

Chronic Disease Self-Management Program

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Overview

- What is self-management?
- What is the Chronic Disease Self-Management Program (CDSMP)?
- What is the evidence-base supporting CDSMP?

Self-Management: What Is It?

- Self-management is defined as the tasks that individuals must undertake to live with one or more chronic conditions.
- These tasks include having the confidence to deal with the medical management, role management, and emotional management of their conditions.

Self-Management Support

- Self-management support is defined as the systematic provision of education and supportive interventions by health care system to increase patients' skills and confidence in managing their health problems.
- These include regular assessment of progress and problems, goal setting, and problem-solving support.

Self-Management and Patient Education

	• Self-Management	• Patient Education
• Needs Assessment Content	• Patient Problems	• What patient needs to know
	• Disease, Role, and Emotional Management	• Disease Management
• Outcomes	• Health status, Utilization	• Knowledge / Behaviors

Stanford Self-Management Programs

- Chronic Disease Self-Management (English/Spanish)
- Internet Self-Management Programs (Chronic Disease and Arthritis)
- Arthritis Self-Management
- Positive Self-Management (HIV/AIDS)
- Tomando Control de Su Diabetes

Chronic Disease Self-Management Program

- Built on structured patient and professional needs assessments.
- Systematically use strategies to enhance self-efficacy.
 - Skills mastery
 - Modeling
 - Reinterpretation of symptoms
 - Social persuasion

Chronic Disease Self-Management Program

- Peer led small groups (10-15 people)
- Standardized training for leaders
- Highly structured teaching protocol
- Standardized participant materials
- Several topics per session
- Evaluated in randomized trials for long term outcomes

Chronic Disease Self-Management Program

- People with different diseases in same group
- 2 1/2 hours per week for 6 weeks
- Content: symptom management, exercise, nutrition, problem solving, communications, advance directives
- Process: self-efficacy, action planning, sharing

Chronic Disease Self-Management Program - Randomized Trial

Demographic Data

- | | |
|----------------|----------|
| • Age | 62 years |
| • Male | 27% |
| • Education | 14 years |
| • No. Diseases | 2.2 |

Percent with Common Diseases

- | | |
|-----------------|-----|
| • Lung disease | 21% |
| • Heart disease | 24% |
| • Diabetes | 26% |
| • Arthritis | 42% |

Chronic Disease Self-Management Program

6-Month Improvements in Health Outcomes

- Self-rated health
- Disability
- Social and role activities limitations
- Energy/fatigue
- Distress with health state

Chronic Disease Self-Management Program

Improvements in Utilization and Cost

- Average .8 fewer days in hospital in the past six months (p=.02)
- Trend toward fewer outpatient and ER visits (p=.14)
- Estimated cost of intervention \$200

Differences Between CDSMP/ASMP at One Year

- Both courses demonstrated improvements in
 - Self-reported health
 - Health distress
 - Role function
 - Self-efficacy
- There were no differences between programs except ASMP participants had less fatigue.

Tomando Control de su Salud Study Participants N=444

- Place of birth
 - Mexico 63%
 - Central America 21%
 - United States 7%
 - Other 9%
- Age 58 (22-91)
- Male 17%

Tomando Control de su Salud Study Participants (N=244)

- Mean education 7.5 years
 - 3 or less years 23%
 - 4-6 years 30%
 - 7-11 years 17%
 - 12 or more years 30%

Tomando Control de su Salud Percent With Common Diseases

- Hypertension 54%
- Diabetes 45%
- Heart disease 19%
- Lung disease 17%

Tomando Control de su Salud 4-Month Improvements in Health Outcomes

- Self-rated health
- Health distress
- Fatigue
- Disability
- Role activity



For More Information

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<http://patienteducation.stanford.edu>

CDSMP Licensing

- Every organization offering CDSMP must have a license, renewable every 3 years.
- Cost of license depends on number of workshops/courses held annually.

License

- 10 courses or less \$500
- 20 courses or less \$800
- 30 courses or less \$1000

CDSMP Personnel

- Leaders
 - Teach participants
- Master trainers
 - Train leaders
- T-trainers
 - Train master trainers

CDSMP Training

- Training class: 10-20 people
- Length of training
 - Leaders-4 days; trainers-4.5 days
- Host your own training
 - 700 master trainers available
 - Stanford trainers come to you
 - \$15,000 plus expenses
- Attend master training at Stanford
 - \$1500 per health professional
 - \$800 per lay leader

Maintaining Program Integrity

- No “innovation attacks”
- Full length trainings by 2 certified trainers
- Train for redundancy

Getting Started

- Program, licensing, and training information available at <http://patienteducation.stanford.edu>
- License must be purchased before leaders are trained.

Words of Wisdom

- Coordinate your efforts.
- Don't underestimate time to recruit.
- Commitment
 - Staff
 - Financial
 - Heart

Oregon Living Well Network

Living Well with Chronic Conditions

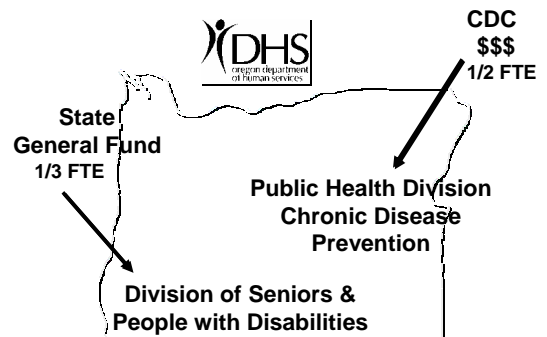
Laura Chisholm Saddler, MPH, CHES
 Health Systems and Self-Management
 Coordinator
 Oregon Department of Human Services
 Portland, Oregon

Oregon Living Well Network

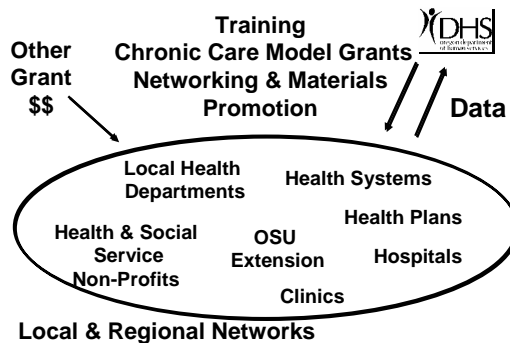
Living Well with Chronic Conditions

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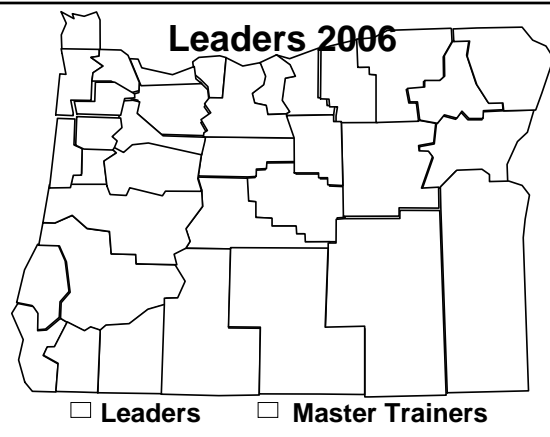
The Oregon Living Well Network

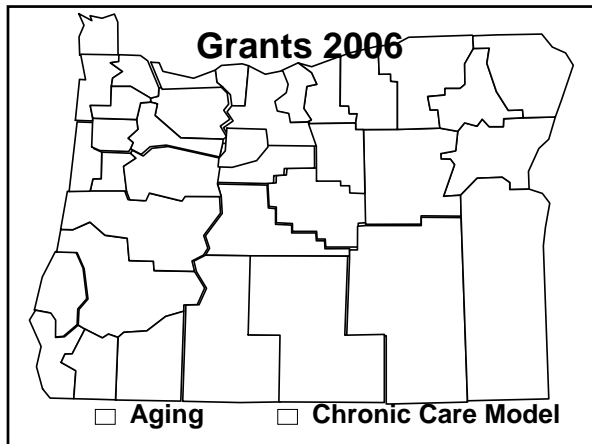


The Oregon Living Well Network



Leaders 2006





- ### Reach: Oregon 2005-2006
- Living well / CDSMP
 - 46 master trainers
 - 126 leaders
 - 68 programs in 13 counties
 - *Tomando Control de Su Salud*
 - 5 master trainers
 - 20 *Tomando Control* leaders

- ### Participants: Oregon 2005-2006
- 391 participants in database (38 of 68 programs)
 - 700 estimated total participants
 - 86% female, 14% male
 - Age range 23-93, average age 64
 - 87% white, 8% Hispanic

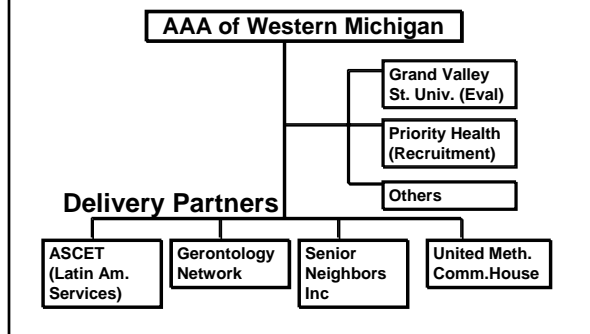
- ### Participants: Oregon 2005-2006
- Most common conditions indicated by participants:
 - 37% arthritis
 - 26% high blood pressure
 - 22% diabetes
 - 17% heart disease
 - 17% high cholesterol



Partners on the PATH (Personal Action Toward Health)

Bonnie Hafner, BSN, RN
 Quality Assurance Nurse
 Area Agency on Aging of Western Michigan
 Grand Rapids, Michigan

Partners on the PATH (Personal Action Toward Health)



Funding

- AoA Grant Funding
- \$10,000 grant from Grand Rapids Community Foundation to bring Spanish CDSMP to Kent County

Sustainability/Funding

- Older American Act & Local Millage funding for PATH classes with contracted CASP providers, ongoing lay leader trainings
- Health Promotion Coordinator

Growth and Sustainability Additional Partners

- Kent County PATH Group
 - Kent County Health Department
 - Diabetes Outreach Network
 - MSU Extension
 - Spectrum Health

Growth and Sustainability Additional Partners

- Function and benefits:
 - Sustainability/coordinated marketing
 - Joint collaboration - trainings and recognition events
 - Expands reach
 - Expands resources
 - Brings in additional funding

Growth and Sustainability Statewide PATH Expansion

- Michigan Partners on the PATH
 - State Department of Community Health
 - Office of Services to the Aging
 - MSU-Extension
 - Med-Net-1
 - Diabetes Outreach Networks

Growth and Sustainability Statewide PATH Expansion

- Collaborative:
 - Formed in October 2005 to expand PATH CDSMP statewide
- Resources:
 - Chronic disease funding
 - Michigan Public Health Institute funding Master Train-the-Trainer 3/07
 - Expertise - data base, web site, fidelity, evaluation, implementation

Partners on the PATH Kent County

- 489 participants attended one of 39 workshops over the past 2-1/2 years, including 50 Spanish older adults
- Four leader trainings, including one Spanish
- Four master trainers (MT's) including two Spanish MT's
- 30 lay leaders, including CASP staff and older adult volunteers from the community

Participant Outcomes

- With complete data at baseline and follow up for 170 people, PATH participants demonstrated significant changes in:
 - Minutes of aerobic exercise
 - Cognitive symptom management
 - Pain
 - Health distress
 - Fatigue
 - Shortness of breath

Participant Outcomes

- Increases in health care utilization were noted. We are examining outliers that may have affected this data.
- Some changes were not significant until six months after classes.

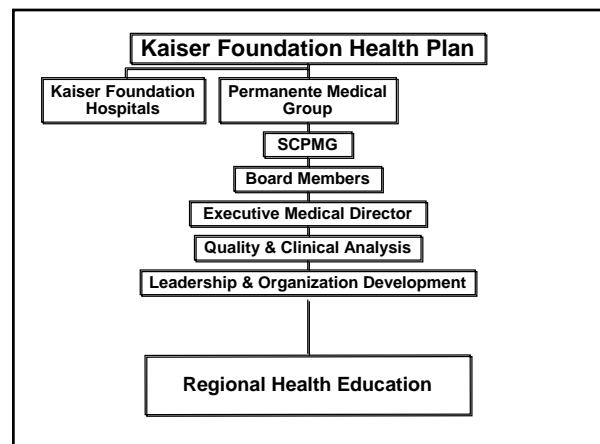
Southern California Kaiser Permanente

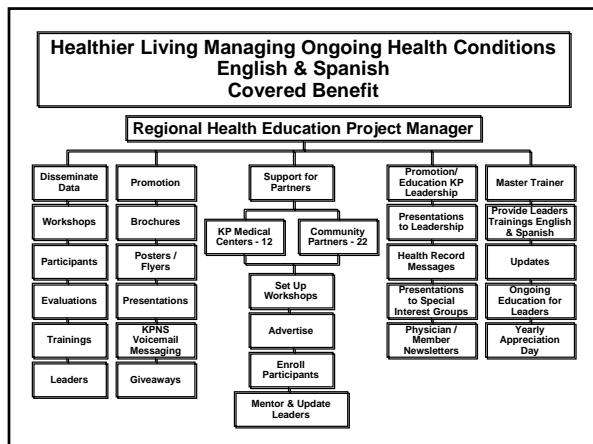
Healthier Living: Managing Ongoing Health Conditions

Muriel Guzzi

Project Manager

Chronic Disease Self-Management Program
Kaiser Permanente Regional Health Education
Pasadena, California






- ### 2006 Program Statistics
- 76 new leaders trained for the English Program
 - 14 new leaders trained for the Spanish Program
 - **KP Medical Centers**
 - 84 English Workshops
 - 4 Spanish Workshops
 - 1,811 participants enrolled
 - 771 completed 6 sessions
 - 501 completed 4 sessions

- ### 2006 Program Statistics
- **Community Locations**
 - 4 English workshops
 - 30 Spanish workshops
 - 433 Participants enrolled
 - 166 completed 6 sessions
 - 139 completed 4 sessions

Marshall Univ. Center for Rural Health Advancing Diabetes Self-Management RWJF Diabetes Initiative



A partnership of rural health centers and churches working to promote innovative ways to help people experience the benefit of taking control of their diabetes.

- ### Help Yourself: Living a Healthy Life with Chronic Conditions
- A good fit for rural communities
 - Effective at building skills to promote lasting behavior change
 - Organizational understanding of self-management key concepts
 - A good use of organizational outreach resources



Program Outcomes

- **25% Improved general health**
- **59% Improved confidence in performing self-management behaviors**
- **50% Increase in physical activity**
- **85% Use of cognitive symptom management techniques**

Marketing and Communication Materials

- **Colorful images, market trainings and workshops**
- **Familiar logos lead participants to other self-management events**
- **Materials help integrate self-management key concepts and skills**
- **Social marketing supports and reinforces healthy behavior change**