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August 14, 2015

Ms. Morgan Kanarek
Acting Chief of Staff, Office of the President
National Academy of Medicine
500 5th St NW
Washington, DC 20001

Dear Ms. Kanarek:

The Population Health Alliance applauds the National Academy of Medicine (NAM) for launching the Vital Directions for Health and Health Care to better inform policymakers and leaders about priorities for improving the health status of Americans and in making health care more efficient and accessible.

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, payers, and solution companies. 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.

According to the Centers for Disease Control and Prevention (CDC), a significant portion of illness and death in the U.S. is caused by diseases that can be attributed to certain modifiable, lifestyle risk factors; and over 20% of health care costs are associated with these risk factors. Physical inactivity, tobacco use, poor diet, overweight and obesity, and unmanaged stress and depression are major contributors to poor health and low employee productivity, and costs employers an average of \$1,685/employee per year, or \$225.8 billion annually¹. The CDC estimates treating chronic diseases accounts for over 75% of national health expenditures, and the indirect costs of poor health (i.e. absenteeism, reduced productivity) may be several times higher than direct medical costs. According to the CDC, tobacco use is responsible for at least \$96 billion per year in direct medical costs and an estimated \$96.8 billion annually in lost productivity due to sickness and premature death.

Over the past ten years, the private sector has aggressively invested in innovative approaches to improve chronic condition management and approaches to promote healthy lifestyles. Health plans and employers overwhelmingly recognize that beneficiary empowerment, education, and a culture of wellness that can prevent and manage avoidable health conditions. The private sector has developed strategies that are focused towards incenting, measuring, and supporting programs to improve quality of care and health status of populations. A 2012 study published in the American Journal of Health Promotion found a 25% decrease in sick leave, health plan, workers' compensation, and disability insurance costs among companies that had wellness programs. A 2014 Harvard Business Review study found an average annual health care cost increase of 1-2% for companies with wellness programs, compared to the 7% national average.

Despite these promising activities, we believe there are several areas that warrant further focus. We propose the following areas for the NAM to prioritize: extending wellness and chronic care approaches to entitlement populations, promoting wellness efforts to also serve dependents as well as employees, recognizing the role of peer educators/community health and social service workers, and endorsing multi-faceted approaches to promote wellness across employers, community and educational settings.

Low Income Populations: Low income populations have higher prevalence of unhealthy lifestyles and preventable health conditions such as tobacco use, exposure to tobacco products, obesity, and inactivity. Furthermore, healthy lifestyles are largely established in youth. Medicaid, as the largest financier of health insurance for children and newborns, needs to play a critical role in promoting wellness and healthy lifestyles to families. The benefits of health promotion while critical for children and will benefit adults. The Medicaid program serves low income adults, those with disabilities and low income elderly. We believe that Medicaid sponsored beneficiary and community directed interventions should be promoted. Currently there is not sufficient guidance, research or support for these activities. We also suggest the expansion of community wellness programs. Our research demonstrates that in communities that have engaged in well-being efforts, that access to fresh fruits and vegetables increases, social support networks improve, and policy changes result in enhancements to the physical environment. We have also see reductions in smoking and obesity. These efforts demand leadership and a collaborative approach between the health and medical systems, government, non-profit groups and the private sector. Examples can be seen in Robert Wood Johnson Foundations work, the Clinton Foundation, and Blue Zones by Healthways.

Medicare Fee for Service: We are concerned that Medicare fee-for-service beneficiaries do not have comparable access to chronic condition management and health promotion activities that are routine in the Medicare Advantage program. We applaud the Centers for Medicare and Medicaid Services efforts to expand chronic care management services, promote accountable care, and invest in medical homes. However, we believe there is a need for more approaches and research that can support health promotion, such as telehealth, training and education in gerontology, options to enhance home and community based services, and expansion of social and community services as an integral part of the care coordination team.

Workforce: 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 NAM to explore mechanisms to establish programmatic support for non-clinical, care coordinators with technology-enabled training and support systems.

Wellness and Well-Being: Increasingly, employers are recognizing that wellness and well-being are family based. Studies show that allowing spouses to participate in the wellness programs doubled the rate of employee participation—from 14% to 28%.⁵ In addition, including spouses in key components of the program was linked with improvements in medical trends and health risks. In 2014, almost 40% of companies extended wellness incentives to spouses, up from 34% in 2013.⁶ We applaud this direction and believe that engaging with dependents and communities are the next areas of focus to fully recognize the important role that families and social environments play to promote health.

We are experiencing rapid innovations in interventions to promote healthy environments and lifestyles by applying principles of behavioral economics, biometric monitoring, peer education, social networks, customized content, advanced analytics, cross field collaboration, and motivational interviewing. These efforts are motivated by the recognition that social determinants of health play a larger role in determining health, well-being, and longevity than the traditional focus on health care. However, our regulatory, legal

and financing structure largely focuses on health care. An expanded framework that envisions this broader view of health can be an effort that the NAM can help lead.

We offer our expertise to help support your activities. You are welcome to contact me or our co-chairs of Government Affairs: Sandeep Wadhwa, MD, MBA sandeep.wadhwa@noridian.com at (701) 277-6596 or Vicki Shepard, vicki.shepard@healthways.com, ACSW, MPA at 615-202-2029

Thank you.

Chris Selecky,

A handwritten signature in black ink, appearing to read "Chris Selecky".

Chair of the Board, Population Health Alliance