An Easy-to-use Tool to Estimate Healthcare Cost Savings for CDSMP

Marcia G. Ory
Texas A&M

SangNam Ahn
University of Memphis

Matthew Lee Smith
The University of Georgia

Mary Altpeter
University of North Carolina at Chapel Hill

Kristie Kulinski
NCOA
Today’s Topics and Presenters

- National Study of CDSMP as basis estimator tool (Ory)
- Review of cost-estimator steps and assumptions (Ahn)
- Demonstration of the estimator (Smith)
- Questions and Answers about the tool (Moderated by Kulinski)
- User’s perspectives: Other Resources (Altpeter)
- Summary and Next Steps (Ory)
- Additional audience questions
The National Study as Basis for Tool

Marcia G. Ory
National Study of CDSMP: Main Research Questions

- Who is being reached in these community programs?
- What kind of delivery system is being established?
- What are salient outcomes in terms of:
  - Better care?
  - Improved health?
  - Reduced health care costs?
National Study of CDSMP
17 states, 22 host sites
Findings from National Study

• The National Study achieved its goal of reaching a more representative population when compared with those in earlier studies.

• Study participants reported significant improvements for better health and better healthcare.

• The majority of the CDSMP health outcome and health care experience effects were sustained and often strengthened after 12 months.
Findings Related to Costs

• Evidence-based self-management programs are not only health-enhancing but also potential cost-saving strategies.

• CDSMP delivers wide range of important outcomes with a return on investment of 1:1.
Development of a Research Base to Help You Make Your Case


- Issue Brief by NCOA Center for Healthy Aging. [http://www.ncoa.org/assets/files/pdf/center-for-healthy-aging/National-Study-Brief-FINAL.pdf](http://www.ncoa.org/assets/files/pdf/center-for-healthy-aging/National-Study-Brief-FINAL.pdf)


- Frontiers in Public Health Education and Promotion: Special Issue on Evidence-Based Programming for Older Adults
  - Other articles describing reach into different populations, fidelity/quality assurance processes, and development of a national data base
We have presented our work on findings from the national study.

More recently have focused on how to document cost savings.

From our experiences, we determined a tool was needed to make it easy for local communities to estimate their potential cost savings.

We started off with an Excel spreadsheet and have recently constructed a web-based version ready to be further tested.
Rationale for Development of Estimator Tool

• Help program administrators and decision makers plan for local/regional CDSMP implementation efforts

• Evaluate the efficiency of program delivery

• Create strategic budgets for program delivery based on desired returns on investments

• Make the business case for new partnerships and future funding
Customization of National Estimates

• Some sites want to be able to customize national cost savings projections based on local/regional population

• The Estimator is “an estimator”
  ▪ Precision of local customization based on amount of available data
Data Needed for Customization

• What data will be needed
  ▪ Number of participants at baseline, 6 and 12 months
  ▪ Health care patterns-hospitalizations and ER visits at baseline, 6 and 12 months
  ▪ Participants age distribution at baseline
  ▪ Estimated program delivery cost per participant
  ▪ Number of enrollees 18 years and older with at least one chronic condition
Development of the Cost Savings Estimator Tool

SangNam Ahn
The impact of chronic disease self-management programs: healthcare savings through a community-based intervention

SangNam Ahn¹,⁷*, Rashmita Basu², Matthew Lee Smith³,⁷, Luohua Jiang⁴, Kate Lorig⁵, Nancy Whitelaw⁶ and Marcia G Ory⁷

Results: Findings from analyses showed significant reductions in ER visits (5%) at both the 6-month and 12-month assessments as well as hospitalizations (3%) at 6 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% of adults with one or more chronic conditions were reached.
Data Sources

- Data Sources we used:
  - 2010-2012 National Study of CDSMP
    - Number of participants at baseline, 6 months, & 12 months
    - Patterns of healthcare utilization (ER visits & hospitalization) at baseline, 6 months, & 12 months
    - Baseline age distribution of study participants
  
  - 2010 Medical Expenditure Panel Survey (MEPS)
    - Age-adjusted mean costs of ER visits & hospitalization
    - % of population having 1+ chronic condition by age
  
  - 2010 Census
    - Number of U.S. population aged 18+
National Study: 6-Steps Calculation

1. Examine the pattern of ER visits/hospitalizations
2. Identify mean costs of ER visits/hospitalizations
3. Estimate costs saved from reduced ER visits/hospitalizations
4. Estimate average annual CDSMP costs
5. Deduct CDSMP costs from estimated savings from reduced ER visits/hospitalizations
6. Extrapolate to national savings
• **ER visits**
  - From baseline to 6 months: −5%
  - From baseline to 12 months: −5%

• **Hospitalization**
  - From baseline to 6 months: −3%
  - From baseline to 12 months: 0%

*2010 National Study of CDSMP*
- **ER visits:**
  - Age-adjusted mean cost of ER visits: $1,513
  - Cost savings related to reduced ER visits (−5% & −5%) for 12 months: $151

- **Hospitalization:**
  - Age-adjusted mean cost of Hospitalization: $18,750
  - Cost savings related to reduced Hospitalization (−3%) for 12 months: $562
• Related to reduced ER visits/Hospitalization among CDSMP participants: $713
  ▪ Cost savings related to ER visits: $151
  ▪ Cost savings related to Hospitalization: $562
• Estimated program delivery costs per participant: $350
  ▪ Estimated CDSMP workshop cost: $3,500
  ▪ Estimated number of CDSMP participants: 10
Net cost savings per CDSMP participant: $363

- Cost savings related to reduced ER visits/Hospitalization: $713
- CDSMMP program delivery cost: $350
Number of American adults aged 18 years +: 234 million*

% of Americans with 1+ chronic conditions: 77%**
- Number of American adults aged 18 + with 1+ chronic conditions: 180 million (234 million × 77%)

Program reach & potential savings
- 100% reach: $66 billion savings ($363 × 180 million)
- 5% reach: $3.3 billion savings ($363 × 180 million × 5%)
Study Assumptions & Cautions

- The calculator is based on self-reported health care cost data.
- Estimation based on one national study conducted with 2010-2012 data.
- The national study is based on group averages—so resulting calculations are estimates of “potential” cost savings.
- Groups can customize to their own settings, but precision of estimates will depend upon availability of local/regional data for a reasonably sized population similar to those who will be program participants.
- We recognize longitudinal health care data may be difficult to get—where there is no available data, we are recommending users employ values found in national study as default.
Demonstration of the Cost Savings Estimator Tool

Matthew Lee Smith
Healthcare Cost Savings Estimator Tool: CDSMP

To develop this estimator, a multidisciplinary team commissioned by Texas A&M University and the University of Memphis utilized data from a recent national study of CDSMP to estimate national savings associated with program participation.

Potential annual healthcare savings per CDSMP participant can be calculated based on emergency room visits and hospitalizations. While national data can be utilized to estimate cost savings, the web-based estimator has built in features allowing users to adjust calculations based on site-specific data.

- Get Started
- Download Spreadsheet Estimator

Click here to begin using the Tool
Alternative Excel format available
About

If every adult in America with one or more chronic conditions enrolled in CDSMP, over $65 billion could be saved in national healthcare costs.¹

This CDSMP Cost Savings Estimator Tool helps users estimate potential annual healthcare cost savings based on the anticipated number of participants to enroll in the Stanford Chronic Disease Self-Management Program (CDSMP) in the next 12 months. Tailored estimates are created based on users’ local and state data.

Estimates from this Tool can help program administrators and decision makers document the success of local CDSMP implementation efforts, create strategic budgets for program delivery based on desired returns on investments, and make the business cases for new partnerships and future funding.

For maximum customization, users are asked to provide their own information related to:

1. Information about CDSMP participation including the number of participants, and emergency room (ER) visits and hospitalizations. These data should be collected at baseline, 6 month, and 12 month follow-ups.
2. Participant’s age distribution at baseline
3. Estimated program delivery cost per participant
4. The number of individuals aged 18 years and older with one or more chronic conditions projected to enroll in CDSMP in the next 12 months

The more of these data points the user has, the more tailored the estimates will be. However, as a default, the tool is populated with data from the National Study of CDSMP¹, which will still allow reports to be created in cases where user data are not available.


What we do

Funded and commissioned by Texas A&M University, the University of Memphis School of Public Health has worked with CDSMP partners to develop a web-based tool to estimate healthcare cost savings for the thousands of organizations offering CDSMP. This web-based tool will enable organizations to craft a strong case demonstrating the value of investing in this proven intervention, thus contributing to ongoing sustainability of CDSMP.
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Step 1

Required ‘pop up’ menu that allows users to identify the types of local data they possess.

This will enable the Tool to predetermine the modifiable fields and those that will use default data from the National Study.

The more local data users enter, the more customizable the Tool becomes.
Step 1

Required ‘pop up’ menu that allows users to identify the types of local data they possess.

This will enable the Tool to predetermine the modifiable fields and those that will use default data from the National Study.

The more local data users enter, the more customizable the Tool becomes.
To get information about data needed to customize estimates

Step 1

<table>
<thead>
<tr>
<th>Participants</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Include number of participants at baseline</td>
<td>1170</td>
<td></td>
<td></td>
</tr>
<tr>
<td>at 6 months</td>
<td>903</td>
<td></td>
<td></td>
</tr>
<tr>
<td>at 12 months</td>
<td>805</td>
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</table>

<table>
<thead>
<tr>
<th>ER Visits</th>
<th></th>
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<th>Change in %</th>
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<tbody>
<tr>
<td>Include number of participants reported visiting ER at baseline</td>
<td>211</td>
<td>18%</td>
<td></td>
</tr>
<tr>
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<td>118</td>
<td>13%</td>
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<thead>
<tr>
<th>Hospitalizations</th>
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<th>%</th>
<th>Change in %</th>
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<tbody>
<tr>
<td>Include number of participants reporting hospitalization at baseline</td>
<td>164</td>
<td>14%</td>
<td></td>
</tr>
<tr>
<td>at 6 months</td>
<td>100</td>
<td>11%</td>
<td>-3%</td>
</tr>
<tr>
<td>at 12 months</td>
<td>116</td>
<td>14%</td>
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</tr>
</tbody>
</table>

All fields are pre-populated with default data from the National Study.

“Greyed out” because of my selections on the previous menu.
**Step 1: Participants**

In this step, users are asked to provide the number of participants included in their local CDSMP evaluation. The numbers of participants are requested for baseline, 6-month follow-up, and 12-month follow-up.

Currently, the fields are populated with data from the National Study of CDSMP. If local data are not available for the time parameters defined above, you should use the default data from the National Study of CDSMP.

Given that this local data is available to you, please click on each field and enter the number of participants included in your local CDSMP evaluation.

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## Estimator

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</table>
**Step 2**

### Age Distribution

<table>
<thead>
<tr>
<th>Age Group</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-44 years of age</td>
<td>10</td>
</tr>
<tr>
<td>45-64 years of age</td>
<td>31</td>
</tr>
<tr>
<td>65+ years of age</td>
<td>59</td>
</tr>
</tbody>
</table>

### ER Visits

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Adjusted cost</th>
<th>6 mo.</th>
<th>12 mo.</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-44 years of age</td>
<td>$1513</td>
<td>$76</td>
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<td>$151</td>
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<tr>
<td>45-64 years of age</td>
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</tbody>
</table>

### Hospitalizations

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Mean costs of ER visits for those 18-44 years of age</th>
<th>$11501</th>
<th>$21462</th>
<th>$18554</th>
</tr>
</thead>
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Calculations automatically update as local data points are entered.

RED shading indicates expenditures.

\[ \text{Total} = \text{Adjusted cost} + \text{6 mo.} + \text{12 mo.} = \$563 \]
Step 3

Potential annual healthcare savings per CDSMP participant by averting ER visits and hospitalizations

$714

Calculations automatically update as local data points are entered.
GREEN shading indicates savings.
Step 4

Delivery Costs

Select your closest program costs per person from the dropdown menu or input your best estimate.

Customizable.
Or, “drop down” menu available.
Step 5

Net cost savings related to ER visits and hospitalizations per CDSMP participant by deducting annual program costs ($350) from estimated healthcare utilization savings ($714) results in a customized net cost savings estimate of $364.
Users can project the number of CDSMP participants they will reach in the next 12 months.

Users can also project the proportion of participants by age group.

Here, we enter 9 MILLION participants.

This represents 5% of the American adult population with one or more chronic conditions.

$3.3 Billion
Customized 2-page report is generated.

All RED, GREEN, and BLUE text are automatically populated based on data entered into the Tool (and/or default data).

Reports will be printable.

ESTIMATED CDSMP-RELATED COST SAVINGS FOR THE UNITED STATES

Intervention Participation in The United States from August 2014 to August 2015:
- 1,170 Chronic Disease Self-Management Program (CDSMP) participants were reached at baseline. Of these participants, healthcare utilization information (i.e., ER visits & hospitalization) for 903 participants was obtained at 6 months and 825 participants at 12 months.

Changes in Emergency Room (ER) Visits and Hospitalization:
- At baseline, 18% of participants visited the ER. Compared to baseline, this rate was reduced by 5% at 6-month follow-up and an additional 5% at 12-month follow-up.
- At baseline, 14% of participants were hospitalized. Compared to baseline, this rate was reduced by 3% at 6-month follow-up, and there was no change at 12-month follow-up.

Age Distribution for The United States:
- In your service area, 10% are ages 18-44 years, 31% are ages 45-64 years, and 59% are ages 65+ years.

Age-Adjusted Cost Savings for The United States:
- In your service area, age-adjusted costs of ER visits was $1,513 per participant.
  - Given the changes in ER visits after 12 months, a total cost savings of $151 per participant.
- In your service area, age-adjusted costs of hospitalization was $18,750 per participant.
  - Given the changes in hospitalization after 12 months, a total cost savings of $562 per participant.

  This equates to a potential annual health care savings of $714 per participant.

CDSMP Delivery Costs and Net Cost Savings for The United States:
- In your service area, offering CDSMP costs $350 per participant.
- Given the healthcare cost savings above, this equates to a net savings of $364 per participant (i.e., subtracting $350 from $714).

IN THE NEXT 12 MONTHS, IF YOU REACH 9,000,000 PARTICIPANTS, YOU MAY SAVE APPROXIMATELY $3.3 BILLION IN HEALTHCARE COSTS.
- These cost savings may be greater if the program reaches more people while reducing per participant delivery costs.
- Cost savings may also vary based on the age distribution of CDSMP participants.
This page graphically reports projections.

BLUE text indicates user projections based on data entered in the Tool.

RED and GREEN text indicates sensitivity analyses to show possible scenarios based on:
- Participant reach
- Program cost per participant
- Proportion of participants aged 44-64 years

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### ESTIMATED CDSMP-RELATED COST SAVINGS FOR THE UNITED STATES

In the next 12 months, if you reach 9,000,000 participants, you may save approximately $3.3 billion in healthcare costs.

#### COST SAVINGS BY PARTICIPANT REACH

- Your estimated net cost savings of $3.3 Billion is based on reaching 9 million participants.
- Your estimated net cost savings may decrease to $3.0 Billion if 8.1 million participants are reached.
- Your estimated net cost savings may increase to $3.6 Billion if 9.9 million participants are reached.

#### COST SAVINGS BY PROGRAM COST PER PARTICIPANT

- Your estimated net cost savings of $3.3 Billion is based on a program cost of $350 per participant.
- Your estimated net cost savings may decrease to $1.2 Billion if the program cost was $583 per participant.
- Your estimated net cost savings may increase to $4.5 Billion if the program cost was $219 per participant.

#### COST SAVINGS BY PARTICIPANTS AGED 44-64 YEARS

- Your estimated net cost savings of $3.3 Billion is based on reaching 43% of participants aged 45-64 years.
- Your estimated net cost savings may decrease to $3.1 Billion if 35% of participants aged 45-64 years are reached.
- Your estimated net cost savings may increase to $3.5 Billion if 53% of participants aged 45-64 years are reached.
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Q&A Session 1
Development and Construction of the Tool
Companion Resources for the Cost Savings Estimator Tool

Mary Altpeter
Center for Healthy Aging

Highlights

**DSMT Online Community**
Are you interested in pursuing accreditation and reimbursement of the Diabetes Self-Management Program? Join our new online community to learn from experienced moderators about their experience with Medicare’s diabetes self-management training benefit! [Join the community](#)

**Strong Today, Falls Free® Tomorrow**
The theme for Falls Prevention Awareness Day 2014 has been announced as Strong Today, Falls Free® Tomorrow. Last year 47 states participated and this year we hope to have even more. [Learn more](#)

New CDSME Infographic
The Center for Healthy Aging has developed an infographic highlighting the success of CDSME efforts over the years. [Get the infographics](#)

In Partnership With: Million Hearts®
Million Hearts® is an initiative to prevent 1 million heart attacks and strokes. [Learn more](#)

Explore the site for more information about healthy aging, including chronic disease, falls prevention, physical activity, and behavioral health.
Chronic Disease Self-Management Program Cost Calculator

March 3, 2010

The National Council on Aging (NCOA) sponsored The Lewin Group, Inc. (Lewin) to develop this Calculator to help organizations better understand and manage the costs of administering their Chronic Disease Self Management Programs (CDSMP). By entering your organization’s costs and CDSMP program data, you can use the Calculator to produce estimated “per participant” and “per workshop” costs, as well as evaluate the impact of individual program components on your total expenses. We encourage organizations to use this Calculator to deliver your programs in an efficient manner, and at a reasonable cost.
About Evidence-Based Programs

Evidence-based programs offer proven ways to promote health and prevent disease among older adults. The Center for Healthy Aging encourages and assists community-based organizations serving older adults to develop and implement these programs.

What are Evidence-Based Programs?

Evidence-based programs are based on research. When you implement one, you can be confident you’re delivering a program that works. Evidence-based programming translates tested program models or interventions into practical, effective community programs that can provide proven health benefits to participants.

Advantages of Evidence-Based Programs

Evidence-based programs provide an ideal model for giving older adults this information and support. Evidence-based programs can add value in many ways. First, they can significantly improve the health and well-being of older adults in the community. Second, they can help attract new participants and funders.

Getting Started

Evidence-Based Health Promotion 101: This presentation by Marcia Ory gives an overview of evidence-based programming including what it is, why it’s important, how to find the right program for your agency, and how to measure success.
Offering Evidence-Based Programs

SHARE:  

Now that you have learned more about the advantages of evidence-based programs, how can you offer them in your setting? The Center for Healthy Aging provides information to assist organizations interested in offering evidence-based programs including:

Program Planning: The Center offers many resources to help you decide if you’re ready and plan for a successful implementation. Learn more.

Implementation: We provide resources that can help you implement evidence-based programming including programming tools and checklists. Get the tools.

Outreach and Recruitment: Recruiting and retaining participants from across your community is crucial to the success of evidence-based programming. Read how others have done it.

Evaluation: To ensure that your program has the intended outcome, evaluation needs to take place at every step in the process. The Center provides resources to help your evaluation planning and reporting. Access the resources.

Sustainability: Sustainability ensures that you can continue to offer your valuable programming. Like evaluation, sustainability should be a part of each step of your process. Discover strategies for sustainability.
Center for Healthy Aging

Online Training Modules

Evidence-based Health Promotion Programs for Older Adults

Welcome
Welcome to the Center for Healthy Aging’s interactive basic training modules on evidence-based health promotion for older adults. These modules are designed primarily for aging services providers - but - if you work in a public health or human services agency, or you’re a volunteer in a health promotion program, or a student in gerontology or a health discipline, these modules can be useful training for you, too.

Connect to the Modules
Series 1: Intro to Health Promotion Programs
This series includes five modules that introduce the basics of evidence-based health promotion programs for older adults.

Series 2: Making Effective Presentations
This series includes three modules about how to make effective presentations about health promotion programs for older adults.

Series 3: Advanced Tools
This series is targeted at users who need advanced topics. It currently includes a module about how to write a business plan for...
Series 1: Intro to Health Promotion Programs

About Series 1

Each of the modules in Series 1 covers basic knowledge and hands-on application - they define health promotion concepts, frameworks and terms, and they provide lots of interactive exercises, downloadable tools and resources that can help you plan for, implement, and reinforce the quality of your health promotion programs. The modules are self-paced - each module takes about 30 minutes to listen to, but you'll need to allot additional time for doing the interactive exercises and for exploring the links to resources. Each module also contains a quiz so that you can check your progress or understanding of the material. The modules...
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Series 3: Advanced Tools

About Series 3

This series is at an advanced management level. The first module on creating business plans focuses on ways to enhance the reach and impact of your evidence-based health promotion programs by diversifying your financial resources and building a reliable long-term funding base. It provides step by step guidance, tools, tips and resources for creating a well-organized business plan.

Before you get started, we suggest that you review the Technical Requirements.

Series 3 Module

Module 9: Creating a Business Plan for Evidence-based Health Promotion Programs

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http://patienteducation.stanford.edu/

Chronic Disease Self-Management Program
(Better Choices, Better Health® Workshop)

The Chronic Disease Self-Management Program is a workshop given two and a half hours, once a week, for six weeks, in community settings such as senior centers, churches, libraries and hospitals. People with different chronic health problems attend together. Workshops are facilitated by two trained leaders, one or both of whom are non-health professionals with chronic diseases themselves.

Subjects covered include: 1) techniques to deal with problems such as frustration, fatigue, pain and isolation, 2) appropriate exercise for maintaining and improving strength, flexibility, and endurance, 3) appropriate use of medications, 4) communicating effectively with family, friends, and health professionals, 5) nutrition, 6) decision making, and 7) how to evaluate new treatments.

Welcome to the Toolkit on Evidence-Based Programming for Seniors!

Whether your organization is just beginning to consider evidence-based programming or you have been implementing EBPs for years, we encourage you to explore the materials in the Toolkit and take advantage of any that are beneficial to you.
WHY CONSIDER EVIDENCE-BASED PROGRAMMING?

Evidence-based programs (EBPs) are programs that have been:
1. implemented previously,
2. evaluated by researchers, and
3. found to make positive differences in the lives of participants. Organizations utilize proven strategies when they implement EBPs.

HOW CAN THIS TOOLKIT BE HELPFUL?

The Toolkit contains materials that build the capacity of community organizations to promote senior health and well-being through evidence-based programming. The materials were shaped by our experiences working with community organizations that serve seniors with EBPs across the state of Texas. The materials, however, are relevant to organizations that implement EBPs for audiences of any age.

SELECT AN EVIDENCE BASED PROGRAM

Learn more about EBPs and select one for your organization.

IMPLEMENT AN EVIDENCE BASED PROGRAM

Get tips and recommendations for implementing an EBP.
Next Steps of the Tool

• Beta Testing of Estimator Tool to check out ease of the Tool and desired elements. Information about signing up for Beta Testing will be sent following this webinar.

• Making Estimator Tool more dynamic & active with “what if” scenarios

• Inflation rates should be considered when estimating cost savings in the future (e.g., changing health care costs, program costs)

• Tailored to specific chronic conditions

• Calculate for more evidence-based programs (e.g., EnhanceFitness, AMOB) might be examined.
Q&A Session 2
Additional Audience Questions