



June 22, 2015

United States Senate Committee on Finance
Bi-Partisan Chronic Care Working Group
Washington DC

Re: Recommendations for improving care for the Medicare-aged population

Dear Honorable Senators,

On behalf of the [Asthma and Allergy Foundation of America \(AAFA\)](http://www.aafa.org), I am pleased to submit these comments in response to the request for recommendations for improving care for the Medicare-aged population.

AAFA, founded in 1953, is a national volunteer health association dedicated to improving the quality of life for people with asthma and allergic diseases and their families and family caregivers, through education, advocacy and research. AAFA develops and provides trustworthy information and support to parents and family caregivers to improve the health and well-being of people living with asthma and allergies. AAFA support allows patients, parents and family caregivers to understand and discharge the roles that they must play to implement prevention strategies within and outside the home environment, including schools, restaurants, and child care settings, to keep themselves and their families safe and healthy. AAFA works to provide to the broader population of those with asthma and allergic diseases. AAFA's broader agenda includes educational programs that support patients with these conditions and allied health professionals who care for them. These programs are also directed at increasing public awareness, through campaigns and social research projects which highlight the growing challenges of asthma for individuals and communities.

Below, we offer comments regarding question 7 **“options for empowering Medicare patients to play a greater role in managing their health and meaningfully engaging with their health care providers...”**

We believe that policies should encourage and support investment in the infrastructure required to: 1) capture, organize, analyze, and amplify the voice of Medicare patients, and 2) enable the delivery of timely, actionable, and salient information to them: to enable their more effective management of their health, and their more effective interaction with their providers. The emergence of digital technologies such as the Internet and the smart-phone enhance—through “digital communities”—the collection of data from Medicare enrollees (and others) that can open a high caliber and high fidelity window on the experience of those enrollees; and can demonstrate (through patient-sourced and patient-centered outcomes measures) where the health care system is succeeding—and where it is letting them down. Those patient-centered measures—if linked to pay-for-performance initiatives (such as the Physician Quality Reporting System (PQRS))—will give Medicare enrollees a greater role and opportunity, in shaping a more effective and patient-centered health care system.



Medicare enrollees will be empowered through what these digital channels can deliver to them: just-in-time information that is personalized and customized based on the data that they have provided. Technology exists that allows for the delivery of information that is both actionable and relevant; creating and delivering that information will add greatly to the Medicare enrollee's ability to manage his or her own health, and to engage meaningfully in interactions with the providers who care for them.

Compared to other major chronic health problems such as cancer, obesity, and diabetes, asthma and allergies are under-studied and research is under-funded. Further, asthma and allergies are very much intertwined with environmental factors and triggers. Chronic yet life-threatening diseases such as asthma and allergies do not seem to have garnered the same level of attention as other conditions, including within current public policy, legislative and research initiatives, such as the President's Precision Medicine Initiative, the FDA's Patient Focused Drug Development Program, and the 21st Century Cures effort).

Issues related to benefits, coverage and reimbursement are critical in terms of asthma and allergy diagnosis, treatment and prevention. It is important to understand what is covered and under what circumstances and how this relates to the most current clinical evidence and FDA (drug and device) approvals.

We offer the following additional suggestions to further engage patients:

- Increasing patients' involvement and participation in their diagnosis and treatment decisions and eliciting patient and family feedback in all aspect of their care
- Increasing patients' knowledge, skills, and abilities in: care coordination; medication tracking; communicating with their physicians and other members of the care delivery team; and obtaining access to their health information
- Assuring patients' and family members' health literacy

We appreciate the opportunity to contribute to the Working Group's discussions and thank you for your time and consideration. Please do not hesitate to contact me or Meryl Bloomrosen (mbloomrosen@aafa.org), AAFA's Senior Vice President, Policy, Advocacy and Research, if you or your staff would like to discuss these issues in greater detail.

Sincerely,

Cary Sennett, MD, PhD
President and Chief Executive Officer