



The Honorable Harry Reid  
Senate Majority Leader  
522 Hart Senate Office Building  
Washington, D.C. 20510

The Honorable Mitch McConnell  
Senate Minority Leader  
361A Russell Senate Office Building  
Washington, D.C. 20510

The Honorable Nancy Pelosi  
Speaker of the House  
235 Cannon House Office Building  
Washington, D.C. 20510

The Honorable Steny Hoyer  
House Majority Leader  
1705 Longworth House Office Building  
Washington, D.C. 20510

The Honorable John Boehner  
House Minority Leader  
1011 Longworth House Office Building  
Washington, D.C. 20510

January 11, 2010

Dear Senators Reid and McConnell, Speaker Pelosi, and Representatives Hoyer and Boehner:

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

Assuring the long-term financial viability of the health care system requires a focus on improving health by addressing the burden of chronic disease. Recent projections of dramatically rising obesity rates, and the overwhelming future costs of diabetes show that without substantial efforts to improve health in America, chronic disease prevalence and associated health care costs will continue to escalate unabated. Simply stated, the ability to deliver sustainable, affordable, quality health care depends upon successful efforts to improve health.

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 many proposed policy changes in the House and Senate health care reform bills, and submit these comments to build upon the critical work ahead.

In offering these comments, we recognize that the bills cover a great range of proposed policy changes. Many, though of particular interest to our individual partners, are outside the scope of PFCD's shared areas of interest. Accordingly, we have limited our comments to these shared areas and do not express

any opinion as to other provisions in either bill. These comments reflect our general principles of shared understanding, and not final opinions on specific legislative language that may be considered.

**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 and care coordination; reward high-quality, effective care; and reduce health disparities. Such reforms are of paramount importance as they help to transition the U.S. health system to one that focuses on preventing disease onset and progression. We commend your support for these critical reforms, encourage you to preserve and enhance those provisions in the final legislation, and offer the following comments for strengthening them:

**Provide a unifying focus:** The House and Senate bills take significant steps toward facilitating our health system's transition to one that is more focused on preventing disease onset and progression. The level of success these reforms can achieve, however, hinges upon their ability to build upon one another and avoid the fragmentation that currently plagues the system. Also, given the significant financial investments involved and strong public support for reforms that work to improve health, it will be critically important to establish benchmarks that demonstrate the positive impact reforms have on *health* beyond improving access to health care coverage.

Strengthening these reforms by providing a unifying focus would go a long way toward addressing the risks of fragmentation and inefficiency. **Specifically, we encourage you to center the proposed national quality improvement strategy on promoting population health improvements – in terms of lowering overall disease prevalence, reducing the rates of undiagnosed, untreated, and mismanaged chronic conditions, and lessening the consequences of unmanaged chronic illnesses.** Linking overall reforms and infrastructure investments to achieving these national quality improvement goals could provide the cohesive vision to unify otherwise fragmented efforts and provide the benchmarks needed to inform policies and practices during implementation and over the long term.

**Reduce Barriers to Individual and Population Health Improvement:** People 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. **We applaud proposed efforts that remove financial barriers for recommended preventive services and follow-up treatment, such as the limits on patient out-of-pocket costs included in the House bill.**

**Improving access to behavioral, mental health, and addiction services and patient and family caregiver supports, as proposed, will help to remove additional barriers to health improvement. We support proposed efforts to improve health literacy by helping people understand their health status**

**and what they can do to improve it while facilitating access to services that support their health improvement efforts.**

For example, poor medication adherence is estimated to cost the system \$100-300 billion a year. Research shows that patients who take their medications as prescribed for the duration recommended have much better outcomes than those who do not. Today, about half of chronically ill patients take medications as prescribed. For these reasons, **the proposed grant programs for Medication Therapy Management (House and Senate) and improvements to Medication Therapy Management in Medicare (Senate) provide good opportunities to engage pharmacy and help patients taking multiple medications to improve their adherence rates, and, more importantly, enjoy better health and lower overall costs.**

We also recognize that work in preventing and treating chronic disease also occurs outside the medical system. 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 they are implemented, and provide both the knowledge and opportunity Americans need to improve their health. **We encourage investments be made to spur the replication of evidence-based prevention and wellness programs and reduce the incidence and impact of chronic disease in communities across America (House and Senate).**

We also applaud efforts focused on improving the health of children. Between 10 to 20 percent of school-age children suffer from chronic disease and depend upon supportive school environments to help them manage their health. **Supporting health professionals within school settings, including the proposed school-based health clinics (House and Senate), would allow for a greater health improvement focus within schools.** Helping children establish lifelong healthy habits is also an important aspect of chronic disease prevention and efforts should include a renewed emphasis on physical, nutrition, and health education in school curricula.

**Enhancing Preventive Health Services in Medicare and Medicaid:** Given the high rates of chronic illness in Medicare and Medicaid, helping beneficiaries and their family caregivers understand their health needs and improving adherence to preventive care and treatment recommendations are particularly important. **The proposed annual health risk assessment and wellness visit for Medicare beneficiaries (Senate), lower cost-sharing for preventive screenings and services in Medicare and Medicaid (House and Senate), and improved access to diabetes educators in Medicare (House) are important additions to prevent the development and progression of chronic disease. Similarly, the proposed pilot aimed at pre-Medicare beneficiaries (Senate) presents a strong opportunity to lower costs long term by enhancing the overall health status of the Medicare population.**

**Improving Care Coordination:** High-quality care and improved health outcomes do not have to mean higher costs. For example, community-focused resources, including “remote” services (e.g., health information technology, remote monitoring, and telephonic interventions) for care coordination, patient coaching and monitoring, and other evidence-based patient supports have been shown to efficiently improve follow through on recommended treatment and health outcomes.

**We commend proposed efforts to facilitate patient-centered medical or health home options for patients with chronic conditions working with qualified providers, and encourage adoption of consensus-based quality standards that promote improvements in health outcomes for patients.**

We also support the House and Senate bills’ inclusion of measures to encourage broader adoption of patient-centered, chronic care models with a proven record of improving health outcomes. For example, evidence-based models using a health information technology-enabled provider network that includes care coordinators, a disease registry, and home telehealth technology have been effective in improving outcomes among chronically ill patients at high risk of hospitalization.

**Further, the promising community-based Collaborative Care Networks and the Community Health Teams (House and Senate) would help safety net providers in underserved communities and small primary care provider groups provide coordinated care to the chronically ill. These mechanisms enable provider groups to take advantage of the care coordination tools and models proven successful in improving the quality of care and reducing costs by avoiding preventable hospital admissions and readmissions, ER and clinical visits.** The creation of Community-based Collaborative Care Networks and facilitation of Community Health Teams can help build the networks and infrastructure needed to improve care coordination. Community Health Teams can include physicians, care coordinators, nurses, nurse practitioners, physician assistants, social and mental health workers, dietitians, pharmacists, public health specialists, community-focused health and well-being specialists, and community outreach workers. Teams work with primary care practices locally and through the use of health information technology and telephonic interventions to provide evidence-based prevention and care coordination for patients and family caregivers. **We encourage you to provide funding to facilitate the creation of Community-based Collaborative Care Networks and the adoption of Community Health Teams, including the more comprehensive care services and support described in the Senate bill, nationally. To assure sufficient access to these important services, we encourage adoption of the House bill’s definition of patient-centered “medical homes” that Community Health Teams may support.**

**We also applaud the inclusion of provisions to better manage care transitions (Senate), additional assistance for people dually eligible for Medicare and Medicaid (House and Senate), enhancing Special Needs Plans for the chronically ill (House and Senate), pilot Medicaid programs for people with or at risk for multiple chronic illnesses (Senate), and Independence at Home demonstration (House and Senate).** Research demonstrates the potential of these investments. For example, 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.

**Building Bench Strength in our Primary Care and Public Health Workforces:** Having health care coverage does not equate to having access to care. We need to build our primary care and public health workforces to fulfill the need for a greater emphasis on preventing chronic disease development and progression and to improve people's access to these important services. **We support investments that will help to expand the primary care and public health workforces.**

**In addition, we support greater investments to improve workforce diversity and improve access to care in needed health professions and in communities experiencing shortages of providers. In these efforts, we need to encourage the educational pursuit of underrepresented specialties across health professions in areas of primary and chronic care where specific unmet needs exist, including public health, preventive medicine, geriatrics, pediatrics, addiction medicine, and disease-specific areas such as juvenile arthritis.** The proposed Workforce Advisory Committee (Senate) and Advisory Committee on Health Workforce Evaluation and Assessment (House) can provide important information on both the type and degree of workforce issues and potential policies to address them.

We also support at all levels of the health care workforce that emphasizes the prevention and management of chronic diseases, including managing comorbidities, facilitating transitions between care settings, and providing elder care, to reduce the risks of chronic disease development and progression and the likelihood of acute health crises. In addition we support education and training for family caregivers to better enable them to care for their loved one and for themselves.

**Translating Knowledge into Action:** Another critical target for reform is making better use of existing knowledge to improve health and lower costs by 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.

Both the House and Senate bills include proposals reflecting 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 adoption of a patient-centered approach for research on health outcomes to provide better information to patients, their families, and their providers, as found in the Senate proposal.** A patient-centered approach will help us meet the challenge of chronic disease by focusing on the clinical information needs of patients, family caregivers, and their providers; recognizing differences in patient needs due to clinical, genetic and other factors; and closing evidence gaps across the spectrum of health care. It provides a strong foundation for an independent, credible research program that will help fill evidence gaps and improve health outcomes. **We also support efforts to assure transparency in decision-making and to include broad stakeholder participation, input, and feedback in the process.**

**Reducing and Eliminating Health Disparities:** Not every American has an equal likelihood of living a long and healthy life. Health status varies by geographic location, gender, race/ethnicity, education and income, mental health, and disability, among other factors. Disparities are common, and among Americans with chronic diseases, minorities are more likely to suffer poor health outcomes. To improve health overall, we must focus on eliminating health disparities. **We support proposed efforts to improve data collection on the extent of disparities (House and Senate), and encourage the adoption of policies that build upon these proposed efforts by also funding measurement of the causes of and solutions to health disparities (House).**

We commend 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 advances. We also understand the significant additional responsibilities the implementation of health reform will place on the Department of Health and Human Services, and encourage careful consideration of the infrastructure and supports that will be needed to facilitate effective implementation.

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

Sincerely, the 56 national PFCD partners signed below:

Alliance for Aging Research  
Alzheimer's Foundation of America  
American Academy of Nurse Practitioners  
American Academy of Nursing  
America's Agenda: Health Care for All  
American Association of Cardiovascular and Pulmonary Rehabilitation  
American Association of Colleges of Pharmacy  
American Association of Diabetes Educators  
American College of Nurse Practitioners  
American College of Preventive Medicine  
American Dietetic Association  
American Pharmacists Association  
American Osteopathic Association  
American Sleep Apnea Association  
American Society of Addiction Medicine  
Association on Higher Education and Disability (AHEAD)  
Building Healthier America  
Canyon Ranch Institute  
Center for Integrated Behavioral Health Policy, George Washington University Medical Center  
Cleveland Clinic

Community Health Charities of America  
The COSHAR Foundation  
Dialysis Patient Citizens  
DMAA: The Care Continuum Alliance  
Easter Seals  
GlaxoSmithKline  
Healthcare Leadership Council  
Health Dialog  
Healthways  
IHRSA: International Health, Racquet & Sportsclub Association  
Kerr Drug  
Marshfield Clinic  
Medical Fitness Association  
Men's Health Network  
Mental Health America  
Milken Institute  
National Alliance of State Pharmacy Associations  
National Alliance on Mental Illness  
National Association of Chronic Disease Directors  
National Association of Public Hospitals and Health Systems  
National Black Nurses Association  
National Coalition for Promoting Physical Activity  
National Council for Community Behavioral Healthcare  
National Family Caregivers Association  
National Latina Health Network  
National Patient Advocate Foundation  
Novo Nordisk  
Partnership for Prevention  
Pharmaceutical Research and Manufacturers of America  
Pharos Innovations  
PILMA  
SEIU  
US Preventive Medicine  
WomenHeart: The National Coalition for Women with Heart Disease  
XLHealth  
YMCA of the USA