

Issue Brief

Funding for Chronic Disease Self-Management Education (CDSME) Programs

In support of restoring funding to \$16 million for FY19 for Chronic Disease Self-Management Education programs.

CDSME Background

Chronic diseases account for more than 70% of deaths in the United States. Older Americans are disproportionately affected by these conditions, which account for 86% of all health care expenditures. Furthermore, chronic conditions among older adults specifically account for 66% of the overall U.S. health care budget. About 80% of older adults have at least one chronic disease and two-thirds have two or more. Data show that as an individual's number of chronic conditions increases, there is a corresponding escalation in unfavorable outcomes including poor functional status, unnecessary hospitalizations, adverse drug events, duplicative tests, and conflicting medical advice – all of which lead to higher health costs and increased Medicare and Medicaid spending.

People living with chronic conditions only spend about 1% of their time interacting with health professionals. Public policies need to be sensitive to what happens during the time that people are not with their health providers and focus more attention on how better self-management can reduce costs and improve health outcomes and quality of life.

The best known and most highly regarded self-management program for people with chronic conditions is Stanford University's suite of CDSME programs. CDSME is a low-cost, evidence-based disease management intervention that utilizes state-of-the-art techniques to help those with chronic diseases - take personal responsibility in managing their conditions, improving their health status, and reducing their need for more costly medical care. The program consists of a series of workshops over six weeks in community settings or on-line. Participants develop the skills and coping strategies needed to manage their symptoms through action planning, interactive learning, behavior modeling, problem-solving, decision-making, and social support for change.

CDSME has been shown repeatedly through multiple studies (including randomized control trials with both English and non-English speaking populations) to be effective at helping people with all types of chronic conditions to adopt healthy behaviors, improve health status and reduce use of hospital stays and emergency room (ER) visits.

Evidence of CDSME Effectiveness

A key feature of CDSME is the **strength of evidence about its impact**. Based on a review of major published studies, CDSME results in significant, measurable improvements in health and quality of life for people with chronic conditions. These include considerable improvements in health status, self-efficacy, and psychological well-being; increased physical activity; fewer social role limitations and reduced fatigue; and improved communication with their health care providers. Cost savings research has shown impressive results:

- A 2013 national study supported by the Administration on Aging of 1,170 Chronic Disease Self-Management Program (CDSMP – the most widespread and researched CDSME program) enrollees found (<http://www.ncoa.org/assets/files/pdf/center-for-healthy-aging/National-Study-Brief-FINAL.pdf>):

- \$714 per person savings in reduced emergency room visits and hospital utilization.
- \$364 per person net savings after considering program costs at \$350 per participant.
- **Potential saving of \$6.6 billion** by reaching 10% of Americans with one or more chronic conditions.
- One U.S. study published in *Medical Care* found a 2.5 visit reduction in ER and outpatient visits per participant over 2 years, and a 0.49 day reduction in hospitalizations in the first 6 months of the study.
- Another U.S. study published in *Effective Clinical Practice* of CDSMP participants recruited from Kaiser Permanente hospitals and clinics and the Group Health Cooperative of Puget Sound found that, over a one-year period, participants had a mean 0.97 day reduction in hospitalization and averaged 0.2 fewer ER visits. This suggests an estimated savings of about \$1,000 per participant in the first year.
- In a 2010 United Kingdom study, 50% of CDSMP participants reported fewer unscheduled visits to their primary care physician, and 35% reported reducing the amount of medication they used after attending CDSMP. Total cost savings were approximately \$2,934 per CDSMP participant per year.

CDSME Funding History

Over time the federal government has provided dedicated funding to CDSME through three sources: AoA discretionary Program Innovations funding (Title IV of the Older Americans Act) for Health and Long-Term Care Services (formerly known as Choices for Independence, which began in 2003), American Recovery and Reinvestment Act (ARRA) stimulus funding, and the Prevention and Public Health Fund (PPHF) beginning in FY12.

- **\$32.3 million** over two years starting in March 2012 was provided as part of the ARRA \$650 million Prevention and Wellness Fund.
- \$10 million was allocated in FY12 from the Prevention and Public Health Fund (PPHF), which succeeded the ARRA Prevention and Wellness fund.
- \$7.1 million in FY13, and \$8 million per year in FY14-FY18, allocated from the PPHF.

These funding sources have enabled the development of a solid infrastructure that has included over 14,000 community-based delivery sites and a national technical assistance center. So far, over 350,000 individuals have participated in CDSME programs. But much more needs to be done to help the millions who can benefit from these programs but have no access to them.

In 2010 through 2012, AoA used ARRA dollars to help fund 47 state grants for CDSME, with an average award of \$574,468. The most recent rounds of grant funding, from 2016 through 2017, support 19 grantees (including 5 Tribal Organizations) in 19 states. **Restoring funding to previous \$16 million levels would significantly increase the number of states able to offer CDSME to older Americans in need.**

FY 2019 CDSME Budget Request

NCOA strongly urges, at a minimum, that the FY19 Labor-HHS-Education Appropriations bill reject the Administration's proposed elimination of dedicated CDSME funding. Currently, 19 grantees in 19 states are offering these proven, cost saving programs, with funding for 12 grantees in 11 states expiring at the end of July this year. With additional resources made available by the Bipartisan Budget Act, **we request the restoration of CDSME funding to \$16 million** to expand access to evidence-based, cost-effective to more older adults across the country.

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