



National Health Council

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Senate Committee on Finance Chronic Care Workgroup
219 Dirksen Senate Office Building
Washington, D.C. 20510

Submitted electronically to chronic_care@finance.senate.gov

RE: Bipartisan Workgroup on Chronic Care Solutions

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

The National Health Council (NHC) would like to voice its support for the workgroup on chronic care solutions as proposed by Chairman Hatch and Ranking Member Wyden in the Senate Finance Committee. We commend the Committee, and specifically the Chairman, Ranking Member, and Senators Isakson and Warner for bringing the issue of chronic care to the forefront of the policy discussion.

The NHC is the only organization that brings together all segments of the health community to provide a united voice for the more than 133 million people with chronic diseases and disabilities and their family caregivers. Made up of more than 100 national health-related organizations and businesses, its core membership includes the nation's leading patient advocacy groups, which control its governance. Other members include professional societies and membership associations, nonprofit organizations with an interest in health, and major pharmaceutical, medical device, biotechnology, and health insurance companies.

The Committee's thought leadership can improve care delivery and payment for the Medicare beneficiaries afflicted with one or more chronic disease or disability. The Centers for Medicare and Medicaid Services' own data show that two-thirds of Medicare beneficiaries have at least two chronic conditions.¹

The sheer prevalence of chronic condition diagnoses among this population validates the need for more effective methods to address care for those enrolled in Medicare. As the workgroup looks to develop solutions, we suggest patient centeredness should be the cornerstone of this effort.

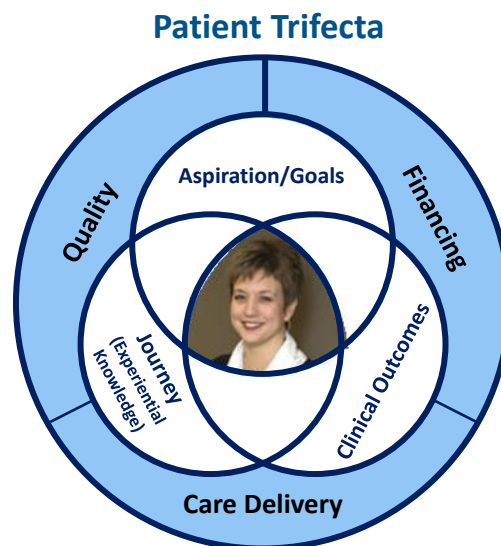
¹ Centers for Medicare & Medicaid Services. Prevalence of Multiple Chronic Conditions. Available at http://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Chronic-Conditions/MCC_Main.html. Accessed June 12, 2015.

The Patient Trifecta

The NHC defines patient centeredness as the intersection of patients' aspirations, their experiential knowledge, and clinical outcomes.

This approach to care balances each component of the patient experience and uses the information to develop an individual care plan. We call this the Patient Trifecta.

- Patient aspirations and goals should guide all decisions related to the care of patients with chronic health needs. Chronic disease management with the patient's aspirations and goals in mind ensures that care provided is appropriate both to their needs and their wants.
- Experiential knowledge informs the patient's journey in treatment and care for their chronic health needs. As the journey continues, the knowledge the patient and care team gain from the treatment experience should inform chronic disease management moving forward.
- Clinical outcomes that improve because of, but not in spite of, the patient's goals and journey are the third component of the Trifecta.



These three forces must be balanced to ensure that patient-centered care is achieved. The goal of this approach is not only to improve outcomes, but also to ensure that medical decisions are made in consultation with the patient and support the patient's immediate and longer-term aspirations.

Policies must be put into place to empower patients to play a greater role in their health care management and to reward providers for engaging patients in their care. This will not only improve outcomes by increasing adherence, it will also create systematic savings by only providing care that is relevant to the patient's goals.

The Patient Experience and Disease Management

The patient experience plays a significant role in how and if a patient engages in disease management. Trends that have pushed payment and delivery models away from traditional fee-for-service systems toward value-based care can improve the patient experience, which we believe is deeply linked to improved health outcomes.

Medical homes and accountable care organizations coordinate necessary care for patients with complex health conditions. Technologies incorporating telehealth capabilities and remote monitoring help patients remain proactive in their health management without burdening providers who are already spread thin. These innovative models and tools are the future of an

evolving system and can be used more effectively if the patient is targeted in their design and implementation. While improving chronic disease care will take time and require effective partnerships between health plans, drug manufacturers, providers, and patients, these investments will both improve outcomes and lower overall costs associated with chronic disease.

Please do not hesitate to contact Eric Gascho, NHC Assistant Vice President of Government Affairs, if you or your staff would like to discuss these issues in greater detail. He is reachable by phone at 202-973-0545 or via e-mail at egascho@nhcouncil.org.

Sincerely,

A handwritten signature in black ink, appearing to read "MBoutin", with a long horizontal stroke extending to the right.

Marc Boutin, JD
Chief Executive Officer