SOUTH DAKOTA
RURAL HEALTH TRANSFORMATION

# Strengthening Chronic Disease Management

## Overview

This initiative directly addresses the leading causes of death and disability in South Dakota's rural communities by implementing evidence-based chronic disease management interventions. Chronic diseases—including heart disease, cancer, diabetes, chronic respiratory disease, and stroke—account for the majority of deaths and healthcare costs in rural South Dakota, yet many are preventable or manageable with appropriate interventions.

## Key Activities

- Targeted Rural Funding: Rural hospitals, clinics, pharmacies, and schools will receive funding to implement evidence-based interventions tailored to local needs. Eligible activities include care coordination, remote patient monitoring, use of CHWs to address barriers, and screening for social drivers of health. These efforts complement and expand the Medicaid Health Home program by supporting infrastructure growth and encouraging new provider participation.
- Chronic Disease Self-Management Programs: Evidence-based programs will be expanded to help individuals manage symptoms, improve daily functioning, and reduce healthcare costs. Expansion includes increasing program capacity and training more organizations to ensure sustainability and reach.
- Caregiver Supports: Caregivers, a largely unrecognized workforce, will gain additional resources through peer support groups, coordinated resources, expanded provider training, and increased respite care availability.
- Provider Training: Targeted training will ensure fidelity in implementing interventions, covering topics such as remote monitoring and caregiver coordination, fostering provider engagement and sustainable impact.
- Medicaid Health Home Enhanced Quality Incentive Payment Pilot: Provide additional funding to Medicaid Health Home providers to test whether enhanced quality incentive payments improve health outcomes and drive further program improvements.

## Partners & Stakeholders

Rural and Critical Access Hospitals, Independent and Community Clinics, Federally Qualified Health Centers, Long-Term Care and Home Health Agencies, State Universities and Medical Schools, Technical Colleges.

## Amount Requested

- $35,079,000 over five years

## Expected Outcomes

- Reduce 30-day readmission rates for patients with chronic health conditions in rural hospitals.
- Increase the number of participants in remote patient monitoring programs achieving controlled blood pressure (<140/90), with current medication adherence, and no medication changes needed.
- Increase participation in certified chronic disease self-management workshops.
- Improve outcomes on Medicaid Health Home Quality Incentive Payment metrics

## Why This Matters

By strengthening provider capacity to deliver coordinated care, expanding self-management education, and supporting family caregivers, this initiative tackles the root causes of poor health outcomes in rural areas. The focus on sustainable, community-based interventions and leveraging existing community resources ensures long-term health improvements beyond the funding period.

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