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In Reply Refer To:
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June 19, 2015

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

Re: Improving Health Outcomes for Medicare Patients with Chronic Conditions, stakeholder letter dated May 22, 2015

Dear Senators Hatch, Wyden, Isakson and Warner,

Thank you for addressing needed improvements in the management of chronic conditions among Medicare recipients! As a registered dietitian and the Health Promotion Disease Prevention Program Manager at the VA Salt Lake City Health Care System and an employee there for 29 years, I have been involved with the challenge of improving health outcomes for Veterans (and for all Americans) who live with chronic health conditions. Health behaviors contribute to the majority of chronic conditions like diabetes, heart disease and cancer. While providers play a significant role in caring for these patients, **the most important health care is provided by the individual.** It is the individual who chooses to smoke or not, to eat healthfully or poorly, to exercise or not, and to take his or her medications appropriately or not. The individual manages his/her health (or not) on a daily basis. The degree of self-management plays a major role in outcomes for these patients. Many patients lack the information, skills, ability, or confidence to manage their own health.

If you want to improve health outcomes, reduce the incidence of chronic conditions, and improve the management of these conditions, **the focus has to be on the individual and on personal ability and engagement in taking care of their own health.** No amount of medications, care coordination, or providers can make up for the individual not taking care of his/her own health.

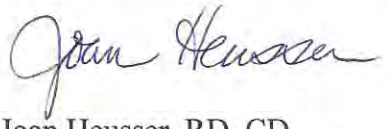
I strongly recommend the Chronic Care workgroup support the provision for Medicare beneficiaries to **have access to evidence based self-management programs for chronic disease, pain management, fall prevention, physical activity** (and much more) which will result in improved quality of care, improved disease management and lower per capita costs. In particular, I am asking you to support Medicare funding the **Stanford Chronic Disease Self-Management Program (CDSMP),** for older adults with chronic disease. CDSMP is one of the most well-known and researched evidence-based programs, is an excellent model for people with multiple chronic conditions, as research studies have demonstrated positive changes in self-

efficacy, health behaviors, physical and psychological health status, and symptom management as well as reducing per capita costs of health care with an approximate 2:1 return on investment in the first year as noted in a national study published in 2013.

As a provider of the Stanford CDSMP program I have seen the benefits in improved pain management, medication management, weight management, increased physical activity and healthy eating, well-being, and the confidence to be able to manage their own health among our participants. This all translates into better diabetes, heart disease, and cancer prevention and management, better health and well-being - better outcomes.

If Congress and America wants to improve health outcomes for those with chronic health conditions, we must engage, educate, support, and empower individuals to take care of their own health. I urge the Chronic Care Workgroup to recommend CDSMP be provided by community-based organizations to all health care providers, organization and systems as the fundamental self-management approach for Medicare beneficiaries with one or more chronic diseases.

Thank you for your consideration.



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