



January 26, 2016

The Honorable Senator Hatch
104 Hart Office Building
Washington, DC 20510

The Honorable Senator Wyden
221 Dirksen Senate Office Building
Washington, DC 20510

The Honorable Senator Isakson
131 Russell Senate Office Building
Washington, DC 20510

The Honorable Senator Warner
317 Hart Senate Office Building
Washington, DC 20510

Re: Bipartisan Chronic Care Working Group Policy Options Document

Dear Chairman Hatch, Ranking Member Wyden, Senator Isakson, and Senator Warner:

The Gary and Mary West Health Institute welcomes the opportunity to provide comments on the Bipartisan Chronic Care Working Group Policy Options Document released in December of 2015. As an independent, non-partisan, nonprofit medical research organization working with healthcare providers and research institutions to create new, more effective ways of delivering care, the Gary and Mary West Health Institute was established in 2009, with offices in San Diego, CA and Washington, D.C. It is funded by philanthropists Gary and Mary West Foundation. West Health's mission is "Successful Aging." At West Health, successful aging is enabling seniors to live their lives on their own terms with access to high-quality health and support services that preserve and protect one's dignity, quality of life and independence.

We very much appreciated the discussion with the bipartisan staff of the Senate Finance Committee Chronic Care Working Group on October 19, 2015 and strongly support the efforts of the Working Group. We believe the document reflects thoughtful work and analysis that furthers the goal of improving outcomes and quality for the millions of vulnerable Medicare beneficiaries managing multiple chronic conditions. We, too, are focused on advancing sustainable and scalable policies which improve care coordination and disease management while also addressing payer and beneficiary affordability.

West Health is focused on three areas that fall under the rubric of ways to improve outcomes for Medicare patients with chronic conditions. These include: (1) Medicare Advantage and Value Based Insurance Design, (2) Independence at Home and home-based care and (3) Technology solutions which enable home-based care.

Medicare Advantage and Value Based Insurance Design: Adapting benefits to better meet the needs of chronically-ill Medicare beneficiaries

1. We strongly support the proposal to give MA plans greater flexibility to establish a benefit structure that is tailored to the individual enrollee based on the individual's chronic conditions.

2. West Health is funding a research project in conjunction with the University of Michigan VBID Center. This research will provide insight into a potential value-based insurance design Medicare Advantage model demonstration project. The University of Michigan Center for Value-Based Insurance Design (V-BID Center) will use qualitative data compiled from one-on-one interviews with MA-plan leaders to inform the creation of hypothetical Medicare Advantage plan that include coverage of select chronic conditions and specific high value treatments and services intended to reduce health disparities and financial barriers to care, improve patient-centered outcomes, and expand provider/patient interactions.
3. This work is to support the value based insurance design concept to allow MA plans to offer a reduction in cost sharing for items/services that treat the chronic condition or prevent the progression of the chronic disease.
4. We support the working group’s consideration to allow MA plans to offer a wider array of supplemental benefits. Although MA plans have some ability to provide certain LTSS, such as home safety assessments or non-emergency transportation, as supplemental benefits, their ability to provide additional services is limited by regulation. There may be opportunities for CMS to modernize its definitions and reviews around supplemental benefits to take into account a changing understanding of the role that various types of auxiliary services such as LTSS or dental care can play in supporting health overall. The importance and impact of supplemental services should be emphasized when considering ways to increase access to community-based services and integrate care for individuals with chronic conditions. West Health is currently undertaking research which leverages the Gary and Mary West Wellness Center in San Diego to assess the impact of a care-coordination model in a community-based setting which includes supplemental services such as dental care. We support the development of policies that would improve the integration of care for individuals with both a chronic condition and a behavioral health condition, as well as other disorders. Behavioral health is not only a serious challenge for many Americans; it also coincides with and complicates other chronic conditions, exacerbating challenges for both individuals and the health system overall.

Independence at Home and Home Based Primary Care

The sickest and frailest of America’s seniors want to age in place at home, setting their own goals and priorities, rather than cycling in and out of a fragmented array of doctor’s offices, ERs, and hospitals. We all know that excessive care is all too common, unnecessary, and expensive. Independence at Home allows for patient preferences to be central, while significantly lowering costs to the Medicare program. Medical care is delivered when and where it is needed – in the home. Medical care is combined with coordinated social services for a comprehensive model that supports and makes staying at home more feasible.

At its core, Independence at Home (IAH) is team-driven, home-based primary care for some of Medicare’s sickest and most frail seniors “who choose to age in place.” Teams of doctors, nurse practitioners and other health care professionals provide primary care services in patients’ homes and coordinate community services, thereby reducing unnecessary emergency room visits and avoidable hospitalizations and readmissions.

The Medicare program and the teams of healthcare providers earn savings when they meet quality requirements and are successful in lowering the cost of patient care. To qualify for incentive payments, the practice's expenditures for participating beneficiaries must be lower than the calculated target expenditure, otherwise stated as expected Medicare FFS expenditures of participating beneficiaries in the absence of the Demonstration. If practices do not meet strict requirements for quality and savings, they are disqualified from the program.

The IAH model does not disrupt the current Medicare payment or coverage provisions for services under Medicare but adds a savings sharing provision under which IAH programs that achieve minimum savings of 5% annually, may receive up to 80% of the savings beyond 5% if they have scored sufficiently high on six outcomes oriented quality measures.

West Health supports the conversion of the demonstration to a permanent benefit and is working with the IAH Demonstration practices, not only on a legislative front, but also to provide support for the programs going forward through the development of a Qualified Clinical Data Registry.

A QCDR provides a nationally recognized and widely used quality of care framework or quality measures for home-based medical care practices in order to (a) avoid harm to individual patients, (b) improve home-based care available to adult patients, (c) provide an infrastructure for national data collection, (d) promote appropriate reimbursement for the services of home-based medical care providers, and (e) reduce the costs to the public for the care of adult patients eligible for home-based healthcare services. The goal is for the QCDR to serve not only as a registry for PQRS reporting to CMS but also leads to the development of a practice-based quality improvement learning community and a data platform that will result in medical and quality improvement research e.g. comparative effectiveness, cost of care variation, and predictors of quality care.

Technology Enabled Aging in Place through Greater Community Connectedness

Through the West Health Institute's Innovator-in-Residence Program (www.westhealth.org/resources/hhs-innovator-in-residence) we are working to research more details of each of the programs described below as well as other programs, and will pursue additional research toward scalability regarding specific patient cohorts and payment models. We recognize the potential for technological innovations to increase the availability of home based care for seniors.

Home and Community Based Services: The Medicaid Home and Community Based Services/Frail Elder (HCBS/FE) pilot study

Summary: This was a collaborative effort between the University of Kansas Medical Center, the Kansas Department on Aging and Windsor Place At-Home Care of Coffeyville, Kansas. Windsor Place provides a continuum of services for seniors including in-home services, assisted living arrangements and skilled nursing care. The study assessed a wide variety of factors, including the number of emergency department visits, hospital visits, and nursing home placements along with the

costs of these services for patients with a variety of chronic conditions and multiple comorbidities. Patient perceptions were also measured, particularly the extent to which patients felt more engaged in their health care via telecare monitoring.

Results: The results of the HCBS/FE pilot study demonstrated that telecare had a significant positive impact, including:

- Reduction in the rate of emergency department utilization, inpatient hospitalizations and associated Medicare costs for HCBS/FE clients
- Substantially lower costs for telecare equipment, labor and program (\$2,160 total per patient annually) compared to a hospitalization alone (\$26,298 per patient annually)
- Lower annual rate of nursing home placement for telecare patients during the three-year study period than the observed rate for all Kansas HCBS/FE clients
- Continuing positive and stable patient perceptions of the telecare program over time
Telecare Enabled Senior Wellness Program for New Canaan, Connecticut

Program/Study: The New Canaan Tele-Health Program

Summary: This program does not limit its focus to a single health characteristic such as healthy eating or exercise, but rather provides a complete profile of activities which are consistently identified by health practitioners as those which are core components of senior good health and well-being.

- Attention to healthy eating strategies
- Monitoring of personal weight
- Adoption of regular physical exercise activity
- Engagement with preventive health protocols
- Maintenance of positive social interaction

Results: The New Canaan telecare program has been successful in addressing this agenda by creating a senior community in which participants are engaged not only with each other, but with other group members. Participants in the program evidence a high degree of satisfaction with the operation of the program, and survey results show positive results on a number of important factors including weight loss, increase in physical activity, and improved personal health awareness.

VA Care Coordination Home Telecare Program within Home Based Primary Care

Summary: A case study design was used to determine quality assurance and quality improvement of incorporating additional home telecare equipment within Home Based Primary Care (HBPC). Veterans with complex medical conditions and their caregivers living in rural Oklahoma were enrolled. Veterans received the same care other HBPC patients received with the addition of home telecare equipment. Members from the interdisciplinary treatment team were certified to use the telecare equipment. Veterans and their caregivers were trained on use of the equipment in their homes. Standard HBPC program measures were used to assess the program success. Assessments from all disciplines on the HBPC team were at baseline, 3, and 6 months, and participants provided satisfaction and interview data to assess the benefits of integrating technology into standard care delivery within an HBPC program. Veterans were enrolled (mean age = 72 yrs) with a range of



physical health conditions including: chronic obstructive pulmonary disease, cerebrovascular accident, spinal cord injury, diabetes, hypertension, and syncope. Primary mental health conditions included depression, dementia, anxiety, and PTSD. Scores on the Mini-Mental State Examination ranged from 18 to 30.

Results: Over a 6-month period, case studies indicated improvements in strength, social functioning, decreased caregiver burden, and compliance with treatment plan. This integration of CCHT and HBPC served previously underserved rural veterans having complex medical conditions and appears both feasible and clinically beneficial to veterans and their caregivers.

Thank you for the opportunity for this continued dialogue to provide comments on ways to improve outcomes for Medicare patients with chronic conditions. If you have any questions, please do not hesitate to contact me at (202) 729-8575.

Sincerely,

A handwritten signature in black ink that reads "Valerie Volpe". The signature is written in a cursive, flowing style.

Valerie Volpe
Vice President Government Affairs