

June 17, 2015

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

Dear Senators Hatch, Wyden, Isakson and Warner,

I read the stakeholder letter dated May 22, 2015, with great interest. We know the increasing numbers of people in the United States with chronic disease (s) is going to burden the health budgets of the government and private sector. Chronic diseases are the leading causes of death and disability in the U.S. and account for over 79% of the nation's health care spending. In fact, many older adults have multiple chronic diseases. As has been noted by the Senate Finance Chronic Care Workgroup, we need to find ways to provide high quality of care at greater value and lower cost without adding to the deficit.

I have been involved as a leader and trainer for the Stanford Chronic Disease Self-Management Programs (CDSMP) since 2003. These programs make a difference; you have seen the statistics on the success of the workshops, how hospitalizations are reduced and consequently Medicare and Medicaid benefit. But you haven't seen the change in people's lives as I have. People take back their lives.

The American Spirit is to take care of ourselves, be independent and self-sufficient. It is a notion we need to return too, even in regards to our health. One of the first tenants of the CDSMP is self-management. We talk about how an individual has been in control of their life, where they worked and lived and raised their kids. Now they are learning self-efficacy and how they can manage their own health and their chronic conditions. The action planning is probably the best tool we share. Action planning teaches how to break down tasks into the smallest parts, accomplish it and report back to your peers. The successes are momentous. This can be as simple as walking a few feet down your own driveway a few times a week to household chores or shopping.

I could use the statistics to prove how financially beneficial the evidence based programs are – and there are several from Stanford – Chronic Disease Self-Management, Diabetes Self-Management, my favorite the Pain Self-Management, HIV and AIDS; plus falls management workshops that are equally cost savers. But the biggest beneficiary is the person taking the workshop. You see them build confidence in their own skills, they build new relationships with peers, and they get out of the house and socialize. The changes people make is the reason I love to facilitate these classes.

I understand that your committee is considering offering reimbursement to providers of these programs. I work for a non-profit Area Agency on Aging and funding is always a problem. Our executive director believes in the quality of life for older adults, that is part of our mission. I strongly endorse the Self-Management Programs and encourage your committee to add them to reimbursable programs through Medicare and Medicaid. The savings will be substantial and people will be healthier, live better and return to caring for themselves.

Thank you so much for time and consideration.

Sincerely,

Donna Blackwell

T-Trainer

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