Sustaining the Chronic Disease Self-Management Program in Colorado

This business/sustainability planning report has been prepared by the consulting firm Maryland Nonprofits for the Colorado Department of Human Services, Division of Aging and Adult Services. The report presents background research and recommendations for sustaining the Chronic Disease Self-Management Program in Colorado.
Administration for Community Living
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Executive Summary

Chronic diseases and conditions, such as heart disease, stroke, cancer, diabetes and arthritis, are among the most common, costly and preventable of all health problems. According to the Centers for Disease Control and Prevention, the majority of U.S. health care and economic costs associated with medical conditions are for the costs of treating and managing chronic diseases.\(^1\) The Colorado Chronic Disease State Plan, published in 2014 by the Colorado Department of Public Health and Environment (CDPHE), emphasizes the importance of reducing the burden of chronic disease on Colorado residents as a state public health priority\(^ii\).

The Chronic Disease Self-Management Program (CDSMP) is an evidence-based approach to educating and empowering people with chronic conditions on how to maximize their health and manage their condition in a way that improves their quality of life, reduces health complications and reduces their need for emergency care. CDSMP is a six-week program that has served more than 5,000 Coloradans since 2007 and currently serves more than 800 people per year. The program has been funded by a federal grant that is scheduled to end in August 2015, threatening the long-term sustainability of the program.

Many studies have proven that when individuals participate in CDSMP, they have an increased opportunity to create significant changes in their personal health and their ability to “self-manage” their condition. Based on information from the National Council on Aging, the program operates at a cost of approximately $350 per person who completes the course. National research suggests this investment yields approximately $714 in cost-savings through reduced emergency room visits and other health care costs, for a net savings in health care costs of approximately $364 per person. The vision for CDSMP in Colorado is to sustain and expand access to evidence-based self-management programs for all residents living with chronic diseases. Utilizing CDSMP as a premier evidence-based program can contribute to the Centers for Medicare & Medicaid Services’ goals of better care, better health and lower cost, often referred to as the “Triple Aim.”

This business/sustainability planning report is intended to identify rationale and strategies for continued funding of the program; to create pathways for the program to become reimbursable under Medicaid, Medicare and other insurance programs; to expand marketing and awareness about the program; and to increase participation statewide.
Section I  Introduction

Coloradans living with chronic illness can gain a hopeful outlook for improving their quality of life when they participate in the Chronic Disease Self-Management Program (CDSMP). The CDSMP classes occur in two settings: online and in-person. Both are six-week programs, and classes are 2-2.5 hours in length. Each participant gets a *Living a Healthy Life with Chronic Conditions* workbook and may also receive a *Relaxation for Mind and Body* CD. Subjects covered in the class help individuals to understand their medications; communicate effectively with their providers and caretakers; recognize appropriate health strategies for nutrition, physical strength and mobility; and enhance their decision-making processes to self-manage their health outcomes. One feature that makes the program both effective and more affordable is that the classes generally are taught by individuals who are peers of the participants and have direct experience managing their own chronic conditions. CDSMP has been proven by national experts to alleviate some of the burden of chronic disease on an individual and reduce emergency room utilization rates while saving health care costs.

As previously referenced, the outcomes of CDSMP are in alignment with the Affordable Care Act (ACA) and the Centers for Medicare & Medicaid Services (CMS) Triple Aims of improving the individual experience of care, improving the health of populations and reducing the per capita costs of care for populations. Research and evaluation efforts throughout the United States have shown CDSMP to sufficiently accomplish all three CMS goals for many program completers (defined as individuals who complete at least four of the six classes).

A sturdy and purposeful foundation has been developed over the last several years through implementation of the U.S. Department of Health and Human Services, Administration for Community Living grant and the work of the Statewide CDSMP Collaborative (Collaborative). The Collaborative consists of 21 public health service providers and community-based organizations that have coordinated efforts over several years for individuals living with chronic disease.

The purpose of this business/sustainability planning report is to provide a roadmap for increasing funding for the implementation of CDSMP and other evidence-based interventions throughout the state.
Two questions that this report will answer are:

- How do service providers sustain their current level of programs without an interruption of service once the grant has ended?
- What factors need to be considered to expand and promote the use of CDSMP as a primary go-to, evidence-based program throughout the state?

This planning report is a tool to assist all Collaborative members with sustaining their programs after the expiration of the current federal grant. It offers strategies to sustain current level of programming without interruption and considers key concepts to expand CDSMP as high priority, evidence-based service throughout the state.

The U.S. Department of Health and Human Services’ Office of Adolescent Health determined eight critical actions that influence whether a service will be sustained over time:

- Create an action strategy;
- Assess the environment;
- Be adaptable;
- Secure community support;
- Integrate program services into community infrastructures;
- Build a leadership team;
- Create strategic partnerships; and
- Secure diverse financial opportunities.

These eight factors were used to guide the development of key components of the business planning report and are meant to continue to lead the Collaborative to achieving their vision for CDSMP.

1.1 Developing the Business/Sustainability Planning Report

The construction of the CDSMP business planning report involved four major aspects of data gathering and learning: research, interviews and surveys, webinars and retreats. Each data source provided detailed elements that when combined together resulted in the production of this report.
Research

This phase of the developing the business planning report required a deep exploration into expert views on health care costs; health care cost savings; decision-making practices for a multitude of payer options; current CDSMP utilization efforts and historical evolution in Colorado; national sustainability models; CDSMP outcome and impact data; and chronic disease rates and their impact on society and health care costs. Furthermore, a series of exchanges occurred outside of the formal interview process in which insightful information was provided to inform the process.

Interviews and Surveys

The interview process was designed to collect pertinent information from key stakeholders regarding the development of a detailed business and sustainability plan. Interviewees were a diverse set of participants including key experts from Medicaid, Medicare, Regional Care Collaborative Organizations (RCCOs), Area Agencies on Aging (AAA), State agencies, members of the CDSMP Collaborative and other organizations. Additionally, information was gathered from other states working on creating financially sustainable strategies for CDSMP. The interview data helped to shape the additional research needed as well as the possibilities for financial sustainability of CDSMP. Highlights from the interviews include:

- The vision for CDSMP in Colorado is that the program is highly utilized and improves the quality of life for individuals with chronic disease. Participation in evidence-based self-management programs such as CDSMP is the norm, and CDSMP is a reimbursable benefit from various payers including Medicaid and Medicare.
- Promoting a vision for CDSMP that is composed of having a highly utilized program; improving the quality of life for individuals with chronic disease through CDSMP; building the norm of self-management programs throughout the state; integrating CDSMP as a reimbursable benefit among varied payers including Medicaid and Medicare; and supporting the use of all evidence-based programs in addition to CDSMP.
- There is a strong foundation of CDSMP in Colorado due to the role of the Collaborative and the history of the community organizations providing the program.
- A variety of sustainability challenges were identified and provide the structure for the key strategies section of the business plan.
Two surveys were conducted with members of the Collaborative to gain increased understanding of strengths, challenges, opportunities and trends related to the continued implementation of CDSMP. The first survey discussed the impact of CDSMP in the community and on the license holder organization. Respondents reported concepts for long-term planning and coordination aspects related to CDSMP in the various communities represented by the Collaborative members. Highlights from the survey include:

- There is a diverse continuum of partners providing CDSMP in various geographic areas. These partnerships are composed of private medical providers, local recreation centers, senior centers, faith-based organizations, local public health departments, city and state agencies, medical clinics and hospitals.

- Nearly all of the Collaborative members have some form of assistance (supportive executive director, grant writing services, fundraising teams, etc.) from within their organizations to build local sustainability for CDSMP.

- Many promising strategies exist to raise awareness of CDSMP such as: having satisfied participants share their personal successes; using the Collaborative Web site and centralized referral system; partnering with community organizations to promote and implement the CDSMP classes; and using shared marketing materials between Collaborative members.

- Identified ways to ensure fidelity across license holders included continuing the Collaborative webinars; encouraging joint lay-leader training across counties and/or geographic locales; and continuing the role, funding and management of the Collaborative.

The second survey delved more deeply into revenue, costs and other financial aspects related to sustaining CDSMP. Highlights from the survey included the variety of actions that organizations will take, such as:

- Identifying the array of revenue sources used to fund CDSMP, including organizational operating budgets, additional grants, partnerships with medical providers and contracts with other service providers.
• Establishing the variety of actions that organizations will take to finance CDSMP after the federal grant ends, such as: pursuing alternative funding sources, developing more partnerships and leveraging additional resources.

Webinars
As part of the sustainability planning consulting process, two webinars were designed for Collaborative members that aimed to assist CDSMP license holders with developing local plans for license holders to sustain their programs and to present a review of the data gathered in preparation of the business planning retreat.

The intended outcomes of the local sustainability planning webinar included:
• Increasing participant knowledge about key components to sustain CDSMP.
• Identifying critical aspects related to developing local sustainability plans.
• Providing participants with a framework to design local sustainability plans.

Through this webinar, participants received an overview of and access to the Program Sustainability Assessment Tool (PSAT) developed at the Center for Public Health Systems Science at Washington State University. The session discussed the following eight components of the PSAT:
• Environmental Support
• Funding Stability
• Partnerships
• Organizational Capacity
• Program Evaluation
• Program Adaptation
• Strategic Planning

Further, the webinar provided a local sustainability worksheet and summary of the National Council on Aging (NCOA) Cost Calculator. The Cost Calculator, designed by The Lewin Group, helps organizations better understand and manage the costs of administering the CDSMP.

The intended outcomes of the data presentation webinar included:
Reviewing data methods and data-gathering procedures.

Highlighting key data items and themes.

Preparing for the business planning retreat.

**Statewide CDSMP Collaborative Business Plan Development Meeting**

The Collaborative members participated in a business planning session to build on key themes found during the research phase of the process. The specific objectives of the retreat were to:

- Increase knowledge of and identify key components related to CDSMP business planning.
- Discuss and define the optimal structure to sustain CDSMP.
- Discuss and define the role of the Collaborative related to sustaining CDSMP.

The principal outcomes of the planning retreat included defining and approving a shared vision for CDSMP, discussing the future roles of various organizations and State agencies, addressing the need to collect participant outcome data as a tool to promote the successes of the program, identifying the most important aspects of coordinating marketing and generating brand awareness and determining best business strategies for maintaining cohesion, collaboration and sustainability.

The entire data-gathering process was instrumental in informing the approach for development of this business planning report. Provided in the following sections is a roadmap for the state of Colorado to ensure CDSMP is sustainable and expands to meet the needs of Colorado residents, especially seniors with chronic conditions.

### Section 2  Vision

#### 2.1  History and Background

Chronic diseases and conditions—such as heart disease, stroke, cancer, diabetes, obesity and arthritis—are among the most common, costly and preventable of all health problems.iv In addition, treatment for prevalent chronic conditions such as heart disease, cancer, diabetes,
stroke and chronic lung disease accounts for 75 percent of health care expenditures in the United States. v

Reducing the burden of disease on individuals living with chronic health conditions is a priority for Colorado. Data reported in CDPHE’s Chronic Disease State Plan shows that among adult Coloradans aged 45-84 years, 69 percent had at least one of the following conditions: arthritis, asthma, cancer (excluding skin cancer), chronic obstructive pulmonary disease (COPD), depression, diabetes, coronary heart disease/angina, cardio-vascular disease, high blood pressure and stroke. This prevalence was greater among those aged 65+ years (84.6 percent) and 55-64 years (70.2 percent) versus those aged 45–54 years (57.8 percent)vii.

The plan recognized reducing the burden of chronic disease on Colorado citizens as a state public health priorityviii. CDSMP is an evidence-based approach to educating people with chronic conditions on how to maximize their health and manage their conditions in a way that improves their quality of life, reduces health complications and diminishes their need for emergency care. The design is for a peer-led, community-based intervention and has been proven by the Stanford School of Medicine to be successful at improving health for individuals with chronic diseases and reducing related health care costs.

A solid foundation exists for sustaining CDSMP formed by the longevity of the program in Colorado, along with the coordination provided by the Collaborative. The Collaborative is made up of community-based organizations, private agencies, health insurance providers, local public health departments, public medical clinics and universities (See Appendix A: Statewide CDSMP Collaborative Roster). The mission of the Collaborative is to provide guidance to promote, implement and coordinate the sustainability and expansion of CDSMP statewide. The Collaborative coordinates a centralized referral database and Web site for individuals and service providers to find the most convenient CDSMP class in their community.

Sustaining and expanding upon self-management program successes will require a multi-pronged approach involving: 1) coordinated efforts to help persons with multiple chronic conditions become familiar with and have access to evidence-based programs; 2) improved health policies that provide sustained financing through Medicare, Medicaid and other health

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vi. Author's note: This reference is not present in the provided text.

vii. Author's note: This reference is not present in the provided text.

viii. Author's note: This reference is not present in the provided text.
2.2 Vision and Goals
The vision for CDSMP in Colorado is to expand access to evidence-based self-management programs for all residents living with chronic diseases and to ensure that evidence-based self-management and prevention programs are covered by all private and public health care plans. Improving the quality of life for individuals living with chronic health issues by supporting them in self-managing their conditions is a prime advantage of CDSMP and can be made widely available for those in need, potentially at considerable health care costs savings in Colorado.

To achieve this vision it will be critical to integrate CDSMP as an approved benefit in private and public health care plans. An ideal CDSMP statewide system has been defined by the State Unit on Aging (SUA) as an integrated, sustainable service system with easy access to evidence-based chronic disease self-management education programs (CDSME).

Collaborative members believe that CDSMP will have achieved the goal of sustainability when the program is embedded into systems and infrastructure with significant support from policy makers, varied health benefit payers and physician referrals. Additionally, they expect license holders to remain integrally involved expanding services in Colorado and constructing new partnerships.

Building the capacity of CDSMP services in Colorado requires an understanding of strategies to increase the base of payers, current and needed level of referrals/service provision and community and target population needs. Also required will be strengthening the Collaborative, building partnerships and collecting participant outcomes and return-on-investment data.

In a review of the Institute of Medicine’s 2012 Report on Living Well with Chronic Illness, researchers Harris and Wallace report that there needs to be a realignment of incentives to reimburse service providers in community-based settings and an improved flow of communication and clinical information between institutional and community-based settings.
With limited funding and the expiration of a long-standing CDSMP federal grant, identifying new funding streams is of critical importance.

2.3 Needs Statement

The largest growing age cohort in the United States contains individuals over the age of 65. It is estimated that within the next decade, the over-65 cohort will increase by 36 percent, while in Colorado it is projected to increase by 72 percent\textsuperscript{vi}. According to the Centers for Disease Control and Prevention, the majority of U.S. health care and economic costs associated with medical conditions is for the costs of treating and managing chronic diseases and conditions.\textsuperscript{xii} The Colorado Health Report Card states that seniors are falling short of the Healthy People 2020 target in which all seniors have a regular source of medical care.\textsuperscript{xiii}

The Colorado Health Report Card, the Colorado Health Foundation’s annual update on the status of health, health care and health coverage, states that seniors are falling short of the Healthy People 2020 national objectives released each decade by the U.S. Health and Human Services for improving the health of all Americans, including ensuring that all seniors have a regular source of medical care.\textsuperscript{xiv}

The Affordable Care Act (ACA) underscores the potential for chronic disease management to improve the efficiency of health care in the U.S. and recognizes the importance of community in solving the health care issues\textsuperscript{v}. The newly created National Prevention Council is focused on creating a comprehensive strategy to guide the nation’s priorities regarding public health. Developed by the Office of the Surgeon General, the National Prevention Strategy (2011) aims to move America from a sick/disease perspective to increasing longevity and ensuring healthy and productive living. The strategy states that evidence-based preventive services are effective in reducing death and disability and are cost-effective or even cost-saving. Three of the five recommendations of the Clinical and Community Preventive Services Priority of the National Prevention Strategy provide considerable support for utilizing evidence-based services like CDSMP. The prevention aspect of the recommendations are to: support implementation of community-based preventive services and enhance linkages with clinical care; reduce barriers to accessing clinical and community preventive services, especially among populations at
greatest risk; and enhance coordination and integration of clinical, behavioral and complementary health strategies.xvi

National data shows that people with three or more chronic conditions have 14.6 more hospital stays than patients with no chronic conditions, and patients with co-morbidities spend 25 times more nights in the hospital than adults with no chronic conditionsxvii. In Colorado, 26 percent of Medicare fee-for-service beneficiaries with four or fewer chronic conditions incurred 63 percent of all Medicare costs. Per-capita, per-beneficiary costs increased with the number of chronic conditions, from $2,230 for beneficiaries with one or no conditions to $31,524 for those with six conditions or more.xviii

The Colorado Chronic Disease State Plan places a high priority on reducing the burden of chronic disease on the lives of residents throughout Colorado. The plan states that chronic diseases accounted for seven of the state’s top 10 causes of death in 2011. It also reported that the prevalence of several chronic conditions – arthritis, cancer, kidney disease, COPD, diabetes, high blood pressure and stroke – was higher in 2011 among the Medicare fee-for-service population than within the general population of adult Coloradans, an expected finding given that the prevalence of these conditions tends to increase with age.

According to research reported in the online journal Health and Quality of Life Outcomes, Medicare beneficiaries with three or more chronic conditions have 14.6 more hospital stays than patients with no chronic conditions, and patients with co-morbidities spend 25 times more nights in the hospital than adults with no chronic conditionsxix. In Colorado, 26 percent of Medicare Fee-For-Service beneficiaries with four or fewer chronic conditions incurred 63 percent of Medicare costs. Medicare costs per beneficiary increased with the number of chronic conditions, increasing from $2,230 for individuals with 0–1 condition to $31,524 for those with six conditions or more.xx

CDSMP addresses these issues as identified in the Colorado Chronic Disease State Plan. The program has a track record of success in helping people manage their chronic conditions successfully, leading to better health outcomes and reduced health care utilization.
In addition, CDPHE estimates that in 2015, approximately 2.2 million Coloradans age 18 and over, including 780,000 adults age 60 and over, were living with one or more of the following chronic conditions: cancer (not including skin cancer); angina / coronary heart disease; stroke; high blood pressure; high cholesterol; asthma; arthritis; gout/ lupus / fibromyalgia; COPD / emphysema / chronic bronchitis; and / or diabetes.

Data reported by the SUA estimates that 8,000 individuals in Colorado completed the program between 2007 and 2015. So with more than 2 million Colorado adults living with chronic disease and only 8,000 (less than one-half of 1 percent) having participated in a CDSMP workshop, an enormous gap exists between individuals who could benefit from the program and those who have completed the program to date.

That gap will grow even more with the loss of federal grant funding, which has supported nearly half of all CDSMP completers in Colorado. As a result, only about 500 individuals in the state currently have the opportunity to participate in a CDSMP workshop.
Section 3  Capabilities

There is well-developed network of licensed providers with significant commitment to and expertise in providing CDSMP to individuals with chronic disease in Colorado. The Collaborative of 21 organizations has trained a cadre of master trainers and hundreds of lay leaders and has enabled more than 5,000 people to complete the program since 2007. Organizations running the program (known as CDSMP license holders) have formed strong partnerships in their regions to ensure that the program can be delivered effectively to maximize the health of participants and help them to manage their conditions. Partners of the license holding organizations include local recreation centers, hospitals, home health agencies, local health departments, public medical clinics, private health centers, schools, behavioral health service providers, senior centers, health insurance programs, city agencies, state programs, national organizations, faith-based organizations, employee wellness programs and other non-profit organizations. License holders have leveraged significant resources from the private sector to deliver the program through grants, sponsorships and in-kind donations such as free space for classes. These organizations are also highly regarded and well-connected in their local communities, which helps them to build relationships and recruit participants.

CDSMP is a national, evidence-based program that was developed based on research from Stanford University and has been replicated with fidelity at state and local levels across the country. A grant from the U.S. Department of Health and Human Services, Administration for Community Living has provided funding for the Colorado CDSMP services since 2007 for: a) older adults in with chronic health conditions including diabetes, stroke, heart disease, high blood pressure, arthritis, asthma, lung diseases, irritable bowel syndrome, Parkinson’s disease, early stage dementia, hepatitis, depression and many others; b) adults with disabilities ages 18 and over; c) family caregivers of both target populations.

3.1  Evidence Base

The evidence proving that CDSMP helps individuals to improve their health outcomes is provided in a national framework by Stanford School of Medicine. An early study of CDSMP reported six-month improvements in health outcomes for individuals participating in a longitudinal research study showing a decrease in health care utilization rates. Specifically,
participants reported .8 fewer days in a hospital in the past six months, with a trend toward fewer outpatient and emergency department visits.\textsuperscript{xxi}

Thirteen other studies were conducted to determine the effectiveness of CDSMP to improve the health-related quality of life for participant. In these studies, CDSMP consistently resulted in greater energy/reduced fatigue, increased exercise, fewer social role limitations, better psychological well-being, enhanced partnerships with physicians, improved health status and greater self-efficacy. Additionally, the same studies yielded the outcome that CDSMP saves enough money through reductions in health care expenditures to pay for itself within the first year.\textsuperscript{xxii}

Helping individuals to manage their own disease is valuable to Colorado service providers and residents. Many studies have proven that when individuals participate in CDSMP, they have an increased opportunity to create significant, long-lasting change in their personal health. Individuals with chronic disease who use the hospital emergency room as their first stop for care can greatly benefit from CDSMP. The research that accompanies the model has proven to enable the target population to manage health needs in outpatient settings while reducing emergency room utilization rates. Providing an effective, evidence-based intervention that significantly improves an individual's quality of life is vital to the health of these individuals.

3.2 Stakeholders and Partnerships

There is a wide array of service providers committed to chronic disease self-management in Colorado. Partnering members of the Collaborative agree to be jointly accountable regarding the administration of CDSMP in accordance with Stanford licensing requirements. License holders are responsible for conducting workshops and maintaining fidelity to the Stanford program. Additionally, members of the Collaborative are responsible for submitting a calendar of classes, collecting and submitting required data and ensuring lay leaders maintain fidelity to program protocols.

Many individual license holders convene their own distinctive continuum of partners to implement and maintain CDSMP in their communities, while the Collaborative convenes license holders on a statewide basis. The Colorado Department of Human Services, State Unit on Aging
(SUA) has been the primary manager of CDSMP since 2012 and has partnered with Colorado Department of Public Health and Environment on the program since 2007. A privately maintained Web site houses information about the program, classes, professional training and referral processes.

In Colorado, license holders have developed CDSMP delivery systems through various structures and partnerships, including relationships with local public health departments, parks and recreation centers, senior community centers, hospitals, assisted living facilities and other community agencies. Community-based organizations can be viable sources of collaboration for implementing CDSMP with the desired target population.

On the national level, the following types of organizations have been active participants in delivering CDSMP: ethnic/minority-based organizations, faith-based organizations, U.S. Department of Veterans Affairs, YMCAs and recreation centers, organizations serving people with disabilities, mental health/behavioral health providers, Area Health Education Centers, senior housing organizations, advocacy/support groups, employee benefits programs, Native American tribal organizations, independent living centers, universities, hospitals, Federally Qualified Health Centers, primary care practices, other health care systems, local health departments and health insurers/health plans. xxiii

Effectively recruiting participants is critical to the success of local programs. Data provided by National Council on Aging (NCOA) showed that most states receive referrals for CDSMP participants by connecting with the following agencies/programs in their communities:

- Tobacco cessation programs;
- Local health departments;
- Aging and Disability Resource Centers (ADRCs);
- Cross referrals from other evidence-based programs;
- Health care systems (including local doctors, health plans and retiree services);
- Medicaid’s State Health Insurance Assistance Program.

Additionally, a quarter of the states reported referral partnerships from:

- Medicaid waiver plans;
• Medicaid dual-eligible plans;
• Medicaid managed care plans;
• State health insurance exchanges.

In Colorado, the State Unit on Aging (SUA) has provided support for the CDSMP license holders. Regular involvement by the SUA after the current federal CDSMP grant ends in August 2015, is encouraged. Supporting sustainability efforts, participating on the statewide Collaborative, assisting in the outreach to financial prospects as well as acting as a liaison to new partners will add significant value to the sustainability model. The SUA has been instrumental in supporting a vibrant, highly informative group of license holders, and there continues to be a need for connection and partnership, including helping organizations to network, participating on and supporting the Collaborative, assisting with outreach to funding sources and working as a liaison with new CDSMP partners.

3.3 Challenges
There are many challenges associated with sustaining and expanding CDSMP throughout Colorado. Competing causes, limited payers, program administration costs, lack of public awareness and absence of Colorado-specific empirical research are among the obstacles for sustainability. In 2013, the Colorado Health Foundation (CHF) initiated a 10-year strategy that addresses health care costs and affordability to ensure coverage expansions are sustained over time. A collective impact workgroup, comprised of statewide health care leaders associated with CHF, identified an approach to accelerate improving the efficacy of the health care system while achieving better health for the population. Keeping abreast of the milestones achieved by CHF’s collective impact process and understanding how CDSMP fits into these findings may be important to CDSMP’s sustainability. The workgroup has reported expecting significant changes to the health care delivery and payment systems, thus this should be a process that is closely monitored.

At the time this research was conducted, only three of 16 Area Agencies on Aging (AAAs) were CDSMP license holders and active participants in the Statewide Collaborative. The clients of some other AAAs have access to CDSMP through external organizations, and at least one AAA contracts with a nonprofit organization to provide classes to its clients. There have been various
factors identified that have kept other AAAs from utilizing CDSMP with their target populations, including priorities within each agency to apply funds to the programs that they believe are most needed.

CDSMP may have potential for integration of into Care Transitions Programs. Providing care transition from a hospital stay into a CDSMP class is a strategy that has already been integrated by previous care transition activities. Also, with the Centers for Medicare & Medicaid Service's emphasis on reducing hospital readmissions, CDSMP could provide a means to help maintain a successful transition from hospital to community.

The copious amount of national research demonstrating the health benefits and cost savings associated with CDSMP points to a clear need to increase the availability of CDSMP in all regions of Colorado. As these studies suggest, when individuals with chronic disease complete these classes, positive changes occur.

Funding of the sustainability outreach effort is another challenge. Sustainability materials currently can be produced with unexpended federal grant funds previously budgeted for this purpose, and staff support for sustainability actions currently is available through the SUA. But additional funding to support the involvement of a nonprofit organization, which could require funding not available at this time and will require additional conversations with Collaborative partners.
CDSMP in Colorado faces the challenge of sustaining its infrastructure and ability to deliver the program after the conclusion of the federal grant in August 2015. Without a dedicated, federal or state funding stream, financial sustainability will require a combination of revenue from sources such as license holders, community-based organizations and/or others, in addition to inclusion of CDSMP as an approved reimbursable benefit from a broad range of payers.

A case could be made for the State of Colorado to invest directly in the program. The report “An Unhealthy America: The Economic Burden of Chronic Disease – Charting a New Course to Save Lives and Increase Productivity and Economic Growth” (2007) states that the most common chronic diseases are costing the U.S. economy more than $1 trillion annually—and that figure threatens to reach $6 trillion by the middle of the century. Yet much of this cost is avoidable. The 2011 Colorado Health Report card states that investing in evidence-based public health programs could substantially reduce health care costs in Colorado. The Colorado Health Report goes on to state that a study produced by the Trust for America’s Health estimated an annual investment of $10 per Coloradan in community-based prevention initiatives could save more than $232 million annually in health care costs after five years. The return on investment was calculated at $5 for every $1 invested.

Thus, there continues to be a significant need for a reliable long-term funding base to decrease the impact that chronic illnesses has on the lives of Colorado residents.

4.1 Required Resources
The resources required to implement a series of CDSMP classes for community-based providers include budget items such as staff coordination, license fees, lay leader stipend, marketing/recruiting materials and class materials. Over the three-year grant that ended August 31, 2015, CDSMP license holders received $160 per completer for an agreed-upon number of completers each year, depending on license holder capacity. This number ranged from fewer than 10 completers for some organizations to more than 60 for others. Under the grant, the corresponding grant funding ranged from approximately $800 per license holder to $10,500. Additional costs of administering and monitoring local subcontracts were approximately $120 per completer.
Overall, Collaborative members responding to a recent survey reported less than 50 percent of their funding for CDSMP coming from the federal grant. In fact, Collaborative members currently engage in an assortment of revenue generating strategies to fund CDSMP for their community participants. Supplementary funds come from private philanthropic organizations, grants, general operating budgets, fundraising events, private medical providers as well as client registration fees.

4.2 Cost Savings/Return on Investment

With the estimated $5 savings on total health care to $1 investment, as reported in the Colorado Health Report, the benefits and cost savings of CDSMP are significant. National data has shown that participating in CDSMP significantly reduces health care costs. Findings from analyses in a 2013 report on the health care savings of CDSMP showed significant reductions in emergency department visits (5 percent) at both the six-month and 12-month assessments as well as hospitalizations (3 percent) at six months among national CDSMP participants. This equates to potential net savings of $364 per participant and a national savings of $3.3 billion if 5 percent of adults with one or more chronic conditions were reached.xxviii

Colorado follows the same formula as National Council on Aging (NCOA) to determine per-person costs and savings specific to CDSMP. NCOA defined categories of costs/savings as:

- $364 per person net savings after considering program costs at $350 per participant.xxx
- $714 per person savings in emergency room visits and hospital utilization.

The following table depicts the approximate costs and savings between September 1, 2013, and August 31, 2014, based on NCOA estimates.

<table>
<thead>
<tr>
<th></th>
<th>Savings in ED Visits and Hospital Utilization ($714/pp)</th>
<th>Net Savings ($364/pp)</th>
<th>Completers</th>
<th>Cost/Completer ($350/pp)</th>
</tr>
</thead>
</table>

| ACL grant-funded completers from 9/1/13-8/31/14 * | $316,302 | $161,252 | 443 | $155,050 |
| Non-ACL completers from 9/1/13-8/31/14 * | $276,318 | $140,868 | 387 | $135,450 |
| **TOTAL** | **$592,620** | **$302,120** | 830 |  |

* “ACL grant-funded completers” refers to the number of individuals who attended at least four of six CDSMP classes that were funded through the U.S. Administration for Community Living grant. “Non-ACL completers” refers to similar individuals who attended classes funded through sources other than the ACL grant.

Researchers have concluded that CDSMP appears to save enough through reductions in health care expenditures to pay for itself within the first year of implementation. Based on the above table, CDSMP would save the state of Colorado an estimated $600,000 per year in health care costs, or $3 million over 5 years.

As the nation’s adult population ages, without significant intervention and assistance of proven self-management programs like CDSMP, the outlook for rising costs is grim. As reported in a 2012 Journal of American Medication Association article, one of every three dollars spent in America by 2040 will be spent on health care, and at least 65 percent of those dollars spent will be on patients with 10 multiple chronic conditions.

4.3 Investing in CDSMP

Demonstrated by the research, CDSMP has proven to be effective for lowering health care related costs while improving the health of participants. The National Prevention Council in The National Prevention Strategy (2011) recommends using payment and reimbursement mechanisms to encourage delivery of clinical preventive services. Investing in CDSMP requires building relationships with health insurance providers, managed care partners and hospitals to initiate the steps required to support CDSMP throughout the state.

A call to action in a recent Institute of Medicine report points to the importance for the three major care reimbursement methodologies – capitation, fee-for-service and health care provider
salaries – to provide adequate incentives for preventive and other care aimed at increasing quality of life for people with chronic illnesses.\textsuperscript{xxxii}

The call to action by the Institute of Medicine in their recent report, shares the critical importance for the three major care reimbursement systems – capitation, fee-for-service or salary (health care provider) – to provide adequate incentives for preventive and other care aimed at increasing quality of life for people with chronic illnesses.\textsuperscript{xxxiii}

Further, the potential of CDSMP to contribute to cost savings while improving health status may provide an incentive for alignment with Accountable Care Organizations, models of enhanced primary care, initiatives for dual-eligible beneficiaries and State Innovation Models.\textsuperscript{xxxiv}

One aim of sustainability is to eventually provide CDSMP as a service that can be reimbursed through a variety of sources. To accomplish this, CDSMP services must abide by regulatory requirements.\textsuperscript{xxxv} These requirements often include a series of comprehensive steps that the approved service provider needs to perform. Each payer has a unique set of conditions in need of fulfillment.

\textit{Managed Care and Health Insurance Providers}

According to consultant Timothy McNeill in his 2014 presentation on \textit{Sustainability in a Changing Health care Landscape}, traditional service delivery and clinical models have significant requirements to receive reimbursement for Diabetes Self-Management Training, or DSMT, a variation of DMSP. For a traditional managed care service delivery model, organizations seeking reimbursement for DSMT need to conduct a thorough client assessment, including educational needs and barriers for learning, development of educational plan with goals and evaluation measures, provision of beneficiary consent for service and documentation of compliance with HIPAA regulations.

Medical necessity must be determined in the clinical model in order for preventative health and wellness programs to be eligible for managed care reimbursement. This includes having a clinical plan, provider referral for services, clinical supervision and communication of outcomes to referring providers.
Coordinating with managed care and health insurance providers may involve obstacles, however this should not be considered insurmountable. One consideration regarding approving payments by health insurance companies involves the benefit for enrolled members vs. benefit to the practice or provider. Providing benefits to enrolled members requires health insurers to define what the reimbursement covers. For example, is the reimbursable benefit for: a) the enrolled member, b) the completer, or c) paid on a per-member/per-month basis for overall access to CDSMP classes? Providing a benefit to the practice as a whole engages a completely different set of questions to answer: Does the benefit cover the entire cost for the class or a risk-sharing condition in which the insurer pays the class costs if the patient achieves certain milestones?

An example of the way health insurers are incorporating CDSMP into their member benefits can be seen by the work in California. The Healthier Living Collaboration in California reports that Blue Cross Blue Shield is partnering with Dignity Health to pilot CDSMP as a paid benefit with their members. The Healthier Living Collaboration receives reimbursement ($50) from the insurance company for an individual member who attends either the first or the first two sessions of the workshop and an additional $247 for those who complete all six sessions. The maximum reimbursement per member is $297.

Medicaid and Medicare

In the 2009 Report to Congress, the Centers for Medicare and Medicaid Services’ (CMS) Evaluation of Community-Based Wellness and Prevention Programs, CDSMP was identified to demonstrate a reduction in unplanned hospital utilization and costs, suggesting a potential for future long-term savings.

Medicaid and Medicare provide viable options to make CDSMP available for their beneficiaries. The Colorado Medicaid Benefits Collaborative is responsible for the Benefit Coverage Standards that outline the appropriate amount, scope and duration of Medicaid services. To be considered an allowable benefit, any potential service must go through a rigorous review and be approved by the Medical Services Board and be incorporated into Colorado Medicaid rules. In addition, if
a change in funding is requested, the governor would need to approve an appropriation sent to him from the General Assembly. According to the Colorado Department of Health Care Policy and Financing, a service must be available statewide in order to be an approved benefit. While CDSMP is available with a widespread geographic reach, full statewide access has not yet been achieved.

Building relationships with leaders at CMS and promoting the benefits of CDSMP in Colorado is the first step of many that can pave the way for future discussions regarding adding the program as a reimbursable benefit under Medicare and Medicaid. As partnerships are cultivated within the leadership of CMS, a more immediate possibility to sustain CDSMP may be possible with the Regional Care Collaborative Organizations (RCCO).

Regional Care Collaborative Organizations
The RCCOs are Colorado’s approach to increasing access to quality health care designed as a part of the Accountable Care Collaborative (ACC) program. With over 350,000 clients and more than 2,300 primary care physicians participating, the ACC has garnered the attention of various aspects of the health care system in Colorado and has built a strong foundation for continuous change.xxxviii

RCCOs are designed to provide coordinated care for Medicaid clients by connecting them with a “medical home,” which is led by a primary care medical provider (PCMP) and includes other services to promote quality of life. In the ACC program, all clients are required to have a PCMP, with the intended result of managing care effectively while reducing unnecessary health care costs. As of 2013, the Department of Health Care Policy and Financing (HCPF) identified three key performance indicators to target initial improvement efforts and gauge the program’s impact: 1) inpatient hospital readmissions; 2) emergency room visits; and 3) reduced need for high-cost imaging services. As reported in the HCPF 2013 Annual Report, Colorado ACA clients showed: 1) 15-20 percent reduction in hospital readmissions; 2) 1.9 percent increase in emergency room utilization as compared to a 2.8 percent increase among people not enrolled in the ACC program; and 3) 25 percent reduction in the use of high-cost imaging services.xxxix
The RCCOs provide two encouraging strategies for sustaining CDSMP: 1) the Dual-Eligible Beneficiaries Program gives an opportunity for case managers of dual-eligible clients to recommend CDSMP into patients’ care plans, and 2) having a flexible spending structure permits the RCCOs to spend their funding to serve clients through a variety of evidence-based strategies.

Dual-Eligible Beneficiaries are individuals who meet certain income and resource requirements and are receiving Medicare Part A and/or Part B of Full Medicaid/Medicaid Savings Program. In February 2014, the U.S. Department of Health and Human Services announced that the State of Colorado will partner with the Centers for Medicare & Medicaid Services (CMS) to test a new model for providing Medicare-Medicaid enrollees with a more coordinated, person-centered care experience. Under the demonstration, Colorado will work with CMS to provide enhanced care coordination for over 48,000 Medicare-Medicaid enrollees in the state. The purpose of this new program design is to help Medicare and Medicaid coverage work more cohesively for the member. Each dual-eligible client is enrolled with a RCCO to work with the primary care medical provider (PCMP) and to coordinate patient access to prescription drug access, case management after hospitalization and other services. In Colorado, many Medicare-Medicaid enrollees suffer from multiple or severe chronic conditions and could benefit from better care coordination and management of health and long-term supports and services.\textsuperscript{xl}

CDSMP is a highly effective tool to enhance all of the recent success that the ACC has experienced in reducing Colorado health care utilization costs. Introducing a deeper knowledge of the benefits of CDSMP at the RCCO level would start with helping leaders of organizations serving seniors in Colorado and RCCO contract managers understand how CDSMP can assist their organization with achieving their goals and health metrics. The RCCOs have some flexibility in selecting the services that are paid for and provided to clients. The care coordination function of the RCCO can be utilized as an access point for encouraging medical providers to refer their clients to CDSMP.

The Diabetes Self-Management Training program (DSMT) is an example of an evidence-based chronic disease self-management program that is eligible to receive reimbursement from Medicare. However, the organization providing the reimbursable service must either work with an approved provider or obtain their own Medicare number. Anecdotal information indicates
that the clinical requirements of the service provider in addition to the burden of filing the application, are quite complicated for the average community-based organization. Nevertheless, the DSMT is very similar to the CDSMP and could be a good option for advancing reimbursement for CDSMP, especially if this approach could be streamlined at the policy and regulatory levels.

*Employee Wellness Benefits*

Achieving CDSMP reimbursement within employee wellness programs is a promising strategy for sustainability. The state of Colorado is the employer to approximately 38,000 employees and impacts +4,000 individual lives. Recently the state began offering a 16-week Diabetes Prevention Program (DPP) course as part of the employee wellness benefits. Additionally, the Chronic Disease Health Plan states that one criteria for success of this worksite wellness initiative was that health insurance plans for state workers include evidence-based incentives for health risk assessments, biometric screenings and follow-up prevention and early detection and disease management programs, including tobacco cessation and weight loss programs.xli

Building on the success developed by the availability of DPP with state employee wellness programs may provide another strategy for CDSMP to help improve the health outcomes of individuals with chronic illness.

In addition, beginning in 2014, Oregon was highly successful in achieving an agreement with the public employee benefits board to gain CDSMP approved as a paid benefit for all public employees.xlii
Section 5  Marketing

5.1 Marketing the Message
Marketing CDSMP is a vital step to ensure access to the program and to ensure its sustainability. Individuals with chronic illnesses need to know that this effective self-management program is available to them. Medical professionals, long-term care providers and others who work with people with chronic conditions need to be made aware of this important resource that can improve the health of the people they serve. The more people who could benefit from the program and the more the health community are aware of the program, the more likely it is to be funded and sustained. Currently, the Collaborative coordinates some marketing efforts, however an expanded marketing strategy is needed to increase awareness and generate referrals to reach a critical mass of participation in the program. This kind of awareness is also important to build a strong case for the importance of CDSMP programs as a reimbursable benefit.

A report generated after the 2012 U.S Department of Health and Human Services’ Scaling and Sustaining Self-Management Program Meeting shared the importance of community-based organizations promoting CDSMP because then the market responds—as evidenced by the more than 140,000 individuals across the country who have participated in Stanford Self-Management programs over the past 18 months.xliii The more broadly that the benefits of CDSMP can be shared with the individuals dealing with chronic disease, the more likely they will be to take classes which can in turn influence increasing resources for a highly demanded program.

The Statewide CDSMP Collaborative can play a large role in strengthening connections and gaining support from policy holders, decision makers and potential funders. But CDSMP needs a champion, with all stakeholders and partners speaking in one voice about it. While all partners have distinct interests and levels of involvement, maximizing their involvement is a key strategy. Creating a continuum of service aspects, starting with resource and referral and ending with completers, would allow each Collaborative member to determine where their expertise/time can be best spent for the purposes of sustaining CDSMP. Examining the purpose, role and management of the Collaborative after the federal grant runs out will be a key step in building sustainability for CDSMP in the future.
Section 6   Key Strategies

Through this consulting contract, the process of probing for the most significant ways to sustain CDSMP over the next decade uncovered a set of key strategies that would build the likelihood of increasing CDSMP classes throughout Colorado. The data gathered to form the business plan clearly demonstrates the health care savings as well as improvements to individual’s quality of health and life after participating in CDSMP. Utilizing CDSMP as a premier evidence-based program showcases considerable promise with achieving the three CMS goals referenced previously: better care, better health and lower cost.

Sustaining CDSMP as a regularly utilized, uninterrupted, evidence-based program widely used in geographic regions of Colorado benefits not only the program participant but the state as a whole. The outcomes of CDSMP directly match outcomes held and hoped for by hospitals, managed care organizations, policy makers, health insurance providers among many others.

Here are the recommended key strategies for sustaining CDSMP in Colorado (followed by more detailed descriptions):

1. Build greater awareness of CDSMP benefits;
2. Gather and report Colorado-specific CDSMP data on outcomes and costs;
3. Strengthen relationships with payers;
4. Consider restructuring the CDSMP Collaborative and/or engage a nonprofit organization to implement creative new funding strategies and manage related issues;
5. Identify a set of public champions to consistently communicate CDSMP’s positive impact; and
6. Maximize the involvement of partners.

6.1 Increasing Awareness of CDSMP

Increasing awareness of the benefits of CDSMP among organizations serving individuals with chronic health needs is a recommended priority. Currently, only select providers know of and understand the value of CDSMP in improving the quality of life and reducing costs spent on recurring health care visits.

In a July 2010 NCOA Webinar, John Beilenson, founder and president of Strategic Communications & Planning, presented Marketing CDSMP: The Basics and Beyond. This
presentation demonstrated the necessary steps to promote the awareness and knowledge of CDSMP. Two important questions were posed to prompt the development of a comprehensive marketing strategy: 1) what relationships do you have; 2) what relationships do you need? Both of these questions need to be answered for all audiences including individuals with chronic diseases; payers; funders; service providers; potential partnering agencies; medical providers; hospitals and other health care facilities. A comprehensive marketing strategy begins with understanding what messaging is needed to benefit the specific audience and ends with the unified delivery of that branded message to constituents.

Demonstrating the return on investment from CDSMP could be convincing for policy makers to adopt and promote the intervention. Conducting outreach to medical practices to generate awareness about the role that CDSMP can play in Patient-Centered Medical Homes can support embedding the program in clinics throughout the state. Physicians can act as referral sources for patients who need extra education to manage their chronic illness, create behavior change and improve their health.

6.2 Colorado Research
While national data demonstrates the effectiveness of CDSMP and classifies it as an evidence-based program, key stakeholders identified the need to develop empirical evidence on the outcomes and cost-savings of CDSMP specific to Colorado. Conducting a statistically significant, reliable and valid research study with Colorado CDSMP participants could support approaching policy makers for funding allocations. This research should show Colorado-specific indicators such as return on investment, cost-savings measures, improved quality of life/health metrics and diminished health care utilization rates. Developing pilot projects to test outcomes and collect the needed data to support CDSMP as a paid benefit is recommended. Further, in order to place CDSMP on the priority list for payment under the CMS, it would be helpful to have Colorado-specific costs savings and return-on-investment data reflecting the value of the program.

In Northern Colorado, participant outcome data was tracked by a license-holder organization interested in replicating the Stanford evaluation. This involved tracking participant outcomes using the written survey developed by Stanford University, which involves self-reported data
from participants before the workshop and at six and 12 months after the workshop. Survey questions focused on participants’ health status, emergency room visits and hospitalizations. Using this information, along with the average costs of emergency room visits and hospitalizations at University of Colorado North, program staff was able calculate localized data on cost savings. The results showed that for the 146 individuals who participated in CDMSP between 2008-2011, there was a cost savings of $4,547 per participant with a total cost avoidance (hospitalizations, emergency department visits, falls, doctor visits) of $663,922.

According to the program staff, the ability to provide cost-savings data was the single most persuasive reason for organizations in the area to enthusiastically embrace CDSMP and to integrate it into their programs and facilities.

6.3 Coordination with Payers

A comprehensive, organized, directed process is required to build connections with payers that have the ability to make CDSMP a reimbursable benefit. Communication, follow-through and accountability can be key “touch-points” in the dialogue with payers. An immediate recommended strategic action item is to communicate the substantial CDSMP effectiveness data to RCCOs, as they have the flexibility to fund CDSMP on the local level. In addition, designing, implementing and tracking CDSMP outcomes through a RCCO pilot project could provide much needed return-on-investment data.

One effective way to collaborate with health care plans would be through employee wellness programs. Health care plans may be interested in this type of self-management program, but may not specifically know that CDSMP exists. Increased visibility and working with the Colorado Community Managed Care Network or Colorado Managed Care Collaborative was suggested as a strategy to encourage health care plans to partner with CDSMP.

According to NCOA, nonprofit hospitals are required to demonstrate community benefits in order to maintain their tax-exempt status with the Internal Revenue Service. This may be an opportunity to encourage them to provide a continued source of referrals and financial support. In addition, hospitals can be encouraged to refer patients into self-management programs to help reach their goals of reducing re-admissions. Providing training for discharge workers, social workers and case managers to connect individuals with chronic health issues to
CDSMP is one recruitment tactic that could lead to reduced hospitalization rates and emergency room visits. Additionally, it would be helpful to scan hospital system organization charts and identify all staff who could be key sources of referral to or provision of CDSMP classes.

Developing a pilot project with a high-need subset of former hospital patients could provide powerful results about CDSMP benefits and outcomes. A supplementary role for the Collaborative could be to partner with the Colorado Community Health Network and other associations and networks that treat medically underserved individuals.

6.4 The Future Role of the Collaborative
In the future, the Statewide CDSMP Collaborative can continue to play a large role in sustaining and growing CDSMP in the state. Examining the purpose, role and management of the Collaborative after the federal grant expires will be a key step in building sustainability for CDSMP in the future. Sustaining CDSMP in an equitably diverse manner in all regions of Colorado will require direction, coordination and accountability.

Collaborative members are interested in designing a continuum of services necessary for executing CDSMP classes, starting with resource and referral and ending with completers. This type of continuum would provide a universal example for use by Collaborative members and interested license holders in generating commitment and involvement from local organizations.

Further, some of the Collaborative members are currently implementing creative strategies for funding CDSMP. One possibility for other members to consider is the ability of participants contributing fees to be in the classes. If there were vivid evidence and testimonials from the completers who have seen positive health results and paid for their own classes, then other individuals might be willing pay as well.

Standardizing or designing a common name and marketing identity for CDSMP to use throughout the state will be helpful to strengthen recognition of the program among a variety of target groups. In Maryland, for example, CDSMP is offered by a range of nonprofit and governmental providers under the name “Living Well.” Marketing materials that promote successes and benefits to residents can greatly impact positive awareness about chronic disease self-management. Demonstrating success of individuals who have gone through CDSMP and
sharing their improved quality of life status through visible stories can raise awareness across the state of how CDSMP changes lives.

**A New Business Model**

Sustaining CDSMP requires commitment, perseverance and directing of all components mentioned as part of this business plan. Over the next few years, relationships need to be developed and actions need to be taken in order for CDSMP to become a permanent, sustainable feature of health care delivery for all seniors and others with chronic conditions in Colorado. Coordination is necessary among the Collaborative members and other license holders on issues such as marketing, best practices, outcomes measurement, partnership, development and joint fundraising, in addition to rigorous advocacy for inclusion among a variety of payers. A critical aspect will be the management of additional steps needing coordination in order to use managed care as payment for services.

The primary decision from the retreat amid many other important results was to restructure the Collaborative or use another nonprofit organization in effort to manage all of the aforementioned aspects related to sustaining and expanding CDSMP throughout Colorado.

### 6.5 Public Champions

To better integrate and leverage CDSMP to improve organization and financing of health care, new initiatives are needed to: 1) strengthen collaboration among health care organizations, community partners and public health agencies; 2) establish useful quality measures related to self-management; and 3) incentivize providers to further support evidence-based approaches to self-management. xliv

The Statewide CDSMP Collaborative can play a large role in strengthening connections with and gaining support from policy holders, decision makers and potential funders. Sustainability requires a set of public champions to regularly highlight the positive impact that CDSMP has on the lives of the participants as well as the cost-savings available to the state. Building and maintaining a visible case for CDSMP through the use of public champions will help to sustain CDSMP as recognition of success becomes widely understand and valued. While all partners have distinct interests and levels of involvement, maximizing their involvement is of extreme importance.
6.6 Partnerships

While all partners have distinct interests and levels of involvement, maximizing their involvement is a key strategy. Public health agencies and community-based organizations can work together in creative ways to provide CDSMP in their local communities. Some of this currently happens through the leadership of Collaborative members. However, creating a set of standard models for license holders to follow will assist their ability to build local involvement resulting in uninterrupted services.

Partners such as local hospitals, Federally Qualified Health Centers (FQHCs) and private physician offices can provide financial and in-kind support, as well as patient referrals. Some community-based organizations in Colorado have reported outstanding cooperation that resulted in CDSMP being embedded into FQHCs and Patient-Centered Medical Homes (PCMHs). Connecting with the medical community and communicating the value of CDSMP for their patients is critical to establishing these connections. CDSMP fits well in the PCMH model because of its focus on individual health outcomes.

A recent mandate from the Administration for Community Living requires AAAs to provide only evidence-based interventions with their Title III-D funds. Title III Part D section 361 of the Older Americans Act for Disease Prevention and Health Promotion may only be used for programs and activities which have been demonstrated through rigorous evaluation to be evidence-based and effective. This is a prime opportunity for strengthening relationships between license holders and the AAAs statewide.

Purposefully strengthening the connections between partners will result in a greater percentage of individuals becoming completers; experiencing positive health benefits and reducing the burden of chronic disease on health care costs.
Conclusion

The Chronic Disease Self-Management Program has surpassed expectations to improve health outcomes while reducing health care costs associated with chronic illness. For many years, CDSMP has been actively utilized among license holders and community-based organizations to increase the quality of life for constituents in need of health care. The need for the program is going to increase as the senior population ages. With the continued rise of the impact of chronic disease on populations in the United States, there is a greater need for CDSMP to be embedded into medical programs and supported by multiple payer systems.

The Statewide CDSMP Collaborative has created a highly-effective infrastructure in that has already incorporated initial startup costs and now has an experienced network of provider organizations, professional and lay leaders and community partners. Allowing this program to wither after the conclusion of the federal grant would deprive Colorado residents of a highly effective program and would deprive the state of an opportunity to slow rising costs in health care. With sustained commitment, CDSMP can increase to serve a larger statewide reach, yield health improvements while saving money.

Local planning, in cooperation with the driving statewide Collaborative, is critical to ensuring that services are uninterrupted. Partnerships must be expanded with health care and insurance providers, employers, medical providers, foundations and other potential partners. In addition, decision makers and policy leaders must understand the critical nature of investing in CDSMP as a high priority strategy toward better health, better care and lower costs.
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Statewide CDSMP Collaborative
(As of January 7, 2015)

American Diabetes Association: Emily Fay and Sue Glass
Boulder County Area Agency on Aging: Melissa Pruitt
Central Colorado Area Health Education Center: Lindsey Blackwelder
Center for African American Health: Glenda Mitchell
Clinica Tepeyac: Susana Arreola, Maribel Olivas, Maria Lopez and Flossie O’Leary
Colorado Department of Health Care Policy and Financing: Katie Mortenson
Colorado Department of Human Services, State Unit on Aging: Connie Young
Colorado Department of Public Health and Environment: Kelly McCracken
Colorado Neurological Institute: Luci Draayer
Consortium for Older Adult Wellness: Lynnzy McIntosh and Maripat Gallas
Hilltop Senior Life Options: Sue Conry
Kit Carson County Health and Human Services: Dawn James and Vicky Kosch
Mesa County Physicians IPA, Inc.: Brittni Newton
South-Central Colorado Seniors, Inc.: Monica Wolfe
Southeast Colorado Area Health Education Center: Crystal Rider, Eva Muniz-Valdez, Shanae Gutierrez and Doreen Gonzales
Southwestern Colorado Area Health Education Center: Kathleen McInnis
Telligen: Meredith Koob
Tri-County Health: Heather Sorensen and Samantha Decker
University of Colorado Health North: Ellen Pihlstrom
Weld County Area Agency on Aging: Holly Darby and Whitney Janzen-Pankratz