



Post Office Box 73127
Washington, D.C. 20056
(202) 737-5980

www.populationhealthalliance.org
fgoldstein@populationhealthalliance.org

June 22, 2015

The Honorable Orrin Hatch
Chairman
Senate Finance Committee
219 Dirksen Building
Washington, D.C. 20510

The Honorable Ron Wyden
Ranking Member
Senate Finance Committee
219 Dirksen Building
Washington, D.C. 20510

The Honorable Johnny Isakson
131 Russell Building
Washington, D.C. 20510

The Honorable Mark Warner
475 Russell Building
Washington, D.C. 20510

RE: Recommendations to the United States Senate Committee on Finance Chronic Care Working Group

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

The Population Health Alliance thanks the full Finance Committee for establishing a bipartisan Chronic Care Working Group and seeking input from stakeholders. We agree that private sector experience can be leveraged to help improve health outcomes for Medicare beneficiaries with chronic conditions.

The Population Health Alliance is a non-profit association of over 100 organizations and individuals. We convene stakeholders across the population health management continuum including consumer advocacy organizations, providers, solution companies, partners with allied missions and payers. . Our members provide services, programs and tools to better coordinate care for all patients along the continuum, from the healthy to those with chronic conditions. Through advocacy, research and education, we advance and recommend strategies that measurably increase health outcomes while reducing avoidable costs. Our members are also at the forefront of promoting healthy lifestyles that can prevent or slow the progression of chronic conditions. Furthermore, our organization fosters outcomes and evidence based best practices that demonstrate the clinical, quality and cost effectiveness of the interventions.

In general, the private sector's approach to population health management is built off a risk stratification process that assigns beneficiaries into 1) wellness and health promotion programs that promote individual, family and community health; 2) chronic condition management; and 3) case management for the most complex beneficiaries. Clients in traditional Medicare do not have routine access to these standardly offered, supportive and proven services now available in most Medicare Advantage plans. We recognize that the CMS Innovation Center has initiated several projects and we applaud expanding them to larger scale initiatives.. Further, we encourage the committee to explore models of contracting either directly or by leveraging existing Medicare contractors to provide this population health infrastructure at scale to Medicare FFS beneficiaries.

With regards to issue areas outlined in the stakeholder letter, we offer the following suggestions.

1. Improvements to Medicare Advantage for patients living with multiple chronic conditions

Medicare Advantage (MA) plans have successfully deployed care management and health promotion services to improve quality of care and health outcomes for covered beneficiaries.

We recommend that the Medicare Advantage Star Rating program be modified to adjust for socioeconomic characteristics of MA plan members so that plans that serve low income populations with higher rates of complexity and co-morbidities are not penalized for factors not related to the quality of care provided.

We also applaud Congress and CMS' efforts to improve coordination of care for persons eligible for Medicare and Medicaid. However, the coordination of physical, behavioral, long term supports and services, and social services that are often required for promoting independence in the least restrictive setting of care requires a particularly intense care coordination model. We support continued investment in Special Needs Plans which are serving the needs of clients with complex needs. We also encourage efforts to broaden chronic care services to the "pre-duals" population. We would recommend pilots to expand the set of services for this population as well as further promote programs that are funded by the Older Americans Act that support home and community based services.

2. Reforms to Medicare's current FFS program that incentivize providers to coordinate care for patients living with chronic conditions

The chronic care management services fee is a novel and exciting approach to funding care coordination in primary care settings. We recommend that a waiver of beneficiary copayment for chronic care management be evaluated. We are unaware of private health plans that apply deductibles, coinsurance, or copayments for care management or care coordination. Furthermore, removal of copays in Medicare FFS for chronic care management would align the service structure with preventive services which also are not subject to beneficiary copays.

3. Ideas to effectively use or improve the use of tele-health and remote monitoring technology

The use of tele-health has direct implications to the ability to provide care coordination for vulnerable populations and in rural and frontier communities. We support efforts to provide guidance to the states in establishing common standards for the delivery of health care services through tele-health. We also support approaches that would permit licensed Medicare providers to treat patients across state lines through tele-health.

4. Strategies to increase chronic care coordination in rural and frontier areas

Care coordination is particularly challenging in rural and frontier areas. Generally, small, independent provider practices do not have the scale to support care coordination teams. We recommend that CMS allow direct contracting with care coordination organizations on a regional or geographical basis or leverage existing CMS contract intermediaries to provide or contract for care coordination and care management services for rural, frontier and underserved areas. As mentioned above, we also recommend further support of tele-health and remote monitoring – these tools can be a great asset for those in rural and frontier areas.

- Options for empowering Medicare patients to play a greater role in managing their health and engage with their providers

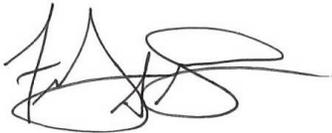
Private sector approaches over the past five years have noted the wide adoption of financial incentives to promote healthy behaviors. We applaud CMS guidance that allowed more flexibility on incentive use would encourage the Committee to look at further expanding the use of incentives for the Medicare population to include higher percentage of premium, shared savings and higher copays on low value services.

- Ways to more effectively utilize primary care providers and care coordination teams

Our members make broad use of health coaches and community health workers and have found that peer educators can have a dramatic impact in risk factor reduction, care transitions, coordinating services among providers and achieving outcomes. We have found that working with health coaches can empower and guide beneficiaries and their caregivers to communicate more effectively with their providers by organizing questions prior to visits, noting progress and symptoms between visits. Also coaches add significant value by helping clients effectively navigate through the healthcare system. Often times our members include enabling technology that supports quality and consistency of service for these care extenders. We would encourage the Committee to explore mechanisms to establish programmatic support for non-clinical, care coordinators with technology-enabled training and supports.

Our experience with chronic care management programs has shown that two key elements need to be incorporated into any intervention: robust measurement methodology and scalable solutions. We offer our expertise in measurement to help support the Committee's activities and encourage the Committee to be focus on solutions that can be scaled beyond pilots to regional models of care.

Fred Goldstein



Former Chair of the Board
fgoldstein@populationhealthalliance.org
phone: 904-613-1224

Vicki Shepard



Chair of Government Affairs Committee
vicki.shepard@healthways.com
phone: 615-614-4571