



**COMMONWEALTH OF VIRGINIA**  
**DEPARTMENT FOR AGING AND REHABILITATIVE SERVICES**

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

RE: Response to the Stakeholder Letter dated May 22, 2015

Dear Senators Hatch, Wyden, Isakson and Warner:

The Virginia Department for Aging and Rehabilitative Services (DARS) urges the Senate Finance Committee Chronic Care Workgroup to support Medicare funding for the Stanford Chronic Disease Self-Management Program (CDSMP) for older adults with chronic diseases. CDSMP is one of the most well-known and researched evidence-based programs, 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 participate in the program. The past three Surgeons General have supported these programs, and the 2011 Health and Human Services Strategic Framework for Multiple Chronic Conditions endorses Chronic Disease Self-Management as one of the critical factors.

The Administration for Community Living (ACL) and the Centers for Disease Control and Prevention (CDC) have provided funding to support state and community-based organizations in expanding CDSME, an infrastructure to support the dissemination of these programs. In fact, through grant funding provided by ACL, the Commonwealth of Virginia has provided CDSME to over 6,500 participants who have completed the six weekly 2½ hour workshops. State-level and community-based organizations are making great strides with sustaining programs by embedding them in health care systems and these programs exist in almost all states.

The uncertainty of future funding from ACL and CDC provides challenges to continuing this forward momentum. Funding is critical to continue the gains that have been made toward 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 address a number of the areas you have asked for input in the stakeholder letter. This program will improve the health and quality of life for Medicare beneficiaries with multiple chronic conditions. For example, individuals are more likely to effectively

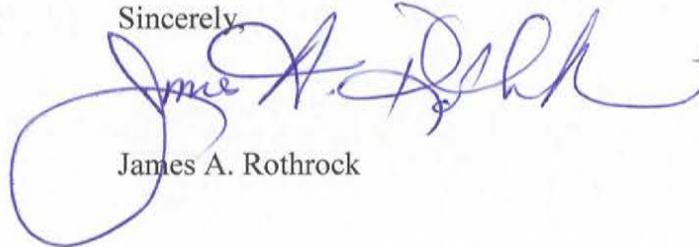
use their prescription drugs and understand their importance. There is an online version of the CDSMP which would allow use the technology to spread self-management strategies with broader reach. In addition, there is a toolkit for CDSMP for those living in rural and frontier areas that do not have access to the internet or community programs. Each of these options has been shown to be effective in improving self-management skills. These programs are the best option for empowering Medicare beneficiaries to play a greater role in managing their health and meaningfully engaging with their health care providers. This will meet the goals of primary care providers and care coordination teams to maximize the health care outcomes for Medicare patients living with chronic conditions.

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 populations with chronic diseases.

I encourage 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 individuals to live with the dignity and independence they want; having their health care needs met reliably and with the costs being sustainable for our Nation.

With best regards, I am

Sincerely,



James A. Rothrock

JAR/km