Innovations for Aging

Chronic Disease Self-Management Education Program Grantee Profile, Fiscal Year 2022

Goals

This 3-year grant aims to:

- Develop or expand capacity to significantly increase the number of older adults and adults with disabilities who participate in evidence-based chronic disease self-management education and self-management support programs to empower them to better manage their chronic conditions.
- Enhance the sustainability of evidence-based chronic disease self-management education and self-management support programs through the implementation of robust sustainability strategies.

Activities

The grantee and its partners will:

- Scale program capacity to meet growing demand and increase program participation across Minnesota, including through blended class offerings that provide in-person, remote, and telephone attendance options when allowed by program licensors.
- Compare outcomes based on participant method of attendance to identify differences in program participation by method of attendance, including impact on projected cost savings on a per-completer basis.
- Deepen partnerships with healthcare providers, senior living communities, and the Minnesota Department of Health to promote referrals and contribute to local population health efforts.
- Integrate programming into care settings, including clinics and hospital locations where Juniper will insert community health workers (or a similar role) to offer care navigation, health promotion programming, and referrals for other long-term services and supports in a community-integrated health network model.
- Expand the geographical footprint of programs to match the reach of sustainability partners such as health plans.
- Design quality measures and tracking systems that will capture program impact and illuminate return on investment for program participation.
- Develop technology enhancements to improve administrative efficiencies and operating cost reductions.

Interventions

- Arthritis Foundation Exercise Program
- Chronic Disease Self-Management Program (CDSMP)
- Diabetes Self-Management Program (DSMP)
- Chronic Pain Self-Management Program (CPSMP)
- Programa de Manejo de la Diabetes
- Tomando Control de su Salud
- Walk with Ease (WWE)
- Wellness Recovery Action Plan (WRAP)

Partners

To achieve the goals of this project, the grantee will collaborate with these key partners:

- Arrowhead Area Agency on Aging
- HealthPartners
- Minnesota Board on Aging
- Minnesota Department of Health
- Minnesota Indian Area Agency on Aging
- Minnesota River Area Agency on Aging
- Presbyterian Homes
- Sanford Health
- Solid Research Group

Outcomes

The grantee anticipates the following results from this project.

- Engage 2,367 participants across all programs.
- Expand access to social determinants of health screening and referral through three clinic locations by engaging 900 community members.

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Chronic Disease Self-Management Education Program Grant Impact Summary
Fiscal Year 2022

Most Significant Accomplishments

- Over this grant, 4,319 participants were enrolled, with 3,037 participants completing programs.
- Delivered programs in 87 counties in Minnesota, including rural, suburban, and urban areas.
- Trained 20 leaders in multiple evidence-based CDSME programs.
- Partnered with the Minnesota Department of Health (MDH), public housing, various health systems, including TRIA and HealthPartners, clinical and housing-based care settings, managed care organizations, and community-based organizations.
- Successfully secured and maintained contracts with BlueCross BlueShield of Minnesota, HealthPartners, UCare, Itasca Medical Care, and PrimeWest.
- Implemented operational framework aligned with Community Care Hub (CCH) models.
- Co-developed an e-learning module for the MDH Health Care Homes Learning Collaborative, reaching providers statewide.
- Developed a knee osteoarthritis program integrating CDSME with a risk-bearing healthcare provider. Outcomes show reduced reliance on surgical intervention and improved patient function.

Lessons Learned

- Learned the importance of adaptability. Rural participants were more likely to complete online classes than metro participants. This required Innovations for Aging (Juniper) to adapt to hybrid delivery strategies.
- Discovered the critical need to align with healthcare payers' return on investment requirements. This required building strong evidence around cost-effectiveness. Adding interventions to referral processes has proven necessary to deepen partnerships.
- Streamlined Managed Service Organization support is essential for sustaining community-based organizations. Smaller organizations often lack the infrastructure for compliance, billing, and reporting.

What's Next

Innovations for Aging will complete conversion of current software, powered by Salesforce, enabling electronic, closed-loop healthcare referrals, strengthening data security, and expanding analytics capacity to better demonstrate impact.

We will also advance integration pilots, testing Juniper's full spectrum of services (evidence-based classes, home modifications, food delivery, and other social needs supports) to evaluate effects on healthcare utilization, costs, and quality metrics.

We will continue to balance mission with business growth, sustaining financial viability while expanding access to health promotion and social care services for populations in need.

Grantee Contact

Mark Cullen, Vice President of Strategy and Business Development, Trellis mcullen@trellisconnects.org