Living Well with Chronic Conditions

A Group Model Sustained by a Network of Partners

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Utah Arthritis Program

Living Well with Chronic Conditions

Stanford Model of CDSMP

- In the past 20 years or so, the Stanford University, Patient Education Research Center has developed, tested, and evaluated self-management programs for people with chronic health problems
- All programs are designed to help people gain self-confidence in their ability to control their symptoms and how their health problems affect their lives
- Workshops are highly interactive, focusing on building skills, sharing experiences and support

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- Once a program is developed, it is evaluated for effectiveness through a randomized, controlled trial, which is 2-4 years in length
- It is ONLY after a program has been shown to be safe and effective through these trials that it is released for dissemination
- This was the procedure for the Chronic Disease Self-Management Program (CDSMP)

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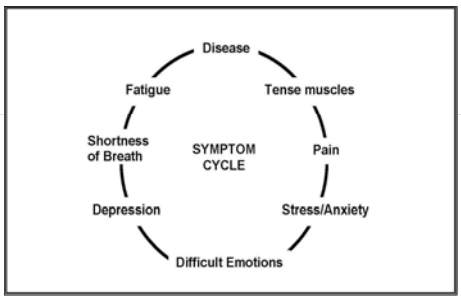

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Program Description

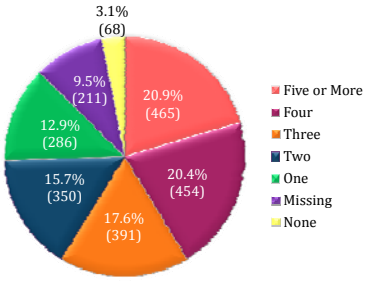
- Designed for people who live with *any chronic condition*
- Based on the symptoms of chronic conditions
- Participants learn tools that enable them to self-manage their symptoms
- Community or healthcare-based settings

Chronic Conditions Represented in CDSMP Workshops

- 44.5% Arthritis
- 40.3% Hypertension
- 33.3% Diabetes
- 31.6% High Cholesterol
- 29.3% Chronic Joint Pain
- 27.7% Chronic Pain
- 23.9% Depression
- 17.4% Heart Disease
- 14.9% Asthma
- 9.8% Fibromyalgia
- 9.1% Cancer
- 7.7% Kidney Disease
- 5.6% Osteoporosis
- 4.0% Lung Disease
- 3.3% Stroke

Source: Utah Arthritis Program, 2010

Chronic Conditions Represented in CDSMP Workshops



Source: Utah Arthritis Program, 2011

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Patient Engagement Activities

- Participants learn how to identify problems
- Participants learn how to act on problems
- Participants learn how to generate short-term action plans
- Participants learn problem-solving skills related to chronic conditions in general

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Program Subject Matter

- Dealing with frustration, fatigue, pain and isolation
- Exercise for maintaining and improving strength, flexibility and endurance
- Appropriate use of medication and proper nutrition
- Communicating effectively with family, friends and health professionals
- Evaluating new treatments

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Program Structure

- Series of 6 sessions, 1 session per week, 2 hours per session
- Held in community settings (including healthcare)
- Highly scripted curriculum

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Program Structure

- Designed to be lay-led; 2 leaders facilitate each class; at least 1 facilitator also has a chronic condition
- Workshops offered at no charge
- Available in Utah in: English, Spanish, Tongan, Samoan, and Navajo

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- **Week 1**
  - Difference between acute and chronic conditions
  - Short term distractions
  - Introduce action plans
- **Week 2**
  - Dealing with difficult emotions
  - Physical activity and exercise
- **Week 3**
  - Better breathing techniques
  - Muscle relaxation
  - Pain and fatigue management
- **Week 4**
  - Future plans for healthcare
  - Healthy eating
  - Communication skills
  - Problem solving
- **Week 5**
  - Medication usage
  - Making informed treatment decisions
  - Depression management
  - Positive thinking
  - Guided imagery
- **Week 6**
  - Working with your healthcare professional
  - Planning for the future

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Action Plans

- Something they want to do
- Achievable
- Action Specific
  - What
  - How much
  - When
  - How often
- Confidence Level
- Problem Solving

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Improved Outcomes

	6 mo.	2 yrs.
Self efficacy	√	√
Self rated health	√	√
Disability	√	
Role activity	√	
Energy/fatigue	√	√
Health distress	√	√
MD/ER visits	√	√
Hospitalization	√	

Lorig, et al 1999, 2001

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Improved Outcomes

	1	2	3	4	5
Self-efficacy	X	X	X	X	
Self-rated health	X		X		
Fatigue		X		X	X
Anxiety/Distress		X		X	X
Role limitation	X			X	
HRQOL				X	
Pain			X		
Exercise	X			X	X
Cog. Symp mgmt	X		X	X	

1=Lorig 05, 2=Barlow 05, 3=Goeppinger 07, 4=Kennedy 07, 5=Gitlin 08

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Workshop Resources

- Resource book: Living a Healthy Life with Chronic Conditions
- CD: Time for Healing
- Weekly action plans and feedback
- Groups are small: 10-15 people
  - Share information, interactive learning activities, problem-solving, decision-making, social support for change

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What participants are saying. . . .

- "I know I can self-manage a few problems and make life better for me and my husband."
- "It gave me some important coping mechanisms."
- "This class has helped me get my life in order."
- "I recommend this course and handbook to all seniors."
- "We have set goals, accomplished them and will continue to manage our lives better due to this class."

Source: Class participants of Wasatch and Summit County courses

Tomando Control de Su Salud
Stanford Model of Spanish CDSMP

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Spanish Program Development

- Not a translation but an independent development in Spanish
- Developed to be culturally appropriate
- Focus groups conducted in Spanish
- Health care professionals working with persons with chronic conditions

Tomando Control de Su Salud
Stanford Model of Spanish CDSMP

Spanish Program Development

- Participants incorporate healthy habits into their lives:
  - Healthy eating habits
  - Exercise (physical activity)
  - Cognitive management of symptoms
  - Better communication with health care providers
  - Overall perception of better health

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Infrastructure

- Master Trainers – 11 in state of Utah as of October 2011 (8 English, 2 Spanish)
  - Attend 4 ½ day training at Stanford University
  - Teach classes and train leaders
- Peer Leaders / Instructors
  - Complete 4-day training taught by 2 Master Trainers in order to teach classes
- Stanford License
  - Each organization teaching this program must purchase a license from Stanford – Utah is looking into a Statewide license
- Training Material
  - Resource books and CDs for participants and leaders

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General Patient and Provider Benefits

- An evidence-based program such as Living Well/CDSMP can capture many chronic diseases through this one channel
- Self-management support option
- Can improve self-rated health and energy levels
- Reduced healthcare utilization (ED visits)
- As the New Jersey program puts it: Feel Better!

Costs vs. Savings

In conservative terms, the two-year savings due to reduced hospital days and outpatient visits is approximately $590 per participant ($490 in hospitalization and $100 in outpatient visits). After adjusting for participant costs and economies of scale the actual 2-year savings per participant were between $390 and $520.

Lorig, et al. Medical Care, 2001

CDSMP Partnership Model

Implementation-

- Partners who would like to administer the program on their own
- The agency would find their own leaders and run the workshops to what suits their needs the best
- Area Agencies on Aging, Clinics, Local Health Departments are examples

CDSMP Partnership Model

Host-

- These are agencies that may not have the resources to implement, but would still like to have a workshop offered at their site
- A local partner would then bring the workshop to them
- The Host Partner would simply provide facility use and recruit participants

CDSMP Partnership Model

Referral-

- Partners who have access to a population but do not have ability or desire to implement classes in own setting
- Refer patients/clients into current classes
- Healthcare providers and health plans are examples

CDSMP Partnership Model

Marketing-

- Partners who may not fall into the other three partnership categories
- Examples include agencies with access to newsletters, listservs and other media channels

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Resources

- Stanford University's site on CDSMP http://patienteducation.stanford.edu
- Utah Arthritis Program (class schedules) http://health.utah.gov/arthritis
- Administration on Aging: www.aoa.gov
- National Council on Aging: http://healthyagingprograms.org

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Contact Information

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- Utah Arthritis Program: www.health.utah.gov/arthritis (for class schedules)