

June 24, 2004

**THE  
CATHOLIC HEALTH  
ASSOCIATION**  
OF THE UNITED STATES

The Honorable Blanche Lambert Lincoln  
The United States Senate  
355 Dirksen Senate Office Building  
Washington, DC 20510-0404

Dear Senator Lincoln:

On behalf of the Catholic Health Association of the United States (CHA), I want to commend you for introducing the Geriatric and Chronic Care Management Act. CHA enthusiastically supports this legislation.



The Catholic Health Association represents more than 2,000 Catholic health care sponsors, systems, facilities, and related organizations. Our members provide a continuum of services in hospitals, long-term care facilities, assisted living, senior housing programs, adult day care, home care, and community-based services. Every day, members of the Catholic health ministry observe problems caused by the lack of coordination in the health care system, especially in the care of elderly and chronically ill persons. These problems are particularly pronounced in persons who have medically complex needs and are very frail. All too often, the health care system fails to provide incentives for providers to communicate with each other and develop a consensus on a plan of care and treatment. This lack of coordination can lead well-meaning providers to overprescribe medication; can cause providers or patients to overlook symptoms of a disease until it is too late for the illness to be properly managed; can leave patients and their families confused over how to navigate their way through the medical system; and can lead to institutional care when the need for such care could have been prevented.

The Geriatric and Chronic Care Management Act contains a number of provisions that will help to remedy these problems. For example, the geriatric assessment and care management services provided for in the bill will ensure that the unique medical needs of each elderly patient are recognized and addressed, and that care will be coordinated among providers. The use of multi-disciplinary team conferences, telephone consultations, and medication management services will protect patients from having their problems "fall through the cracks." Referral services, patient/caregiver education, and management of transitions across settings will promote a continuity of care that is very much needed for this vulnerable population.

Thank you again for introducing the Geriatric and Chronic Care Management Act. If we can be of assistance as this legislation moves through the legislative process, please do not hesitate to contact us.

Sincerely,

A handwritten signature in black ink that reads "Michael D. Place".

Rev. Michael D. Place, STD  
President and Chief Executive Officer

cc: Kelly Rucker Bingel, Deputy Chief of Staff

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