

June 18, 2015

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

Dear Senators Hatch, Wyden, Isakson and Warner,

I have worked in the Aging field for 15 years and have seen many older adults suffer from multiple chronic diseases. I have also witnessed the effect of their chronic illnesses on their everyday lives. Here's what I see on a regular basis:

- Older adults who can no longer go upstairs in sleep in their beds because of COPD
- Older adults who get tired walking across a parking lot and have to rest
- Older adults who choose to shop in small, expensive markets because they can't walk long enough to shop in a larger store
- Older adults who live with the belief that their lives have no purpose, no meaning
- Older adults who have to rely on others to do basic activities of daily living
- Older adults who are depressed and honestly believe "they have lived too long"

I consider myself lucky. I work with older adults who attend a senior center, take advantage of our 55+ Fitness Center, and want to learn how to use a computer. They struggle with life every day and work hard to stay as active as they can. They want the end of their lives to be good and even productive. They want to matter and still make a difference. They want to enjoy life and their children and their grandchildren, but their chronic illnesses often stand in the way.

I said before that I'm lucky – and I am. I'm lucky because my department has been fortunate enough to bring the Stanford Chronic Disease Self-Management Programs to our rural county in Maryland. We've partnered with our local Health Department and have been able to offer the Chronic Disease Self-Management Program, the Diabetes Self-Management Program, the Chronic Pain Self-Management Program and soon, the Cancer: Thriving and Surviving Program to older adults, caregivers, family members and friends.

I'm lucky because since our first CDSMP workshop in 2010, I've witnessed lives being changed, people coming to terms with their illnesses and learning how to handle them, people becoming aware that they're not alone in their struggle to live life. I've witnessed the power of knowledge, the gift of self-management, the presence of hope. The people who attend our Stanford programs feel better. They have learned how to manage their diseases, how to talk to their doctors, how to brainstorm and figure out a problem, how to manage their medications, eat better and exercise more. They have learned they still have some say in their lives and honestly... It. Is. Life. Changing.

There are a lot of studies that have proven the Stanford programs not only help people, but systems. They fit perfectly with the Affordable Care Act and Medicare goals of reducing hospitalizations and readmissions. But the Stanford programs also cost money and frankly, money for these programs has not been plentiful. I can only offer what I can afford to offer. If we

want a better quality of life for people, if we want to reduce costs and make healthcare more affordable for everyone, wouldn't it make sense to make it easy for the fastest growing segment of our population? Wouldn't it make sense make affordable the very thing that will help them have a better, more productive life? Isn't that what we should do?

So now you're lucky. You can support Medicare funding the Stanford Chronic Disease Self-Management Program (CDSMP), for older adults with chronic disease. You can help create a policy that allows for any person with chronic illness to attend a CDSMP program. Your 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. You can recommend CDSMP be provided by community-based organizations to all health care providers, organizations and systems as the fundamental self-management approach for Medicare beneficiaries with one or more chronic diseases. These programs will allow individuals to live with the dignity and independence they want to have, having their health care needs met reliably and well, and with the costs being sustainable for our country.

Isn't that what we all want? Don't we all want to live with dignity and independence, having our health care needs met reliably and well? I do. And I'm betting you do too.

Thank you for being part of this workgroup and being willing to take a hard look at a growing concern. Thank you for listening and for taking the needed next step to ensure the end of life is just as positive as the beginning of life. We're all going to be there one day and I hope we're lucky enough to have the tools we need to make our lives good. You can help accomplish that and if you do, you'll be the lucky ones.

Sincerely,

Linda Tull