From: Nesci, Sue <snesci@arthritis.org>
Sent: Tuesday, March 04, 2014 2:49 PM
To: PHC Testimony
Subject: Written testimony from voluntary health agencies on Raised Bill 5386-Public Health Committee
Attachments: CT HB5386-VHA sign on letter 3.14.docx; HB5386 Proposed Amendment.docx

Dear Public Health Committee staff:

Attached is a letter from seven voluntary health agencies as well as an attachment with suggested language to amend Raised Bill 5386 to strengthen its focus on chronic care coordination. I will be referencing this letter on behalf of my colleagues in the other agencies during oral testimony at tomorrow's hearing.

Thanks for your assistance.

Sue

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Face up to the future and win the fight against arthritis. Become an e-advocate or Ambassador at www.arthritis.org/advocacy

March 5, 2014

Senator Terry B. Gerranta, Co-Chair
Representative Susan M. Johnson, Co-Chair
Public Health Committee
Legislative Office Building, Room 3000
Hartford, CT 06016

RE: House Bill 5386-Chronic Disease Care Coordination

Chairman Gerratana, Chairman Johnson and members of the committee:

We are a group of voluntary health and advocacy organizations serving people with chronic conditions in Connecticut. We are writing to urge you to support House 5386, a bill to reduce the impact of chronic disease in Connecticut by improving care coordination.

Chronic diseases are the most prevalent, costly and preventable of all health problems. According to the CDC, 75% of U.S. health care dollars goes to the treatment of chronic diseases. These persistent conditions, the nation's leading causes of death and disability, leave in their wake deaths that could have been prevented, lifelong disability, compromised quality of life, and burgeoning health care costs. Reducing the impact of chronic disease, such as cardiovascular disease, stroke, heart disease, chronic obstructive pulmonary disease (COPD), diabetes, arthritis, and mental health disorders may be the single most important thing we can do to reduce health care costs.

Evidence is mounting that coordinated care may be the single best strategy to reduce the impact of chronic disease by improving patient outcomes. House 5386 would direct the state's public health commissioner to improve care coordination in Connecticut through a series of steps involving the state's hospitals and other health care facilities.

We are also writing to urge you to support three measures that we believe will strengthen House 5386:

- The commissioner's plan to develop a coordinated care plan should not be limited to just hospitals and health care facilities, but should include other organizations that provide primary care in Connecticut. The plan should also coordinate with the strategies and metrics of the State Innovation Model or SIM, which will eventually affect 80% of the state's insured.

- The plan should also involve those newly forming entities designed specifically to provide a coordinated approach to care in Connecticut-Accountable Care Organizations, Patient-Centered Medical Homes, etc.

- The plan should also include Comprehensive Medication Management (CMM) because most people suffering from chronic disease take multiple medications prescribed by different physicians. Studies have shown that coordinating medication both improves clinical outcomes and reduces health care costs. One study found that CMM saved $614 per patient.

Coordinated care is the future of health care. With the additional measures described above and in the suggested amendment, which is attached, House 5386 will ensure that Connecticut continues to lead the way on health care, improve the lives of patients suffering from chronic disease, and reduce costs for government and employers.

Please join us in supporting this legislation with the provisions outlined above.

Thank you for your consideration.

Sincerely,

ARTHRITIS FOUNDATION®
Take Control. We Can Help.™
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Vice President, Public Policy & Advocacy
Arthritis Foundation, New England Region
Rocky Hill, CT

Cancer Action Network
American Cancer Society
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Michelle Caul
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NEW ENGLAND CHAPTER
Debra Saryan,
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EPILEPSY FOUNDATION® CONNECTICUT
epilepsy therapy project
STRONGER TOGETHER
Linda Wallace
Executive Director
Epilepsy Foundation of Connecticut
Middletown, CT

Help Us Solve The Cruel Mystery
LUPUS™
FOUNDATION OF AMERICA
CONNECTICUT CHAPTER
Michael Tomassi
President & CEO
Lupus Foundation of American Connecticut Chapter
West Hartford, CT

U.S. PAIN FOUNDATION
Paul Gileno
President/Founder
U.S. Pain Foundation
Middletown, CT

Proposed Amendment to HB 5386

Section 1. (NEW) (*Effective October 1, 2014*) (a) The Commissioner of Public Health, within available appropriations, in consultation with the Commissioner of Mental Health and Addition Services[Comptroller] and representatives of hospitals, patient centered healthcare providers (including but not limited to accountable care organizations and patient centered medical homes), and other health care facilities and local and regional health departments and any other representatives deemed necessary by the Commissioner, shall develop a plan: (1) To reduce the incidence of chronic disease, including, but not limited to, chronic cardiovascular disease, cancer, stroke, chronic lung disease, chronic metabolic disease and [psychiatric illness] behavioral health; (2) to improve chronic care coordination in the state; and (3) for each type of health care facility, to reduce the incidence and effects of chronic disease.

(b) The commissioner shall, within available appropriations ,on or before January fifteenth, bi-annually, submit a report in accordance with the provisions of section 11-4a of the general statutes to the joint standing committee of the General Assembly having cognizance of matters relating to public health and the Governor concerning chronic disease and implementation of the plans described in subsection (a) of this section. The commissioner shall post such reports on the Department of Public Health's Internet web site not later than thirty days after submitting each report. Such report shall include, but need not be limited to: (1) A description of the chronic diseases that are most likely to cause a person's death or disability, the approximate number of persons affected by such chronic diseases and an assessment of the financial effect of each such disease on the state and on hospitals and health care facilities; (2) a description and assessment of programs and actions that have been implemented by the department or hospitals, patient centered healthcare providers (including but not limited to accountable care organizations and patient centered medical homes), and health care facilities to improve chronic care coordination and prevent disease; (3) the source and amounts of funding received by the department to treat persons with multiple chronic conditions and to treat or reduce the most prevalent chronic diseases in the state; (4) a description of chronic care coordination between the department and hospitals, patient centered healthcare providers (including but not limited to accountable care organizations and patient centered medical homes), and health care facilities and among health care facilities to prevent and treat chronic disease; (5) detailed recommendations concerning actions to be taken by hospitals, patient centered healthcare providers (including but not limited to accountable care organizations and patient centered medical homes), and health care facilities to reduce the effects of the most prevalent chronic diseases, including recommendations concerning: (A) Ways to reduce hospital readmission rates, (B) transitional care plans, and [(C) drug therapy monitoring]; (C) comprehensive medication management as described by the national Patient-Centered Primary Care Collaborative to help patients with multiple chronic conditions achieve clinical and patient goals of therapy and improve clinical outcomes (6) identification of anticipated results from a hospital, patient centered healthcare providers (including but not limited to accountable care organizations and patient centered medical homes), or health care facility's implementation of the recommendations described in subdivision (5) of this subsection; (7) identification of goals for coordinating care and reducing the incidence of

persons having multiple chronic conditions; and (8) an estimate of costs and other resources necessary to implement the recommendations described in subdivision (5) of this subsection.