A VISION FOR A HEALTHIER FUTURE

The Honorable Max Baucus
Chair, Senate Finance Committee
511 Hart Senate Office Building
Washington D.C. 20510

The Honorable Charles Grassley
Ranking Member, Senate Finance Committee
135 Hart Senate Office Building
Washington, D.C. 20510

September 16, 2009

Dear Senators Baucus and Grassley:

As members of the Partnership to Fight Chronic Disease (PFCD), we thank you for your leadership in Congress and bipartisan efforts in making health reform a priority in 2009.

While health reform is a complex issue with many different viewpoints, all agree that making quality health care coverage affordable on a sustainable basis is key to making quality health care accessible to all. Sustainable affordability will not be possible – publicly or privately – unless we take immediate, bold action to fight chronic disease. Despite all we spend on health care, millions suffer from preventable, common, and costly chronic diseases. Their rapid growth drives soaring personal health care costs, undercuts U.S. competitiveness, and threatens Medicare and Medicaid viability.

The PFCD, a national and state-based coalition of hundreds of patient, provider, community, business, and labor groups, advocates for comprehensive health reform that controls health care spending through measures that simultaneously reduce costs and improve health outcomes.

We are encouraged by the recently released Framework for Comprehensive Health Reform (the “Framework”), and submit these comments to build upon your critical work.

The Framework covers a great range of proposed policy changes. Many, though of particular interest to our individual partner organizations, are outside the scope of PFCD’s shared areas of interest. Accordingly, we have limited our comments to these shared areas of interest and do not express any opinion as to any other provisions in the Framework. These comments reflect our general principles of shared understanding, and not final opinions on specific legislative language that may be developed.

Assuring the long-term financial viability of the health care system requires a focus on improving health in America by addressing the burden of chronic disease. Reducing the toll of chronic disease requires policies that empower people to engage in healthy behaviors and to seek, access, and follow through on recommended care.

We share your support for reforms that promote wellness, care coordination, reward high quality, effective care, and reduce health disparities. Coordination, continuity of care, and care management

are of paramount importance as they help to facilitate the U.S. health system's transition to one that is more focused on preventing or delaying disease onset and progression. We also recognize that most of the work in preventing and treating chronic disease occurs outside the medical system. Individual success, and ultimately success overall, depends upon people practicing wellness in their daily lives, having access to safe places to exercise and good nutrition, understanding and following recommendations in terms of adopting healthy behaviors, seeking recommended preventive care, and following through on prescribed treatment. It is essential that people have both the knowledge and the ability to make the right choices to prevent and manage chronic disease. Prevention programs like those funded on a very small scale through the CDC have already been shown to have a dramatic impact in the states and communities where are implemented, and provide both the knowledge and opportunity Americans need.

There are several reforms described in the Framework that can help achieve better health by both encouraging and supporting people in their efforts to live healthier lives. We commend your efforts in these areas, and offer the following comments for strengthening them:

Enhancing Medicare Coverage

Given that almost three out of four Medicare beneficiaries has more than one chronic illness, helping these patients and their family caregivers understand their health needs and how recommended treatment addresses them can help improve adherence to those recommendations and enhance health outcomes. The Framework's proposed biennial health risk assessment and wellness visit for Medicare beneficiaries are important additions to the Medicare program. Such benefits will help Medicare beneficiaries understand their health status, what they can do to improve it, and the benefits Medicare provides that can help.

To strengthen these efforts, we encourage linking the information generated with quality improvement efforts related to improving health outcomes for individuals, enhancing the overall health status of the Medicare population, and achieving national quality improvement goals.

Reducing Patient Financial Barriers to Health Improvement

Patients should not face high financial barriers that can deter them from seeking preventive care or following prescribed care regimens that help them avoid more serious illness. Evidence from private sector programs shows that lowering patient financial barriers generates higher levels of compliance with prescribed treatment regimens related to lifestyle change, diet modification, and medication use.

Lowering cost-sharing for recommended preventive services and providing incentives for engaging in healthy lifestyles can help both empower and motivate Medicare and Medicaid beneficiaries to follow-through on preventive care and treatment recommendations. Targeting specific high-risk factors will help lower the burden of chronic disease, but adequate funding will be essential to generating measurable results. Though the Framework does not specify a dollar amount for incentives under Medicare, the $100 million available for incentives under Medicaid amounts to less than $2 per Medicaid beneficiary.

We also caution that the proposal to lower contributions to Flexible Savings Accounts (FSAs) could counteract these policies by increasing patient costs and raising the very financial barriers addressed

in proposed coverage reforms. People with chronic illnesses often use FSAs to cover co-pays and deductibles for provider visits, testing services, self-management tools (like glucose monitors and testing strips), maintenance medications, vision and dental preventive care, and other services critical to maintaining their health.

Improving Care Coordination
We commend efforts outlined in the Framework to facilitate Medicaid medical home options for patients with chronic conditions working with qualified providers, and encourage adoption of standards that promote improvements in health outcomes for patients. We also support efforts to encourage greater care coordination within Medicare.

In fact, integrating care coordination into traditional Medicare is one of the most important tasks we face in health reform. We applaud the Framework's inclusion of measures to encourage new patient care models that provide incentives to improve the quality of care – and health outcomes achieved – while reducing overall costs. While the Framework's efforts like incentives for Accountable Care Organizations will help larger, integrated providers develop new patient care models, more is needed to facilitate greater care coordination among small provider groups who serve a large proportion of patients in the U.S. and arguably need the most support to coordinate care.

One promising approach, the Community Health Team, was included within the Finance Committee's policy papers, but does not appear to be included within the Framework. The Community Health Team approach would help small provider groups take advantage of the care coordination tools larger, integrated practices have successfully used to improve the quality of care and reduce costs by avoiding preventable hospital admissions and readmissions, ER and clinical visits. As President Obama recognized in his address to Congress, the successful integrated care models like Geisinger, Intermountain Healthcare, Marshfield Clinic, and Cleveland Clinic demonstrate that we can improve the quality of care and health outcomes while managing costs.

Community Health Teams include the key design features that have reduced admissions and readmissions (i.e. formal transitional care program, close integration of care coordination and the primary care providers' office) in the larger group practices. The facilitation of community health teams can help build the networks and infrastructure needed to improve care coordination. In addition to physicians, these teams can include care coordinators, nurses, nurse practitioners, social and mental health workers, dietitians, pharmacists, patient education specialists, community-focused health and wellbeing specialists, and community outreach workers that work with smaller practices to provide prevention and care coordination for patients and family caregivers.

The advantage of these teams is that they emphasize management of health (as opposed to just treatment of disease). They also support patient self-management by helping patients and family caregivers understand and follow treatment recommendations for making behavior changes, taking their medications, monitoring their health, and following up when needed.

We strongly encourage you to make a modest federal investment to enable the development of community health teams, encourage the management of health, and improve health care outcomes – all achievable we believe at lower Medicare and Medicaid costs.

We also suggest that the value of "remote" services, such as health information technology, remote monitoring and telephonic interventions be recognized and incorporated as part of the solution for providing care coordination, patient coaching and monitoring, and other evidence-based patient supports that improve follow through on recommended treatment and health outcomes.

Facilitating improvements in health by better managing care transitions is another important improvement described in the Framework. In clinical studies targeting individuals at high risk for readmissions, nurse-led interdisciplinary teams working with patients and family caregivers before hospital or nursing home discharge have led to reduced readmissions and lower costs. Ensuring that the program facilitates care coordination among providers, provides patient and family caregiver education and support, enhances compliance with treatment plans and medication management, and makes referrals to community resources is important to the success of care transition efforts.

Strengthening the Quality of Care

Health reforms aimed at improving the quality of care provided and the health outcomes achieved are essential to addressing the crisis of chronic disease. Studies have shown that more care does not equal better care, and that a strong focus on prevention and effective management of chronic disease has eliminated a great deal of avoidable spending. Linking Medicare payments to the quality of care and health outcomes, not merely the quantity of care is critical to improving health and managing long-term costs.

The Framework includes several important provisions aimed at making these reforms within Medicare. To succeed, it is critical that the details of quality improvement efforts focus on improvements in the quality of care and resulting health outcomes and not just resource utilization. For example, the section on Physician Value-Based Purchasing describes "penalizing physicians who utilize significantly more resources than their peers." Unnecessary resource utilization is an important target for reducing waste. Linkages between resources used, the health status of the population treated, and improvements in health are essential to avoiding penalties associated with short-term increases in one resource area that can yield long-term reductions in other, more expensive resources. Evaluations of resource use that, for example focus on a subset of care – durable medical goods, medications, or referrals for home health support – may indicate high utilization in a single area, but when considered within total costs actually resulted in health improvements and similar or even lower overall expenditures.

We also commend the Framework's call for development of a national quality strategy. We urge that the strategy set bold goals to reduce the toll of chronic disease in America. Establishment of measurable, population health improvements as objectives – for example, reducing the prevalence of diabetes and rates of undiagnosed and untreated diabetes – could be instrumental in galvanizing needed leadership and resources to focus efforts on health improvement. Along with these goals, we must develop reliable estimates of current rates of chronic disease and adopt consensus-based health outcome measures so that appropriate linkages are made to measure achievements toward these goals and to make the policy adjustments and investments needed to achieve them.

Translating Knowledge into Action

Another critical target for reform is making better use of existing knowledge to improve health and lower costs by better preventing and managing chronic disease. Unfortunately, the gap between

what we know and what we currently do is great. Health reform has tremendous potential to help narrow this gap and improve health in America.

The Framework recognizes the importance of conducting additional research to close knowledge gaps and improve care quality, and would create a new federal effort for comparative effectiveness research. We support the patient-centered approach proposed in the Framework for research on health outcomes to provide better information to patients and their providers. This approach provides a strong foundation for an independent, credible research program. It will help us meet the challenge of chronic disease by focusing on the clinical information needs of patients and providers; recognizing differences in patient needs due to clinical, genetic and other factors; and closing evidence gaps across the spectrum of health care. We also support efforts to assure transparency in decision-making and to include broad stakeholder participation, input, and feedback in the process.

We commend your efforts to address the chronic disease crisis as a cornerstone of health reform, and urge your continued support to see these investments preserved if not enhanced as health reform moves from the Finance Committee to the full Senate for consideration.

We look forward to working with you to pass meaningful health reform this Congress.

Sincerely, the 222 national and state PFCD partners signed below:

National PFCD Partners

Alliance for Aging Research
Alzheimer's Foundation of America
America's Agenda: Health Care for All
American Academy of Nurse Practitioners
American Academy of Nursing
American Association of Colleges of Pharmacy
American Association of Homes and Services for the Aging
American College of Nurse Practitioners
American College of Preventive Medicine
American Dietetic Association
American Pharmacists Association
American Osteopathic Association
American Society of Addiction Medicine
The American Sleep Apnea Association
Arthritis Foundation
Association of Maternal and Child Health Programs
Asthma and Allergy Foundation of America
BiO
Community Health Charities of America
The Canyon Ranch Institute
The COSHAR Foundation
Dialysis Patient Citizens

DMAA: The Care Continuum Alliance
Epilepsy Foundation
GlaxoSmithKline
Health Dialog
Healthways
IRHSA: International Racquet, Health and Sportsclub Association
Medical Fitness Association
National Alliance of State Pharmacy Associations
National Association of Chronic Disease Directors
National Business Coalition on Health
National Family Caregivers Association
National Health Foundation
National Latina Health Network
National Medical Association
Novo Nordisk
Partnership for Prevention
Pharos Innovations
PhRMA
PILMA
Prevent Blindness America
US Preventive Medicine
WomenHeart: The National Coalition for Women with Heart Disease
XLHealth
YMCA of the USA

Arkansas

Alzheimer's Arkansas
Arkansas Chamber Alliance Program
Harmony Health Clinic
Lupus Foundation of America, Arkansas Chapter Inc.
Senior Programs of Arkansas (SPARK)

Colorado

Colorado Bioscience Association
Colorado Cross Disability Coalition
Colorado Gerontological Society
Mission Medical Clinic
NAMI
Rocky Mountain Stoke Association
Senior Answers and Services

YMCA of the Pikes Peak Region

Connecticut

Community Health Charities of New England
Complete Care Associates, LLC
Connecticut Benefit Brokers
Connecticut Dietician Association
Connecticut Geriatrics Society (CGS)
East Haven Counseling & Community Services
Ovation Benefits Group
VNA Community Healthcare
Teal Tulips

Delaware

AIDS Delaware
Delaware HIV Consortium
Delmarva Rural Ministries
Kent Community Health Center
William "Hicks" Anderson Community Center
YMCA of Delaware

Illinois

Illinois Chamber of Commerce
Illinois Pharmacists Association
Mental Health Summit
Midwest Business Group on Health
NAACP Lake County
NAMI of Greater Chicago
National Kidney Foundation of Illinois

Indiana

Alzheimer's Foundation of Indiana
Fykes Foundation
Indiana Dietetic Association

Iowa

Community Health Charities of Iowa

Maryland
Baltimore Medical System
COSHAR Foundation
Edward Myerberg Senior Center
Health Resources Solutions Inc.
Maryland Academy of Family Physicians
Medchi Insurance Agency Inc.
National Council on Alcoholism and Drug Dependency, Maryland Chapter
Sudden Cardiac Arrest Association
XLHealth
YMCA of Central Maryland

Minnesota
NAMI MN
Sabathani Community Center

New Hampshire

Cheshire Medical Center – Dartmouth Hitchcock
    Art Nichols, President and CEO
    Dr. John Schlegelmilch, MD, Chief Medical Officer
AIDS Services for the Monadnock Region
New Hampshire Fitness Professional Association
Council for Children and Adolescents with Chronic Health Conditions
National Alliance on Mental Illness New Hampshire
Greater Nashua YMCA

New Jersey
Action CF! (Action Cystic Fibrosis)
BioNJ
Chamber of Commerce Southern New Jersey
Elevator Constructors Local # 5
Health Care Payers Coalition of New Jersey
HealthCare Institute of New Jersey
Heat and Frost Insulators Local # 14
Heat and Frost Insulators Local # 32
Heat and Frost Insulators Local # 42
Heat and Frost Insulators Local # 89
IBEW Local # 102

IBEW Local # 164
IBEW Local # 269
IBEW Local # 351
IBEW Local # 400
IBEW Local # 456
Juvenile Diabetes Awareness Coalition
Mayors Wellness Campaign
Mechanical and Allied Crafts Council of NJ
New Jersey Association of Mental Health Agencies
New Jersey Carpenter Funds
New Jersey Health Care Quality Institute
New Jersey Society for Environmental, Economic Development (NJ SEED)
New Jersey State Association of Pipe Trades
New Jersey State Chamber of Commerce
Partners In Care
Pipefitters Local # 274
Plumbers and Pipefitters Local # 322
Plumbers and Pipefitters Local # 9
Plumbers Local # 24
Public Utility Construction/Gas Appliance Local # 855
Road Sprinkler Fitters Local # 669
Sheet Metal Workers Local # 137
Sheet Metal Workers Local # 19
Sheet Metal Workers Local # 22
Sheet Metal Workers Local # 25
Sheet Metal Workers Local # 27
South Jersey Pharmaceutical and Medical Technology Industry Alliance
Sprinkler Fitters Local # 692
Sprinkler Fitters Local # 696
Steamfitters Local # 475

North Carolina

Alliance of Disability Advocates
Arc of North Carolina
The Austism Society of NC
Governor’s Institute on Alcohol and Substance Abuse-NC
Mental Health Association-NC

NAMI-NC
NASW-NC
NC Psychological Association
Old North State Medical Society
Old North State Medical Society-Fayetteville Chapter-Dr. Johnny Williams
Old North State Medical Society-Jacksonville Chapter-Dr. Beverly A. Davis
Partnership For A Drug Free NC
State Employees Association of North Carolina (SEANC)
UCP/Easter Seals

Ohio

The Academy of Medicine of Cleveland & Northern Ohio
Arthritis Foundation – Central Ohio Chapter
Association of Ohio Health Commissioners
Catholic Healthcare Partners
Central Ohio Diabetes Association
Cincinnati Health Department
Cleveland Clinic
Fairhill Partners
For Your Health Ohio
Kincaid's Kindred Spirits
National Kidney Foundation Serving Ohio
Ohio Asian American Health Coalition
Ohio Association of School Nurses
Ohio Dietetic Association
Ohio Nurses Association
Ohio Osteopathic Association
Ohio Pharmacists Association
Ohio Public Health Association
Ohio School Based Health Care Association
Ohio State Society of the American College of Osteopathic Family Physicians
Pat McKnight, MS,RD,LD
Prescription Assistance Network of Stark County
Prevent Blindness Ohio
Ratna Palakodeti, MD
The Rite Bite
Wellness Connection of the Dayton Region

Pennsylvania

Action AIDS
AIDS Community Alliance of South Central PA
American Liver Foundation Allegheny County Division

South Carolina
Ambassador Diabetic Supplies & Services, LLC
Bethel Baptist Church
Bethel Senior Daycare Center
Care Improvement Plus
Chi Eta Phi Sorority, Inc.
Columbia Hospital Alumni Association
Diabetes Today Advisory Council
Dianne's Call
Eau Claire Cooperative Health Centers, Inc.
Educational Therapy, LLC
Faith Christian Center
Family Outreach Word and Worship Center
Greater Columbia Chamber of Commerce
Madison Alexander, LLC
Midlands Diabetes Coalition
Mother of Pearl, Inc.
Mt. Zion Baptist Church
Quality of Life Wellness Programs
Ridge Branch Baptist Church
South Carolina Association of Physicians Assistants
South Carolina Asthma Alliance
South Carolina Public Health Institute
South Eastern African American Center of Excellence for Eliminating Disparities (REACH U.S. SEA-CEED)
Tri-County Black Nurses Association
United Way Association of South Carolina
University Diabetic Supply
Vista Smiles
Walterboro Christian Center

Washington
American Liver Foundation – Pacific Northwest Chapter
Children's Wishes and Dreams
Genelex Corporation
Gordon Bopp (President Emeritus, NAMI-Washington)
Puget Sound Health Alliance

Wisconsin
Alzheimer's Association, South Central Wisconsin Chapter
Community Health Charities of Wisconsin