

CMS ACTS TO IMPROVE QUALITY CARE FOR CHRONICALLY ILL BENEFICIARIES

The Centers for Medicare & Medicaid Services (CMS) today announced the beginning of a new initiative, Medicare Health Support, designed to help beneficiaries with diabetes and congestive heart failure reduce their health risks and protect their quality of life. Eight Medicare Health Support pilot programs will be offered this year in different areas of the country as free, voluntary support programs, for approximately 160,000 fee-for-service Medicare beneficiaries for three years.

“Because early intervention is tremendously important in treating chronic illnesses, we are providing beneficiaries additional tools to help them manage their health more effectively and avoid preventable complications,” said Health and Human Services’ Secretary Mike Leavitt.

Chronic diseases are often the underlying cause of illness, disability and death for many American seniors and account for the majority of Medicare expenditures. For example, about 14 percent of Medicare beneficiaries have congestive heart failure among their chronic conditions, and these beneficiaries account for 43 percent of Medicare spending. About 18 percent of Medicare beneficiaries have diabetes, yet account for 32 percent of Medicare spending.

“We are excited to be working with 35 national partners, including the AARP and the American Diabetes Association, among others, to inform the pre-selected Medicare beneficiaries and their health care providers about the new Medicare Health Support pilot programs,” said CMS Administrator Mark B. McClellan, M.D., Ph.D. “We share common goals of reducing health risks, improving quality of care, and increasing the worth of Medicare.”

Participation in a Medicare Health Support program will be completely voluntary and will not affect beneficiaries’ Medicare coverage, their access to medical services, or their ability to choose their own doctors and other health care providers. The programs are not a new form of insurance plan or HMO and will be available at no charge to beneficiaries who are invited to participate.

Medicare Health Support programs will offer self-care guidance and support to chronically ill beneficiaries to help them manage their health, adhere to their physicians' plans of care and ensure that they know when to seek the medical care necessary to help reduce their health risks. The specific types of quality improvement and cost reduction strategies to help beneficiaries with chronic illnesses include the following:

- Access to nurse coaches to help people cope with their health concerns.
- Tracking and reminding participants and their doctors about preventive care needs.
- Use of health information technology to give physicians timely access to their patients' information.
- Home monitoring equipment to track participant health status, as needed.
- Prescription drug counseling.
- Home visits and intensive case management, when needed.

The programs will include collaboration with participants' providers to enhance communication of relevant clinical information. They are intended to help increase adherence to evidence-based care, reduce unnecessary hospital stays and emergency room visits, and help participants avoid costly and debilitating complications.

“This program is just one component of the greatest change in Medicare since it was founded 40 years ago,” said Dr. McClellan. “The Medicare Modernization Act of 2003 brought us new flexibility to design programs to help our chronically ill beneficiaries better manage their overall health. We are investing more in health to reduce preventable complications and avoidable health care costs.”

Program launches for the eight regions are as follows:

- American Healthways, Inc., Washington D.C. and Maryland – August 1, 2005
- Lifemasters Supported SelfCare, Inc., Oklahoma – August 1, 2005
- Health Dialog Services Corporation, Western Pennsylvania – August 15, 2005
- McKesson Health Solutions, LLC, Mississippi – August, 2005
- CIGNA Healthcare, Northwest Georgia – Fall 2005
- Aetna Life Insurance Company, LLC, Chicago , Illinois – Fall 2005
- Humana, Inc., Central Florida – Fall 2005
- XLHealth Corporation, Tennessee – Fall 2005

A ninth awardee, Visiting Nurse Service of New York in partnership with United HealthCare Services, Inc., Evercare, is in discussions with CMS regarding the Brooklyn/Queens, NY, pilot.

Each program will test a variety of interventions to bring about improvements in clinical quality, beneficiary and provider satisfaction and reduced costs. More information about the Medicare Health Support initiative is available at <http://www.cms.hhs.gov/medicarerereform/ccip>.