

STATEMENT OF  
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SALICK COMPREHENSIVE DIABETES CENTERS  
BEFORE THE  
SUBCOMMITTEE ON HEALTH  
COMMITTEE ON VETERANS' AFFAIRS  
UNITED STATES HOUSE OF REPRESENTATIVES  
HEARING ON "THE STATE OF THE VA'S LONG-TERM CARE SERVICES"  
CAMARILLO, CA  
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Chairman Dunn, Ranking Member Brownley, and Members of the Subcommittee:

The purpose of this hearing is intriguing on a number of levels. Long-term care, a topic of interest to all people, comprises a growing sector of health care and is of special significance for the VA. Our nation, as a whole, is aging. This underscores the 21<sup>st</sup> Century health care system's success in extending our years today.

I commend the VA and this Committee for their wisdom in seeking alternative options to provide long-term health care to our Veteran population, given its particular range of needs, challenges and resources. Long-term health care services encompass a broad spectrum, including medical foster homes, adult day care, community living centers, caregiver programs and skilled nursing facilities. Each of these covers a specific set of health care needs. Each is required. Each is well-suited to a particular segment of the patient base. And each faces a key requirement – to maintain maximum health and capability for every Veteran for as long as possible.

Obviously, significant differences in health care needs of Veterans exist within these various long-term care options; and catastrophic disease and accidents intervene as we age. Thus, every long-term care option must be buttressed by access to specialized, comprehensive and coordinated acute and chronic care.

I am honored to offer my thoughts and experiences, garnered through 40-plus years in pioneering the creation of comprehensive outpatient diagnostic and treatment centers for catastrophic diseases. Our team has developed and refined a successful formula for delivering care to patients suffering from cancer, end-stage renal disease, HIV/AIDS, cardiovascular and many other diseases. Today we stand ready to meet the next challenge.

Several years ago, I began surveying our nation's health care landscape for areas requiring enhanced medical treatment. I concluded diabetes to be *the* significant catastrophic disease of epidemic proportion, standing at the forefront in desperate need of redesign, reinvigoration, and a medical approach that forms the basis of The Salick Formula to treat catastrophic disease.

Therefore, we have determined diabetes to be the necessary and logical next step for The Salick Team to target. It is an exponentially growing disease afflicting more than 30 million Americans, 24% of whom remain undiagnosed.

- The American Diabetes Association reports diabetes to be the “*most costly chronic illness in the country, with expenses totaling \$327 billion in 2017.*”
- They document, “*one of every seven health care dollars is spent directly treating diabetes and its complications.*” Any person suffering from diabetes can expect medical expenditures 2.3 times higher than other diseases.

Given these facts, it is obvious diabetes threatens the long-term health of our nation, and it is draining our economic strength. Following extensive scrutiny of where to most effectively target this disease, it became evident diabetes poses one of its greatest threats to America’s Veteran population. The VA’s patient enrollment of more than nine million is characterized by a high prevalence of patients with diabetes (twice the national average).

- **One of every four** enrolled patients in the VA Health Care System has diabetes.
- Moreover, **80%** with diabetes also have microvascular complications, such as blindness and end-stage renal disease.
- And **70%** suffer from obesity.
- Of those receiving service-connected disability compensation, more than **431,000** have diabetes. The number of diabetes diagnoses increases proportionately as our Veterans age.
- More than **35%** of VA’s patient population become stricken with one or more chronic conditions. A Stanford study shows that treating patients with one or more chronic conditions consumes **72%** of the VA’s Health Care **budget**.

The VA Health Care System and the Salick Comprehensive Diabetes Centers are able to fit well together to form a participating joint venture that will bring a new paradigm to the ever-increasing diabetes epidemic facing the globe. The Salick Formula lends itself well to complement the VA System. We have developed a model – beginning with two Centers – that could be replicated into a nationwide network of comprehensive, outpatient, 24/7 diabetes centers and satellites. The Center model would follow the Salick Formula:

- a) First, by focusing on preventative care and educating the population on lifestyle changes that can prevent complications.
- b) Second, by providing coordinated care through a team of practitioners that manage all of a patient’s diabetes-related conditions and comorbidities (including complications of diabetes which make up over 93% of costs of the

disease) and that work in an interdisciplinary fashion in a single location to develop an overall care plan, based on demonstrated best practices, that best suits the needs of each patient.

- c) Third, by offering Veterans and military families the convenience of a “one stop shop” location that can provide virtually all diabetes-related treatments for patients and that offer the convenience of full staffing on a 24/7/365 basis.
- d) Fourth, by locating satellite facilities in areas of greatest need to provide immediate access to care for our nation’s chronically underserved populations, in metropolitan and in less populated areas – which the CDC has identified as regions with the highest concentrations of diabetes and pre-diabetes.

In selecting appropriate venues to begin locating and jointly operating comprehensive diabetes centers in a coordinated assault against this disease, two areas of the nation stand out:

1) **California:**

- a. Home to over **1.8 million Veterans**; 325,000 in Los Angeles, **81,000** of whom **have diabetes**; nearly all of those have micro, or macrovascular complications.
- b. The VA Greater Los Angeles outpatient clinics and inpatient wards are already at capacity in attempting to deal with this population, with estimated encounters of only 90,000/year at the West Los Angeles VA.
- c. Veterans and their families who suffer from diabetes and its complications, and who presently do not receive coordinated care for all of their related complications or adequate care management, could benefit significantly from a 24/7 top quality comprehensive center. These Centers will improve outcomes and reduce acute episodes and hospitalizations, thereby improving care while controlling costs.
- d. It appears that Veterans with diabetes are encountering significant hurdles in obtaining approvals for bariatric surgery, a growing treatment for this disease. A very low percentage of Veterans have been approved for this compared with the general public.
- e. Additionally, the entire Southern California area is home to Veterans and active duty military from Los Angeles County extending to 29 Palms, Camp Pendleton, and the San Diego area; including the U.S. Naval Hospital.

## 2) Alabama:

- a. Ground Zero for the Centers for Disease Control and Prevention's "Diabetes Belt" (U.S. counties >12% prevalence of diabetes), Alabama **ranks 2<sup>nd</sup> nationally** (14.6%) according to 2016 Kaiser Family Foundation study; **500,000** Alabamians **have diabetes**; by **2030** that number is estimated to reach **661,000**.
- b. Neighboring states also high: Mississippi (13.6%); Arkansas (13.5%); Louisiana and Georgia (12.1%); Florida (11%). Alabama also ranks high in Adult Onset Hypertension (2<sup>nd</sup> at 40.4%); Obesity (3<sup>rd</sup> at 35.7%); and lack of exercise (31.5%).
- c. Numerous **military bases** and an extensive **VA Health Care System** are located within Alabama and its neighboring states.

Diabetes patients in civilian, VA and DOD health care systems often face additional problems when their primary care physicians become disconnected from specialist interventions they receive when forced to seek late-night and weekend Emergency Room visits. These weekend and evening ER encounters can result in in-patient hospitalizations, often without the knowledge or participation of their local family doctors. Emergency care for diabetes patients in acute circumstances, when provided in a disconnected manner from a patient's primary care physician, can significantly minimize benefits they could have received and result in extreme cost.

The Salick Team is interested in developing a unique agreement with the VA which might enable construction and joint operation, with the VA, of innovative 24/7 Comprehensive Diabetes Centers and satellite facilities. These Centers would benefit from our history of successfully managing treatment of chronic and catastrophic diseases which then would be focused on diabetes – and its related complications which account for over 93% of the costs of treating diabetes. These Centers would be available to Veterans, including those in all types of VA long-term care facilities and programs. Further, they would be designed to take advantage of state-of-the-art technologies, outcome measurements, and advanced scheduling procedures to avoid unnecessary emergency hospitalizations via 24/7 access to specialists and procedures putting the patient's needs first – during any day or hour a patient needs medical care.

I salute the VA and this Committee for your continuing efforts, creativity and determination to improve health care for our nation's Veterans. Our Team stands ready to join the VA and this Committee in your valiant mission to "best serve our aging heroes."

Thank you.