

June 22.2015

Senate Finance Committee Chronic Care Workgroup

US Senate

Washington, D.C..

Dear Senators Hatch, Wyden, Isakson and Warner,

As you have noted in your stakeholder letter dated May 22, 2015, The population of the United States has increasing issues with Chronic Diseases. Most of these people spend 99% of their time outside of the health care system. 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.

In our area we have been providing programs such as Enhance Wellness and Chronic Disease Self Management - two evidence based programs that have shown to be effective at reducing length of stay in hospital admissions, decrease use of psychoactive medications, and a decrease in depressive symptoms, along with increases in strength, aerobic conditioning and balance.

Access to these and other evidence-based health and wellness programs is critical in order to achieve reductions in health care utilization and, more importantly, higher quality of life for older adults with multiple chronic conditions.

The Chronic Care workgroup is urged to support the following recommendations:

1. Include CDSME in new Medicare billing codes for complex chronic care.

* Medicare billing codes for Chronic Care Management (CCM) services should include the provision of CDSME. Since the vast majority of chronic condition management takes place outside of health care settings, providers, including community-based providers, should be able to Bill for those patients who attend CDSME workshops either in-person or online.

2. Conduct a new CMMI demonstration. On Integrated Self-Care Planning (ISP).

* CMMI should be directed to develop and test Integrated Self-Care Planning (ISP), in which primary care and community service providers collaborate and integrate support to help older adults and their

caregivers reach personal goals for aging well. This new process would bring together older adults, caregivers, primary care providers, and aging network providers so they have a shared pathway to managing each persons chronic conditions.

3. Fund a Medicare Demonstration Modeled after the Medicaid Incentives for Prevention of Chronic Diseases Program.

* A similar program to the Medicaid Incentives for Prevention of Chronic Disease should be designed and funded, targeting high risk beneficiaries, including dual eligibles (Medicare/Medicaid beneficiaries).

I have personally seen positive changes in the lives of participants in these programs. One woman, 65 years old and a caregiver of a disabled adult child, was able to increase her balance and strength to the point of going kayaking. But the biggest change I noted in her was her countenance. She entered the program looking tired and beaten down by life, but at the end she had an energy and life about her that was exciting and energized. She talked about how getting out the house and attending the group exercise classes had been a lifeline for her and was helping her get much needed respite from caring for her daughter. These programs are vital to the health and wellbeing of older adults.

Thank you for consideration of evidence-based programs for chronic conditions that will empower beneficiaries to live with more dignity and independence, having their health self-management needs met reliably and well, both in health care settings and in their communities.

Sincerely,

Julie Knighton, RN