Sustainability Opportunities
“Good work ....... but I think we need just a little more detail right here”
Building for Sustainability

- What talent / expertise is needed to deliver/sustain CDSMP delivery?
- What staff and what level of experience are available?
- How will you attract, share AND retain that talent?
- Begin with needs, then align the talent - Don’t start with people available
- How might staffing this program be combined with staffing for other programs – what are the pros and cons?
- What’s the back-up if a staffing partner leaves?
Delivery and Execution

- Marketing (Mass, targeted, media)
- Referral process (who makes, who manages)
- Establishing classes (location, timing, leaders)
- Data collection and reporting requirements
Financing & Resources

- **Who pays what and why?**
  - Specific participant groups
  - Why is cost reasonable?
  - Volume
    - Initial cost - Ramp up rate

- **Cost Structure**
  - Delivery costs
  - Marketing Costs
  - Support Costs
Finding Funds/Resources

- What are foundations looking for in projects?
- What other grant funding sources are possible?
- What is the fit for NYSDOH and NYSOFA funding?
- What new funding streams are out there: Healthy Aging/Health Communities, ACOs, Medicare, PCMH, HCRA, reducing re-admissions,....
- Role of Article 6 funding
## DSME Program Revenue Projections (2013)

<table>
<thead>
<tr>
<th>PROGRAM</th>
<th>CODE</th>
<th>REIMBURSEMENT</th>
<th>QTY</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>DSME (Individual)</td>
<td>G0108</td>
<td>$52.06</td>
<td>Ea/30 min 2 Units</td>
<td>$104.12</td>
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<tr>
<td>DSME (Group)</td>
<td>G0109</td>
<td>$13.95</td>
<td>Group/30 min 18 Units</td>
<td>$251.10</td>
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<td>MNT (Individual)</td>
<td>97802</td>
<td>$35.38</td>
<td>Ea/15 min 4 Units</td>
<td>$141.52</td>
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<td>MNT (Group)</td>
<td>97804</td>
<td>$15.65</td>
<td>Ea/30 min 4 Units</td>
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<td><strong>Grand Total</strong></td>
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<td></td>
<td></td>
<td><strong>$559.34</strong></td>
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<td><strong>Revenue/15 participants</strong></td>
<td></td>
<td></td>
<td></td>
<td><strong>$8,390.10</strong></td>
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</table>
NDPP

- Insurers
- Employers/Unions
- Wellness benefits
- Medicaid/Medicare?
Right sizing and leverage

- Building a level of delivery that is possible and sustainable
- Building a level of delivery sufficiently robust to leverage referrals and resources
Sustainability

- Grants don’t last forever
- Minimum resources needed to be viable over long term
- If role of LHD is promotion and outreach who are the other partners?
- What combination of volunteer effort, existing staffing and resources and reimbursement needed to be viable over long term
- What leverage exists with others to embed referral process, manage scheduling and staff classes?
Institute for Family Health
Model for Promoting NDPP
Guedy Arniella
Institute for Family Health

- Network of Federally Qualified Healthcare Centers
- 27 Practices in Manhattan, Bronx, Dutchess & Ulster counties
- Family Medicine Residency training programs at 3 hospitals: Beth Israel, Mount Sinai & Kingston

- The Institute is committed to high-quality, affordable health care for all providing primary care, mental health, dental care, social work and many other services to patients of all ages. We accept all patients regardless of their ability to pay
Diabetes Prevention and Control Team (DPCT)

NDPP Master Trainer Coordinates Program
- Certified Diabetes Educator/
  Registered Dietician
- DPCT Coach
- HealthCorp Member
- Volunteer

All Trained as
Lifestyle Coaches in
NDPP
DPC Champion

- Medical provider at each clinical site identified
  - Spearheads initiative
  - Models and encourages other providers to refer their patients
  - Joins in monthly Group Medical Visit
- Works Collaboratively with DPCT
  - Available for Medical Consults
Referrals to Program

Parallel Process

- EMR Query to Identify Patients at Risk
- Provider Warm Handoff to Team Member
Pre-workshop Engagement

- Describe Program in Detail
- Assess for Readiness
- Offer to Continue Regular Contact to Reinforce
  - Negotiate frequency with patient
- Develop Connection
- Provide a Carrot
Chautauqua County Health Network Delivery System Overview

- Initially involved academic detailing in primary care offices
- Support from Diabetes Coalition (created as a result of previous CHA/CHIP
- Included CDSMP and DPP
- Now developing pilots with primary care offices
- Will be using PAM to identify activated patients
Niagara County Referral Network Overview

- Office for Aging partnered with Department of Health
- DOH built EBI into their CHIP for chronic disease
- DOH and hospitals agreed to work together to fulfill CHIP and CSPs
- DOH nurses trained in CDSMP and DPP
- Outreach includes flyers, press releases, engaging O of A at their locations, academic detailing at hospital clinics and outreach to faith based organizations
Toolkit Materials:


DPP Participant Materials:


Need More Information

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