



**PUBLIC
SECTOR**
HEALTHCARE
ROUNDTABLE

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January 28, 2016

The Honorable Orrin Hatch
Chairman
Senate Finance Committee
United States Senate
Washington, D.C. 20510

The Honorable Johnny Isakson
Co-Chair
Chronic Care Working Group
United States Senate
Washington, D.C. 20510

The Honorable Ron Wyden
Ranking Member
Senate Finance Committee
United States Senate
Washington, D.C. 20510

The Honorable Mark R. Warner
Co-Chair
Chronic Care Working Group
United States Senate
Washington, D.C. 20510

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

On behalf of the Public Sector HealthCare Roundtable, we would like to congratulate you on the release of the Senate Finance Committee Chronic Care Working Group Policy Options Document. We commend the Committee on its hard work and commitment to the development of bipartisan solutions to address the needs of the millions of Americans nationwide living with chronic medical conditions and we appreciate the opportunity to provide comments on the the Policy Options Document.

The Public Sector HealthCare Roundtable is a non-profit, non-partisan coalition of public sector purchasers from across the U.S. including states, counties, and municipalities that collectively spend over \$14 billion annually on health care benefits to provide coverage for millions employees, retirees, and their dependents. We are squarely focused on ensuring that beneficiaries -- and especially those faced with managing multiple chronic conditions -- receive care that is of the highest-quality, well coordinated and affordable.

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The Roundtable supports the efforts of the Working Group and believe the Policy Options Document reflects work and analysis that will further the goal of improving care for the millions of vulnerable Medicare beneficiaries managing multiple chronic conditions. We agree that improving care coordination and disease management as well as increasing quality and access to care while maintaining affordability are all critical in achieving this goal. Many of the proposed policies align with the Roundtable's overarching policy priorities, including 1) expanding options to receive care at home; 2) improving care management for beneficiaries with multiple chronic conditions and serious illnesses; 3) integrating behavioral health needs for chronically ill beneficiaries; 4) expanding supplemental benefits for Medicare Advantage enrollees; 5) developing

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quality measures for chronic conditions; 6) supporting the Center for Medicare and Medicaid Innovation (CMMI) and formalizing its processes; and, 7) supporting medication adherence.

The Roundtable appreciates the opportunity to provide comments on the specific recommendations put forth in the Policy Options document based on the experience of our members and our desire to support legislative proposals that expand innovative models of care delivery while constraining health care cost growth. The Roundtable strongly encourages the Committee to act now to develop and put forward legislation that would improve care for those with multiple chronic conditions and looks forward to working with the Committee and the broader stakeholder community to this end.

Please do not hesitate to contact the Public Sector HealthCare Roundtable Senior Policy Advisor, Andrew MacPherson, at Andrew@healthsperien.com should you have any questions or would like further information.

Sincerely,



GARY HARBIN, *President*
Public Sector HealthCare Roundtable

Comments on Recommendations

1) Expanding options to receive care at home

The Roundtable strongly supports the expansion of the Independence at Home (IAH) demonstration and recommends it be established as a permanent component of the Medicare program. The IAH model is an example of how a coordinated, team-based care approach can improve the quality of care for Medicare beneficiaries; accordingly, recent data has shown that IAH not only improves quality of care and beneficiary experience, but also saves the Medicare program more than \$3,000 per beneficiary per year.

Furthermore, the Roundtable also strongly support the bipartisan *Care Planning Act* co-authored by Senators Isakson and Warner that includes an important advance illness care pilot project that would allow for beneficiaries downstream from the IAH-eligible population to receive care in the home setting. The pilot would provide planning services, a multi-dimensional assessment of the individual's strengths and limitations, an assessment of the individual's formal and informal supports, including family caregiver, comprehensive medication review and management, in-home supportive services, and coordination across health care and social service systems. Testing and scaling models of care are critical to ensure that every American has access to comprehensive, high-quality advanced illness care.

2) Improving care management for beneficiaries with multiple chronic conditions and serious illnesses

The Roundtable supports the development and inclusion of codes to support care management for those with multiple chronic conditions, and especially a "high-severity" code to support providers in coordinating care. The Roundtable notes that the establishment of such a code may well be addressed in the 2016 Physician Fee Schedule, rather than legislatively. The Roundtable also strongly supports the reduction or elimination of beneficiary cost-sharing for these services.

The Roundtable also supports the inclusion of codes to allow for care planning discussions for those with a diagnosis of Alzheimer's/dementia, or other serious or life threatening illness in order to ensure that future care is aligned with a person's goals, values, and wishes. With respect to the scope of diseases that would be considered serious or life-threatening, we urge the Committee to consider the following: metastatic or locally advanced cancer, Alzheimer's disease or another progressive dementia, late-stage neuromuscular disease, late-stage diabetes, late-stage kidney, liver, heart, gastrointestinal, cerebrovascular, or lung disease. We also urge the Committee to consider individual's whose need assistance with two or more activities of daily living (defined as bathing, dressing, eating, getting out of bed or a chair, mobility, and toileting) not associated with an acute or post-operative conditions that are caused by one or more serious or life threatening illnesses or frailty. We also urge the Committee to consider individuals that meet other criteria determined appropriate by the Secretary.

3) Integrating behavioral health needs for chronically ill beneficiaries

The Roundtable supports the development of policies that would improve the integration of care for individuals with both a chronic condition and a behavioral health disorder. Behavioral health is not only a serious challenge for many Americans, it also coincides with and complicates other chronic conditions, exacerbating challenges for both individuals and the health system overall. The importance and impact of behavioral health services should be emphasized when considering ways to increase access to community-based services and integrate care for individuals with chronic conditions. We recommend leveraging consumer engagement tools with value-based insurance design principles to improve beneficiary access to behavioral health services. The Roundtable also supports the consideration that the GAO conduct a study on the integration of behavioral health and primary care in private sector ACOS, public sector ACOs, ACOs participating in the MSSP, and private and public sector medical homes.

4) Expanding supplemental benefits to meet the needs of chronically ill Medicare Advantage enrollees

The Roundtable supports the recommendation to allow MA plans to offer a wider array of supplemental benefits to help better meet beneficiary needs that improve overall health and support the beneficiaries who are most in need. More specifically, the Roundtable supports additional flexibility to invest in non-medical long-term services and supports (LTSS), social services, and adherence support services.

5) Developing quality measures for chronic conditions

The Roundtable strongly supports the required development and inclusion of chronic care measures that focus on health care outcomes, particularly as they related to patient and family engagement (including person-centered communication and patient-reported measures), shared-decision making, care transitions, and hospice and end-of-life care, including the process of eliciting and documenting individuals' goals, preferences, and values, quality of life, receipt of appropriate level of care, and family/caregiver experience of care, and measures focused on support of family caregivers. The Roundtable urges any legislative proposal to require the Secretary to act in accordance with a consensus-based quality improvement organization, such as the National Quality Forum (NQF).

The Roundtable also supports the recommendation that a GAO report be conducted on community-level measures as they relate to chronic care management. We recommend that the GAO report also look at community-level measures of patient and family experience and satisfaction with care so that comprehensive quality measures can be developed that extend beyond the limited scope of process measures. The Roundtable stands ready and able to work with the Congress and CMS to facilitate appropriate measure development that uniquely addresses the patient experience.

6) Supporting the Center for Medicare and Medicaid Innovation (CMMI) and formalizing its processes

The creation and funding of CMMI was a critical component of the Affordable Care Act. In order to effectively test and scale innovative care delivery and alternative payment models, it is critical to invest in CMMI and provide a sustainable amount of funding to accelerate its efforts experimenting with novel strategies and approaches to care for individuals with multiple chronic illness. For instance, models such as Independence at Home have demonstrated success in reducing hospital readmissions, ensuring follow-up care, and lowering ED usage while also saving an average of \$3,070 per beneficiary. CMMI must have sufficient funding and administrative flexibility in order to test and scale models of care that best support those with multiple chronic conditions. That said, the Roundtable supports modifying current law to allow for more formal rulemaking procedures in order for stakeholders to provide comments on CMMI actions. The Roundtable does not support the relinquishment of regulatory authority and fast-track scaling capability for successful CMMI models of care; however, more formal stakeholder input and procedures thereon is appropriate to ensure the success of the scalability of such models.

7) Study on Medication Synchronization

The Roundtable supports a study or demonstration project to assess the extent to which Medicare Part D prescription drug plans could coordinate the dispensing of drugs to support adherence. The Roundtable strongly supports efforts to increase drug adherence and notes the importance of doing so as part of any effort to improve chronic care management for Medicare beneficiaries. Evidence shows that medication adherence is associated with improved health care outcomes for many costly chronic conditions, including heart disease, diabetes, and asthma. However, only 50 percent percent of Americans are estimated to take their medications as prescribed, and non-adherence is estimated to result in added direct and indirect costs to the healthcare system of over \$300 billion per year. The lack of adherence to a medication regimen makes it very difficult to manage a population's health and is the fourth leading cause of death in the United States. In order to increase medication adherence, the Roundtable supports policies that incent smarter benefit designs to reduce the cost of medications, digital support to remind patients when to take their prescriptions and encouraging pharmacists to build relationships with patients, and lower – or zero – cost-sharing for high-value medications.