County of San Diego

NICK MACCHIONE, FACHE
AGENCY DIRECTOR

HEALTH AND HUMAN SERVICES AGENCY
AGING & INDEPENDENCE SERVICES
P.O. BOX 23217, MAIL STOP W-433
SAN DIEGO, CA 92193-3217
(858)495-5885 • FAX (858)495-5080
www.sandiego.networkofcare.org/aging

ELLEN SCHMEDING
DIRECTOR,
AGING & INDEPENDENCE SERVICES

January 20, 2016

United States Senate Committee on Finance
Bipartisan Chronic Care Working Group
chronic_care@finance.senate.gov

Members of the Chronic Care Working Group:

The County of San Diego Health and Human Services Agency, Aging & Independence Services (AIS) appreciates the opportunity to provide comments on the Bipartisan Chronic Care Working Group Policy Options Document. As the Area Agency on Aging and umbrella agency for programs and services for older adults and persons with disabilities in San Diego County, AIS has first-hand experience working with individuals who have multiple chronic health conditions, functional and cognitive impairments and struggle to navigate the fragmented health care and social support delivery systems. We have long envisioned a person-centered, coordinated delivery system in which health-related social supports are readily accessible and available to everyone who needs them. To that end, AIS respectfully submits the following feedback on the Working Group's policy options recommendations.

I. Expanding the Independence at Home Model of Care

While the Independence at Home Model of Care demonstration has achieved success in reducing health care costs for targeted patients, the question is if that model is scalable given that in one year, there were only 17 practices participating in the demo, and only 8,400 Medicare beneficiaries were served. Before expanding the model, consideration needs to be given to what modifications could be made to reduce the cost of the program and expand the services provided. One way to reduce program costs would be to complete a comprehensive assessment, establish a care plan that is updated on each interaction with the participant, and assess at each interaction what level of clinical or social support is required at that point of time. Some interactions may require a physician while others could be managed by a nurse or social worker. Providing the right level of care, at the right time and in the right setting will inevitably reduce program costs. Additionally, prior to expansion nationwide, health-related social supports need to readily be available in communities across country to address the participants' social determinants of health. Given the capacity limitations nationwide of many of these social supports as a result of the growth in the aging population and stagnant or reduced funding of organizations that deliver these services, a Medicare waiver should be sought for the Independence at Home Program to directly purchase the needed health-related social supports. Some of the realized healthcare savings from the delivery model should be invested in services provided by Area Agencies on Aging, Independent Living Centers and the network of community based providers in the community in which the program participants reside.

II. Improving Care Management Services for Individuals with Multiple Chronic Conditions

The current CPT code for chronic care management is insufficient in that it does not reimburse clinicians and other non-medical providers for coordinating care outside of a face-to-face encounter. In addition, the reimbursement rate of $42 for the current code is inadequate, and the code does not capture the real time needed for a clinician to manage a complex patient's care. We support the establishment of a new code. We recommend the new CPT code should be available for beneficiaries that have three or more chronic conditions; or one chronic condition in conjunction with Alzheimer's or a related dementia; or one chronic condition with impaired functional status; or one chronic condition with a mental health condition. Additionally, other types of professionals need to be eligible to bill both the current and the new code. Other Medicare demonstrations, including the Community-based Care Transitions Program (CCTP), have demonstrated that social workers can provide chronic care management, and in so doing, reduce health care costs significantly. Social workers have demonstrated expertise in providing in-home assessment, care planning and coordinating both health care and health-related social supports for medically and socially complex patients and at a lower cost than health care professionals.

III. Adapting Benefits to Meet the Needs of Chronically Ill Medicare Advantage Enrollees

Allowing MA plans flexibility to provide additional supplemental benefits related to the treatment of the chronic condition or the prevention of the progression of the chronic disease that are not currently allowed, will likely result in improved person-centered care and reduced health care costs. We strongly support the adjustments to existing provider networks that would allow for a greater inclusion of providers and non-clinical professionals to treat the chronic condition or prevent the progression of the chronic disease. Area Agencies on Aging have been successfully delivering evidence-based, health self-management programs for many years. Some of these wellness programs are tailored for specific chronic conditions. Others are broader in scope and provide coaching for all chronic conditions, preventing falls or teaching strategies for pain management. The recommendation to reduce cost sharing for services that treat the chronic condition or prevent the progression of the chronic disease should incentivize the MA Plans to pay for these evidence-based programs. We further recommend that the policy change include the flexibility for MA plans to provide health-related social supports.

IV. Maintaining ACO Flexibility to Provide Supplemental Services

Many ACOs have been unsuccessful in reducing health care costs. One reason for their failure is they likely have not addressed the social determinants of health for their most medically and socially complex patients. Clarifying that ACOs may furnish a social service or transportation would open the door for ACOs to spend their own resources on a broader range of services and capabilities to best serve their patient population. We recommend the Working Group go one step further with their policy recommendations and allow ACOs that realize health care savings to reinvest those savings into health-related and other essential social supports that will benefit their patients, rather than funneling the savings back into the healthcare delivery system.

V. Developing Quality Measures for Chronic Conditions

Giving priority to outcome measures, including: patient reported outcome and functional status measures; patient experience measures; care coordination measures; and measures of appropriate use of services (including measures of over use) is an admirable advancement in assessing the quality of services provided to chronically ill individuals. We support the inclusion of outcome measures for the following: patient and family engagement, including person-

centered communication; care planning; shared decision-making; care transitions; shared accountability within a care team; advanced care planning; Alzheimer's and dementia caregiver support; accessibility to community support systems; and health self-management.

VI. Expanding Access to Prediabetes Education

Several Area Agencies on Aging across the country are Medicare providers for diabetes self-management (DSMT) training. However, there are other health self-management programs delivered by these entities that are not currently billable under Medicare. Allowing entities that have demonstrated success in the administration of these evidence-based services and are currently not providers under the Medicare statute to bill for these additional programs and for DSMT will ensure sustainability of these services for beneficiaries who are at risk of complications from diabetes and other chronic conditions.

Respectfully,

E. Schmeding

ELLEN SCHMEDING, Director
Aging & Independence Services