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April 21, 2010

The Honorable Jay Rockefeller
U.S. Senate
Chairman, Senate Commerce, Science and Technology Committee
531 Hart Senate Office Building
Washington, DC 20510

Dear Chairman Rockefeller:

DMAA: The Care Continuum Alliance appreciates your work to advance legislation that improves the quality and efficiency of health care, places greater emphasis on prevention and wellness and reduces costs.

DMAA represents more than 200 organizations providing services along the continuum of care to more than 160 million Americans through wellness, chronic care management and complex case management. DMAA members include wellness, disease management and population health management organizations; health plans; labor unions; employer organizations; pharmaceutical manufacturers; pharmacy benefit managers; health information technology innovators and device manufacturers; physician groups; hospitals and hospital systems; academicians; and others. These diverse organizations share DMAA's vision of aligning all stakeholders toward improving the health of populations. Our members seek to improve health care quality and contain health care costs by providing targeted interventions and services to individuals who are well, at-risk or managing one or more chronic conditions.

DMAA supports provisions in the Patient Protection and Affordable Care Act to provide guidance in calculating health plan medical loss ratio as a part of efforts to spur plans to be more efficient and to spend a high share of premium dollars on patient care.

As the process to define the categories for medical loss ratio calculations moves forward, we emphasize the valuable contributions of population health management to high-quality patient care. Population health management programs integrate wellness, disease and case management services to improve and support the health of populations. These services include patient education and self-management support programs; coaching and nurse support services; care transitions support; medication adherence and management programs, and care coordination between providers and care settings. Further, these services are primarily provided by licensed, clinical health care practitioners. We support efforts to appropriately classify these health care improvement services as expenses related to the delivery of medical care.

Numerous studies have demonstrated that wellness, prevention, health promotion, and care coordination services improve health care quality and outcomes and provide value. For example, a recent study by Morisky et al (2009) demonstrated the positive impact of a disease management program on a group of Medicaid patients in Florida. Results of the study showed that patients enrolled in a disease management program improved their ability to control their hypertension, manage their asthma symptoms and reduce their cholesterol and blood glucose levels. Performance measurement has improved care for diabetes, heart disease, high blood pressure and high cholesterol, saving 165,000 to 272,000 lives.

On behalf of DMAA: The Care Continuum Alliance, I would appreciate an opportunity to discuss this issue in greater detail with you or your staff.

Again, thank you for your leadership on this important issue.

Sincerely,

A handwritten signature in black ink, appearing to read "Tracey Moorhead". The signature is fluid and cursive, with a large initial "T" and "M".

Tracey Moorhead
President and CEO