

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

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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.

CDSMP Stanford Study

Results

- 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.

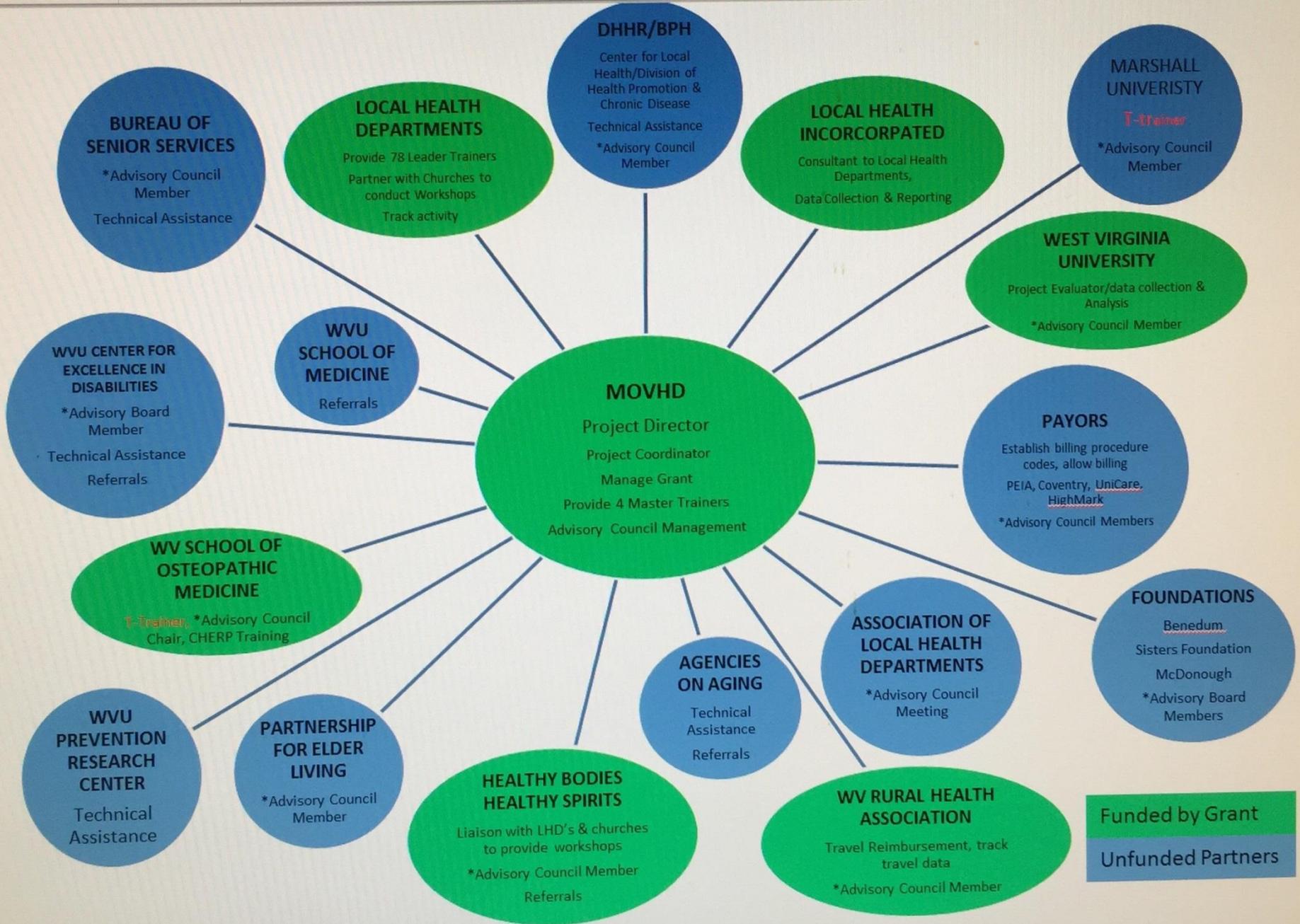
Better Care

- 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



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 Oestopathic 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

RESOURCES	OUTPUTS		OUTCOMES		
INPUTS	ACTIVITIES	PARTICIPANTS TARGET POPULA- TIONS	SHORT	INTERMEDIATE	LONG
Mid-Ohio Valley Health Department Partners: ➤ Local Health Departments ➤ Local Health Incorporated ➤ Local Health Association ➤ WV DHHR/BPH ➤ West Virginia University ➤ West Virginia School of Osteopathic Medicine ➤ Healthy Bodies Healthy Spirits ➤ West Virginia Rural Health Association ➤ Marshall University ➤ Bureau for Senior Services ➤ Agencies on Aging ➤ WVU Centers of Excellence on Disabilities	➤ Train LHD employees as Leader Trainers in CDSMP/DSMP ➤ Train Church Members as Leader Trainers in CDSMP/DSMP ➤ Pair LHD and Church Trainers to provide workshops in churches statewide ➤ Train additional Master Trainers Statewide ➤ Collect and report data	➤ Individuals living with chronic disease ➤ Diabetic patients ➤ Families of all patients in target populations	➤ Complete CDSMP/DSMP Leader Trainer training ➤ Complete CDSMP/DSMP Master Trainer training ➤ Schedule of classes for target populations ➤ Implement accurate data collection and reporting ➤ Develop coordinated system for providing workshops to elderly and disabled in churches statewide	➤ Implement virtual training participation with homebound individuals through Community Health Workers/Skype ➤ Evaluate data reports and health impact of participants ➤ Make changes/improvements based on data and pre-and post-test reports	➤ Improve clinical outcomes for target populations ➤ High levels of patient and provider satisfaction with project activities and outcomes ➤ CDSMP/DSMP Master and Leader Trainers integrated permanently into clinical teams ➤ Improved access to CDSMP/DSMP training statewide ➤ Consistent and continued training established for Master and Leader trainers statewide.
	➤ Evaluate Program using RE-AIM framework ➤ Utilize Community Health Workers for in-home follow-up ➤ Build sustainability through billing MCO's	➤ Pre & post test data to determine health impact ➤ Face-to-face reinforcement of CDSMP/DSMP	➤ Provide billing training to LHD billing staff relative to CDSMP/DSMP billing requirements ➤ Ensure appropriate and accurate data collection and reporting ➤ Analyze initial data to guide future implementation	➤ Bill MCO's for provision of CDSMP/DSMP workshops to insured participants ➤ Implement database to include all Master and Leader trainers as well as all training opportunities available.	➤ Sustainable program built through partnerships, billing, individuals with chronic diseases participating in workshops and strengthening community and medical provider support systems.

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

WVU Report

CDSMP in WV

Authors: D. Jones, PhD, PT, S. Hurst, BA, J. Eicher, BS, C. Allison, BS

- 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.

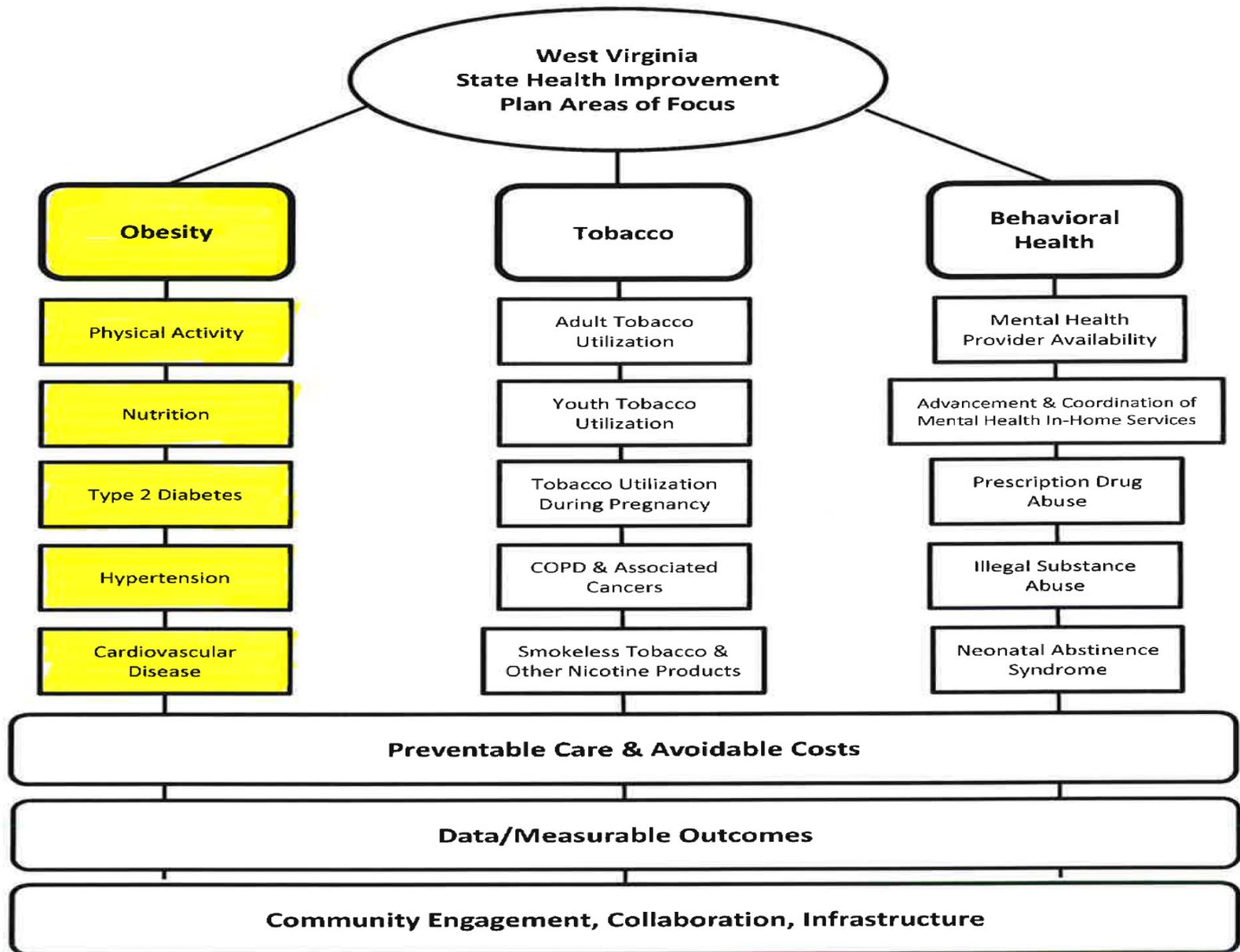


Figure 3.1 West Virginia State Health Improvement Plan Areas of Focus

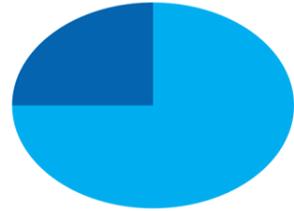
COSTS OF CHRONIC DISEASE

CHRONIC DISEASES ACCOUNT FOR
\$3 OF EVERY \$4
 SPENT ON HEALTHCARE
 OR **\$7,900**
 FOR EVERY AMERICAN
 WITH A CHRONIC DISEASE.



SINCE THEY ARE FREQUENTLY
 LONGSTANDING, PEOPLE WITH
 CHRONIC CONDITIONS ARE ALSO
 AT HIGH RISK FOR DEPRESSION,
 ANXIETY, MARITAL AND FAMILY
 DISCORD AND FINANCIAL
 BURDEN.

ABOUT **25%**
 OF PEOPLE WITH A
 CHRONIC DISEASE HAVE
 SOME TYPE OF ACTIVITY
 RESTRICTION, e.g.,
 MOBILITY, PERSONAL
 CARE, WORK OR
 SCHOOLING.



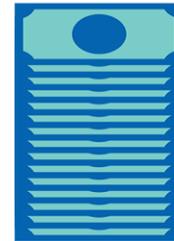
EVEN WITH HEALTH INSURANCE, CHRONIC
 CONDITIONS CAN POSE A SIGNIFICANT
 FINANCIAL BURDEN, PARTICULARLY WHEN
 WORK IS AFFECTED.

PEOPLE WITH CHRONIC DISEASES ARE AT
 HIGHEST RISK OF MEDICAL ERRORS AND
 DUPLICATED OR UNNEEDED SERVICES.

MOST DISABILITY AND PREMATURE
 DEATHS IN U.S. ARE CAUSED BY CHRONIC
 DISEASES SUCH AS DIABETES, CANCER,
 AND HEART DISEASE.



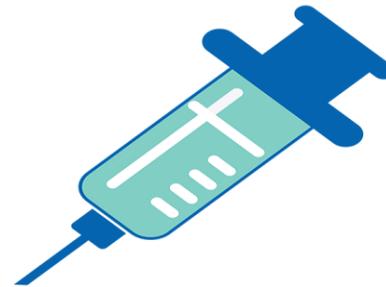
CHRONIC DISEASES CAUSE **7** OUT OF EVERY **10** DEATHS.



Health care costs for a person with one
 or more chronic conditions **ARE FIVE
 TIMES HIGHER** COMPARED TO INDIVIDUALS
 WITHOUT A CHRONIC DISEASE.



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

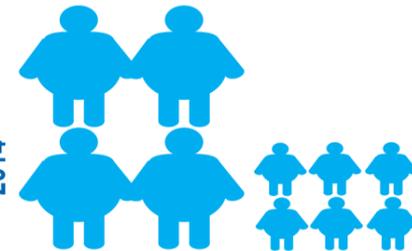


1 in 3 children
 born today will develop
 diabetes in their lifetime
 (1 in 2 Latino children).

1994



2014



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.

OVERWEIGHT AND OBESITY ARE THE BIGGEST PUBLIC HEALTH THREATS OF THIS
 CENTURY, CAUSING UNPRECEDENTED INCREASES IN THE RATES OF DIABETES,
 HEART DISEASE, OSTEOARTHRITIS, AMONG OTHERS.

Reimbursement (Coventry)

CPT G0108 and G0109

Limit of 17 Units

\$14.10 Per Unit (30 minutes)

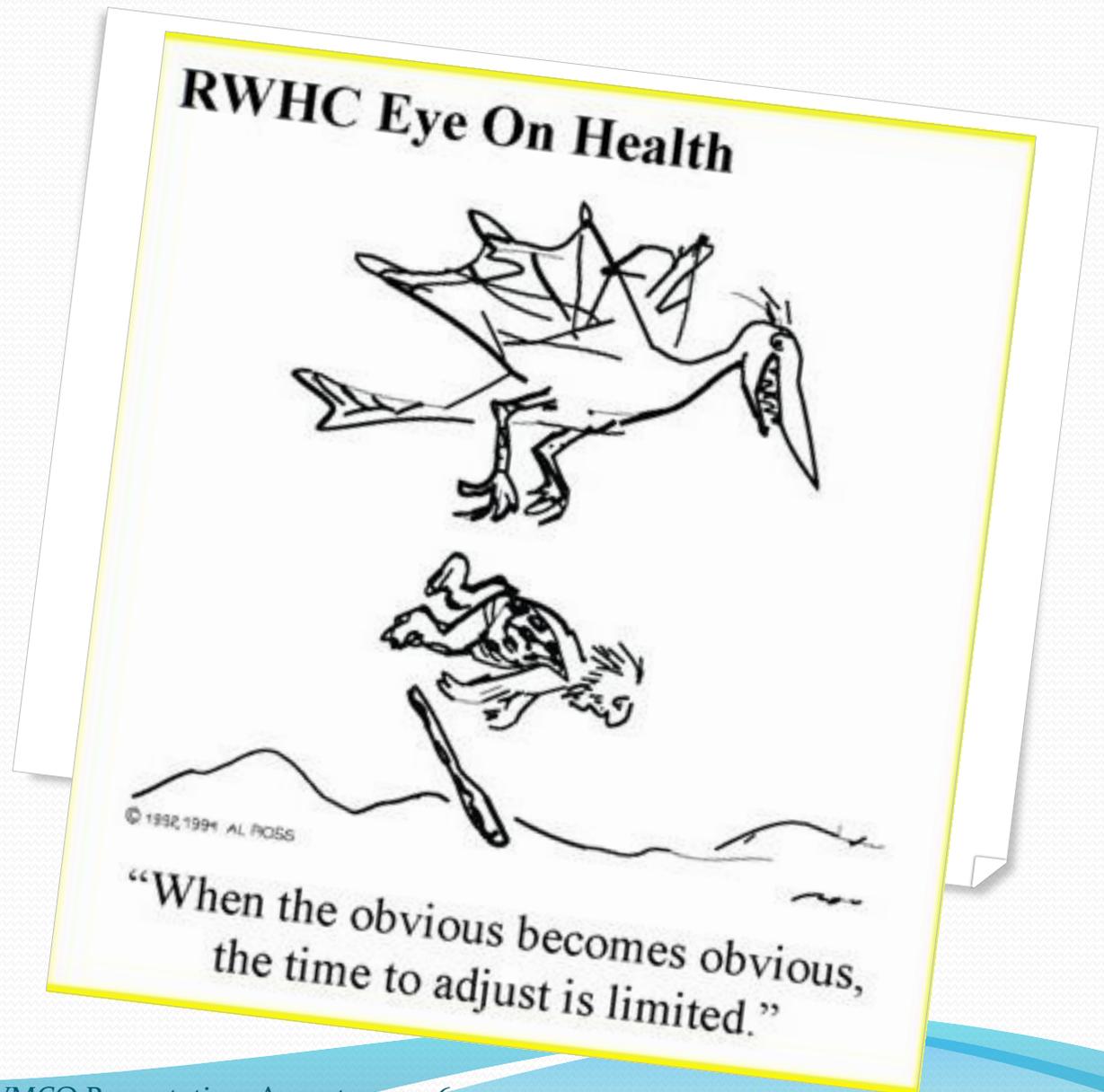
4 Units Per Class Per Participant
(covers 4 of 6 weeks)

Wrap Up

- 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



Discussion

