Engaging and Activating Patients: The Power of the Chronic Disease Self-Management Program

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Featured Speaker

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Conflict of Interest Statement

The speakers and their viewpoints represent no conflicts of interest.

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- University at Albany School of Public Health
- New York State Department of Health, Bureau of Community Chronic Disease Prevention-Healthy Heart Program

Objectives

After watching this broadcast participants will be able to:

- Describe how the program benefits individuals, organizations, and health care providers
- Explain how the program should be integrated as part of routine health care
- Compare and contrast self-management programs with patient education
- Describe what NYS’s current programmatic infrastructure looks like
- Explain how interested parties can get more involved with the CDSMP

Self-Management:

- Based on patient perception of the problem
- Builds self-efficacy
- Holistic
- Pro-active
- Focused on improving health status and appropriate health care utilization

How Self-management is Different from Patient Education

<table>
<thead>
<tr>
<th>Self-management</th>
<th>Patient Education</th>
</tr>
</thead>
<tbody>
<tr>
<td>Empowers patient</td>
<td>Informs behavior change</td>
</tr>
<tr>
<td>Builds skills/knowledge</td>
<td>Builds knowledge</td>
</tr>
<tr>
<td>Increases confidence</td>
<td>Supports the use of tools to solve problems</td>
</tr>
<tr>
<td>Supports problem solving and decision making</td>
<td></td>
</tr>
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</table>

Number of People With Chronic Conditions (Millions)

<table>
<thead>
<tr>
<th>Year</th>
<th>Number</th>
</tr>
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<tbody>
<tr>
<td>1995</td>
<td>118</td>
</tr>
<tr>
<td>2000</td>
<td>125</td>
</tr>
<tr>
<td>2005</td>
<td>133</td>
</tr>
<tr>
<td>2010</td>
<td>140</td>
</tr>
<tr>
<td>2015</td>
<td>149</td>
</tr>
<tr>
<td>2020</td>
<td>163</td>
</tr>
<tr>
<td>2025</td>
<td>169</td>
</tr>
<tr>
<td>2030</td>
<td>171</td>
</tr>
</tbody>
</table>

Percentage of Services Used by People With Inpatient Hospital Stays

<table>
<thead>
<tr>
<th>Number of Chronic Conditions</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>4%</td>
</tr>
<tr>
<td>1</td>
<td>6%</td>
</tr>
<tr>
<td>2</td>
<td>10%</td>
</tr>
<tr>
<td>3</td>
<td>16%</td>
</tr>
<tr>
<td>4</td>
<td>18%</td>
</tr>
<tr>
<td>5+</td>
<td>21%</td>
</tr>
</tbody>
</table>

Put Life Back in Your Life

I was tired. I hurt all the time. It felt like my health problems were telling me what I could and couldn't do. Living Healthy NY workshops put me back in charge.

Now I have the energy to do the things that matter. I've put life back in my life.

Living Healthy NY workshops put me back in charge.

Now I have the energy to do the things that matter. I've put life back in my life.

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

- An Evidence-based Health Promotion Program/ Self Management Intervention
- Addresses concerns across multiple chronic conditions
- Teaches Self-Management Techniques

The Evidence Supporting the CDSMP

- 1000 people with chronic health problems
- Randomized control trial
- Followed for up to 3 years:
- Results:
  - Significant improvements in self-rated health, symptom management
  - Reductions in ER and physician visits
  - Increased self-efficacy
  - A recent meta analysis conducted by the CDC Arthritis Program supports this evidence

Self-Management Techniques

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

Cost Effectiveness

- CDSMP saved $390-$520 per patient
- 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

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
Stanford University Based Self-Management Programs

- Chronic Disease Self-Management Program
- Tomando Control de su Salud
- Diabetes Self-Management Program
- Tomando Control de su Diabetes
- Arthritis Self-Management Program
- Programa de Menejo Personal de la Arthritis
- Positive Self-Management Program
- Chronic Pain Self-Management Program

Benefits

- Improved health
- Reduction in hospital admissions, unplanned GP visits and emergency visits
- Increased self efficacy and satisfaction
- Better clinical outcomes
- More efficient clinical practice
- Cost savings?? Cost shifting??

The Chronic Care Model

- Community Resources and Policies
- Self-Management Support
- Health Systems Organization of Health Care
- Delivery System Design
- Decision Support
- Clinical Information Systems

Improved Outcomes

Patient Activation Measure:
Baseline for NYS Data

- Level One: 14.4%
- Level Two: 15.6%
- Level Three: 35.4%
- Level Four: 34.6%

65.4%

Delivery of CDSMP is feasible

- Sustained and expanding delivery
- Delivery in urban, rural and suburban communities under a range of auspices
- Low cost delivery - Peer led model
- Multiple languages and forms of CDSMP
- Variety of partners

Older Adults Are More Likely to Have Multiple Chronic Conditions

- Percentage of Population With Chronic Conditions
- One or more chronic conditions
- Two or more chronic conditions

Source: Medical Expenditure Panel Survey, 2005
Medicare Spending for People Chronic Conditions

NYS CDSMP – ARRA Project Goals

- Six regional collaboratives established throughout the state and a State Quality and Technical Assistance Center (QTAC)
- Develop training capacity, infrastructure and CQI strategy
- Link with existing partners
- Accumulate data on participants and partnerships
- Online Learning Community
**Workshops Held During the Project**

- **Total Participant Respondents**
  (4/01/10 – 12/31/11): 4669
- **Total workshops:** 382
- **Range in Age:** 18-100
- **Mean Age:** 69.78
- **Reporting Fair/Poor health:** 25%

**Demographic Profile of Participants**

**Number of Reported Chronic Conditions by Region**

<table>
<thead>
<tr>
<th>Region</th>
<th>&lt;1</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>3+</th>
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<tbody>
<tr>
<td>Western</td>
<td>12.7</td>
<td>16.3</td>
<td>21.8</td>
<td>18.6</td>
<td>30.7</td>
</tr>
<tr>
<td>Central</td>
<td>14.7</td>
<td>13.4</td>
<td>23.7</td>
<td>22.7</td>
<td>25.2</td>
</tr>
<tr>
<td>Northeast</td>
<td>22.3</td>
<td>16.1</td>
<td>18.9</td>
<td>19.4</td>
<td>23.3</td>
</tr>
<tr>
<td>Mid-Hudson</td>
<td>28.7</td>
<td>20.5</td>
<td>15.8</td>
<td>15.8</td>
<td>19.2</td>
</tr>
<tr>
<td>N Y City</td>
<td>25.2</td>
<td>38.5</td>
<td>13.3</td>
<td>10.8</td>
<td>12.1</td>
</tr>
<tr>
<td>Long Island</td>
<td>19.8</td>
<td>23.7</td>
<td>18.9</td>
<td>15.5</td>
<td>22.2</td>
</tr>
<tr>
<td>NYS Total</td>
<td>21.8</td>
<td>28.0</td>
<td>16.9</td>
<td>14.8</td>
<td>18.5</td>
</tr>
</tbody>
</table>

**References**

## Helpful Resources

- Stanford University Patient Education Research Center  
- Healthy Choices New York  
  [http://gtac@albany.edu](http://gtac@albany.edu)  
- RE-AIM Framework  
  [http://www.re-aim.org](http://www.re-aim.org)

## Evaluations

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*Thank you!*