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The Chronic Disease Self- Management Regional Network Plan

Project Overview



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Executive Summary:

Due to a high rate of morbidity and mortality from heart disease and other chronic diseases in western NY, the New York State Department of Health's (NYS DOH) Healthy Heart Program (HHP) seeks to expand the reach, accessibility, and impact of the Chronic Disease Self-Management Program (CDSMP), locally known as *Living Healthy*. We will build on the successful program delivery through Independent Health (IH), a managed care organization, and existing HHP partner, by working to establish a regional network of health plans to deliver the CDSMP cooperatively in western New York.

PURPOSE:

The purpose of a cooperative and collaborative region-wide network is to reduce redundancy and duplication of efforts by collapsing plan-specific efforts toward program development, implementation, and expansion into one efficient process.

GOALS:

Health plans sharing common geographic areas will work cooperatively to offer the CDSMP to plan members in place of offering the program via individual plans. The Pursuing Perfection Collaborative of Western New York (P2) will serve as the convening and coordinating body to carry out the implementation of the program.

THE DISCUSSION:

The regional network will comprise a collaborative arrangement among the three major health plans in western New York, including Independent Health (IH). The regional network will be coordinated by Pursuing Perfection Collaborative of Western New York (P2). Initially, three large health plans serving the targeted counties will be recruited to jointly offer the CDSMP to their plan enrollees.

In the future, we will include additional partners such as the aging services network and other community services organizations. These partnerships will allow the program to gain community support such that it may be available to all community members, regardless of health plan affiliation.

In time, we envision the establishment of additional regional networks in other parts of the state where health plans will work together with other community organizations in a coordinated fashion to offer evidence-based self-management programs to their enrollees living with chronic conditions.

Outline of Project Costs:

Preparation of Leaders	Recruitment of Participants	Workshop Delivery
<ul style="list-style-type: none"> • Leader recruitment <ul style="list-style-type: none"> ○ Screen applicants • Leader training_(4-day) <ul style="list-style-type: none"> ○ Purchase services of Master Trainers to hold training ○ Stanford training fee ○ Leader Manuals ○ Healthy snacks ○ Site fees ○ Travel reimbursement ○ Stipend <p>*Note: Independent Health already has trained 22 leaders</p>	<ul style="list-style-type: none"> • Program promotion & marketing • Personalized mailings to targeted health plan members • Participant registration • Answering program-related questions from participants/potential participants 	<ul style="list-style-type: none"> • Stanford license fee • Building host site partnerships • Host site rental (if applicable) • Schedule coordination • Data collection/tracking • Reimbursement for leader travel • Leader stipend • Materials: <ul style="list-style-type: none"> ○ Book ○ Audio CD ○ Flip charts ○ Markers ○ Tissues ○ Healthy snacks ○ Graduation materials & recognition gifts

- ◆ The HHP has identified \$40,000 to contribute toward project costs.
- ◆ Additional funds may become available through partnership with another NYS program. If realized, this funding is intended to support promotion and education efforts related to persons with disabilities. Stipulation of funding includes our partners make a clear effort to promote and recruit persons with disabilities to participate in the CDSMP and leader training. Funding would support course materials and incentives, and would be available beginning in April 2010. Unfortunately, these funds would not be able to support travel, or host site rental costs. This funding would defray a substantial investment by the regional network.
- ◆ Project budget and workplan will be determined by the participating parties in western New York.

Benefits:

- ◆ *A good investment:* If an individual changes health plans, the program would still be offered at the new plan and investment in that member would not be lost
- ◆ *Reduced healthcare utilization costs:* The CDSMP increases member engagement which has been shown to reduce costs associated with health care utilization.
- ◆ *Flexibility:* The program may be made available to enrollees of the coordinated network plans only, or to community members as well at a cost. In addition, it will be available in throughout the targeted/shared geographic region.
- ◆ *Reported Data:* All tracking systems etc. would remain in place, or would be implemented to track healthcare utilization among program participants. Data would be coordinated among the participating health plans. Data will also be used to provide the HHP with periodic reports as required.
- ◆ *Shared investment:* Since IH has already invested in leader training for example, perhaps partnering plans may sponsor additional leader trainings to build capacity in the more northern and southern areas within the western region this year. Shared project expenses will result in significantly reduced costs to each plan in terms of program implementation, delivery, and sustainability.

Management Plan:

Role of P2 (Network Coordinator): P2 will be responsible for day-to-day program coordination.

Responsibilities may include duties such as:

- ◆ Working with participating health plans to: recruit participants for workshops/leader trainings, coordinating individualized mailings based on diagnosis code/location, program promotion, etc.
- ◆ Facilitating leader training
- ◆ Scheduling courses
- ◆ Registering participants
- ◆ Developing/maintaining partnerships with host sites in geographic locations throughout the network region
- ◆ Identifying participants, and coordination of senior volunteer program (i.e. Retired Seniors Volunteer Program, or RSVP)
- ◆ Tracking of leader hours/reimbursement
- ◆ Collecting and entering data from leaders into tracking systems where necessary/reporting data to participating health plans and the HHP
- ◆ Maintaining inventory of course materials, assuring compliance w/licensure, etc.

Role of Consultant (Technical Advisor): Independent Health has a track record of experience with the CDSMP. It may be possible for the existing Program Coordinator to provide valuable technical assistance to the network. We envision this role to be one of project advisor/consultant. The consultant will provide technical assistance, guidance, and expertise to the Network Coordinator, but would not have a hands-on coordination function.

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Expected Outcomes: *Physical, Emotional & Health-Related Quality of Life, Healthcare Utilization and Costs*

CDSMP results in significant, measurable improvements in patient outcomes and quality of life. CDSMP also saves enough through reductions in healthcare expenditures to pay for itself within the first year.

Utilization effects:

There is evidence that CDSMP results in reductions in healthcare expenditures. In four studies there were fewer emergency room (ER) visits, in three studies there were fewer hospitalizations, and in four studies there were fewer days in the hospital. In two studies there were reductions in outpatient visits. There is evidence to support the notion that CDSMP saves enough money in healthcare expenditures within the first year to pay for the program, and also that CDSMP results in more appropriate utilization of healthcare resources, addressing healthcare needs in outpatient settings rather than ER visits and hospitalizations.

Health effects:

There is strong evidence across studies that CDSMP has a beneficial effect on physical and emotional outcomes, and health-related quality of life. The program consistently results in:

- ◆ greater energy/reduced fatigue
- ◆ more exercise
- ◆ fewer social role limitations
- ◆ better psychological well-being
- ◆ enhanced partnerships with physicians
- ◆ improved health status
- ◆ greater self-efficacy

Other program benefits:

- ◆ Effective across chronic diseases
- ◆ Effective across socioeconomic and educational levels
- ◆ Enables participants to manage progressive, debilitating illness: Those who have taken CDSMP do not experience greater healthcare utilization, even when their disability worsens.
- ◆ Supported by decades of research
- ◆ Statistically significant improvements in outcomes and health-related quality of life remain over time. Significant improvements after 6 months include self-rated health, disability, social/role activities limitation, energy/fatigue, and health distress. After one and two years reductions in health distress, increased self-efficacy, fewer physician/ER visits, improved fatigue, shortness of breath, pain, social activity limitation, and depression persist.

Expected Outcomes: *Program Expansion and Accessibility*

Independent Health will work cooperatively with two other health plans to offer the CDSMP across plan's member population in the western region. This region wide demonstration will be the first of its kind in New York and if successful will lead to large-scale coordination and implementation of this evidence-based health promotion program to health plan enrollees living with chronic conditions to improve physical, emotional, and health-related quality of life, healthcare utilization, and costs.

In this first year of the cooperative model, 30 CDSMP courses will be held, and two Leader trainings facilitated to build program capacity in the western region. In time, we hope to bring more health plans on board and make the program available to all persons with chronic disease, not exclusively health plan enrollees. We envision the future establishment of additional regional networks in other parts of the state where health plans will work together in a fashion benefitting both health plans and healthcare consumers.

If the health plans recruit and train 20 new 2-person Leader teams, the western region will boast 42 2-person teams. Recruitment should be focused in the northern and southern regions of the eight-county target area as existing Master Trainers and Leaders are concentrated in centrally located Erie County. Expansion to outside counties will facilitate program growth and will be supported by the capacity-building of Leader training. Leaders will be recruited from the regional network's Medicare, employee, and CDSMP completer population. The goal will be for each of these teams to offer the CDSMP at least once during the 07/2009-6/30/2010 year (grant Year 02).

AT IH, 22 Leaders (11 two-person teams) were recruited and trained during grant Year 01. Existing Leader teams will also conduct additional courses during Year 02. Participant recruitment, registration, intake, and other coordination activities will be the responsibility of P2. P2 will also provide on-going support to the CDSMP Leaders. The technical advisor will provide perspective from a health plan-specific experience, will educate participating health care providers on the evidence supporting the CDSMP and will urge providers to refer patients to courses. The regional network will also promote the workshops through existing member communication channels. The regional network will also collect and compile REACH data from each leader and report to the HHP quarterly.

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