March 5, 2013

The Honorable Terry B. Gerratana and Susan M. Johnson, Co-Chairs, and Members
Public Health Committee
Room 3000, Legislative Office Building
Hartford, CT 06106

TESTIMONY ON RAISED BILL 5386: An Act Concerning Care Coordination for Chronic Disease

Dear Senator Gerratana, Representative Johnson and Members of the Public Health Committee:

The Arthritis Foundation supports the goal of Raised bill 5386 to develop a plan to reduce the incidence and impact of chronic disease in the state by improving care coordination.

The bill as presently written addresses primarily data collection. We have joined with a number of other voluntary health agencies in a letter to the committee encouraging the addition of the following three measures to strengthen chronic care coordination:

- The 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 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 costs.

Why is the Arthritis Foundation concerned about care coordination? Arthritis is the leading cause of disability affecting 23% of the state’s adult population\(^1\). The Centers for Disease Control and Prevention (CDC) reports that nearly half (47%) of adults with arthritis have at least one co-morbid condition\(^2\). The two most common co-morbid conditions that contribute to disability in arthritis are heart disease (24%) and diabetes (16%)\(^2\). These three conditions share common risk factor of obesity and physical inactivity. For this reason, we encourage the committee to add arthritis to the list of targeted chronic diseases.

www.arthritis.org

cdc.gov/arthritis/data_comorbidities.htm