



May 23, 2008

The Honorable Ron Wyden
U.S. Senate
230 Dirksen Senate Office Building
Washington, DC 20510

Dear Senator Wyden:

On behalf of DMAA: The Care Continuum Alliance, I thank you for the opportunity to respond to the revised discussion draft (F:\M10\MARKEY\MARKEY_090.XML) of the Independence at Home Act of 2008 and to continue the productive dialog with you and your staff regarding how to improve the coordination and quality of services for at-risk, chronically ill and elderly populations.

Foremost, DMAA is pleased to see realized in this new draft many of the suggestions identified in my earlier letter of February 25. We appreciate the significant amount of staff time and energy devoted to bringing this draft legislation to fruition and we acknowledge the great care taken by your staff to incorporate into this new bill language the perspectives of a breadth of interested stakeholders. As you know, we continue to work with you and many of your colleagues to pursue a legislative directive that ensures the progression of the Medicare Health Support (MHS) program (formerly the Chronic Care Improvement Program) and delivery of that program's tailored services to chronically ill fee-for-service beneficiaries. DMAA feels strongly that a number of successful approaches to the provision of physician-led care can realize beneficiary and provider satisfaction as well as clinical benchmarks and can be tailored to incorporate the specific needs and care delivery demands of various target populations and geographical regions. We are certain that the Center for Medicare and Medicaid Services (CMS) can support several of these delivery system models to assure appropriate care for chronic conditions and coordination among all health care providers.

DMAA supports the objectives of the Independence at Home Act. Our members' assessment of the draft's revised definition of an Independence at Home Organization would allow participation by a number of entities with significant expertise in the delivery of proactive, coordinated health services and the care of fee-for-service beneficiaries with multiple chronic conditions. We ask for clarification regarding the bill's organization eligibility provision (as cited on pages 6 and 15-17 of the draft) to ensure that DMAA's interpretation of organization eligibility is accurate and our members could assist in scaling the IAH delivery system model for the twenty-six sites proposed in the draft.

We are concerned, however, that the current definition of the “Independence at Home Care Team” is too narrow and could hinder significantly the ability of potential Independence at Home organizations to participate due to the lack of available (and interested) health care professionals that would meet the criteria for Independence at Home physicians and coordinators. This would be an unfortunate outcome as we know there are so many chronically ill beneficiaries that could benefit from a strong 26-site demonstration. We would be happy to work with you to discuss possible modifications.

Again, thank you for your leadership on this important issue and for your continued efforts to propose creative solutions for our nation’s most difficult health care challenges. On behalf of DMAA, I look forward to working with you to improve care for chronically ill Medicare beneficiaries and to discussing further the various approaches to population health improvement that can achieve patient satisfaction, provider accountability and the reduction of preventable health care costs for individuals with chronic conditions.

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 & CEO

cc: Gregory A. Henrichsen, PhD
Nicole H. Tapay