



# Implementing CDSMP in an integrated health care system

The Group Health experience

October 2, 2009 | Kimberly Wicklund, MPH




# Group Health Overview

- Consumer-governed, non-profit financing and care delivery system founded in 1947
- Mission: To design, finance and deliver high-quality health care
- 590,000 members in Washington and North Idaho
- Integrated group practice: 26 medical centers
- Network: 9,000 physicians and 44 hospitals
- 9000 employees



## **Group Health core values reflected in initiatives to:**

- Partner with patients to promote:
  - Healthier lifestyles
  - Clinical preventive services
  - Chronic disease self-management
- Provide evidence-based, planned care through:
  - Coordinated outreach
  - Opportunistic care
- Activate and engage patients
  - MyGroupHealth
  - Health Profile
  - Shared decision-making
- Redesign primary care with patient-centered medical home



# Living Well with Chronic Conditions

In-person and online  
workshops



- Started in 1998
- 21 medical centers
- 65 volunteer leaders
- Average participant age: 65
- Reach (2009)
  - 600 participants
  - 40 workshops
  - Train 15-20 new leaders





# CDSMP Online 2-year pilot

- Group Health Community Foundation grant
- Partnership with National Council on Aging and Stanford University
- Assess feasibility of offering CDSMP online long term and uptake by members who are:
  - In health plan network
  - Younger
  - Working full time
  - Homebound
- Evaluation
  - Self-reported health status, health behaviors, and utilization
  - Health care utilization and costs





# Recruitment Strategies

Targeting care teams, members  
and patients



# Embed in provider tools and workflow

- Provider can order brochure to be mailed to patient directly from electronic medical record (EMR)
- Insert messages into After Visit Summary from EMR

*“40 - 80 % of medical information provided by healthcare practitioners is forgotten immediately....almost 1/2 of the information that is remembered is incorrect.”*

- Point of care prompts in EMR to refer to Living Well with Chronic Conditions
- Clinic-based champions encourage referrals in team huddles and emails
- Built into medical home as a standardized referral

# Embed in member tools and resources



GroupHealth.

- MyGroupHealth for Members
- Health Profile
- [www.ghc.org](http://www.ghc.org) Website
  - Workshop locations & schedules
  - Register on Website
  - Single sign-on to LWCC online
- Resource Line
- Member publications

GroupHealth. VISITORS

search [GO] Home > Classes and Events PRINT-FRIENDLY VERSION

### FOR VISITORS

- HOME
- About Group Health
- Health Plans
- Doctors & Health Care Services
- Medical Facilities
- Pharmacy Services
- Health & Wellness Resources
- Group Health Foundation
- Northwest Health Magazine
- Continuing Medical Education
- Classes & Events
- Newsroom
- Customer Service
- Careers

## Classes & Support Groups

### Living Well With Chronic Conditions

If you are a Group Health member and have an ongoing health problem that interferes with your daily activities, this six-week program can help. People who have chronic health conditions — for example, arthritis, stroke, heart disease, chronic pain, or diabetes — have been shown to benefit from these workshops.

Sessions cover nutrition, exercise, stress management, medication management, setting realistic goals, and planning for the future. Participants report having more energy, fewer symptoms, less disability, and better communication with their doctor.

For your convenience, we offer this workshop in two formats:

- [In-person workshops](#) throughout Western Washington and in Spokane
- [Online workshops](#) from the convenience of your home computer

**Date** Ongoing

**Time**

**Location** Variable

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**Cost** Free; a fee for recommended reference book (financial assistance available on request)

**Contact** See workshops for contact information:

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# Targeted recruitment mailings

- Primary recruitment strategy for in-person workshops
- Mailing list criteria:
  - ICD-9 codes for chronic conditions  
(ex: arthritis, heart disease, diabetes, asthma, COPD, fibromyalgia)
  - visited doctor in past 3 months
  - patient at clinic where workshop is held
- Mailed 6 weeks before workshop
- Uptake rate: 10%



## Getting buy-in

- Involve leadership. Share your reach, improvement process and impact with them to keep them engaged.
- Clarify how CDSMP supports strategic goals.

## Sustaining recruitment

- Make referrals easy and systematic
- Embed referrals into standard workflow
- Use multiple awareness-raising and recruitment strategies
- Look beyond the doc- champions in the clinic are often medical assistants, social workers, clinic manager, nutritionist, or nurse
- Keep raising awareness in the midst of competing priorities

## **Maximizing resources**

- Use Lean strategies to support continuous improvement and efficiency
- Develop team goals and work plans that are built on measurable goals to encourage teamwork, creative problem solving, and innovation
- Continuously evaluate and adjust your strategies
- Partner with other organizations to expand reach and share resources and expertise

## **Group Health's experience indicates that:**

- CDSMP can be successfully incorporated into a health plan or health care delivery system
- Implementation within an integrated system is easier than one that is not coordinated
- CDSMP supports the goals of a medical home and can be successfully embedded into that model
- Electronic medical records enhance linkage to CDSMP
- CDSMP supports health care reform goals of prevention, patient engagement, cost containment
- Health care providers and patients love it!

“This class gave me not only the tools to take control of my health, but to take control of my life.”

- LWCC participant

