Chronic Disease Self-Management Program:
West Virginia Statewide Implementation Plan

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Executive Director
Mid-Ohio Valley Health Department
Purpose of Today’s Meeting

- 70 partner agencies (including all Local Health Departments statewide) submitted a grant to *Empowering Older Adults & Adults with Disabilities through Chronic Disease Self-Management Education Programs: 2016 Prevention & Public Health Funds (PPHF-2016)*.

- Scored well – NOT funded
  - Project Relevance & Current Need, Scored 6.67 of 8
  - Budget, Scored 8.33 of 10 possible

- How can we work together to implement this project that will positively impact patient health outcomes and health care cost for patients with chronic disease?
CDSMP Model Currently Used in West Virginia

The Stanford model of CDSMP®, is a six-week educational workshop for people with chronic conditions (e.g. arthritis, diabetes, lung and heart disease). Evidenced-based, self-management education programs have been proven to significantly help people with chronic diseases. Coupled with clinical care, this program teaches participants how to exercise and eat properly, use medications appropriately, solve everyday problems relative to their medical conditions, and to communicate effectively with family, friends and health care providers. The CDSMP workshops are provided in community settings such as senior centers, churches, libraries, and hospitals.

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Subjects who took the Program, when compared to those who did not, demonstrated **significant improvements in exercise, cognitive symptom management, communication with physicians, self-reported general health, health distress, fatigue, disability, and social/role activities limitations.** They also spent fewer **days in the hospital**, and there was also a trend toward fewer **outpatients visits and hospitalizations.** These data yield a **cost to savings ratio of approximately 1:4.** Many of these results persist for as long as three years.*** **Studies by others have reported similar results (Bibliography provided).**
Better Health:
- 5% improvement in self-reported health.
- 6% improvement on health-related quality of life.
- Improved symptom management in 5 indicators: fatigue (10%), pain (11%), shortness of breath (14%), stress (5%), and sleep problems (16%). 15% improvement in unhealthy physical days and 12% improvement in unhealthy mental days.

Better Care
- 9% improvement in communication with doctors
- 12% improvement in medication compliance
- 4% improvement in confidence filling out medical forms

Lower Cost
- $714 per person saving in emergency room visits and hospital utilization.
- $364 per person net savings after considering program costs at $350 per participant
- Potential saving of $6.6 billion by reaching 10% of Americans with one or more chronic conditions.

National Council on Aging Study

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MOVHD
Project Director
Project Coordinator
Manage Grant
Provide 4 Master Trainers
Advisory Council Management

DHRR/BPH
Center for Local Health/Division of Health Promotion & Chronic Disease
Technical Assistance
*Advisory Council Member

LOCAL HEALTH DEPARTMENTS
Provide 78 Leader Trainers
Partner with Churches to conduct Workshops
Track activity

LOCAL HEALTH INCORPORATED
Consultant to Local Health Departments,
Data Collection & Reporting

WEST VIRGINIA UNIVERSITY
Project Evaluator/data collection & Analysis
*Advisory Council Member

PAYORS
Establish billing procedure codes, allow billing
PEIA, Coventry, UniCare, HighMark
*Advisory Council Members

FOUNDATIONS
Benedum
Sisters Foundation
McDonough
*Advisory Board Members

WVU CENTER FOR EXCELLENCE IN DISABILITIES
*Advisory Board Member
- Technical Assistance
- Referrals

WV SCHOOL OF MEDICINE
Referrals

WVU SCHOOL OF OSTEOPATHIC MEDICINE
T-Trainer *Advisory Council Chair, CHERP Training

WV PREVENTION RESEARCH CENTER
Technical Assistance

PARTNERSHIP FOR ELDER LIVING
*Advisory Council Member

HEALTHY BODIES, HEALTHY SPIRITS
Liaison with LHD’s & churches to provide workshops
*Advisory Council Member
Referrals

AGENCIES ON AGING
Technical Assistance
Referrals

ASSOCIATION OF LOCAL HEALTH DEPARTMENTS
*Advisory Council Meeting

WV RURAL HEALTH ASSOCIATION
Travel Reimbursement, track travel data
*Advisory Council Member

Funded by Grant
Unfunded Partners

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IMPLEMENTATION PARTNERS

WV Local Health Inc.
Association of Local Health Departments
Local Health Departments
Healthy Bodies Healthy Spirits

ADMINISTRATIVE PARTNERS

Mid-Ohio Valley Board of Health
WVU Office of Health Services Research
WVU School of Orthopedic Medicine
WV School of Osteopathic Medicine
WV Rural Health Association

CHAMPIONS

Bureau of Senior Services
Area Agencies on Aging
Bureau of Public Health
WV Dept. of Health & Human Resources
State Medicaid
Marshall University
WVU Prevention Research Center
Benedum Foundation
Sisters Foundation
McDonough Foundation
WV Healthy Kids & Families Coalition/Try This
WVU School of Medicine

Sustainability Partners

Public Employees Insurance Agency
UniCare
Coventry Health Care
Highmark
### Figure 1. LOGIC MODEL: HHS-2016-ACL-AOA-CS-0128 MOVHD

<table>
<thead>
<tr>
<th>RESOURCES</th>
<th>OUTPUTS</th>
<th>PARTICIPANTS TARGET POPULATIONS</th>
<th>SHORT</th>
<th>INTERMEDIATE</th>
<th>LONG</th>
</tr>
</thead>
<tbody>
<tr>
<td>Input</td>
<td>Activity</td>
<td>Activities</td>
<td></td>
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<tr>
<td>Mid-Ohio Valley Health Department Partners:</td>
<td>Train LHD employees as Leader Trainers in CDSMP/DSMP</td>
<td>Individuals living with chronic disease</td>
<td>Complete CDSMP/DSMP Leader Trainer training</td>
<td>Implement virtual training participation with homebound individuals through Community Health Workers/Skype</td>
<td>Improve clinical outcomes for target populations</td>
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<tr>
<td>Local Health Departments</td>
<td>Train Church Members as Leader Trainers in CDSMP/DSMP</td>
<td>Diabetic patients</td>
<td>Complete CDSMP/DSMP Master Trainer training</td>
<td>Evaluate data reports and health impact of participants</td>
<td>High levels of patient and provider satisfaction with project activities and outcomes</td>
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<td>Local Health Incorporates</td>
<td>Pair LHD and Church Trainers to provide workshops in churches statewide</td>
<td>Families of all patients in target populations</td>
<td>Schedule of classes for target populations</td>
<td>Make changes/improvements based on data and pre- and post-test reports</td>
<td>CDSMP/DSMP Master and Leader Trainers integrated permanently into clinical teams</td>
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<td>Local Health Association</td>
<td>Train additional Master Trainers statewide</td>
<td>Collect and report data</td>
<td>Implement accurate data collection and reporting</td>
<td>Improved access to CDSMP/DSMP training statewide</td>
<td>Consistent and continued training established for Master and Leader trainers statewide</td>
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<td>WV DHHR/BPH</td>
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<td>Develop coordinated system for providing workshops to elderly and disabled in churches statewide</td>
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<td>Healthy Bodies Healthy Spirits</td>
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<td>Bureau for Senior Services</td>
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<td>WVU Centers of Excellence on Disabilities</td>
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### ASSUMPTIONS
- Target populations will participate in classes.
- Motivated people from local churches will be interested in CDSMP/DSMP Leader Training.
- WVU SOM and OHSR will be able to bring all project data together into one project report.
ARRA Grant, ended March 2012
Limited study with positive results

CTG Grant, ended June 2013
Supported limited implementation in 22 counties

There was a significant reduction in the number of physician visits reported by participants within the first 3 months, from 3.6 visits at baseline to 1.7.

The DHHR/Bureau for Public Health has led the process for implementation of CDSMP and should continue.
Figure 3.1 West Virginia State Health Improvement Plan Areas of Focus
**COSTS OF CHRONIC DISEASE**

**CHRONIC DISEASES ACCOUNT FOR**

$3 of every $4 spent on healthcare

or $7,900 for every American with a chronic disease.

Even with health insurance, chronic conditions can pose a significant financial burden, particularly when work is affected.

People with chronic diseases are at highest risk of medical errors and duplicated or unneeded services.

Chronic diseases cause 7 out of every 10 deaths.

**Health care costs for a person with one or more chronic conditions are five times higher compared to individuals without a chronic disease.**

**MEDICAL EXPENSES ARE THE #1 CAUSE OF BANKRUPTCIES IN THE U.S.**

1 in 3 children born today will develop diabetes in their lifetime (1 in 3 Latina children).

Obesity in adults has doubled in the last 20 years, tripled in children ages 2-11, and more than tripled in children ages 12-19.

Obesity and obesity are the biggest public health threats of this century, causing unprecedented increases in the rates of diabetes, heart disease, osteoarthritis, among others.

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Reimbursement (Coventry)

CPT G0108 and G0109
Limit of 17 Units
$14.10 Per Unit (30 minutes)
4 Units Per Class Per Participant (covers 4 of 6 weeks)
• Grant scored well – not funded
• Grant funding request - $900,000 over 2 years
• Reduced budget to barebones
  $387,680 year one, $245,048 year two
• Requesting $65,000 per MCO year one
• Requesting $41,000 per MCO year two
• Budget provided
Consider This:

- Partners Aligned
- T-Trainers/Master Trainers prepared
- Prevention services billing in place
- SIM concluded
- Churches on Board
- ALL Health Departments on Board

“When the obvious becomes obvious, the time to adjust is limited.”
Discussion