



# A Sustainable Future for Self-Management in Oregon

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# The Vision

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All people in Oregon have convenient access to resources to help people take care of themselves, to stay healthy and live better with the diseases they already have.

Resources are easily available and affordable.





# To reach the vision

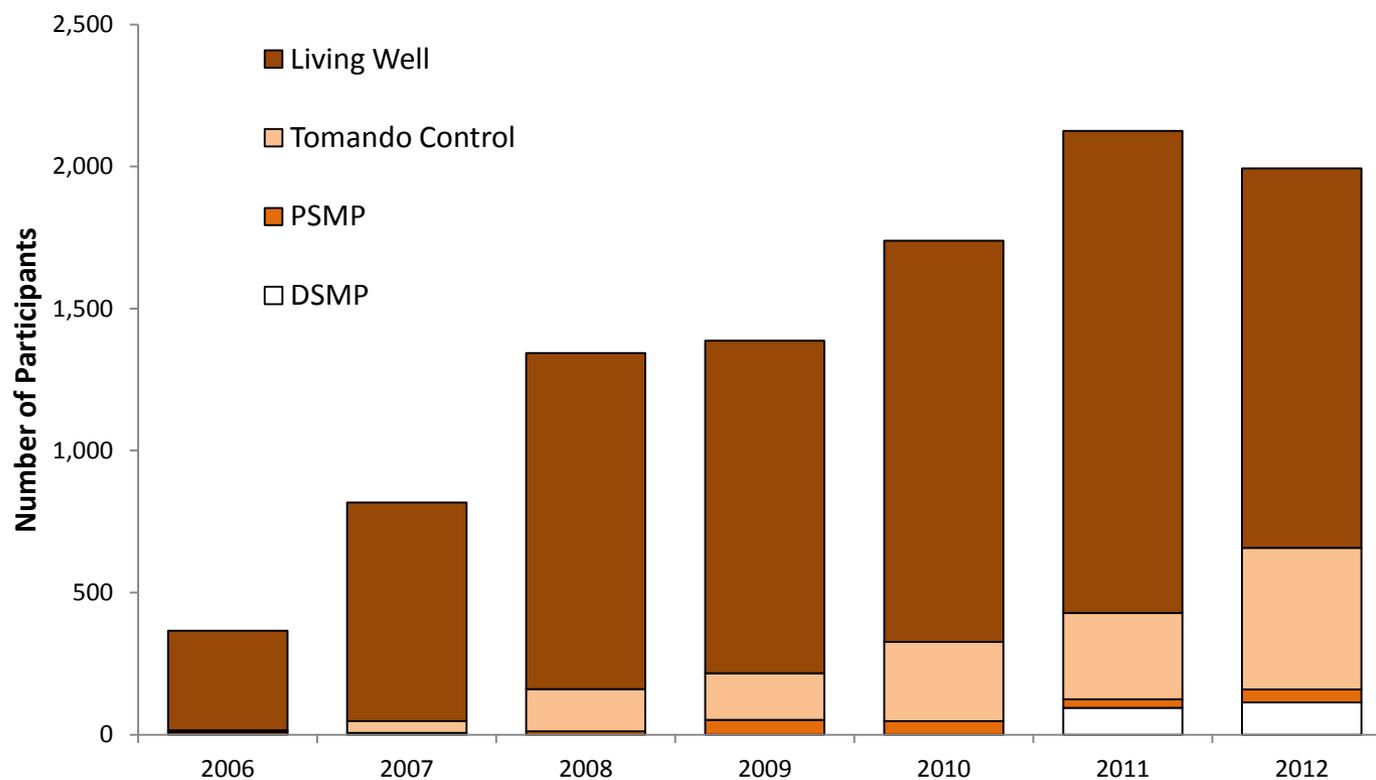
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- Programs available regularly throughout the state to Oregon's diverse communities (rural/urban, communities of color, people with disabilities, etc.)
- Uninsured and underinsured have access to programs
- Revenue sources for programs beyond grant funding and other limited sources



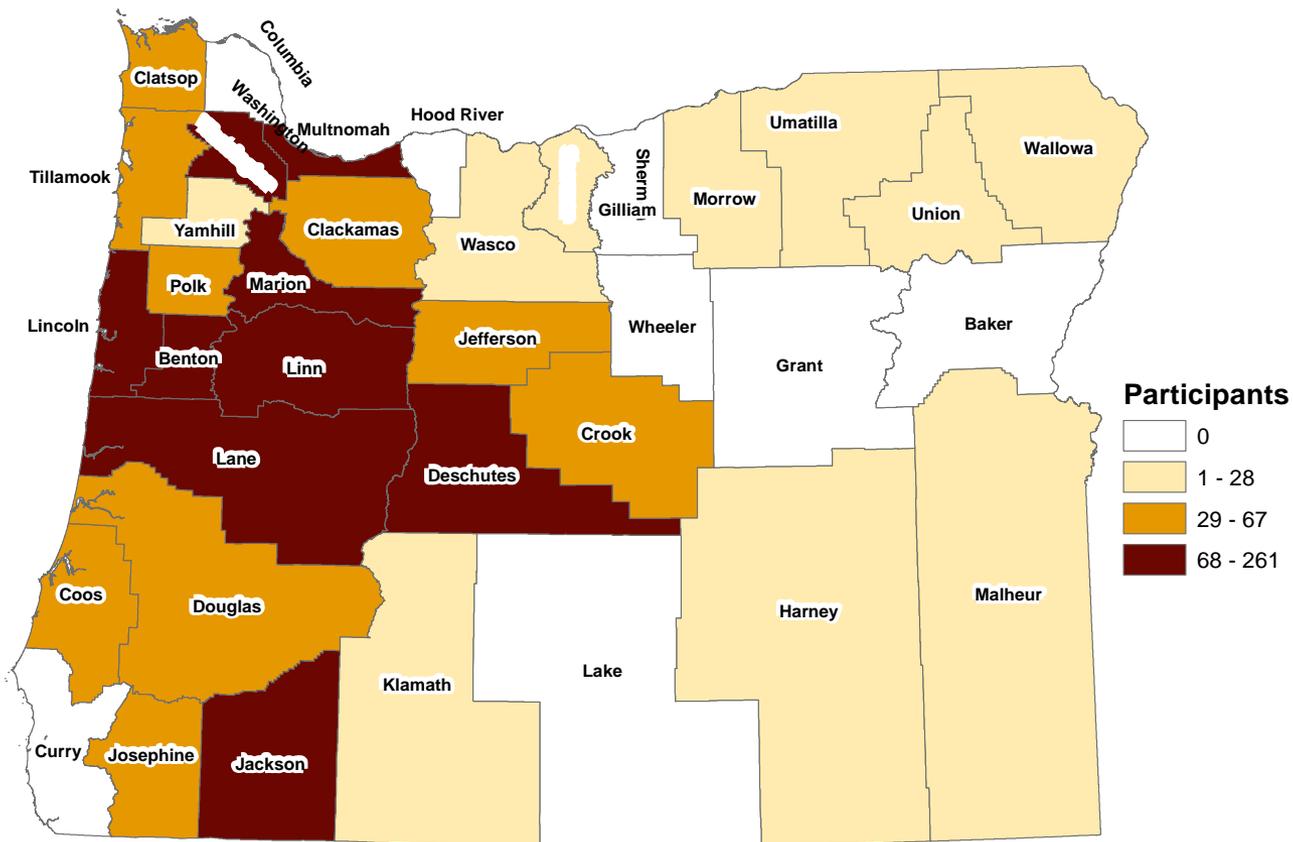


# Living Well Programs Data





# 2012 Participants by County





# Living Well Programs Participant Demographics

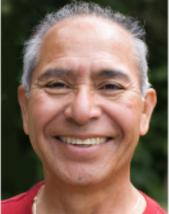
	2006-2011	2012
<b>Gender</b>		
Male	25%	27%
Female	75%	73%
<b>Race</b>		
African American	1%	2%
Am Indian/Alas Native	4%	5%
Asian/Pacific Islander	3%	6%
White	77%	71%
<b>Latino/Hispanic Ethnicity</b>	14%	27%





But . . . .

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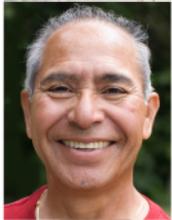
# What We Do Not Know

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- Income
- Disability Status

## New Questions on Participant Information Form

- Education Level
- Disability



# Sustainable Funding Opportunities

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- Health Reform in Oregon
  - Outcomes driven
  - Patient-centered primary care homes
  - Link to community prevention and resources

Triple Aim = Better Health, Better Care, Lower Costs





# What Potential Payers Said

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- Need a menu of self-management options, not just one or two programs
- Need a system that easily facilitates payment
- Need to know what is being paid for works





# Living Well v. Self-Management

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- The Self-Management Umbrella for evidence-based programs
  - Living Well/Tomando Control – start here
  - Diabetes Prevention Program
  - Falls Prevention Programs
  - Arthritis Physical Activity Programs
  - Others





# Business Plan

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- Create a system so funding can flow to community organizations offering programs
- Streamline administrative processes, training, data reporting, etc. – where it makes sense and saves money
- Easily add other evidence-based programs to the menu
- Assures fidelity to evidence-based programs
- Preserves local identity and “face” of programs





# Next Steps for the Business Plan

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- Identify a private partner to develop the system
- Develop implementation timeline with the partner
- Quality assurance monitoring
- Communicate, communicate, communicate!





# Quality Assurance Monitoring

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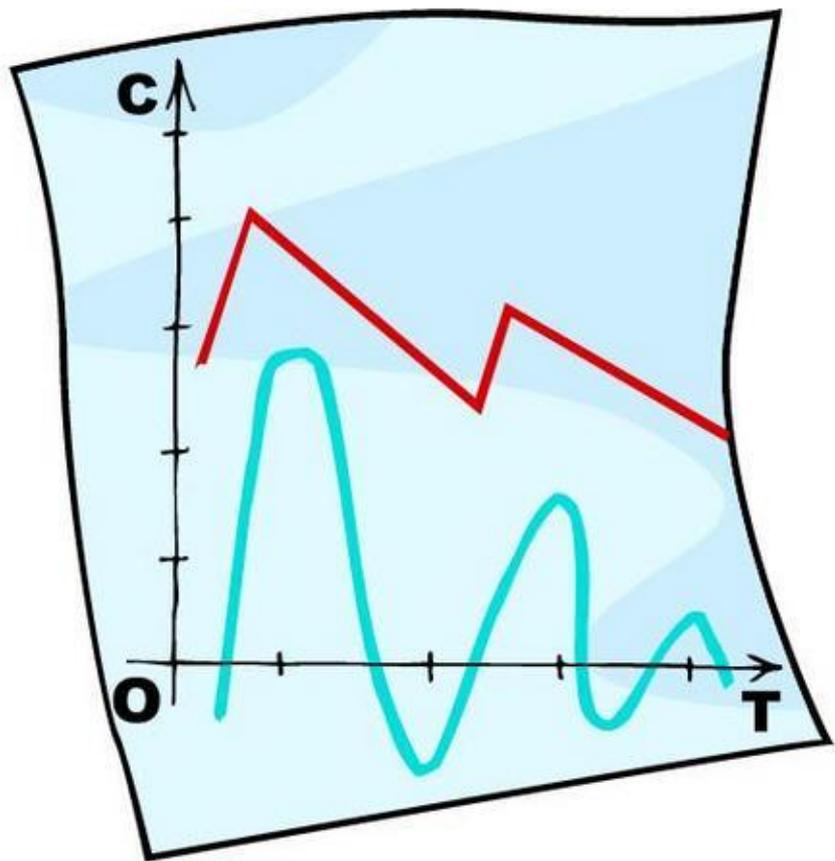
- Observation of workshops throughout the state by Living Well Master Trainers
- Goal is to ensure program delivered to fidelity, but ultimate goal is to help programs and leaders be successful
- Statewide perspective of workshop fidelity
- Target resources and training





# Using the Data

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# Using the Data

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- Retention, attendance, and completion rates
- Populations served
- Workshop capacity
- Leader capacity
  
- Working smarter, not working harder





# What to expect - Participants

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- High-quality programs available in communities in which they live
- Improved self-efficacy in managing their chronic conditions
- Over time, new self-management program offerings
- More of the same!





# What to expect - Leaders

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- Minor changes to the participant data form for Living Well programs
- Quality assurance observation – not the Living Well or Diabetes Prevention Program Police!
- Over time, more resources for programs and full programs





# What to expect – Organizations and Coordinators

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- Quality Assurance Monitoring
- Tools and training on using the data
- More conversation/input as business plan moves forward – timeline, regular communication
- Information as payers come on board so you can have processes/systems needed in place





# Stay tuned . . .

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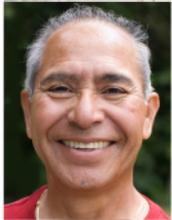
**I'M NOT TELLING  
YOU IT'S GOING  
TO BE EASY  
I'M JUST TELLING  
YOU IT'S GOING  
TO BE WORTH IT**





# Our goal

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# Questions???

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