



## **CARE PLANNING PRINCIPLES**

The following principles should inform care planning for all patients and provide rationale for government reimbursement of these activities.

- Care planning should be available to all patients with serious, life-threatening, and chronic diseases.
- Care planning must address the patient's multiple comorbidities and complex care needs.
- Care planning must take into account the social determinants of health — including, but not limited to, the patient's living environment, the patient's family background, the patient's race and ethnicity, the patient's level of education, and the patient's socioeconomic status.
- Care planning should be integrated into all segments of the healthcare system and across the continuum of care.
- Care planning should include the entire healthcare team, and practitioners should be able to practice to the top of their license when assisting the patient in designing his or her care plan.
- Care planning should include the use of community health workers (CHWs) who can link patients to services such as transportation to medical appointments, a healthy living environment, and nutritious foods.
- Care planning must include an understanding of the barriers to adherence by the patient, and an effort to overcome those barriers. Special attention should be paid to medication adherence since nonadherence can cost the healthcare system as much as \$300 billion annually.
- Care planning should include goals for both the short- and long-term.
- Care planning should not be a one-time meeting, but rather an ongoing discussion as the patient's needs and wants evolve.
- Care planning should involve the patient's family and caregivers.
- The plan should be written in language the patient can understand.



July 27, 2017

The Honorable Johnny Isakson  
United States Senate  
131 Russell Senate Office Building  
Washington, D.C. 20510

The Honorable Mark Warner  
United States Senate  
703 Hart Senate Office Building  
Washington, D.C. 20510

Dear Senator Isakson and Senator Warner:

On behalf of the Healthcare Leadership Council (HLC), I am writing to express our support for S. 1334, the “Patient Choice and Quality Care Act.” This important legislation gives Medicare beneficiaries access to advanced illness care coordination services.

HLC is a coalition of chief executives from all disciplines within American healthcare. It is the exclusive forum for the nation’s healthcare leaders to jointly develop policies, plans, and programs to achieve their vision of a 21st century health system that makes affordable, high quality care accessible to all Americans. Members of HLC – hospitals, academic health centers, health plans, pharmaceutical companies, medical device manufacturers, laboratories, biotech firms, health product distributors, pharmacies, post-acute care providers, and information technology companies – advocate for measures to increase the quality and efficiency of healthcare through a patient-centered approach.

HLC’s National Dialogue for Healthcare Innovation (NDHI) was established in 2010 as a unique platform to bring together leaders from industry, government, academia, patient organizations, and all other sectors of healthcare to discuss and develop consensus approaches to challenges affecting healthcare innovation in the United States. NDHI’s patient engagement and adherence workgroup developed the attached care planning principles, which we were pleased to share with your staff along with recommendations on the care planning legislation.

Like you, HLC and the NDHI workgroup are committed to improving the care of patients who suffer from advanced illnesses such as cancer, heart disease, lung disease, and dementia. Patients and their families often do not receive enough information or support needed to navigate the many choices that come with advanced illness. S. 1334 would provide these patients and families with the support and resources necessary to ensure that their needs are met throughout the healthcare system. This bipartisan legislation would allow patients with multiple chronic conditions to have access to palliative care, pain and symptom relief, psychosocial support, and home-based services. In addition, the bill supports the development of resources to educate

Americans about advanced care planning. HLC and the NDHI workgroup were proud to have been part of the effort of developing this legislation, and we are pleased to offer our support for S. 1334.

Thank you again for your leadership in addressing the nation's healthcare challenges. HLC looks forward to continuing to work with you. If you have any questions, please do not hesitate to contact Debbie Witchev at (202) 449-3435.

Sincerely,

A handwritten signature in black ink, reading "Mary R. Grealy". The signature is written in a cursive style with a large, prominent initial "M".

Mary R. Grealy  
President