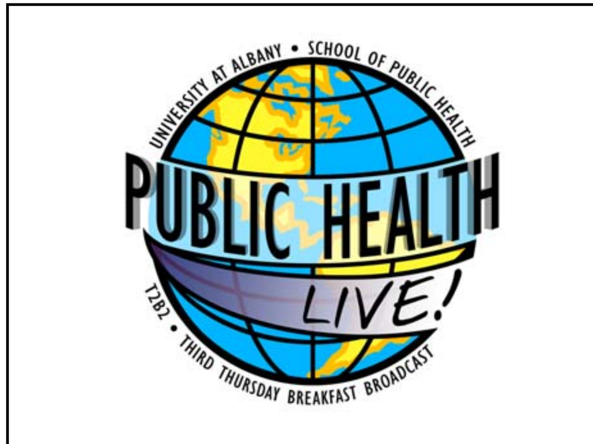

Public Health Live – T^2B^2

Who, What, When and How: Implementing the Chronic Disease Self Management Program in Your Community

Guest Speakers

Lisa A. Ferretti, LMSW
Director of Operations
Center for Excellence in Aging Services
University at Albany
School of Social Welfare

Melanie Shefchik, MA, CHES
Public Health Educator
Rockland County Department of Health

Thanks to our Sponsors:

- School of Public Health, University at Albany
- NYS Department of Health
- NYS Community Health Partnership
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Special Thanks to
- NYS Association of County Health Officials
- NYS Nurses Association

Viewer Call-In

Phone: 800-452-0662
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Evaluations

Please visit

www.t2b2.org

to fill out your evaluation and post test.

Nursing Contact Hours, CME, CHES are available.

Thank you!

What is the Chronic Disease Self-Management Program (CDSMP)?

- An Evidence-based Health Promotion Program developed at the Stanford Patient Education Center
- Supported by Self-efficacy Learning/Motivational and Social Cognitive Behavioral Theories
- Teaches Self-Management Techniques to Participants through Innovative and Highly Participatory Workshops

What is an Evidence-based Health Promotion Program?

- *Effectiveness* of the Program is Provided by the *Evidence* of Randomized Controlled Trials
- Successful Implementation Relies on a Translation of the Original Work that is Faithful to the Original Design

What is an Evidence-based Health Promotion Program?

- Usual question: Does what we are doing work?
- Evidence-based question: Can we do what is known to work?
- Several Major Components of an Evidence-based Health Promotion Program

The Evidence Supporting the CDSMP

- 1000 people with chronic health problems participated in a randomized control trial and were followed for up to 3 years:

The Evidence Supporting the CDSMP

- The results:
  - Significant improvements after 6 months in self-rated health, disability, social/role activities limitation, energy/fatigue, health distress
  - At one and two years later saw reduction in health distress, increased self-efficacy, fewer physician/ER visits

The Evidence Supporting the CDSMP

Continued:

- The greater the 6 month improvement in self-efficacy the lower health care utilization was after 1 year
- Statistically significant improvement after 1 year in fatigue, shortness of breath, pain, social activity limitation, depression, and health distress

Lorig et al. (1999). Evidence suggesting that a chronic disease self-management program can improve health status while reducing hospitalization. *Medical Care, 37*, 5-14.

Lorig et al. (2001). Chronic disease self-management program: 2-year health status and health care utilization outcomes. *Medical Care, 39*, 1217-1223.

Lorig et al. (2004). Effect of a self-management program on patients with chronic disease. *Effective Clinical Practice, 4*, 256-262.

Cost Effectiveness

- CDSMP saved $390-$520 per patient [1]
- Lorig et al. (1999)
  - Participants in treatment group spent 8 fewer nights in hospital than those in the control group
  - Resulted in savings of $750 per participant

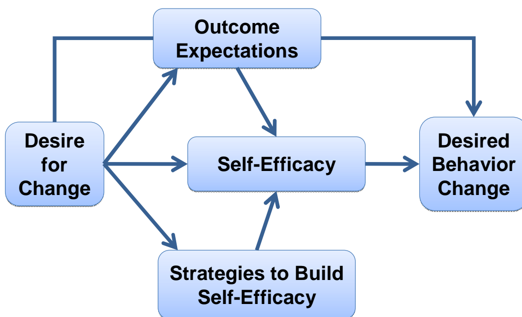
1. AHRQ. (2002). Preventing disability in the elderly with chronic disease. *Research in Action*, Issue #3.

Cost Effectiveness

- Lorig et al. (2004)
  - .97 day reduction in hospitalization and .2 fewer emergency department visits after 1 year
  - Saved $990 per participant
  - Kaiser Permanente saved ~$400,000 for the 489 participants

1. AHRQ. (2002). Preventing disability in the elderly with chronic disease. *Research in Action*, Issue #3.

Role of Self-Efficacy in a Behavior Change

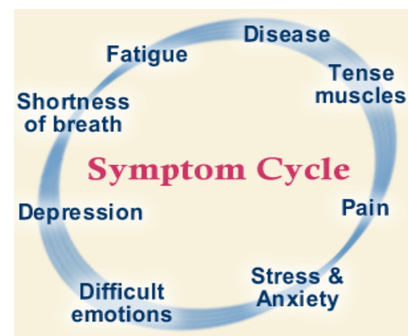


What is the Chronic Disease Self-Management Program (CDSMP)

- A six week workshop, 2 ½ hour per week co-led by trained "peer" leaders
- Provides an interactive learning environment in which participants can practice and master self-management techniques
- Provides information on general health topics affecting persons with a variety of chronic conditions

Self-Management Techniques

- Goal setting and action planning
- Feedback/Problem solving
- Cognitive Symptom Management Techniques
- Physical Symptom Management
- Psychological/Emotional Symptom Management

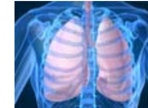


Steps to a HealthierNY

- Community-based integrated approach towards addressing chronic disease
- National initiative
- CDC funded the NYSDOH
- Four NY State Counties

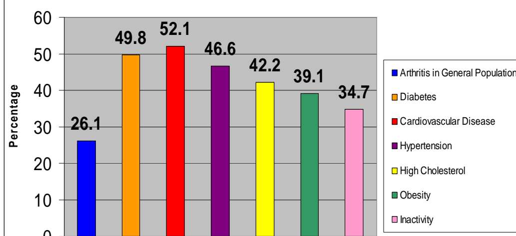
The Burden of Chronic Disease in NY State

- Chronic diseases affect the lives of six million New Yorkers
- 73% of deaths in New York State annually
- Of the 157,000 deaths in New York State in 2002, 114,000 were attributable to the top five chronic diseases



Source: New York State Department of Health

NYS Median Estimates for Arthritis Prevalence among Adults with Other Chronic Diseases

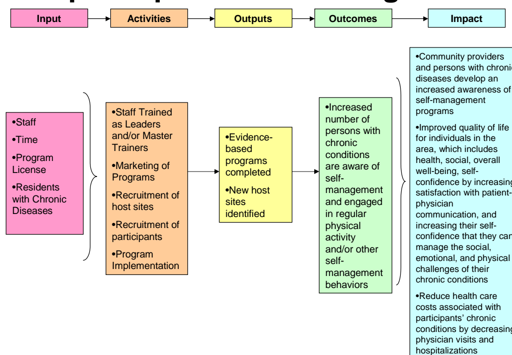


Source: BRFSS, 2005

Reasons for Implementation at the County-level

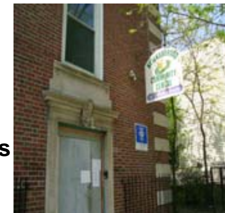
- Increasing prevalence of chronic disease
- Evidence-based
- Turn-key approach
- Not disease specific
- Prevention of disease complications

Sample Implementation Logic Model



Host Sites

- Senior housing complexes
- Religious institutions
- Health care facilities
- Senior centers & clubs
- Community centers



Course Requirements

- Two trained Leaders
- Textbook
- CD or Tape
- Markers & Flip Chart
- License

Program Promotion & Recruitment

- Approach targeted sites
- Press releases
- Mailings
- Referral sources
- Personal Invitations
- Mini-presentations

Implementation Challenges

- Financial costs
- Recruitment of:
  - Sites
  - Leaders
  - Participants
- Program Fidelity

Overcoming Financial Barriers

- Obtain grant funding
- Collaborate with other organizations
- Establish borrowing system for materials
- Donate materials to libraries
- Charge a small fee

Overcoming Planning/Implementation Issues: The RE-AIM Framework

www.re-aim.org

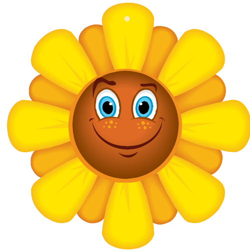
Fidelity and Adaptations

CDSMP (as designed) ELEMENTS

YOUR PROGRAM (ready for your community)

CHANGES to CORE

Adaptations Alter the Program Beyond Recognition



Fidelity. Why Should We Care?

If **programs are not delivered as designed they are less likely to be effective and may do harm.**

If **fidelity is poor there is no reason to do the program.**

If **more resources are allocated to fidelity than needed then resources are wasted without benefit.**

Program Sustainability

- **Create a community-supported infrastructure**
- **Serve as coordinator, rather than facilitator**

" Self management programs allow participants to make informed choices, to adopt new perspectives and generic skills that can be applied to new problems as they arise, to practice new health behaviors, and to maintain or regain emotional stability."

—Kate Lorig, 1993
Developer, the Chronic Disease Self-Management Program, Stanford Patient Education Center

Helpful Resources

- **Stanford University Patient Education Research Center**
  - **http://patienteducation.stanford.edu/programs/cdsmp.html**
- **Healthy Choices New York**
  - **http://www.albany.edu/aging/healthychoices/index.shtml**
- **RE-AIM Framework**
  - **http://www.re-aim.org**

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