

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.

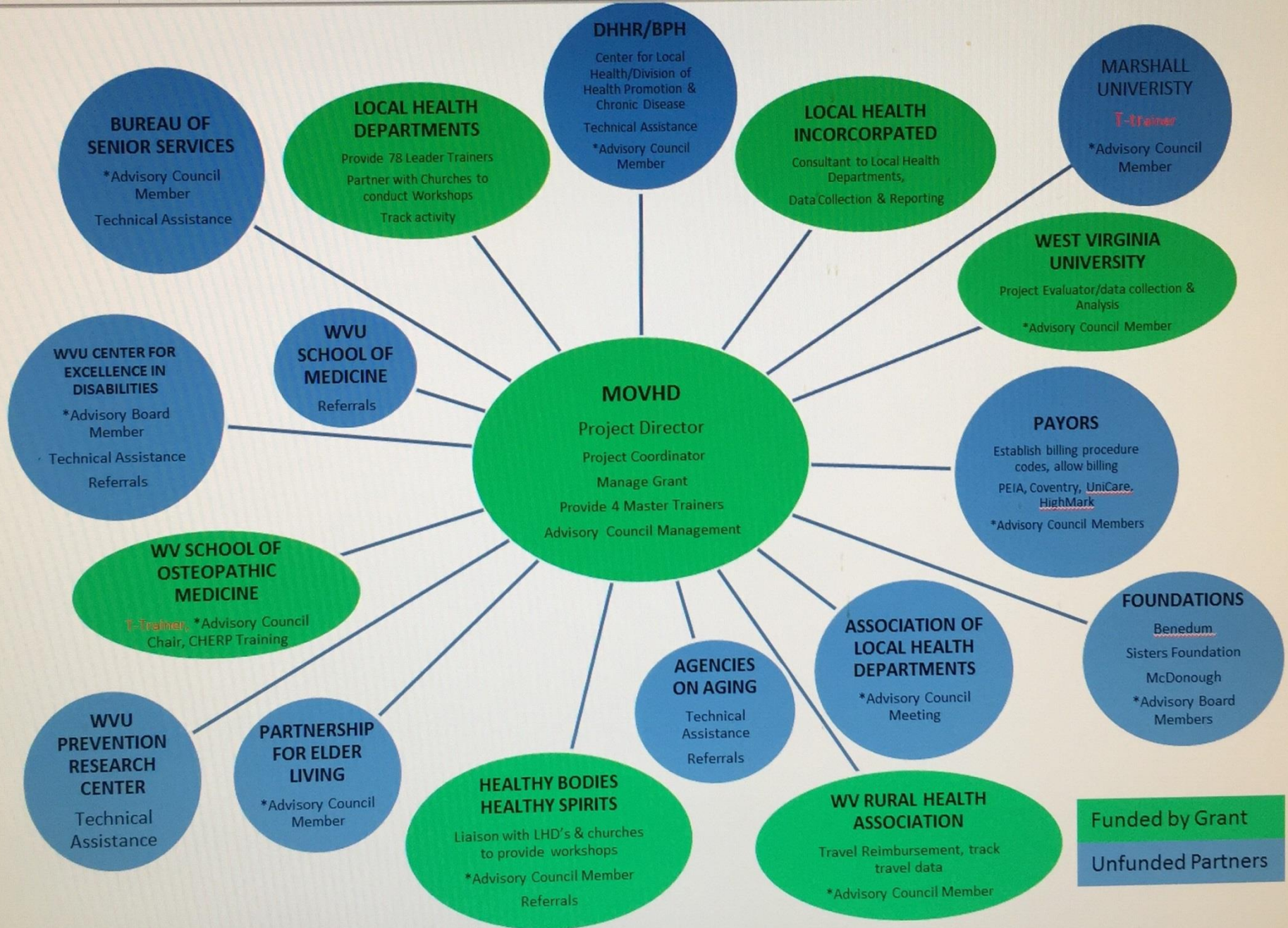
Better Care

- 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



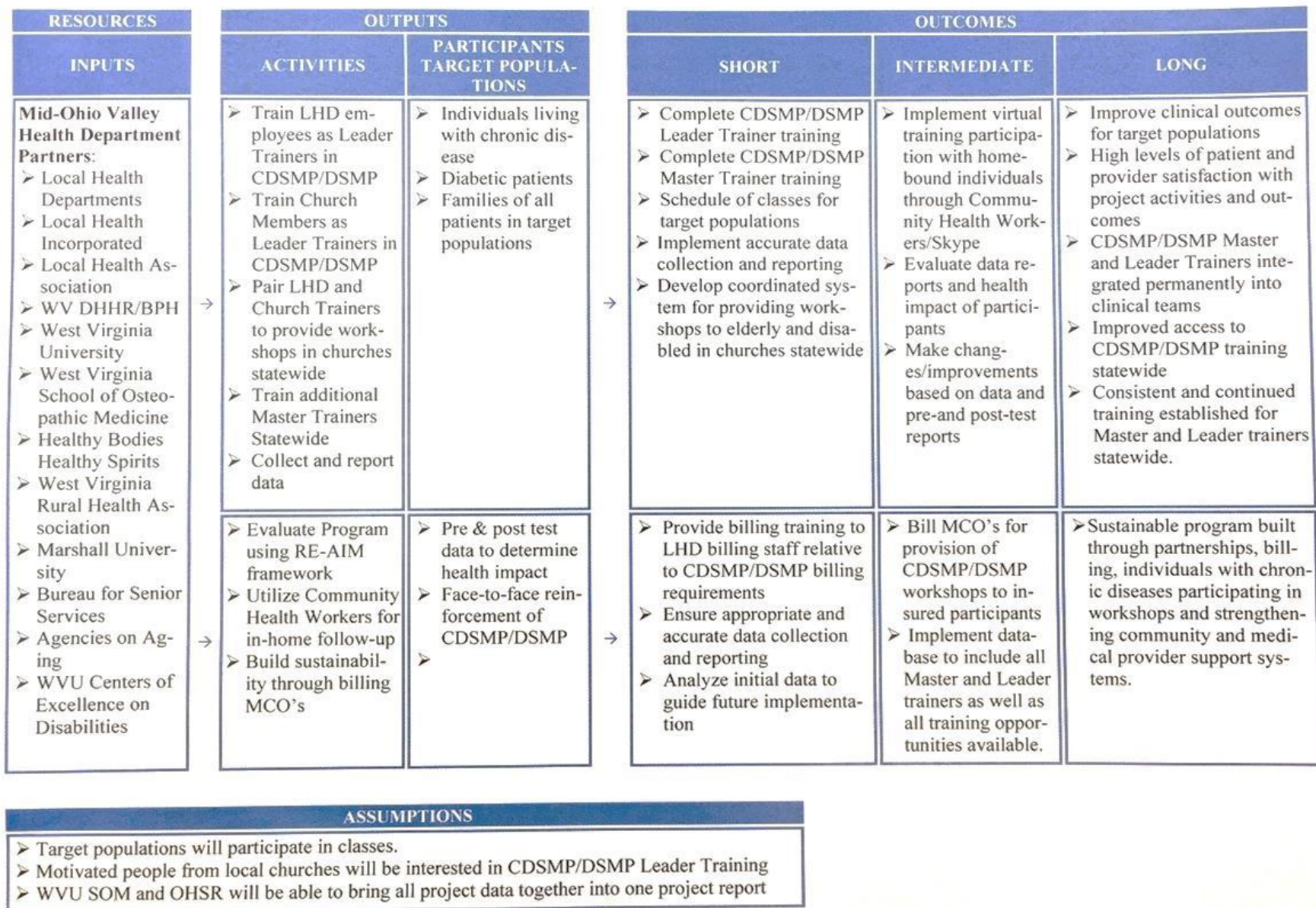
CHAMPIONS

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



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.

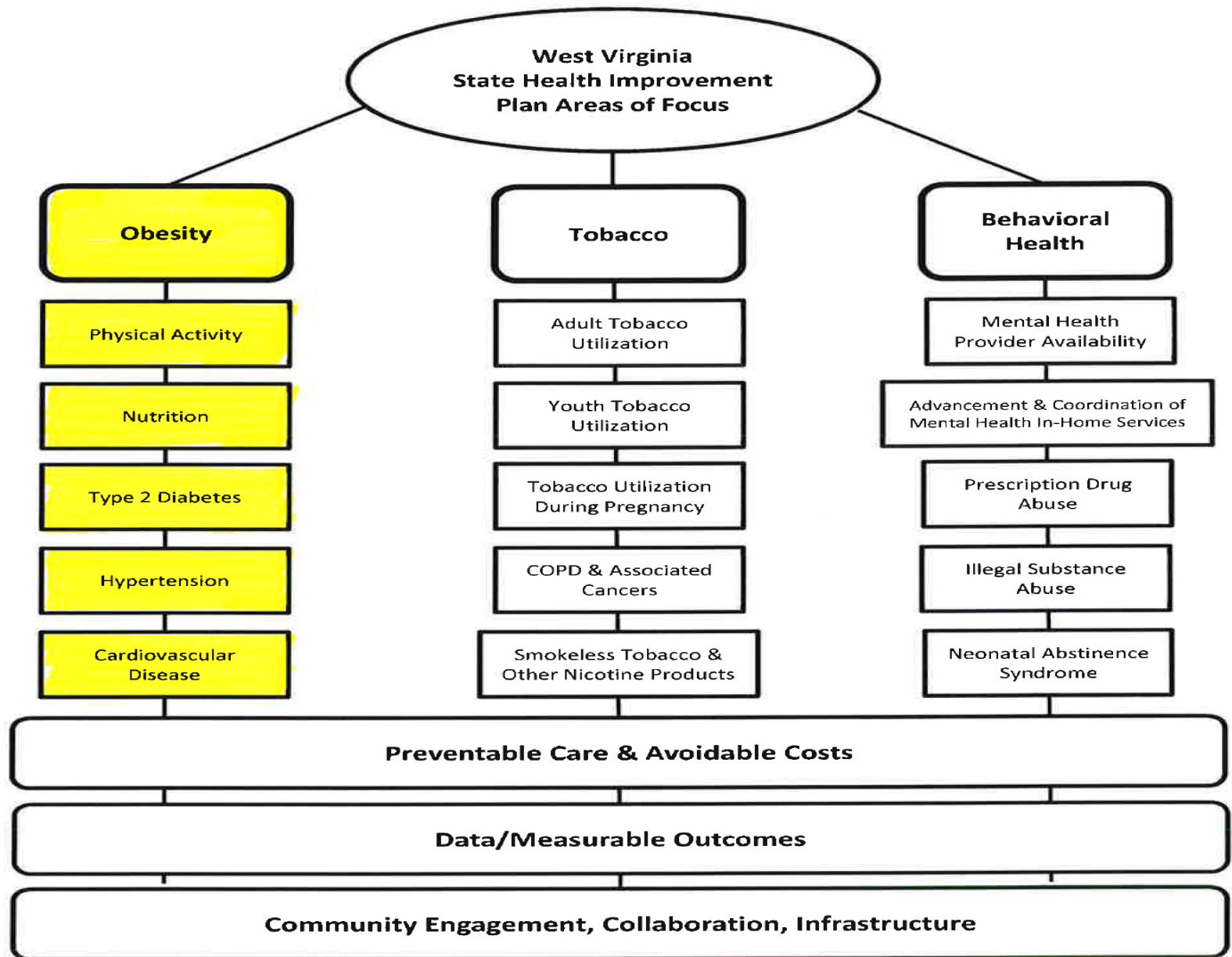


Figure 3.1 West Virginia State Health Improvement Plan Areas of Focus

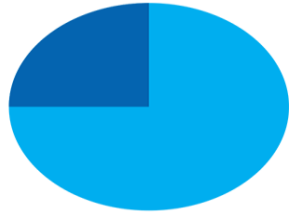
COSTS OF CHRONIC DISEASE

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.



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

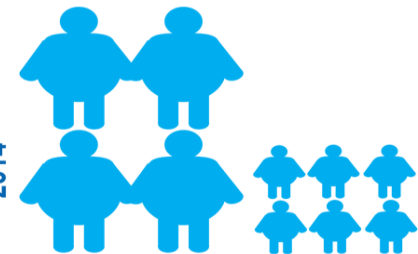


1 in 3 children
 born today will develop
 diabetes in their lifetime
 (1 in 2 Latino children).

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)

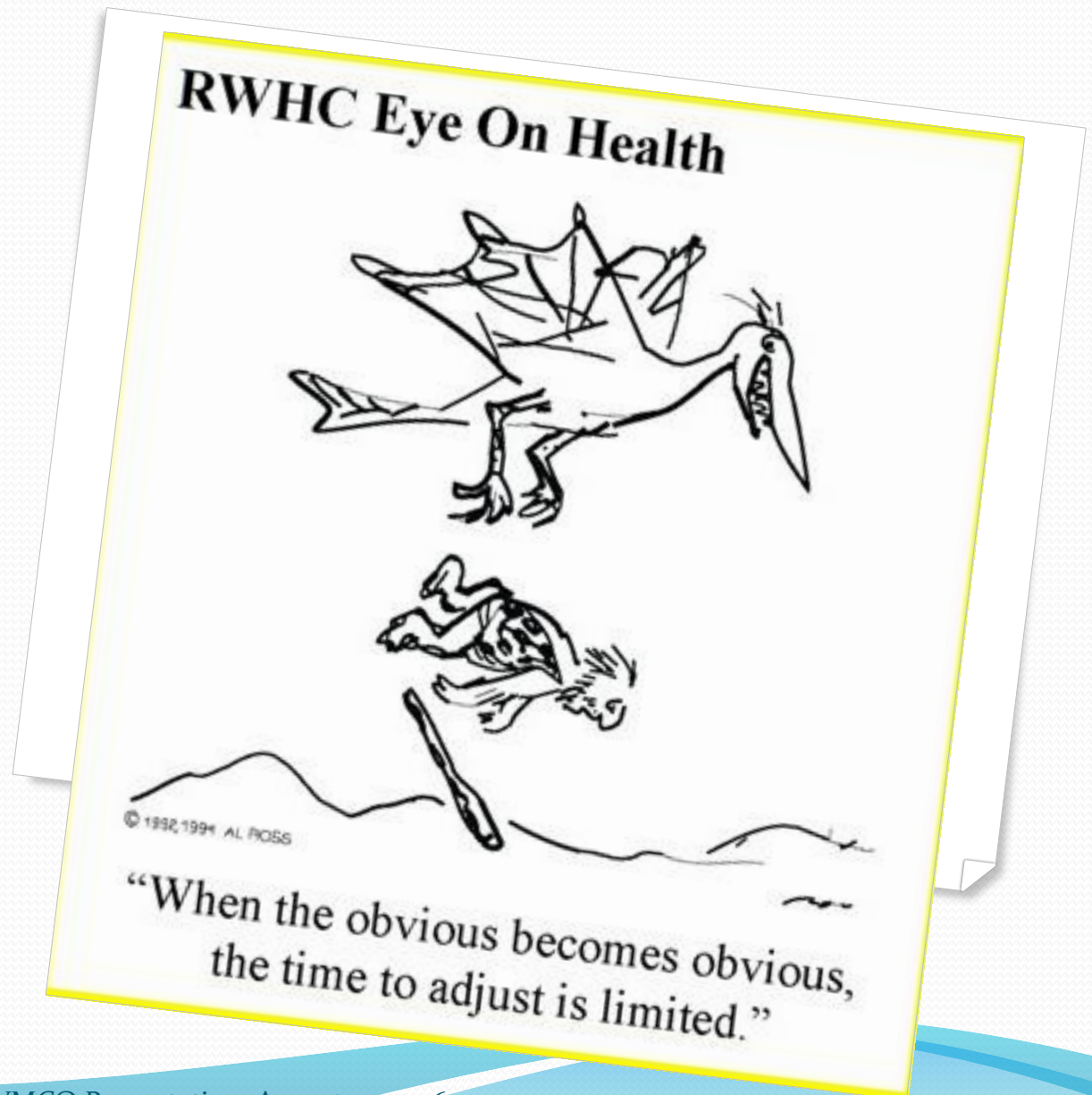
4 Units Per Class Per Participant
(covers 4 of 6 weeks)

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

