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March 27, 2012

The Honorable Ron Wyden
United States Senate
221 Dirksen Senate Office Building.
Washington, D.C. 20510

Re: Medicare Better Health Rewards Program Act of 2012

Dear Senator Wyden,

On behalf of over 200 Care Continuum Alliance (CCA) members and our Board of Directors, thank you for your leadership to expand wellness programs for Medicare beneficiaries. We are pleased to support the introduction of the Medicare Better Health Rewards Program Act of 2012.

CCA convenes all stakeholders along the continuum of care to improve the health of populations. Through advocacy, research and education, CCA advances population health management strategies to improve care quality and health outcomes and to reduce preventable costs for the healthy and those at risk of or managing chronic conditions. Our diverse membership of organizations and individuals includes physician groups, nurses, other health care professionals, hospital systems, wellness and prevention providers, population health management organizations, pharmaceutical manufacturers, pharmacies and pharmacy benefit managers, health information technology innovators, employers, researchers and academics.

We applaud the important opportunities developed through this legislation that encourage Medicare beneficiaries to participate in a program emphasizing and rewarding wellness and health promotion. The Medicare Better Health Rewards Program recognizes the importance of wellness initiatives, including smoking cessation, weight management, and the success of incentive-driven wellness initiatives for our nation's seniors. This legislation also builds on the strong foundation for prevention and wellness in Section 4103 of the Affordable Care Act, requiring an annual wellness visit as a benefit for Medicare beneficiaries without cost-sharing.¹ The Medicare Better Health Rewards Program Act also complements new momentum in the health care industry toward broadly improving patient access to well- designed and properly implemented wellness services that achieve better health outcomes and cost-savings. Including incentives for Medicare beneficiaries who participate in this program closely aligns with a strong body of evidence that demonstrates how properly structured incentives can yield significant increased patient participation in wellness programs and health care cost-savings.²

¹ Public Law 111-148, The Patient Protection and Affordable Care Act. § 4103 (2010).

² Chapman, Larry S., *Meta-Evaluation of Worksite Health Promotion Economic Return Studies: 2012 Update*, Am. Jo. Health Promotion (March/April 2012) <tmk-webapp.trustmarkins.com/apps/VoluntaryBenefits/etoolkit_producer/pdfs/TAHP%20Meta-Evaluation%20Article%202012.pdf>; Baicker, Katherine, David Cutler and Zirui Song, *Workplace Wellness Programs Can Generate Savings*, Health Affairs, vol. 29 no. 2 (Feb. 2010): 304-11; Volpp, Kevin, Leslie John, Andrea Troxel, et al., *Financial Incentive-Based Approaches for Weight Loss*, Am. Med. Assn., JAMA vol. 300 no. 22 (Dec. 2008): 2631-37.

CCA members worked collectively to establish a clear framework of core components necessary for all wellness programs in our *Outcomes Guidelines Report, Volume 5*.³ The framework serves as a guide to designing and deploying successful wellness programs for health care stakeholders. The population health management industry has invested extensive resources to transform the design and implementation of wellness programs. The Medicare Better Health Rewards Program Act of 2012 represents an important step for Congress in recognizing these achievements, bolstering further industry innovation and formally codifying the value of these programs.

Thank you for your leadership in this area.

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

TM/vi

³ Care Continuum Alliance, *Outcomes Guidelines Report, Vol. 5* (2010): 36-54.