

June 16, 2015

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

Dear Senators Hatch, Wyden, Isakson and Warner,

As you have recently noted, there are increasing numbers of persons in the United States with chronic disease. It is the leading cause of death and disability in the U.S. and accounts for over 79% of the nation's health care spending. We need to find ways to provide high quality care at greater value and lower cost without adding to the budget deficit.

Older adults with chronic conditions face a number of barriers to cope with their illness and optimize their health; these include the lack of social support, low skill levels for symptom management, and low confidence in their abilities to manage their conditions (self-efficacy). Self-management, defined by the Institute of Medicine as "the tasks that individuals must undertake to live well with one or more chronic conditions," is a key component in improving health outcomes associated with chronic disease. There has been 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 their personal behaviors that will result in improved health outcomes and lower costs.

I am urging the Chronic Care Workgroup to support Medicare beneficiaries having access to evidence-based programs for self-management of 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. These programs should be a covered benefit provided to patients and integrated with traditional health care. Stanford's CDSMP is one of the most well-known and researched evidence-based programs for people with multiple chronic conditions. Research studies for the program 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, as noted in a national study published in 2013.

The Administration for Community Living and the Centers for Disease Control and Prevention have provided funding to support state and community-based organizations in expanding education and infrastructure to support the dissemination of evidence-based programs. The uncertainty of future funding provides challenges to continuing this forward momentum. Funding is critical to continue 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. CDSMP and other evidence-based programs can improve the health and quality of life for Medicare beneficiaries. These programs are the best option for empowering Medicare patients to play a greater role in managing their health, meaningfully engaging with their health care providers, and meeting goals to maximize their health care outcomes.

I urge the Chronic Care Workgroup to recommend CDSMP and other evidence-based programs be considered for funding for Medicare beneficiaries.

Sincerely,
Patricia Mounts