

Restore Funding for Chronic Disease Self Management Education

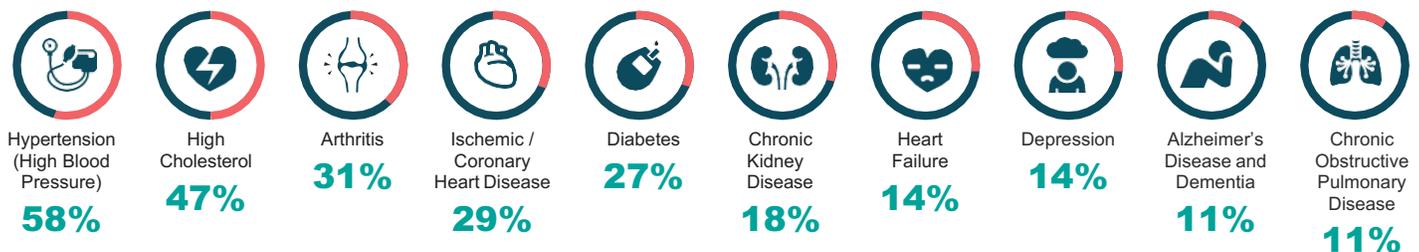
THE PROBLEM: Chronic disease is the **single biggest health threat** today. According to the U.S. Centers for Disease Control and Prevention (CDC), chronic diseases are conditions that last one year or more and require on-going medical attention or limit activities of daily living.

Chronic diseases are the **leading causes of death and disability** in the U.S. They also are the leading drivers of increasing the nation's health care costs \$3.8 trillion annually. The most prevalent chronic conditions reported are hypertension, high cholesterol, and arthritis, with adults aged 65 and older accounting for the plurality of patients. In the U.S. about 85% of have one chronic condition, and 60% have two or more.

As an individual's number of chronic conditions increases, a corresponding escalation in negative outcomes result, such as poor daily function, unnecessary hospitalizations, adverse drug events, duplicative tests, and conflicting medical advice. These outcomes result in higher health costs, leading to increased Medicare and Medicaid costs.

- ♥ **HYPERTENSION:** Nothing kills more Americans than heart disease and stroke, which are commonly caused by undiagnosed or mismanaged hypertension and high cholesterol. According to the CDC, more than 868,000 Americans die of heart disease or stroke every year, accounting for one-third of all deaths. These diseases take an economic toll, costing our health care system \$214 billion per year and causing \$138 billion in lost productivity on the job.
- ♥ **ARTHRITIS:** Arthritis affects 54.4 million adults, is a leading cause of work disability in the U.S. and is a common cause of chronic pain. The total cost attributable to arthritis and related conditions was about \$304 billion in 2013, with \$140 billion for medical costs and \$164 billion for indirect costs associated with lost earnings. Appropriate management is key to reducing disability and costs among those with a diagnosis of arthritis.
- ♥ **DIABETES:** Over 34.2 million Americans have diabetes, and another 88 million adults have prediabetes, increasing their risk for type 2 diabetes. Diabetes, if not managed properly, can cause heart disease, kidney failure, and blindness. In 2017, lost productivity and medical costs from diagnosed diabetes totaled to \$327 billion.
- ♥ **OBESITY:** Obesity affects 42% of adults and is a risk factor for conditions including diabetes and heart disease. Since 2008, the U.S. health care system has paid \$147 billion per year for obesity-related medical costs; medical costs for individuals with obesity are \$1,429 higher than those of normal weight. Obesity is a complex, multi-faceted chronic condition that can be managed through treatment and lifestyle adaptations.
- ♥ **CHRONIC PAIN:** Chronic pain, one of the most common reasons adults seek medical care, has been linked to restrictions in mobility and daily activities, dependence on opioids, anxiety, depression, and reduced quality of life. Approximately 30% of older adults experience chronic pain on a daily basis. Chronic pain contributes up to \$635 billion each year in direct medical costs and lost productivity. Balancing the need for effective pain control while preventing medication misuse, abuse, and addiction is an integral component of pain management.

10 Common Chronic Conditions for Adults



Source: Centers for Medicare & Medicaid Services, Chronic Conditions Prevalence State/County Table: All Fee-for-Service Beneficiaries.

Chronic Disease Self-Management Education Saves Health Care Dollars.
Expanding the reach of evidence-based Chronic Disease Self-Management Education Programs by 10% has a potential cost savings of more than \$6.6 billion annually!

Evidence-Based Strategies

Evidence-based **Chronic Disease Self-Management Education (CDSME) Programs** offer cost-effective interventions using state-of-the-art techniques to empower those with chronic conditions to take responsibility in managing their conditions, improving their health status, and reducing continued medical care and costly services. These programs, originally developed at Stanford University, have demonstrated improvement in health, self-efficacy, and psychological well-being. In addition, participants of CDSMP report increased physical activity, reduced fatigue and depressive symptoms, and better communication with health care providers. **CDSME Programs help achieve the goals of the Triple Aim:**

Better Health

- | Better self-assessed health and quality of life
- | Fewer sick days
- | More active
- | Less depression
- | Improved symptom management

Better Care

- | Improved communication with physicians
- | Improved medication compliance
- | Increased health literacy

Lower Costs

- | Decreased emergency dept. visits and hospitalizations (\$714 per person)
- | Reaching just 10% of Americans with one or more chronic conditions could save \$4.2 billion

CDSME Funding History

American Recovery and Reinvestment Act (ARRA) stimulus funding

- ♥ **\$32.3 million** over two years starting in March 2010 was provided as part of the ARRA \$650 million Prevention and Wellness Fund.

Prevention and Public Health Fund (PPHF) of the Affordable Care Act.

- ♥ \$10 million was allocated in FY12 from the PPHF, which succeeded the ARRA Prevention and Wellness Fund.
- ♥ \$7.1 million in FY13 and \$8 million per year in FY14-FY21 have been allocated from the PPHF.

These funding sources have enabled a solid infrastructure with over 14,000 community-based delivery sites and a national technical assistance center. So far, more than 550,000 individuals have participated in CDSME programs funded through ARRA and PPHF support. However, given that nearly 200 million people report having a chronic disease, the reach of these programs has been only **0.25% of the full population reach potential**.

FY22 Request

Restore CDSME funding to \$16 million. Given that CDSME has lacked new investments for several years, we request that appropriators consider restoring CDSME funding to \$16 million to expand access to evidence-based, cost-effective chronic disease self-management education programs to more older adults across the U.S.