HEALTH PROMOTION COUNCIL

Statewide Chronic Disease Management and Prevention Initiatives in Pennsylvania

Pennsylvania Office of Rural Health Meeting
October 4, 2017

PA/CCI
LiveHealthyPA's Community-Clinical Integration Initiative

Pennsylvania Community Living Initiative (PA CLI)

Funding Statements

- *Funding for this meeting was made possible (in part) by the Centers for Disease Control and Prevention. The views expressed in written materials or publications and by speakers do not necessarily reflect the official policies of the Department of Health and Human Services or the Pennsylvania Department of Health, nor does the mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government or the Commonwealth of Pennsylvania.*
- *Funded by the Administration for Community Living (ACL) of the U.S. Department of Health and Human Services through the Prevention and Public Health Fund (PPHF)-2015-Empowering Older Adults and Adults with Disabilities through Chronic Disease Self-Management Education (CDSME) Programs*

Presentation Outline

- Overview of Health Promotion Council (HPC) Chronic Disease Prevention and Management Program
- HPC's work in rural health
- How can HPC support the needs of the Critical Access Hospital?
  - Enhance program accessibility
  - Provide technical assistance to secure DSME certification
  - Increase referrals (clinicians, payer, and member)
  - Support continuing education
  - Other?

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HPC is a non-profit whose mission is to promote health, prevent and manage chronic diseases, especially among vulnerable populations. through community-based outreach, education, and advocacy.

- Over 30 years of experience community based health education, promotion and outreach
- Programs and services reach over 40,000 vulnerable individuals annually

Fulfill our mission through:

- Direct Service
- Capacity Building
- Policy & Systems Change

HPC is an affiliate of Public Health Management Corporation, a Public Health Institute, that offers over 350 programs and services in SEPA and statewide.

building connections to health

Two HPC Led Initiatives in PA

PA/CCI
LiveHealthyPA's Community-Clinical Integration Initiative

Pennsylvania Community Living Initiative (PA CLI)

Enhance services to individuals with diabetes by collaborating with multiple system-level partners to address barriers, especially in rural and vulnerable populations.

Integrated Initiative Goals

Goal 1: Expand infrastructure and capacity to provide DSMP, DSME, DPP.

Goal 2: Embed DSMP / DSME / DPP into integrated health and long-term delivery system implementation sites.

Goal 3: Create innovative funding and reimbursement channels.

Goal 4: Secure electronic referrals; close the referral loop.

Goal 5: PA CCI – Reach high disparity counties in PA.

PA CLI – Reach older adults and adults with disabilities.

Pennsylvania Community-Clinical Integration Initiative (PA CCI)

- Funding from CDC 1305 through PA DOH to HPC
- Goal is to improve capacity building and infrastructure to support those with or at risk for diabetes and its related chronic diseases and risk factors
- Accomplished by
  - Improving access to referrals and reimbursement
  - Increasing the number of CDC Recognized Diabetes Prevention Programs (DPP) and nationally certified* Diabetes Self-Management Education (DSME) programs

* American Diabetes Association (ADA) nationally recognized or American Association of Diabetes Educators (AADE) nationally accredited DSME programs

Certified DSME

Certified DSME programs provide comprehensive education on topics[3] that meet the National Standards for Diabetes Self-Management Education and Support to empowers people living with diabetes to actively engage in managing their chronic condition.

- ✓ Understanding diabetes disease process and treatment
- ✓ Incorporating nutritional management into lifestyle
- ✓ Incorporating physical activity into lifestyle
- ✓ Using medication properly and for maximum therapeutic effectiveness
- ✓ Monitoring blood glucose, interpreting and using results in decision-making
- ✓ Preventing, detecting and treating acute complications
- ✓ Preventing, detecting and treating chronic complications
- ✓ Developing personal strategies to address psychosocial issues and concerns
- ✓ Developing personal strategies to address psychosocial issues and concerns

[3] *Haas, L, et al. National Standards for Diabetes Self-Management Education and Support. Diabetes Educator. 2012 Sept-Oct;38(5):619-629.*

"Certification" is the 1st step in getting reimbursed by most Managed Care Organizations (MCO) and is required by all Medicaid MCOs.

Establish a billing and payment relationship with each MCO

Certificate obtained from ADA or AADE

Application for Certification through - American Association of Diabetes Educators (AADE) Accreditation *or* American Diabetes Association (ADA) Recognition

Benefits of Certification – Improved Outcomes

- **DSME, an evidence-based program proven to improve glycemic control[4,5]**
- **Participants have better glycemic control[6,7]**
  - Reduced direct and indirect health care costs
  - Improving glycemic control = health care savings
  - Return on Investment of $4.34 for every $1
- **Reduced short and long-term complications and greater preventative screenings**
- **Improved utilization of healthcare system = more cost-effective care and better outcomes[8,9]**
- **Promotes the organization as one that provides quality, standardized and patient-focused care[9]**
- **Supports Accountable Care Organization and Patient Centered Medical Home efforts and compliance[9,10]**

Partners in Technical Assistance

HEALTH PROMOTION COUNCIL
a PHMC affiliate

pennsylvania
DEPARTMENT OF HEALTH

AADE

American Diabetes Association.

Barriers to Certification

Number of Certified DSME Programs

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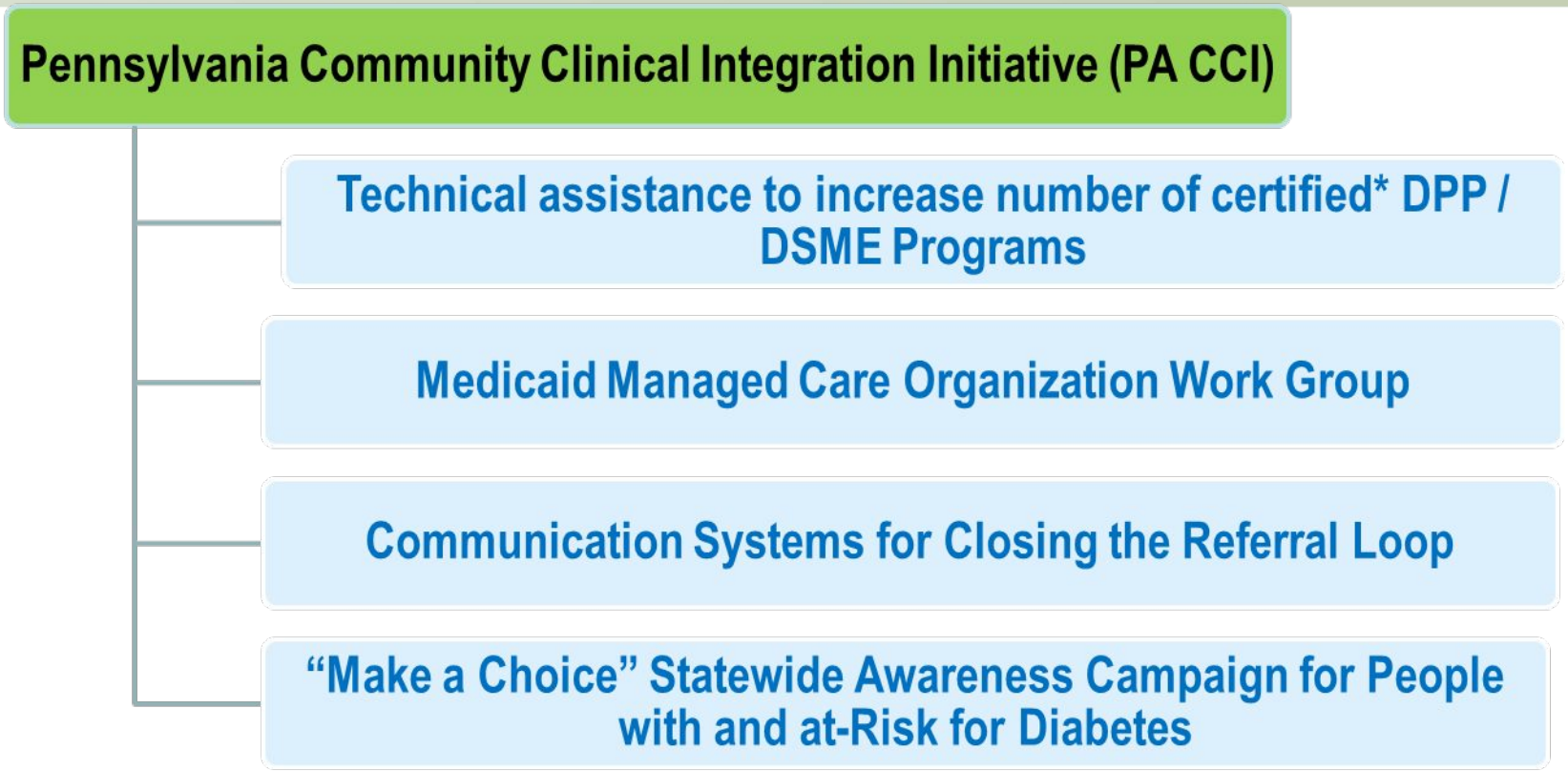

**certified* = American Diabetes Association (ADA) recognized or American Association of Diabetes Educators (AADE) accredited DSME programs and CDC recognized DPP programs

PA CCI Targets

- 60 New Certified DSME sites
- 20 Nationally Recognized DPP sites (in Southeastern PA)
  - Lifestyle coaches
  - Master Trainers (4 MTs statewide for capacity building, providing a total of 8 Lifestyle Coach Trainings in the next year)
- Bi-directional referrals
  - Numerous presentations to health system providers
  - Call Center development
  - Incorporating our MCO expressed needs to develop provider and member toolkits

Pennsylvania Community Living Initiative (PA CLI)

- Funding from the Administration for Community Living (ACL), U.S. Department of Health and Human Services, Prevention and Public Health Fund (9/15/15 to 8/31/17)
- Currently in a no cost extension through 8/31/2018
- Targets older adults and adults with disabilities
- Aims to increase access to and utilization among of the Self-Management Resource Center's (formerly known as Stanford) Chronic Disease (CDSMP) and Diabetes Self-Management Program (DSMP) through training and capacity building among sustainable delivery system partners.

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PA Community Living Initiative (9/1/2015 to 8/31/2017)

PA DOH • DHS • PHMC Research & Evaluation Group • Consultant Gerontologist

Implement, Sustain, Scale: Stanford DSMP Evidence-based Curriculum

295 Workshops • 81 sites • 4,500 people with Diabetes

Target population: Seniors 60+ and/or 18+ living with disabilities

HPC Diabetes Master Trainer Coordinator
Data Collection, Coordinates Trainings, Ensures Fidelity, Program Promotion, Assists in Marketing

HPC / ACP – DSMP Lead Navigator
ACP Site implementation assistance
Trains ACP Lay Leaders

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HPP Site implementation assistance
Trains ACP Lay Leaders

PA Department of Aging
20 Sites
40 Master Trainers
70 Lay leaders
500 participants

AmeriHealth Caritas Plans
20 Sites
5 Master Trainers
10 Lay Leaders
1,200 participants

Health Partners Plans
20 Sites
5 Master Trainers
10 Lay Leaders
2,700 participants

PHMC-PersonLink
10 Sites
5 Lay leaders
100 participants

Leadership Sustainability Group

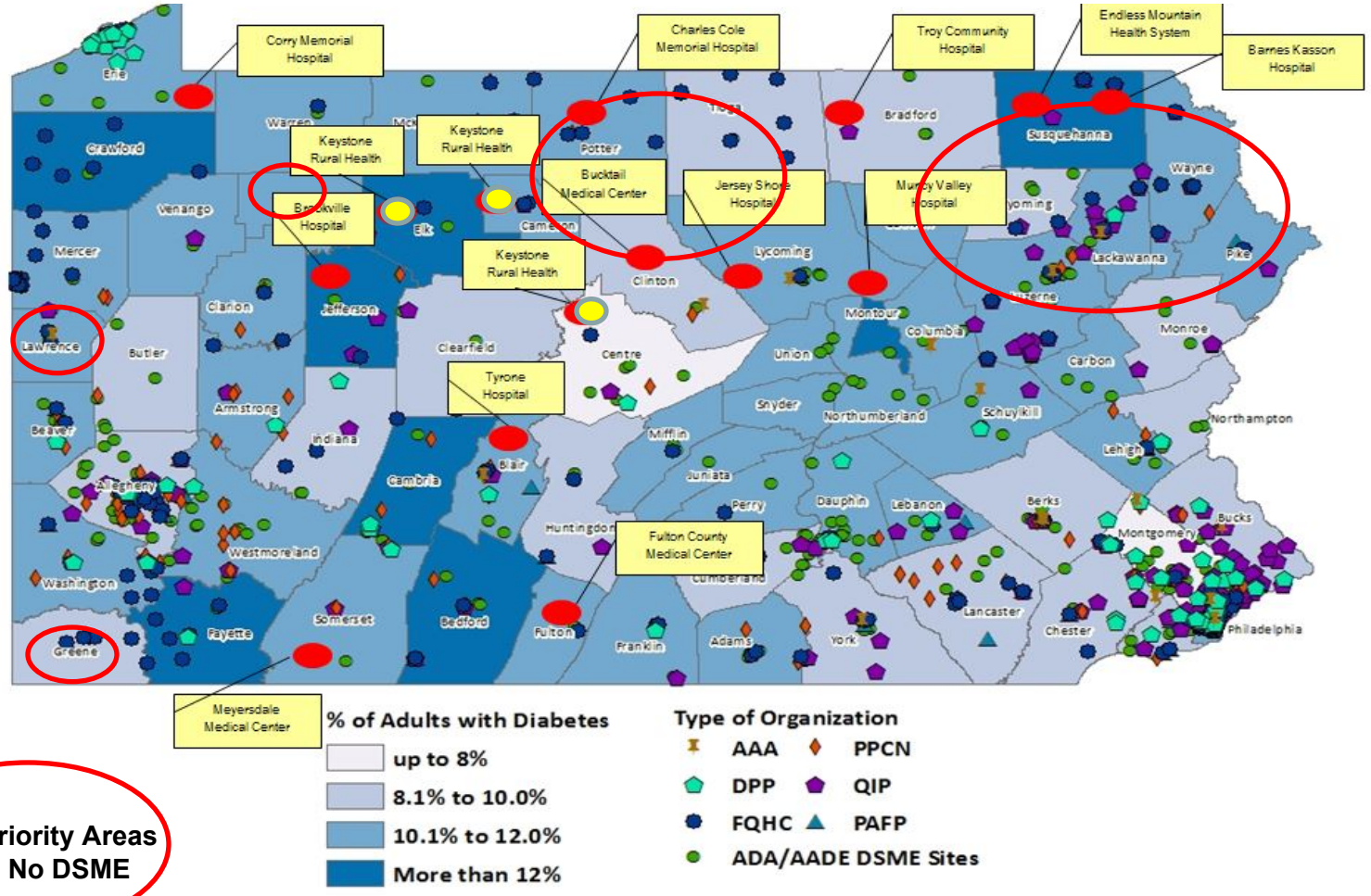
PA CLI Targets

- 95 lay leaders delivering DSMP
- 295 workshops serving 4,500 participants
- 81 delivery sites
- Sustainability Plan

Diabetes Prevention Program

- Evidence-based lifestyle change program proven to reduce the onset of type 2 diabetes by 58% with only 5-7% weight loss.
- 12 month program: 16 weekly sessions, followed by 6 monthly sessions
- In Pennsylvania:
  - 71 DPP with CDC-pending recognition (2 are fully recognized)
  - 80 Lifestyle Coaches and 4 Master Trainers
  - CMS ruling - reimbursement set to begin April 2018
  - DPP provided by health systems, YMCAs, faith-based organizations, and community based organizations, individuals trained as lifestyle coaches

Community-Clinical Referral Sources and Program Provider Sites



High Priority Areas with No DSME

DSME and CAHs

The following CAHs have DSME programs:

- Charles Cole Memorial Hospital, Diabetes Self-Management Education Program, ADA
- Fulton County Medical Center, Diabetes Self-Management Education Program, ADA
- Meyersdale Medical Center, Diabetes Self-Management Education Program, ADA
- Tyrone Hospital, Tyrone Regional Health Network, AADE
    - HPC provides technical assistance for program implementation
    - Leigh Montecalvo, RN, MSN- Diabetes Clinical Nurse Specialist.

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425

Certified DSME
Programs in PA

building connections to health

HEALTH PROMOTION COUNCIL

425

Certified DSME Programs in PA

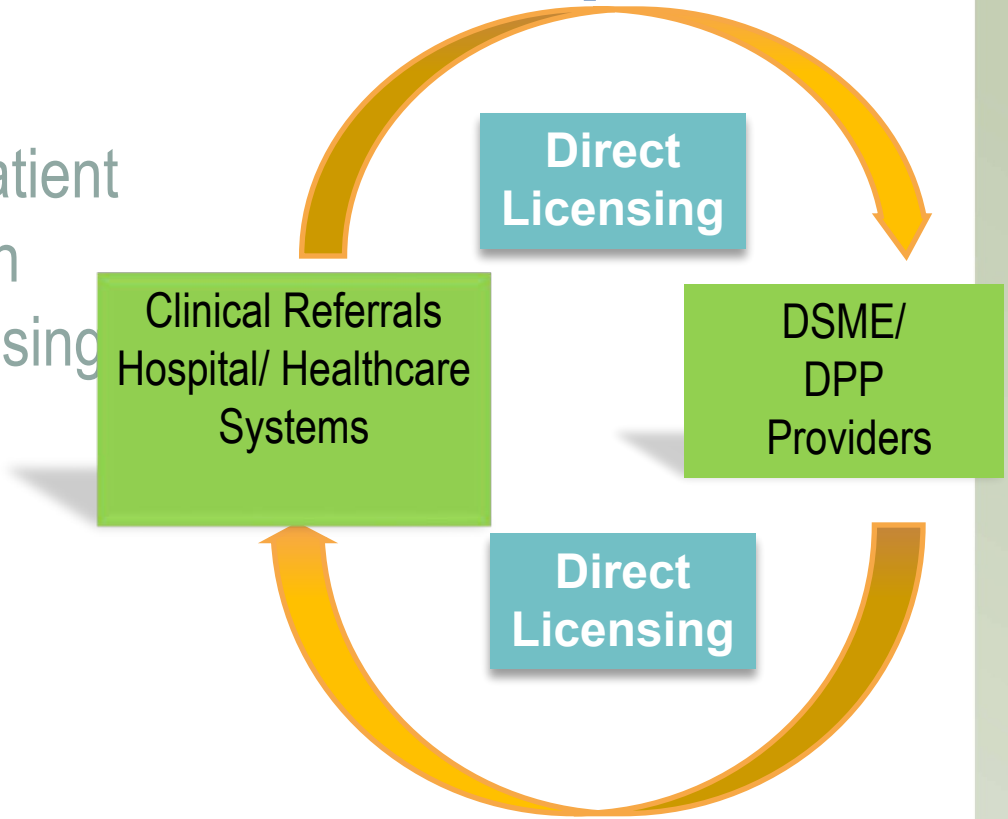
1 million

People over 18 with diabetes

building connections to health

Closing the Referral Loop

- Direct Licensing
  - A means of exchanging patient health information between healthcare professionals using a secure, encrypted, confidential system that ensures patient privacy
    - Kno2



DSMP: Return on Investment

- Fewer hospital days
  - Sober et al. found a small but significant reduction of hospital days at four-six months
- Fewer physician visits and increased patient accountability
  - Sober et al., in separate study, found patients had fewer physician visits at 2 years and no significant increases in hospitalization despite worsening disability.
- Reduction in health care utilization
  - Lorig et al. identified a reduction in health care utilization

Benefits of DSMP for Patients

- DMSP participants report:
  - less pain, fatigue, and depression;
  - more energy;
  - better communication with their physicians;
  - better overall health and quality of life;
  - increased confidence that they can manage their diabetes.

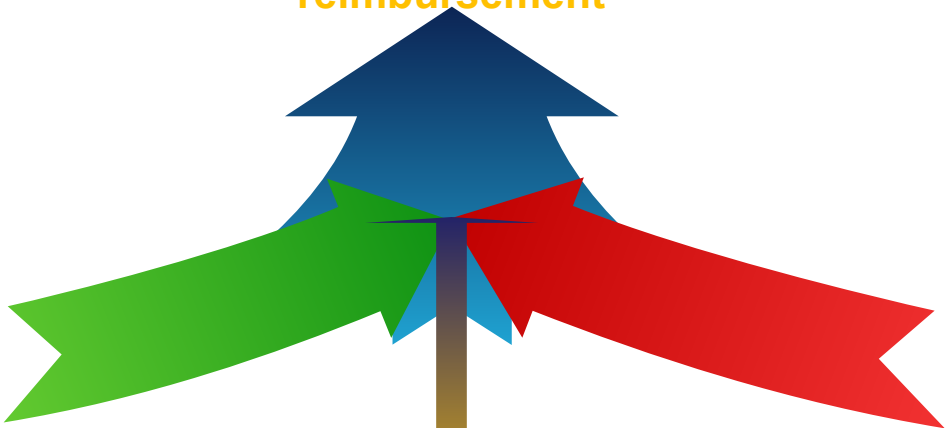
Benefits of DSMP for Healthcare System

- Cost, Convenience, Credibility
- Connects external resources to medical practices to enhance medical treatment, e.g., improve clinical outcomes and decrease utilization
- Empowers patients to increase control of their health
- Promotes collaboration and continuity of care among providers, community/organizations, individuals, caregivers
- Ensures quality by maintaining fidelity to the program
- Reinforces communication " feedback loop"
- Assists in meeting quality measures for multiple quality and reimbursement standards

Opportunities for Collaboration

- Adopt DPP and DSME for your sites – Implement in-house programming or contract with community based providers
- Training is available to certify use of DSMP curriculum for DSME
- Refer patients to existing DPP and DSME programs
- Provider toolkit that promotes primary care provider awareness
- Member toolkit that promotes engagement
- Join the Make a Choice Campaign

Creating Community & Clinical Linkages



Lifestyle Change Management

DSME
DPP
CDSME
TDT

Strategic Partnerships

MCOs
DPW
CHW
QIP

Health Care Providers

Hospital & Health Systems
ACO
Clinics
PCP

Thank you

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