C-TAC
COALITION TO TRANSFORM ADVANCED CARE

January 29, 2016

The Honorable Orrin Hatch Chairman, Senate Finance Committee United States Senate Washington, D.C. 20510

The Honorable Ron Wyden Ranking Member, Senate Finance Committee United States Senate Washington, D.C. 20510

The Honorable Johnny Isakson Co-Chair, Chronic Care Working Group United States Senate Washington, D.C. 20510

The Honorable Mark R. Warner Co-Chair, Chronic Care Working Group United States Senate Washington, D.C. 20510

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

On behalf of the Coalition to Transform Advanced Care (C-TAC), we would like to congratulate you on the release of the Chronic Care Working Group's Policy Options Document. We commend the Committee on its hard work and commitment to the development of bipartisan solutions to address the needs of the millions of Americans nationwide experiencing chronic medical conditions. We appreciate the opportunity to provide comments on the Policy Options document particularly with respect to the policies that would affect those with especially complex and/or serious needs, and we strongly encourage you to advance legislation this year that addresses the needs of this population.

C-TAC is a national non-partisan, not-for-profit organization dedicated to ensuring that all those with advanced illness, especially the sickest and most vulnerable, receive comprehensive, high-quality, person- and family-centered care that is consistent with their goals and values and honors their dignity. C-TAC is made up of over 120 national and regional organizations including patient and consumer advocacy groups, providers, health plans, faith-based and community organizations, and others who share a common vision of improving advanced illness care in the U.S.

Overall, the Policy Options document well-reflects the spirit of C-TAC's approach to ensuring that all Americans have access to high-quality advanced illness care by expanding options for persons to receive care in the home setting, improving care management for those with multiple chronic conditions, and developing quality measures for those with chronic conditions. In summary, C-TAC supports, or supports with some qualification, each of the following policies described in the Policy Options Document:

- Expanding the Independence at Home Model of Care
- Providing Continued Access to Medicare Advantage Special Needs Plans for Vulnerable Populations
- Adapting Benefits to Meet the Needs of Chronically Ill Medicare Advantage Enrollees
- Establishing a Visit Code Post Initial Diagnosis of Alzheimer's/Dementia or Other Serious or Life-Threatening Illness
- Developing Quality Measures for Chronic Conditions
- Maintaining ACO Flexibility to Provide Supplemental Services (such as social services and transportation)

- Ensuring Accurate Payment for Chronically Ill Beneficiaries
- Encouraging Beneficiary Use of Chronic Care Management Services

C-TAC believes that these policies taken together would significantly improve care for those with advanced illness. However, the Policy Options Document leaves other important barriers to high-quality advanced illness delivery unaddressed. **For example, C-TAC strongly supports the *Care Planning Act,* which includes critical components that would require the development of an advanced illness care coordination pilot program.** The pilot program would provide planning services, a multi-dimensional assessment of the individual's strengths and limitations, an assessment of the individual's formal and informal supports, including family caregiver, comprehensive medication review and management, in-home supportive services, and coordination across health care and social service systems. Testing and scaling models of care are critical to ensure that every American has access to comprehensive, high-quality advanced illness care.

That said, C-TAC is pleased to support many of the recommendations included in the Policy Options Document and strongly encourages the Committee to act now to develop and put forward legislation that would improve care for those with multiple chronic conditions and those with advanced illness. **Please see the Appendix below for specific comments on recommendations put forward in the Policy Options document.** If we can be of additional assistance, please do not hesitate to contact C-TAC's Senior Policy Advisor, Andrew MacPherson, at AMacPherson@thectac.org or C-TAC's Policy Director, Marian Grant, at MGrant@thectac.org .

Sincerely,

Bill Novelli
Board Co-Chair
Coalition to Transform Advanced Care

Tom Koutsoumpas
Board Co-Chair
Coalition to Transform Advanced Care

C-TAC
COALITION TO TRANSFORM ADVANCED CARE

APPENDIX

Advanced Illness and C-TAC's Approach

Despite living longer and healthier lives, many Americans will eventually develop some form of serious or advanced illness, which occurs when one or more medical conditions become serious enough that general health and functioning begin to decline, treatment may no longer lead to patient preferred outcomes, and care-oriented toward comfort may take precedence over attempts to cure. This is the population that C-TAC— and its innovative clinical model development— is squarely focused on.

Evidence shows that these people's needs are not being met and their care treatment and outcomes often times are inconsistent with their goals and preferences. Americans want to avoid burdens on their families, receive care in the home or community setting, and maintain a high quality of life. In order to ensure high- quality care, we must continuously examine, document, and record individual goals, values, and treatment preferences. Without this crucial piece of information, individuals with complex chronic conditions or advanced illness are unable to receive care that aligns with their wishes. Furthermore, recent research shows that while 42 percent of individuals have had discussion on end of life issues, only 21 percent put their care directives in writing, and 90 percent said that their physician never asked about this issue.

In response to these shortcomings, C-TAC and the AHIP Foundation launched a groundbreaking initiative, the Advanced Care Project (ACP), bringing together pioneering provider groups and health plans that are developing innovative programs to coordinate treatment and palliation, unify fragmented providers and settings, and move the focus of care out of the hospital and into home and community for those individuals with late-stage chronic illness. See the following link for more information: http://www.thectac.org/wp-content/uploads/2015/06/ACP-Report-6-18-15-FINAL.pdf.

Consistent with C-TAC's evidence-based care model development, we recognize the historic achievement of Senate Finance Committee Members Senators Isakson and Warner in authoring the *Care Planning Act* (S. 1549) that would assist individuals with serious illness in making informed decisions about their care and ensure that treatment paths honor individual goals, values, wishes, and preferences. The bill aligns closely with our policy priorities and includes provisions to authorize voluntary advance care planning through Medicare and Medicaid, test advanced illness care coordination services, increase public awareness of advance care planning, enhance advance directive portability, and support studies to help develop enhanced standards of care. We strongly urge the Committee to include this legislation in its any legislation to improve care for the chronically ill.

Specific Policy Option Recommendation Comments

1. **Expanding the Independence at Home Model of Care**
   C-TAC strongly supports expansion of the Independence at Home care model and recommends establishing it as a permanent part of the Medicare program. The IAH model is an example of how a coordinated, team-based care approach can improve the quality of care for Medicare beneficiaries. Consistent with the findings from our Advanced Care Project, C-TAC is recognizing the importance of the care continuum, from the onset of complex chronic

condition(s) through advanced care needs and ultimately the end of life. Independence at Home, with its emphasis on supportive care in the home setting, is consistent with the C-TAC approach. This said, C-TAC recommends that incentives be in place to ensure that care planning is supported for those eligible for IAH consistent with national best practices.

2. **Providing Medicare Advantage Enrollees with Hospice Benefits**
   Given C-TAC's diverse membership that includes 120+ organizations, including large payors, providers, and a range of hospice entities, we are strongly supportive of the preservation and improvement of the Medicare hospice benefit, yet we take a neutral position on whether or not to include the hospice benefit in the MA program. However, we are supportive of thoughtfully designed approaches to pilot "carving-in" hospice to the MA program. C-TAC recommends testing the MA carve-in proposal before attempting full implementation given that insufficient evidence exists identifying the necessary safeguards to preserve the integrity of the Medicare hospice benefit.

3. **Establishing a One-Time Visit Code Post Initial Diagnosis of Alzheimer's/Dementia or Other Serious or Life-Threatening Illness**
   C-TAC strongly supports the establishment of a code following a diagnosis of Alzheimer's/dementia, or other serious or life threatening illness in order to ensure that future care is aligned with a person's goals, values, and wishes. C-TAC advocated for the establishment and funding of new CPT codes for a physician or other qualified health professional to engage in care planning conversations with eligible patients and has supported legislative efforts thereon. These codes were codified in 2015 and are currently active. C-TAC supports adding codes that are disease specific, consistent with the Committee's recommendation.

   With respect to the scope of diseases that would be considered serious or life-threatening, we urge the Committee to consider the following: metastatic or locally advanced cancer, Alzheimer's disease or another progressive dementia, late-stage neuromuscular disease, late-stage diabetes, late-stage kidney, liver, heart, gastrointestinal, cerebrovascular, or lung disease. We also urge the Committee to consider individual's whose need assistance with two or more activities of daily living (defined as bathing, dressing, eating, getting out of bed or a chair, mobility, and toileting) not associated with an acute or post-operative conditions **that are caused by** one or more serious or life threatening illnesses or frailty. We also urge the Committee to consider individuals that meet other criteria determined appropriate by the Secretary.

4. **Payment for Chronically Ill Beneficiaries and Encouraging Use of Chronic Care Services**
   C-TAC supports the development of a "high-severity" chronic care code. While alternative payment models such as ACOs, global payment, and medical homes must rely on high-severity care management if they are to be successful, given the continued importance of fee-for-service payment the establishment of such a code is necessary and appropriate to ensure that those with advanced illness are properly supported. C-TAC notes that the establishment of such a code may well be addressed in the 2016 Physician Fee Schedule, rather than legislatively. C-TAC also strongly supports the reduction or elimination of beneficiary cost-sharing for these services.

5. **Developing Quality Measures for Chronic Conditions**
C-TAC strongly supports the required development of and inclusion of chronic care measures that focus on health care outcomes, particularly as they related to patient and family engagement (including person-centered communication, care planning, and patient-reported measures), shared-decision making, care transitions, and hospice and end-of-life care, including the process of eliciting and documenting individuals' goals, preferences, and values, quality of life, receipt of appropriate level of care, and family/caregiver experience of care, and measures focused on support of family caregivers. C-TAC urges any legislative proposal to require the Secretary to act in accordance with a consensus-based quality improvement organization, such as the National Quality Forum (NQF). C-TAC currently works closely with NQF to develop and propose measures related to advanced illness and end of life care, and any required CMS measures should be consistent with this process. C-TAC also requests adequate funding for the Secretary to carry-out such activities.

C-TAC also supports the recommendation that a GAO report be conducted on community-level measures as they relate to chronic care management. We recommend that the GAO report also look at community-level measures of patient and family experience and satisfaction with end-of-life care so that comprehensive quality measures can be developed that extend beyond the limited scope of process measures. C-TAC is ready and able to work with the Congress and CMS to facilitate appropriate measure development that uniquely addresses the patient experience while receiving advanced illness care.

C-TAC Recommendations Excluded from the Policy Options Document

1. **Support voluntary advance care planning and proper coordination of benefits and services as outlined in the *Care Planning Act.*** Currently, there is a lack of industry-wide standards for advanced illness management and often times, narrowly defined payment structures impede the adoption of high quality, well-coordinated, and person-centered models of care delivery. To address these issues, we recommend a series of policies that align closely with the *Care Planning Act* including the following:
    a. Support the development of a benefit or service that allows for an interdisciplinary, team- based discussion of patient goals and values, an explanation of disease progression, an exploration of a relevant range of treatment options, and a documented care plan that reflects the individual's goals, values, and preferences.
    b. Increase funding for demonstrations that examine strategies for improving coordination of care across time, care settings, and diagnoses, and provide funding to scale successful innovations nationally through CMMI. In addition, CMMI could work with State Innovation Model (SIM) grantees on building advanced care models and utilize this opportunity to change care delivery across payers.
    c. Increase portability of advance directives, POLST forms for those who are seriously ill, living wills, and durable powers of attorney (DPAs) across health systems and state boundaries.