the community, I would like to share how it impacts lives directly. I am blessed to be working a group of colleagues and physician groups that are participating in the Comprehensive Primary Care Initiative (CPCI). These physician groups, with their forwarding thinking and given the incentives from the Affordable Care Act, want more and can now offer more to their patients. These programs can be the physician's referral into a financially low cost option for their patients.

When the physician refers a patient, we can spend 15 hours with their patients helping them figure out what motivates them, what their barriers are and how to achieve optimum health. If you have ever associated with someone with multiple chronic illnesses (heart disease, arthritis, diabetes), you know that simple tasks become overwhelming. Supporting, motivating and showing them how to take something that is overwhelming and break it down into doable steps. We see these small "action plans" of success to be a major building block in self-confidence which leads to more efficient communication with physicians and empowerment to be their healthiest.

Doesn't everyone benefit from not being ill. I had stage 3A cancer and if I could have caught it earlier, I would not have had to spend thousands and thousands of dollars on chemotherapy, surgery, doctor's visit, medication, and would not be dealing with all the side effects of the chemotherapy that I live with even 9 years later. However, when I took this class before becoming a leader, I learned to optimize my health and found support, new ideas and comfort from other participants.

I would like to encourage you to support these programs. You are currently looking at Medicare participants. However, in the future, I would hope that you would be able to support this for any age. We are seeing much younger participants with multiple chronic illnesses that are struggling as well.

Thank you for your time.

Sincerely,

Ellen Pihlstrom

Fort Collins, CO 80525

Attached is a letter from a participant that I recently received.

This is a story from a colleague:

I would like to talk about "Helen" and "Mary". A mother/daughter duo in our Fall 2014 CDSMP (Diabetes Class). Helen came to the class not knowing anything about diabetes. Her elderly mother had recently fallen and had been having dizzy spells at night. Mary had recently moved in with Helen and Helen felt a great sense of responsibility to her mom to help her live well with her chronic conditions. With each activity and class interaction Helen was animated and involved, posing questions, making comments, soliciting input, and asking the class to help problem solve. The activities on menu planning guidelines and healthy eating were particularly helpful for Helen and she expressed that now she had "direction" in meal preparation. Armed with a better understanding of the delicate balance of food, medication, and exercise, Helen felt empowered to help her mom. Mary reported less dizziness at night and no falls were recorded throughout the duration of the class. On the last day, Helen made a hand out sheet for the whole group with cute comics, inspirational quotes, and diabetic friendly recipes. Her elation with the knowledge gained from class material was apparent to all and Helen and Mary were armed with the tools they needed to live healthy with diabetes as a caregiver and a care receiver!

Jo came to CDSMP from a community nurse referral. Jo had lost her husband to diabetes and was shocked to learn that she was going down the same path. She came to the class with an elevated A1c and a fasting blood sugar in the 140's. She readily admitted that though her husband had diabetes she knew very little about the condition. Jo faithfully attended every class and offered input, shared experiences, participated in the activities, and made action plans. Her attendance was made even more amazing because Jo does not drive, lives in subsidized housing, and does not have a home telephone. She would use her neighbor's phone for midweek session phone calls! Upon completion of the CDSMP classes, Jo felt empowered to implement tools like stress management, healthy eating, and had recently engaged the counsel of a Family Physician. She had even started to lose weight! Today, she continues to live well with Diabetes and credits the chronic disease management information in helping her down that path!

(P.S. I know that because she recently went to a Health District clinic and sang the praises to one of my coworkers!)

*Stacey Fox*

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*MCR Research and Education, Healthy Hearts Program*

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