

June 19, 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, there are increasing numbers of people in the United States with chronic disease. It is the leading causes of death and disability in the U.S. and account for over 79% of the nation's health care spending. In fact, the most common chronic disease experienced by adults is multimorbidity, the coexistence of multiple chronic diseases. 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.

I am urging the Chronic Care workgroup support for Medicare beneficiaries to have access to evidence based self-management programs for 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. 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 a good 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. This equates to a potential net savings of \$364 per participant and a national savings of \$3.3 billion if 5% of adults with one or more chronic conditions are reached. These programs should be a patient covered benefit provided to patients and integrated with care traditionally given by health care providers.

Having a policy that allows for any person with chronic illness to attend a CDSMP program will be transformative and the 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. 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. 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.

Sincerely,

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