

Dear Senators Hatch, Wyden, Isakson and Warner,

As you have noted in your stakeholder letter dated May 22, 2015, there are increasing numbers of people in the United States with chronic disease. It is 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, the most common chronic disease experienced by adults is multi-morbidity, the coexistence of 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.

To reduce the burden of chronic disease we have to find a means of engaging individuals in life-long healthy behaviors. An evidence-based cluster of programs developed by Stanford University at their Patient Research Center has made a difference in health care costs and would benefit many if their availability throughout the country was expanded. However, the uncertainty of future funding provides challenges to continuing this forward momentum. Funding is critical to continue the gains that have been made toward improving the quality of life for millions of older adults and lessening the burden of an aging population on our nation's scarce health care resources.

There has been very little focus by health plans, including Medicare and Medicaid, on the role of the individual in proactively managing their health conditions and taking more responsibility for improving their personal behaviors that will result in improved health outcomes and lower costs. In our region where the Stanford University Chronic Disease Self-Management Course (CDSMP) or the Diabetes Self-Management Course (DSMP) has been offered in Patient Centered Health Care Home settings there have been very consistent improvements in outcomes related to using self-management skills. These courses and the Spanish versions of them as well as the Chronic Pain Self-Management Program emphasize practicing tasks using tools proven to enable participants to better manage their health condition.

We are urging the Chronic Care workgroup support for Medicare and Medicaid beneficiaries to have access to several options of evidence based self-management programs for chronic disease, pain management, fall prevention, and physical activity which will result in improved quality of care, improved disease management, and lower per capita costs.

CDSMP is one of the most well-known and researched evidence-based programs and is a good model for people with or at risk for multiple chronic conditions. A national

study published in 2013 demonstrated positive changes in self-efficacy, health behaviors, physical and psychological health status, and symptom management while reducing per capita costs of health care with an approximate 2:1 return on investment. This equates to a potential net savings of \$364 per participant and a national savings of \$3.3 billion if 5% of adults with one or more chronic conditions are reached. These programs should be a patient-covered benefit and integrated with care provided by health care practitioners.

Having a policy that allows for any person with chronic illness to attend a CDSMP program will be transformative and the Chronic Care Workgroup can recommend that all Medicare Advantage Programs, ACO Programs, CMS piloted alternate payment models (APMs) and Patient Centered Medical Homes make these programs available to their population with chronic disease.

We urge the Chronic Care Workgroup to recommend CDSMP and related programs as reimbursable services for Medicare/Medicaid beneficiaries.

Trainings can be provided by community-based organizations in order for health care providers, organizations, and systems to embed programs. Self-management programs allow individuals to live with the dignity and independence they want to have, to have their health care needs met reliably and well, and with the costs being sustainable for our country.

Sincerely,

Doris Fountain, RN and Barbara Stone, MPH, PT

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