

June 21, 2015

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

Dear Senators Hatch, Wyden, Isakson and Warner,

I am a co- leader and now master trainer of Stanford's Chronic Disease Self-management Program in Humboldt County, California. This program changed my life, giving me tools to manage multiple chronic conditions and pain so that my life could be more than just crisis-based surviving. Becoming a leader opened new vistas and engaged me in life again, allowing me to make a meaningful contribution to my community by offering the same kind of assistance to others.

In the first session of the 6 week workshop, each person shares a part of their story and current challenges. It is a profound experience for all to hear the depth of the challenge people face in managing their life and meeting health challenges. It is a deeply moving and unifying experience, and over the next 6 weeks they grow, together learning new behaviors that make seemingly overwhelming circumstances manageable. We see people shift and change week to week as negative attitudes and unworkable patterns are replaced with ones that bring more balance to their lives.

Healthcare providers alone cannot make the difference when it comes to better outcomes and reducing the cost of providing healthcare in this country. The individual who needs care must be engaged in a meaningful and respectful way to enable them to participate fully in their care. Stanford's Chronic Disease Self-management Program does this. Our program has a 20 year track record, and independent analysis confirms that we are successful. Our aging population and the healthcare system need what we can provide. The fact that the program is presented by community members who have encountered the same issues is a significant part of its success.

The limiting factor is financing. In many cases, the people who need our assistance cannot pay the costs of the workshop, yet without it the healthcare system absorbs large unnecessary expenses and poor outcomes. States and community-based organizations have sustained these programs in the past, and our reach is growing but is limited.

Please put in place a policy that allows any person with chronic illness to attend a CDSMP program, including ones dealing with pain management, fall

prevention and physical activity. All Medicare Advantage Programs, ACO Programs, CMS piloted alternate payment models (APMs) and Patient Centered Medical Homes need to make these programs available to their population with chronic disease. I urge the Chronic Care Workgroup to 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 people to live with the dignity and independence they need while doing their part to maintain health, enabling the healthcare system to function better while reducing costs.

Sincerely,

Lynn Robbins

Our Pathways to Health