

**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.<sup>\*\*\*</sup> 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.

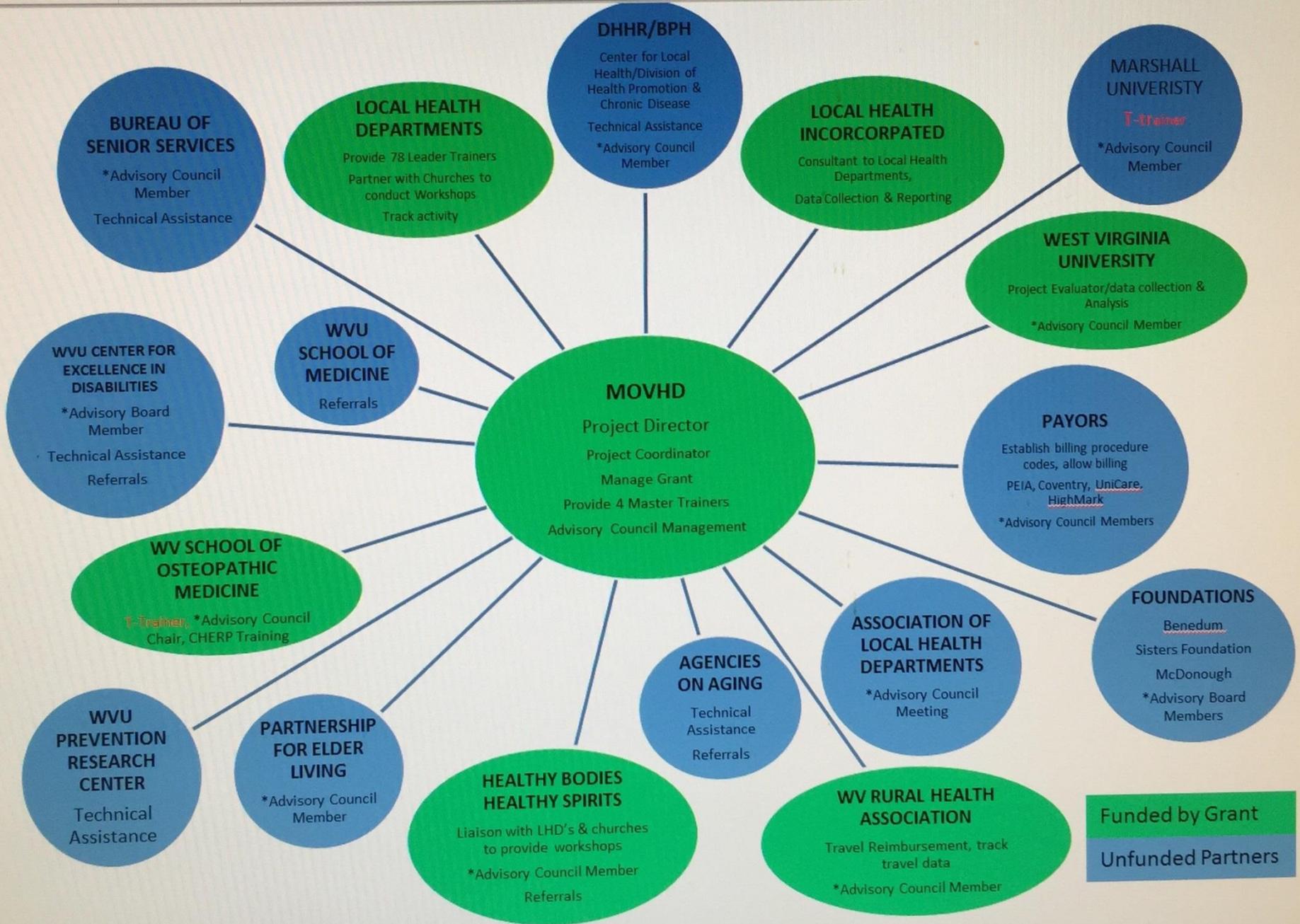
## Better Care

- 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



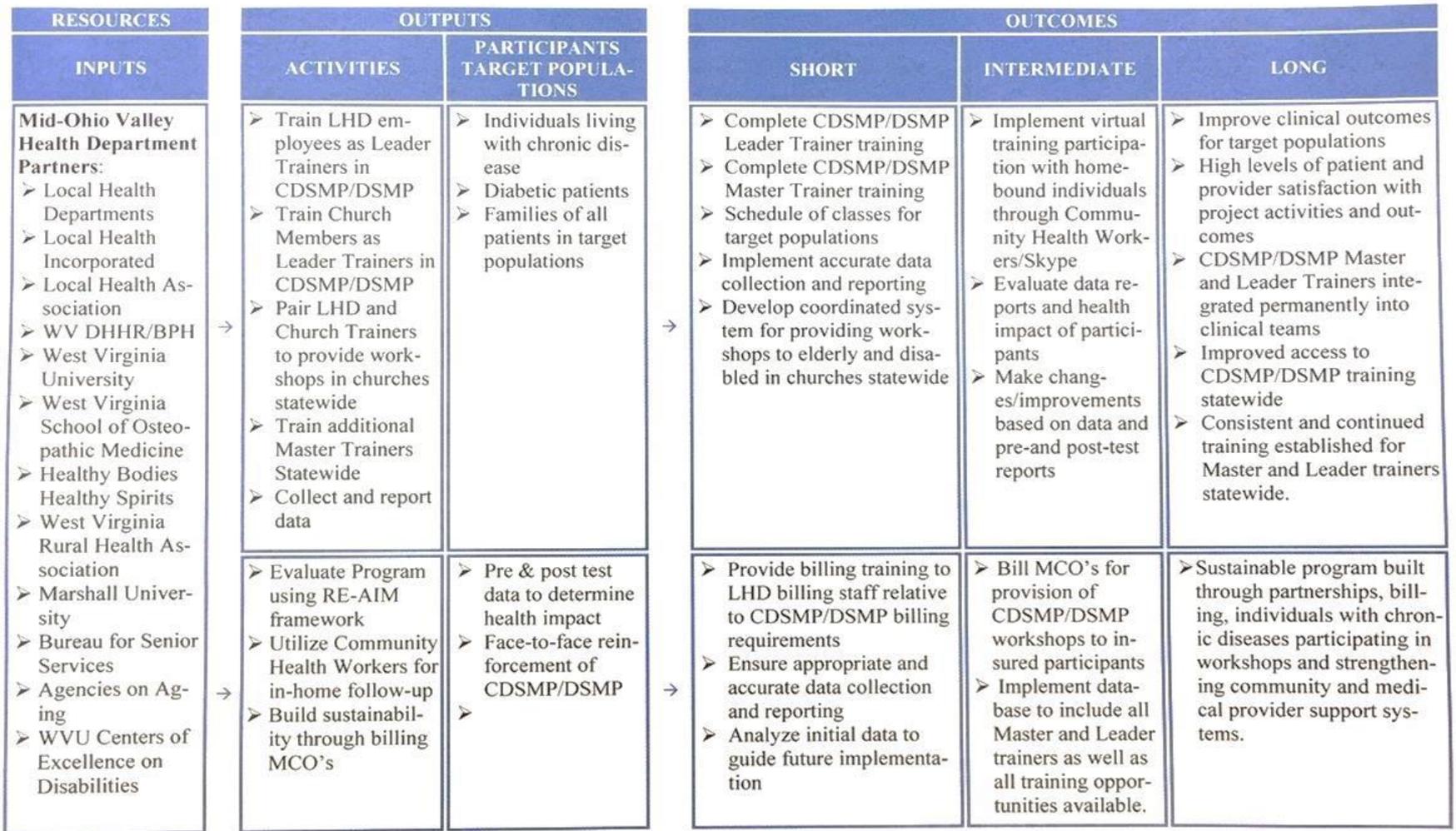
## **CHAMPIONS**

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**



**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.

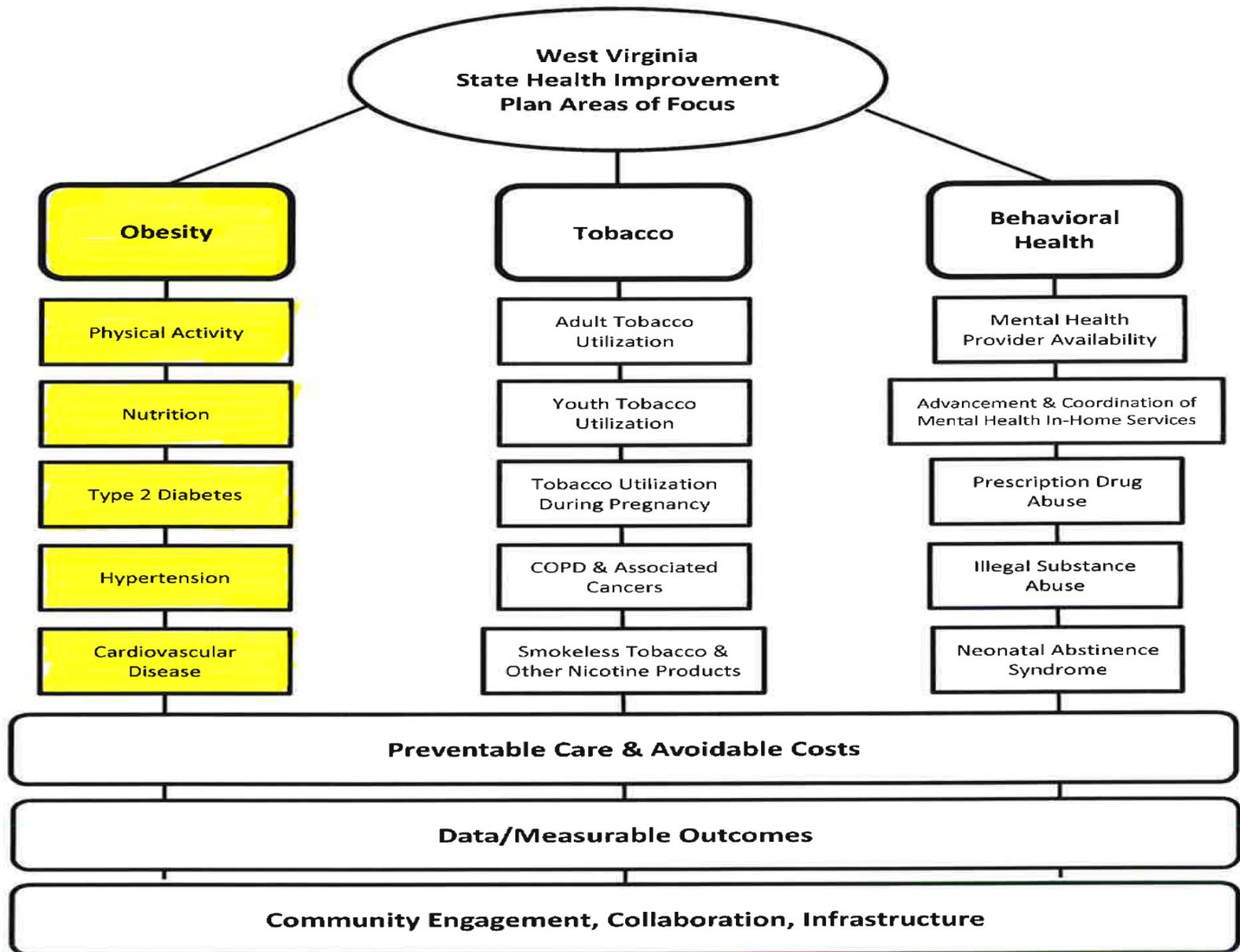


Figure 3.1 West Virginia State Health Improvement Plan Areas of Focus

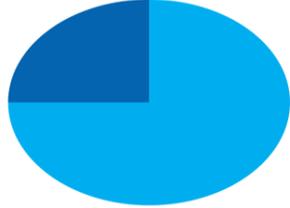
# COSTS OF CHRONIC DISEASE

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.



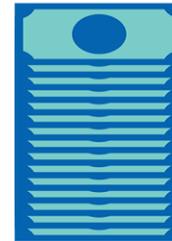
EVEN WITH HEALTH INSURANCE, CHRONIC  
CONDITIONS CAN POSE A SIGNIFICANT  
FINANCIAL BURDEN, PARTICULARLY WHEN  
WORK IS AFFECTED.

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.



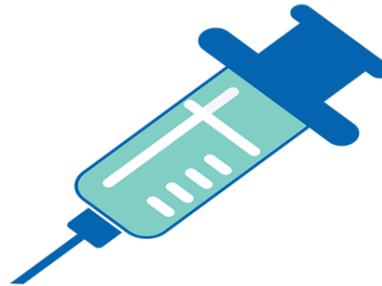
CHRONIC DISEASES CAUSE **7** OUT OF EVERY **10** DEATHS.



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



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

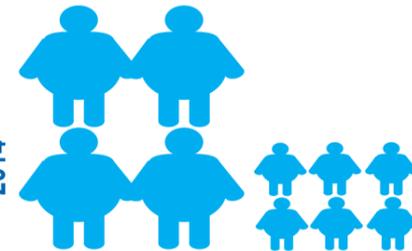


**1 in 3** children  
born today will develop  
diabetes in their lifetime  
(1 in 2 Latino children).

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)

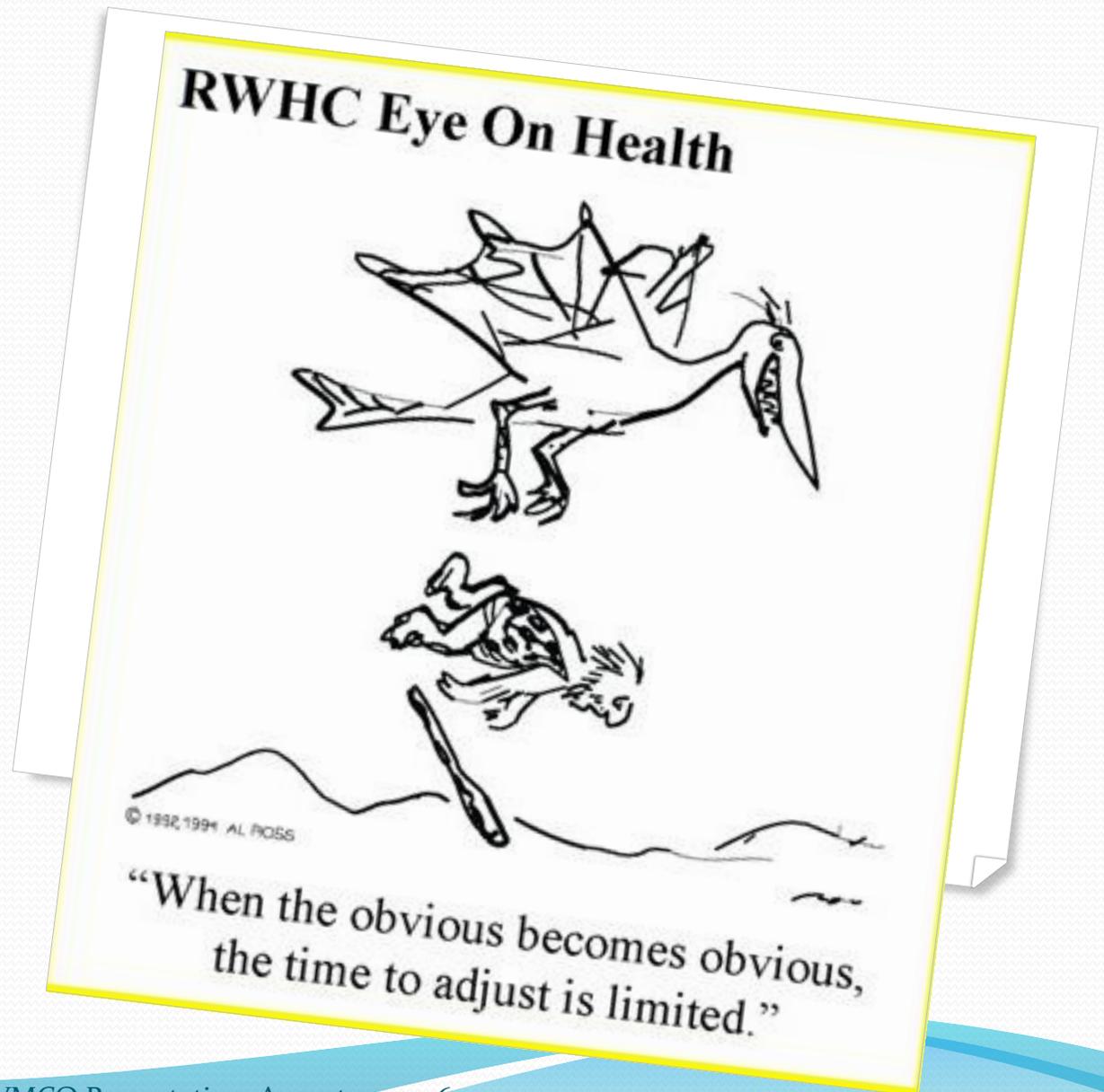
4 Units Per Class Per Participant  
(covers 4 of 6 weeks)

# 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

