

STATEMENT OF RANKING MEMBER GORDON H. SMITH

Special Committee on Aging Hearing

“The Future of Medicare:

Recognizing the Need for Chronic Care Coordination”

May 9, 2007

I want to thank Senator Lincoln for holding this important hearing today. I have had the pleasure of working with Senator Lincoln on many issues related to improving the quality of care for older Americans and look forward to exploring this topic with her.

Medicare is the backbone of the healthcare system for elderly Americans. Now, more than 44.6 million Americans receive benefits from this important program, and the number is expected to grow quickly in the coming years as more and more baby-boomers edge towards retirement.

We also are a nation that is living longer than ever before. Studies tell us that as we live longer we are more likely to have an increased number of chronic health conditions. Americans are suffering from chronic conditions, and asthma, emphysema, dementia, diabetes, arthritis and mental illnesses are just a few of the most frequently diagnosed conditions in the elderly. When these conditions occur together, they significantly compound the daily difficulties of those they afflict. We also know that these conditions take a toll on those suffering. Too often, those suffering are forced by their condition to spend days in bed, become dependent upon family members and experience a general decrease in their quality of life.

The good news is that Americans suffering from chronic conditions are living longer and healthier lives due to medical advances. Where they once would have been confined to their home or a hospital bed, many more are able to live much fuller lives. This is the direction that programs like Medicare should continue to move towards.

Chronic care coordination is a practice that has been tried and tested in many areas of our nation. In fact, we will hear today from Dr. Dorr about work going on in my home state of Oregon. The purpose of chronic care coordination is to ensure that a patient’s care providers are working in a collaborative manner and that everyone who provides care does so in an informed way. The hope is that if care providers work closer together on the patient’s behalf, that patient will have better care and a better quality of life.

As a member of the Finance Committee, as well as Ranking Member of this Committee, I am always looking at ways to encourage quality care for our elderly. With the skyrocketing cost of healthcare, I am also looking to provide that care more efficiently. Twenty percent of Medicare beneficiaries who have five or more chronic conditions account for about two-thirds of all Medicare expenditures. I look forward to hearing about the body of research today that looks at how chronic care coordination also can achieve the goal of increased quality for these patients as well as how it can improve the fiscal outlook for the ever-increasingly expensive Medicare program.

I want to thank all of our witnesses for being here today. I know that they are tireless in their work to better the healthcare for our aging population, as well as all Americans. Those we will hear from today also include advocates for those with chronic conditions. I appreciate your ongoing work to ensure that their needs, and those of their families, are met.

I especially want to thank Dr. David Dorr for being here today. I greatly appreciate him taking the time to come out here from Oregon and inform us of his work on chronic care coordination. Dr. Dorr is an assistant professor at the Oregon Health and Science University (OHSU), and is the principal investigator of the Care Management Plus project, which is funded by the John A. Hartford Foundation. Care Management Plus is a project that uses information technology and care managers based in primary care clinics to improve coordination and quality of care for older adults and those with complex chronic illness. I look forward to hearing all of your testimony today.