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June 22, 2015

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

Dear Senators Hatch, Wyden, Isakson and Warner,

Thank you for forming the Chronic Care Workgroup. We urge 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, we are asking you to support Medicare funding for 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. 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.

For more than five years, the CDSMP classes in Dallas County, Texas, have established a template for seniors suffering with chronic pain, diabetes, hypertension, depression and other health conditions. After completing the series of classes, seniors feel empowered to exercise, monitor what they are eating, speak more assertively with their health care provider(s) and seek out other self-management programs, when needed. They are more likely to effectively use their prescription drugs and understand their importance.

There is an on-line version of the CDSMP which would allow use of technology to spread self-management strategies with broader reach. In addition, there is a mailed tool kit for CDSMP for those living in rural and frontier areas that do not have access to the internet or community programs. Each one of these options has been shown to be effective in improving self-management skills. These programs are the best option for empowering Medicare patients 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. We urge the Chronic Care Workgroup to 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 and that the CDSMP classes be provided by community-based organizations.

The CDSMP program will assist individuals to live with the dignity and independence they want, having their health care needs met reliably and well, and with the costs being sustainable for our country.

Sincerely,

A handwritten signature in cursive script that reads "Marilyn Self".

Marilyn Self, LMSW-AP
Director, Dallas Area Agency on Aging