



## National Health Council

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June 18, 2010

Department of Health and Human Services  
Attn: MCC Strategic Framework  
200 Independence Avenue, SW.  
Room 736-E  
Washington, DC 20201

### **Re: Solicitation of Written Comments on Draft HHS Strategic Framework on Multiple Chronic Conditions**

The National Health Council (NHC) supports the Department of Health and Human Services' (HHS) efforts to address and improve the care of individuals with concurrent multiple chronic conditions (MCCs). Given the new health care reform law – the Affordable Care Act – and the variety of opportunities now available to HHS to address the prevention of chronic conditions, we believe this strategic framework is timely and necessary for improving the health of patients with MCCs.

The National Health Council is the only organization of its kind that brings together all segments of the health care community. Comprised of more than 100 member organizations and businesses from across the health care community, we provide a united voice for more than 133 million people with chronic diseases and disabilities and their family caregivers.

The Institute of Medicine has stated that the goal of any health care delivery system is to provide “the right care at the right time to the right patients for the right price.” We could not agree more. Under the auspices of the NHC, the patient advocacy community has come together in support of five health care reform principles:

- Achieves health care coverage for everyone
- Curbs costs responsibly
- Guarantees coverage despite pre-existing conditions
- Eliminates lifetime caps on health insurance
- Ensures access to quality long-term care and respect at the end of life

We welcome HHS' efforts to build a strategic framework to guide the Department in coordinating its efforts both internally and externally to address the growing needs of the MCC patient population. Below, we provide detailed comments and suggestions on specific sections of the framework that are intended to provide additional guidance as HHS continues its work to improve the health of MCC patients nationwide.

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The NHC's comments are driven by the need for better management of chronic conditions. This transformation of the health care system is integral to the sustainability of our system and any reform must address the specific needs of these types of patients. Consequently, we support HHS' proposals to test integrated and coordinated models for health care delivery. However, we urge you to go further than currently contemplated policies and proposals to allow for the implementation of innovative care models. The marriage of health research with real-world application leads to improved health outcomes and helps us to curb costs responsibly. New delivery models that are founded on principles of evidence-based medicine, empowered by electronic decision support, respectful of the individual patient's unique situation at the point of care, and committed to reducing out-of-pocket expenses while reimbursing for care coordination are proving to be the most cost-effective health reform strategies available. Individualized care plans that include an integrated, coordinated care team focused on the individual patient's unique situation can ensure that knowledge is appropriately directed to enable people with chronic conditions and their family caregivers to make educated decisions regarding their treatments and live healthy and productive lives.

**Goal 1: Provide better tools and information to health care and social service workers who deliver care to individuals with MCC.**

The NHC supports HHS for addressing the need to train and develop a specialized workforce to care for individuals with MCC. As noted in the framework, the MCC patient population has a unique set of health care needs that are not being addressed by the current health care workforce. While we applaud HHS for identifying the need to develop general best practices and tools to improve the management of care for MCC patients, we encourage HHS to also consider subgroups within the MCC patient population, such as geriatric and terminally ill patients. For example, although geriatric MCC patients require specialized care, there is a shortage in physicians trained in geriatrics. Research indicates that only 9 percent of internal medicine residencies require six or more weeks of geriatric training, and only 26 percent of family medicine residencies require four or more weeks of geriatric training.<sup>1</sup> Terminally ill patients also require specialized palliative and end-of-life care to manage the pain associated with multiple chronic conditions. Given the highly specialized skills required in geriatric, palliative and end-of-life care, it is critical that health care and social service professionals are provided with training to develop the necessary skills and knowledge to deliver care to these unique patient populations.

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<sup>1</sup> Lynn La, et al. "A National Survey from the Association of Directors of Geriatric Academic Programs Status of Geriatrics Workforce Study. *J Am Geriatr Soc.* (2006)54:1603-09

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### **Goal 2: Maximize the use of proven self-care management and other services by individuals with MCC.**

The NHC appreciates HHS' commitment to facilitate self-care management through a variety of patient-centered tools. We agree with HHS that individual patients must be informed, motivated and involved as partners in their own care and that care strategies, such as in-home and community-based services and medication management programs, serve to facilitate personal responsibility and choice. In particular, we thank HHS for prioritizing in-home and community-based services as mechanisms for reducing the number of patients that need to be institutionalized. Additionally, we commend HHS for prioritizing the development and dissemination of educational medication management tools, as a patient's level of understanding of their treatment regimen is integrally linked to their level of adherence. However, as HHS continues to implement these initiatives we encourage the Department to develop an evaluation tool to measure a patient's self-management capabilities. By assessing a patient's level of knowledge and skills for self-managing their condition, health care providers can develop a more tailored approach to educating and supporting individual patients' self-management techniques.<sup>2</sup>

### **Goal 3: Foster health care and public health system changes to improve the health of individuals with MCC.**

The NHC appreciates HHS' efforts to make changes to the broader health care and public health systems to improve the health of individuals with MCC, especially through care coordination, provider incentives, and health information technology. Promoting care coordination and ensuring that provider incentives are aligned with quality of care are integral to improving the effectiveness of care, particularly among MCC patients who typically require a plethora of treatments and services. In addition, health information technology can play a critical role in coordinating care to individuals with MCCs by eliminating duplicative treatments and services, which not only are costly to the system, but also place burdens on patients.

### **Goal 4: Facilitate research to fill knowledge gaps about individuals with MCC.**

We commend HHS for its commitment to filling knowledge gaps about the most effective care for individuals with MCCs. We agree that bolstering research efforts will help health care professionals coordinate and manage patients with MCCs. We also agree that additional measures need to be taken to include patients with MCCs in clinical trials and to better capture

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<sup>2</sup> J.H. Hibbard et al. "Development of the Patient Activation Measure (PAM): Conceptualizing and Measuring Activation in Patients and Consumers," *Health Services Research*. 39, no. 4 (2004)

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MCC intervention-related adverse events among post-marketing surveillance data. However, when implementing these measures we urge HHS to explore a wide array of research methods to allow for the generation of real-world data to inform clinical decision-making at the point of care.

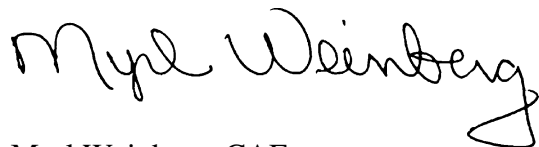
In addition, we encourage HHS to integrate the perspective of patients throughout the research process. An effective way to incorporate patient perspectives is to capture patient-centered outcomes in research. In particular, we encourage HHS to use health-related quality of life (HRQOL) measurements to assess how well an individual functions in daily life and their subjective perspective of well-being. HRQOL is a critical measurement to capture, as it will provide researchers, clinicians, and patients the opportunity to assess the risks and benefits of different interventions and compare real-world effects of different therapeutics across clinical trials.

**Conclusion**

We would like to thank you for this opportunity to share our comments and to reiterate our support of the HHS Interagency Workgroup on Multiple Chronic Conditions. The NHC believes the needs of patients will be best met by creating a health care delivery system that trains health care professionals to meet a wide array of patient needs, encourages personal responsibility and choice, provides coordinated care, and facilitates research to fill unnecessary evidence gaps. Further, as HHS continues to seek ways to curb costs, we urge it to implement mechanisms to ensure that the quality of care remains paramount.

We look forward to continuing our work with you and your colleagues to ensure that patients with MCCs are properly managed by the health care system. Please do not hesitate to contact Kevin Cain, our 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 202-973-0542 or via e-mail at [kcain@nhcouncil.org](mailto:kcain@nhcouncil.org). You may also reach me on my direct, private line at 202-973-0546 or via e-mail at [mweinberg@nhcouncil.org](mailto:mweinberg@nhcouncil.org).

Sincerely,

A handwritten signature in cursive script that reads "Myrl Weinberg". The signature is written in black ink and is positioned above the typed name and title.

Myrl Weinberg, CAE  
President