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January 3, 2011

Paula Staley, Associate Director for Policy
Office of Prevention through Healthcare
Office of the Associate Director for Policy
Centers for Disease Control and Prevention (CDC)
1600 Clifton Road, NE
Mailstop D-28
Atlanta, GA 30333

Dear Ms. Staley:

On behalf of the Care Continuum Alliance, I respectfully submit the following comments to the Centers for Disease Control and Prevention in response to its Nov. 16, 2010, *Federal Register* Request for Information (RFI) on the development of Health Risk Assessment (HRA) Guidance.

Care Continuum Alliance members provide services across the entire continuum of care, from wellness and prevention to chronic care and complex case management. Care Continuum Alliance members include wellness and population health management organizations, health plans, physician groups, hospitals, labor unions, employer organizations, pharmaceutical manufacturers, pharmacy benefit managers, health information technology (HIT) service and device suppliers, academics and others. These diverse organizations share the vision of aligning all stakeholders toward improving the health of populations. Our members seek to improve health care quality and contain health care costs at a population level by providing targeted interventions and services to individuals who are well, at-risk for or already managing one or more chronic conditions or acute episodes of care. Through advocacy, research and promotion of best practices, the Care Continuum Alliance advances evidence-based strategies to improve quality, health outcomes and create efficiency in the marketplace.

As we stated in our response to the proposed Medicare physician payment rule issued July 13, 2010, the new Medicare annual wellness visit presents an important opportunity to improve the health and well-being of Medicare beneficiaries. The ability to identify individuals at risk for chronic conditions and design "personalized prevention plans" for them greatly increases the likelihood of early detection of disease. Particularly important, the cost savings associated with healthier beneficiaries can contribute to Medicare's long-term sustainability. [1]

The HRA is essential to identifying individuals at risk for, or currently managing, chronic illness. The HRA tool is a mechanism to survey patient health status and health behaviors and to better understand and evaluate risk factors. These important tools provide individualized feedback, as well guidance on who would benefit from a wellness program. The use of sophisticated HRA tools enables targeted programs designed to benefit these individuals and provide services and support based on current health status. The development of a personalized prevention plan and targeted programs for Medicare beneficiaries is the key goal of Section 4103. These tools have

[1] Shekelle, Paul G., Joan S. Tucker, Margaret Maglione, et al., "Health Risk Appraisals and Medicare," RAND(SantaMonica, CA). Evidence report and evidence-based recommendations: health risk appraisals and medicare. Baltimore (MD): Centers for Medicare and Medicaid Services; 2003. Contract no. 500-98-0281.

been shown to improve health care status and quality and reduce health care costs. Numerous studies have demonstrated the value of the HRA in identifying risks, particularly in older adults and Medicare beneficiaries. HRAs increase patient engagement and lead to medical cost savings. [2,3] The findings published in the *Journal of Occupational Medicine,* in 2006[4] are particularly compelling with respect to the Medicare population.

The Care Continuum Alliance supports the collaboration between the CDC and Centers for Medicare and Medicaid Services (CMS) to develop guidance on HRA use in conjunction with the annual wellness visit authorized for Medicare beneficiaries under Section 4103. This guidance will be useful in developing appropriate HRA tools for use in various practice and health care delivery settings and with varied segments of the Medicare population. The Care Continuum Alliance strongly recommends that the CDC and CMS not develop a standardized HRA tool for universal use among physician practices, health care delivery settings and patient populations. The RFI appropriately notes "considerable" variation in HRAs in the commercial marketplace. A "standard HRA" designed for universal application would not allow flexibility in the design for differing populations in both the Medicare fee-for-service program and in commercial Medicare Part C programs.

As a starting point, we strongly urge CDC to consider allowing the use of HRAs that have been accredited or certified by nationally recognized independent quality organizations, such as the National Committee for Quality Assurance (NCQA) and URAC. HRA standards are part of both NCQA and URAC's accreditation for wellness programs and companies. Accreditation allows for continued evaluation, updating and flexibility as new evidence becomes available and allows standards to evolve. In addition, accreditation provides the flexibility to design and use HRAs that meet the needs of differing patient populations. Considering the positive relationship between HRA use and health promotion participation, reduced medical costs, healthful behaviors and improved health status[5], CDC should move quickly to allow the use of accredited HRA tools.

The RFI queries the capacity of primary care offices to administer, assess and utilize HRAs effectively. The RFI also considers entities to provide technical assistance with these tasks. Care Continuum Alliance members can play a vital role in supporting and assisting physician offices and other care delivery sites with these tasks. Health support services, as well as HIT capabilities, are critical to effectively support personalized prevention planning for patients by primary care physician offices.

The RFI queries the role, if any, incentives play in motivating patients to take the HRA and/or participate in follow-up interventions. Care Continuum Alliance strongly supports the use of incentives to increase HRA participation rates. Incentives significantly enhance HRA participation among patients. These incentives prove to be particularly effective when operating in tandem with coordinated workplace "health promotion" plans that include follow-up

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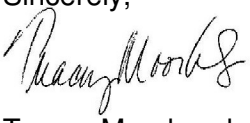
[2] Serxner SA, Gold DB, Grossmeier JJ, Anderson DR, "The relationship between health promotion program participation and medical costs: a dose response, "J Occup Environ Med, Nov 2003; 45 (11): 1196-2000.
[3] Huskamp H, M Rosenthal, "Health Risk Appraisals: How Much Do They Influence Employees' Health Behavior," Health Affairs, 28, no. 5 (2009): 1532-1540.
[4] Ozminkowski R, Goetzel R, et al., "The Savings Gained from Participation in Health Promotion Programs for Medicare Beneficiaries," J Occup Environ Med, Vol. 48, No. 11, Nov 2006.
[5] Pai CW, Hagen SE, Bender J, Shoemaker D, Eddington DW, "Effect of health risk appraisal frequency on change in health status," J Occup Environ Med. 2009 Apr; 51(4): 429-34.

interventions.[6,7] This evidence demonstrates the central role of incentives in driving HRA participation, given the positive and strong link between incentives and patient engagement in wellness programs.

Finally, the Care Continuum Alliance recognizes the importance of patient and family engagement in managing one's health. Completion of an HRA is a critical step in providing a baseline of health risk status but also contributes to greater patient education and self management and supports informed decision making by providers and patients. The Care Continuum alliance recognizes the crucial role of individuals in managing their health care, especially those with chronic conditions. We define self management as: "ongoing processes and actions taken to manage/control one's own condition, with the goal of improving clinical outcomes, health status and quality of life."[8] A recent study of the association between repeat participation in health risk appraisal and change in health status examined the use of an HRA that contained more than 60 questions, including those about lifestyle behaviors, medical conditions and use of preventive services. The researchers found that taking an HRA more than once was associated with desired changes in health status. They concluded that, "Combined with other education and intervention programs, HRAs can be useful tools in promoting and maintaining healthy lifestyles."[9]

We appreciate the opportunity to provide comments on this request for information and would be pleased to provide additional information.

Sincerely,



Tracey Moorhead
President and CEO

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[6] Anderson, David R PhD.; Grossmeier, Jesssica MPH; Seaverson, Erin L. D. MPH; Snyder, Don MPA, "The Role of Financial Incentives in Driving Employee Engagement in Health Management," ACSM's Health & Fitness Journal. 2008 July-Aug; 12(4): 18-22.

[7] Seaverson, EL; Grossmeier, J; Miller, TM; Anderson, DR. "The Role of Incentive Design, Incentive Value, Communications Strategy, and Worksite Culture on Health Risk Assessment Participation," Am J Health Promotion. 2009 May-June; 23(5): 343-52.

[8] Care Continuum Alliance, "Outcomes Guidelines Report, Vol, 5," 2010.

[9] Pai C, Hagen SE, Bender J, Shoemaker D, Edington D. Effect of Health Risk Appraisal Frequency on Change in Health Status. *J Occup Environ Med*. 2009; 51(4): 429-434.