



# Tackling chronic problems

**DMU-led consortium develops better tools to manage Iowa's costliest diseases**

**I**T BEGAN WITH a simple question: If chronic disease such as congestive heart failure contributes to high health care costs in Iowa, why not develop a model to better manage the condition?

The Iowa Chronic Care Consortium was formed in 2002 under the leadership of Des Moines University to improve quality of life for Iowans and reduce health care costs by managing chronic disease more effectively. The objective was to reduce the need for emergency room visits and inpatient hospital stays among Medicare recipients with congestive heart failure and diabetes.

Initial funding came from private foundations, Des Moines University, the Iowa Department of Economic Development, and Health and Human Services, sponsored by U.S. Senator Tom Harkin. Iowa Health System and Mercy Health Network provided program support. In 2002 Iowa Governor Tom Vilsack signed an appropriation of \$150,000 in state matching funds. Founding partners included the Iowa United Auto Workers, Iowa Farm Bureau Federation, Iowa Health System,

Mercy Health Network, and DMU. Collaborative support came from the Iowa Area Development Group, American Diabetes Association, Iowa Department of Elder Affairs, Iowa Department of Human Services, Iowa Department of Public Health, and other professional groups and physician leaders.

A set of pilot projects, or demonstrations, around the state showed that the costs of treating congestive heart failure, or CHF, can be reduced by following disease-specific protocols. The first collaborative demonstration with Mercy Health Network showed an impressive 86 percent reduction in inpatient hospital days among Medicare participants with CHF.

"The consortium's view is that this is a win-win relationship," says William Appelgate, Ph.D., vice president for planning and technology and executive director for the consortium. "While one of the goals is to reduce health care costs, these projects also improve health outcomes and patient satisfaction, and that's what makes it the right thing to do."

A demonstration through the Mercy Health Network is part of a telehealth project to evaluate an automated voice response system. Participants answer seven questions over the phone each day. Did you sleep well last night? Have you gained weight? Do you have any pain? These and the other questions determine whether intervention is necessary. A "yes" answer to any of the questions triggers a call from a Mercy nurse. For someone who gained weight, a recommended intervention might be to add or increase a diuretic or reduce salt intake. By comparison, symptoms of CHF that aren't addressed promptly may turn into an ER visit or hospital stay that could have been prevented.

"These kinds of chronic disease management programs have improved quality of life and reduced costs for individuals and health plans across the country," Dr. Appelgate says. "Overall the kinds of things we're doing could have a big impact on Iowa with our population's demographics."

Dr. Appelgate has been executive director of the consortium and

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a champion of the cause from the start. Along with Dr. Appelgate's leadership, DMU contributes office space, supports two professional part-time positions to staff the consortium, and provides expertise through grant-writing administration and accounting services. DMU has benefited by gaining a stronger foothold and more visibility in Iowa's health care arena.

"DMU is committed to community service and addressing quality of life issues for Iowans," says Governor Terry E. Branstad, president and CEO. "Our work with the Iowa Chronic Care Consortium allows us to build partnerships with other health care organizations, business, labor and community organizations across the state."

After five years of the CHF management model up and running, the consortium has turned its focus to Iowa's Medicaid population. As for most components of the health care system, the CHF model reacts to the disease rather than seeking to prevent it. The next step is to intervene before health risks develop into chronic conditions.

"The disease management programs are learning, as they've been doing these projects, that we need to go farther upstream, that we need to target high-risk participants before they have costly claims," says Kathy Kunath, R.N., program coordinator for the consortium.

Rather than monitoring only a narrow segment of the population affected by chronic disease, the newest demonstrations start with a thorough health risk assessment that expresses the results as recommendations to secure better health. One com-

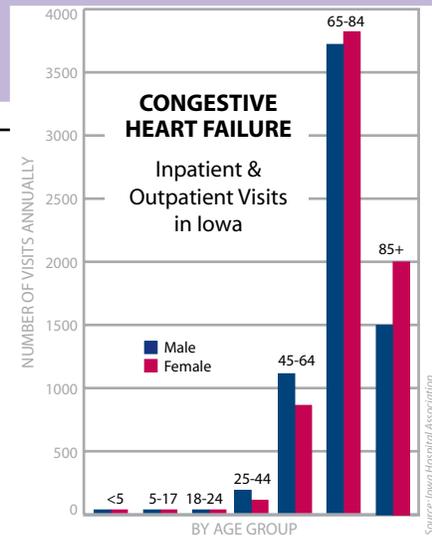
munity project encompasses the Oakridge Neighborhood, a Des Moines public-housing community that serves about 1,000 low-income residents.

"You would not believe how excited the residents were, not only to have access, but to have people come specifically to them to provide services and health information they may not have had opportunity to get otherwise," says Tere Caldwell-Johnson, CEO of Oakridge Neighborhood Services. "Were it not for the Iowa Chronic Care Consortium, the Mid Iowa Health Foundation, and Des

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Moines University, many people would not have received those services but for the partnership," she says.

Another larger, statewide demonstration was just launched in January. The Health Connections program plans to engage at least 30,000 Medicaid members in Iowa through a comprehensive health risk and wellness assessment. Just as for commercial health care plans, the Medicaid program hopes to reduce costs through prevention and other proven strategies. The goals are to encourage individual responsibility,



provide health education tools and evidence-based preventive treatment recommendations to providers, and provide population-based health information and trends about the Medicaid population as a whole.

"When you think about it, the Medicaid program is a health plan just like any other,"

Kunath says. "And as a health plan, they have to make decisions regarding a cost-effective way to manage their population of members."

Preventive screenings are important for identifying chronic conditions at their earliest, most treatable stages. Research indicates that Medicaid recipients participate in preventive screenings at a much lower rate than members of commercial health plans or the Medicare population.

"We want to intervene where the risks are the highest, that is, to put programs in place that focus on wellness and prevention," Dr. Appelgate says. "Part of this is looking at the data and saying, 'Where do you want to put your money? Where are the wise investments in prevention and wellness?'"

Whether for Medicare or Medicaid recipients, or for any other population in Iowa, the consortium's vision is the same: improve health and productivity for all Iowans through access to prevention-based chronic care strategies that are regular, routine, and reimbursed.