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Testimony of Advocacy for Patients with Chronic Illness In Support of Raised Bill No. 1068

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Good afternoon. We appreciate this opportunity to submit written testimony to the Public Health Committee in support of Raised Bill No. 1068.

Advocacy for Patients with Chronic Illness is a 501(c)(3) tax exempt nonprofit that provides free information, advice and advocacy to patients with chronic illnesses in Connecticut and nationwide. We have assisted thousands of chronically ill individuals, the vast majority of whom have more than one chronic illness. In 2011, we completed a survey conducted in partnership with the University of Michigan Center for Managing Chronic Disease which further substantiated the fact that many, if not most, patients with chronic illnesses have more than one chronic illness.¹ This requires a high degree of care coordination, and presents challenges with medication management, duplication of tests, and conflicting advice.

Raised Bill No. 1068 discusses coordination among the state, hospitals, and health care facilities. We think patients need to be included on that list. Studies have established the value of actively involving a patient in his or her own care. "Knowledge and experience held by the patient has for too long been an untapped resource. It is something that could greatly benefit the quality of patients' care and ultimately their quality of life, but which has been largely ignored in the past...."² "Collaborative [c]are acknowledges the centrality of patients as primary caregivers by integrating them as key actors in the care process."³ As many of us recognize, patients who learn to navigate the system, practice shared decision-making with their doctors, and evaluate their care do obtain improved outcomes, and improved outcomes reduce cost.⁴ "[P]atients with an array of chronic conditions who were enrolled in a comprehensive self-care management program experienced significant improvements in adherence to medical regimens..., health behavior change recommendations..., psychosocial and emotional distress caused by illness, self-reported health status, reduced occurrence of hospitalizations, and reduced costs of care."⁵ One study

¹ Jennifer Jaff, et al., "Living With Chronic Illness: A Prescription for Advocacy"
<<http://advocacyforpatients.org/pdf/Living%20with%20Chronic%20Illness%20paper.pdf>> .

² R. Tattersall, "The expert patient: a new approach to chronic disease management for the twenty-first century," *Clinical Medicine* Vol. 2 No. 3, 227-229 (May/June 2002) (citation omitted).

³ J.H. Hibbard, "Engaging Health Care Consumers to Improve the Quality of Care," *Medical Care*, 41 (1), 1-61-70, at 1-64 (citation omitted).

⁴ *Ibid.* at 1-63.

⁵ *Ibid.* at 1-65 (citations omitted).

found that patient-centered practice improved health status and increased the efficiency of care by reducing diagnostic tests and referrals – again, resulting in lower costs.⁶

Around 90 percent of the care a person needs to manage a chronic disease must come directly from the patient. Evidence is growing that self-management interventions, such as self-monitoring and decision making, lead not only to improvements in health outcomes and health status, but also to increased patient satisfaction and reductions in hospital and emergency room costs.⁷

Section 1(b)(5) as proposed, requires the following to be included in the Commissioner's report to the joint standing committee of the General Assembly:

[D]etailed recommendations concerning actions to be taken by hospitals and health care facilities to reduce the effects of the most prevalent chronic disease, including recommendations concerning: (A) Ways to reduce hospital readmission rates, (B) transitional care plans, and (C) drug therapy monitoring...

We encourage the Committee to add "patient self-management training" to the above list as a subsection (D). Such recommendations could include educational programs or literature to be provided by hospitals or health care facilities to patients regarding chronic illness self-management, in general and specific to his/her disease. While we leave the actual recommendations up to the Commissioner, in order for coordinated care to be fully comprehensive, it must include the patient in its framework, so we request the above inclusion. Thank you.

Advocacy for Patients with Chronic Illness, Inc.⁸
Submitted by Brittany C. Allen, Esq.

⁶ Stewart, Moira PhD; Judith Belle Brown, PhD; Allan Donner, PhD; Ian R. McWhinney, OC, MD; Julian Oates, MD; W. Wayne Weston, MD; John Jordan, MD. The Impact of Patient-Centered Care on Outcomes, *The Journal of Family Practice* (J Fam Pract) 2000; 49: 796-804.

⁷ California HealthCare Foundation, <<http://www.chcf.org/topics/chronicdisease/index.cfm?subtopic=CL613>>.

⁸ Advocacy for Patients is a 501(c)(3) tax-exempt organization and does not charge patients for its services. Advocacy for Patients is funded by, among other sources, foundations and companies that engage in health care-related advocacy, manufacturing, service delivery and financing. A list of grantors will be furnished upon request.