



SOCIETY FOR PUBLIC HEALTH EDUCATION

Global Leadership for Health Education & Health Promotion

June 22, 2015

The Honorable Orrin Hatch
Chairman
Committee on Finance
219 Dirksen Senate Office Building
Washington, DC 20510

The Honorable Ron Wyden
Ranking Member
Committee on Finance
219 Dirksen Senate Office Building
Washington, DC 20510

The Honorable Johnny Isakson
Committee on Finance
219 Dirksen Senate Office Building
Washington, DC 20510

The Honorable Mark Warner
Committee on Finance
219 Dirksen Senate Office Building
Washington, DC 20510

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

The Society for Public Health Education (SOPHE) welcomes the opportunity to comment on the priorities of the Finance Committee chronic care working group. We applaud you for organizing this bipartisan working group to address the staggering financial and human impact of chronic conditions in the United States. In particular, improving care for Medicare beneficiaries with chronic conditions is a crucial element in ensuring the financial stability and the long-term future of the Medicare program.

SOPHE is a 501 (c)(3) professional organization founded in 1950 to provide global leadership to the profession of health education and health promotion. SOPHE contributes to the health of all people and the elimination of health disparities through advances in health education theory and research; excellence in professional preparation and practice; and advocacy for public policies conducive to health. Members include behavioral scientists, faculty, practitioners, and students engaged in disease prevention and health promotion, including healthy aging, in both the public and private sectors. Collectively, SOPHE's 4,000 national and chapter members are employed in universities, medical/health care settings, businesses, voluntary health agencies, international organizations, and all branches of federal/state/local government.

As your letter suggests, there has been limited success in terms of improved health status with cost-effective, scalable demonstration projects focused on disease management and care coordination services in both

the traditional Medicare Fee-For-Service payment models and Medicare Advantage plans. This is because non-medical determinants of health also impact management of chronic conditions. These barriers to wellness may include limited level of health literacy of many adults over the age of 65 years. The full costs of limited health literacy have yet to be calculated, but estimates range from \$106 to \$236 billion annually. Other non-medical determinants of health include a lack of social support, inadequate skill level for self-management of chronic conditions, and lack of confidence in one's ability to effectively manage multiple chronic conditions. Self-management has been identified by health care experts as a model that can integrate health education research and theory to improve the lives of those with chronic conditions. While self-management is heralded as a key component in the improvement of health outcomes associated with chronic disease, there has been relatively little focus by health plans on the role of individuals in proactively managing their health conditions and taking more responsibility for improving their personal behaviors that will result in improved health outcomes and lower costs. While clinicians are able to address health risk behaviors and chronic condition management in doctor's appointments, they generally see patients for very short periods of time for an acute illness and self-management courses conducted by a clinician are not cost-effective. More effective coordination is needed between the health care and community is needed to reduce health care costs, improve health outcomes, and improve patient satisfaction.

SOPHE urges the bipartisan working group to consider the potential contributions of non-medical providers such as health education specialists who work with patients on disease self-management techniques, educate patients on healthy lifestyle choices, and work with vulnerable populations to prevent chronic diseases. Policy proposals that incorporate self-management by trained health education specialists include: alternative payment models that provide reimbursement for health education specialists as part of a care coordination team as well as programming conducted by health education specialists in their own practice; providing reimbursement for additional health education related to management of chronic conditions; and providing reimbursement for health education on lifestyle interventions for those at risk for chronic conditions before they develop in the medical home model. To that end we encourage you to develop billing codes for health education and health promotion activities provided by a health education specialists in Medicare as well as Medicare billing codes for chronic care management programs conducted by health education specialists either in-person or online.

Chronic disease self-management programs can be accomplished through the use of a stand-alone health educator, a health educator employed by a health plan as part of the care coordination team, or through the use of telehealth for homebound patients and those living in rural or frontier areas. One such example where health education specialists are proving successful is in the Stanford Chronic Disease Self-management Program (CDSMP). CDSMP is one of the most well-known and well-researched evidenced-based programs and is an excellent model for people with multiple chronic conditions. Research studies have demonstrated positive changes in self-efficacy, health behaviors, physical and psychological health status, and system management as well as reductions in per capita costs of health care with an approximate 2:1 return on investment. This equates to a potential net savings of \$364 per participant and a national savings of \$3.3 billion if just 5% of adults with one or more chronic conditions were to participate in the program. These potential cost savings are exactly why these programs and other programs incorporating health education specialists should be a patient covered benefit provided to patients and integrated with the medical care traditionally given by health care providers.

Health education specialists are also skilled in addressing the problem of limited health literacy, which costs the nation from \$106 to \$236 billion annually. Health education specialists are skilled in involving the members of the priority audience in the design and testing of communication products, simplifying and improving written materials, using the teach-back method, using video or other targeted approaches to patient education, and improving patient-provider communication. Working at the organizational or health system level, health education specialists improve health literacy by modifying informed consent processes, redesigning forms to meet low literacy needs, and conducting health literacy training for health care professionals.

Last, but not least, SOPHE urges the bipartisan working group to expand its efforts beyond the Medicare Advantage program. The Medicare Advantage program serves only 30% of Medicare patients and thus leaves out the vast majority of Medicare beneficiaries and those with chronic conditions. One issue that is particularly troubling is the number of Medicare beneficiaries that disenroll from Medicare Advantage plans due to a diagnosis of a chronic condition and subsequent inability to access the specialists or facilities necessary to treat that condition. Addressing these issues with the Medicare Advantage program is one way that policymakers can ensure that those beneficiaries with chronic conditions are receiving the highest quality care as well as ensure continuity of care from plan year to plan year.

Thank you for the opportunity to provide input into your important deliberations, and the role of health education specialists in improving the health and quality of life for Medicare beneficiaries with multiple chronic conditions. SOPHE stands ready to be a resource to you in your additional work. Please contact Dr. Cicily Hampton at (champton@sophe.org) or 202-408-9804 with any additional questions.

Sincerely,

A handwritten signature in cursive script that reads "Elaine Auld".

Elaine Auld, MPH, MCHES
Chief Executive Officer