



October 31, 2018

The Honorable Jerome M. Adams, M.D., M.P.H.  
United States Surgeon General  
U.S Department of Health & Human Services  
200 Independence Avenue, S.W.  
Humphrey Blvd, Suite 701H  
Washington, D.C. 20201

Dear Dr. Adams,

The Healthcare Leadership Council (HLC) appreciates the opportunity to comment on Docket No. CDC-2018-0082, Surgeon General's Call to Action: "Community Health and Prosperity."

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 healthcare 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, home care providers and information technology companies – advocate for measures to increase the quality and efficiency of healthcare through a patient-centered approach.

Medical care is estimated to account for only 10-20 percent of the modifiable contributors to healthy outcomes for a population. The remaining 80-90 percent is reflected by social determinants of health: health-related behaviors, socioeconomic factors, and environmental factors. HLC is developing a playbook on optimizing healthcare for high need patients, addressing social determinants of health, including community health. Furthermore, HLC asks the Department of Health and Human Services to support the following recommendations.

### **Home-and Community-Based Services**

Home- and community-based services (HCBS) assist individuals who continue to live in their homes, increasing quality of life and resulting in lower hospital and nursing home costs and decreased utilization of healthcare services. Homecare workers assist individuals with activities of daily living such as bathing, dressing, meal preparation and eating, transportation, and light housework. They also provide companionship, which addresses the detrimental emotional and health effects of loneliness. They "work with family members, community agencies, and

medically trained professionals like doctors and nurses to broaden the scope of care for seniors and provide better health outcomes.”

Homecare providers, as part of the overall support team for family caregivers, can also relieve the stress of caregivers who struggle with caring for their relatives with high needs. The Coalition to Transform Advanced Care (C-TAC) found that 69 percent of these family members represent a net negative experience with caregiving, and this work harms their state of mind, social life, finances, and their own health. Homecare professionals and community-based services such as adult daycare centers are valuable services offered to both the patient and the family to alleviate stress and improve or maintain cognitive functions.

CMS’s Independence at Home Demonstration is an example of a successful home-based program for Medicare beneficiaries. In the second year of this demonstration, the program saved a net of \$7,821,374, an average of \$89 per beneficiary. This program’s success should be replicated. Congress should make it a permanent program, extending it to additional sites and more beneficiaries, including those in Fee-For-Service Medicare. HLC also asks Congress and the administration to reduce barriers to home care by supporting legislation such as the Home Health Care Planning Improvement Act, which would allow nurse practitioners, certified nurse specialists, certified nurse-midwives, and physician assistants to certify that their patients need home healthcare.

### **Wellness Programs**

The RAND Workplace Wellness Programs Study sponsored by the U.S. Department of Labor finds that about half of employers with at least 50 employees, and more than 90 percent of those with more than 50,000 employees, offered a wellness program in 2012. The success of these programs is proven. Studies have shown that medical costs are reduced by approximately \$3.27 for every dollar spent on workplace wellness programs and that absenteeism costs are reduced by approximately \$2.73 for every dollar spent.

Individuals need access to comprehensive and evidence-based wellness programs that educate them on making healthy choices. These programs should be easily accessible, and wellness programs that are offered by, and available in, the workplace make them available to millions of people. Their success is often closely tied to incentives. Employers should be allowed to offer wellness programs that meet the Affordable Care Act (ACA)’s requirements, and the existing U.S. Equal Employment Opportunity Commission (EEOC) regulations should be conformed to the ACA standards. Left in limbo by the EEOC’s failure to act since a judge vacated wellness program incentive limits in December 2017, the EEOC should provide guidance to employers looking to the future of these programs. Medicare should also offer wellness programs as a benefit.

The definition of preventive services should be expanded to incorporate interventions aimed at Medicaid beneficiaries. Further, Congress should pass the Preventive Health Savings Act, which would allow Congress to request that the Congressional Budget Office lengthen its scoring window for preventive health and wellness programs. Without a more accurate way of knowing the longer-term cost savings associated with these programs, their implementation and effectiveness are limited.

### **Telehealth**

Individuals may encounter challenges getting to their medical appointments, whether due to functional limitations, lack of transportation options, or geographic barriers. In these situations,

telehealth can facilitate connections with providers. HLC commends Congress for passing the Creating High-Quality Results and Outcomes Necessary to Improve Chronic (CHRONIC) Care Act which expanded telehealth and remote patient monitoring sites in Medicare, including the addition of home dialysis sites as originating sites for those patients, and the lifting of evaluation restrictions for telehealth. HLC believes that telehealth should be expanded to more areas of medicine beyond the ones outlined in the CHRONIC Care Act, and all Medicare beneficiaries should have access to these services. HLC urges Congress to expand the use of telehealth to all Medicare beneficiaries by lifting its current restrictions on the service, including patient location restrictions, communication technology restrictions, and coverage (1834(m)) restrictions.

### **Behavioral Health**

People with mental health conditions and substance use disorders use more medical resources, are more likely to be hospitalized for physical illness, and are readmitted to the hospital more frequently than those without these chronic health conditions. A lack of coordination between primary care and mental health services results in inadequate treatment.

Further, Medicare and Medicaid reimbursement rules discourage adequate medical care in mental healthcare settings. CMS should remove the 15-day limit for beneficiaries to stay in Institutions for Mental Diseases, allow for any number of days to be covered based on needs, and align standards with state and federal medical necessity laws.

### **Home Modifications**

Often, home care must be accompanied by modifications to make homes safer and more accessible. Low-cost solutions such as installing bathroom grab bars and removing rugs or other trip-and-fall risks can help to keep people safe and prevent costly injuries. Savings could be significant: The National Council on Aging estimates that the total cost of fall injuries in 2013 was \$50 billion, 75 percent of which was paid by Medicare. CMS should permit the reimbursement of these services as supplemental benefits.

### **Community-Based Care**

HLC member SCAN Health Plan and the Coalition to Promote Medicare Independence have proposed a Community-Based Institutional Special Needs Plan (CBI-SNP) demonstration project that would prevent high-need patients from becoming high-cost. This plan would establish a demonstration program for home- and community-based care for low-income Medicare beneficiaries whose health needs put them at risk for nursing facility placement. The CBI-SNP program would prevent these beneficiaries from having to spend down their assets to qualify for Medicaid and would allow them to remain in their homes or communities. HLC urges Congress to pass the Community-Based Independence for Seniors Act, which would create this demonstration program.

### **Nutrition**

High-need patients at risk for or living with chronic diseases such as diabetes should have access to Medical Nutrition Therapy, providing them with diagnostic, therapy, and counseling services that help them prevent and manage their diseases. HLC urges Congress to pass the Preventing Diabetes in Medicare Act to give Medicare beneficiaries with prediabetes or risk factors for developing type 2 diabetes access to this program. This would reduce healthcare costs and usage by preventing beneficiaries who are already high-need from becoming even more so.

People may have difficulty preparing nutritious foods due to functional limitations and mobility issues, or constraints such as living in a “food desert,” or lacking sufficient funds to buy them. According to the Commonwealth Fund, more than half of adults with high needs have low incomes. CMS should encourage the use of nutrition-related, home- and community-based services such as “home-delivered meals, congregate meals, nutrition education, diet modification, adaptive eating devices, and nutrition counseling” that help support high-need patients who want to remain at home and decrease institutional placements due to lack of access to nutritious meals. State Medicaid agencies should reimburse Medicaid health plans to partner with community-based organizations that provide these nutrition services.

Thank you for your commitment to improve the health and prosperity of communities. HLC looks forward to continuing to collaborate with you on our shared priorities. Should you have any questions, please do not hesitate to contact Debbie Witchey at (202) 449-3435 or [dwitchey@hlc.org](mailto:dwitchey@hlc.org).

Sincerely,

A handwritten signature in cursive script, appearing to read "Mary R. Grealy".

Mary R. Grealy  
President