

Living Well with Chronic Conditions

Also known nationally as the
Chronic Disease Self-Management Program

Developed by Stanford University

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Introductory Note

- **The Utah Approach to CDSMP and Diabetes Care:**
In no way is CDSMP to take the place of Diabetes Self-Management Education (DSME)
- DSME comes first and foremost for a patient with diabetes
- We would like to view CDSMP as complementary/supportive to the DSME process

Utah Arthritis Program



- Leads the administration of the Chronic Disease Self-Management Program in Utah
- Funding sources are the Centers for Disease Control and Prevention (CDC) and the Administration on Aging (AoA)
- Work in partnership with the CDC and AoA to address the burden of arthritis, and other chronic diseases, in Utah
- Primary objective is to develop partnerships around the state to increase access to and use of evidence-based programs

Our Broad Goal

To improve the **quality of life** for people affected by arthritis and other chronic conditions.



I love
CDSMP!

The Chronic Disease Problem

Research has shown that an increasing number of U.S. families are experiencing high financial burdens from medical care expenses, as rapidly rising health care costs are passed on to families in the form of higher premiums, deductibles, co-payments, and even reduced benefits. *For people with chronic health conditions, such burdens can be a long-term problem that threatens their families' financial well-being.*

Commonwealth Fund (July 23, 2009)

The Chronic Disease Problem

- Approximately 30% of Utahns have at least one chronic condition (similar number for U.S.)
- Chronic diseases are the most prevalent and costly healthcare problems in the U.S.
- More than two-thirds of all deaths are caused by one or more of five chronic conditions: heart disease, cancer, stroke, COPD, and diabetes

Sources: BRFSS, 2007; Centers of Disease Control and Prevention (CDC)

The Chronic Disease Problem

- Chronic disease not only affects health and quality of life, but is also a major driver of healthcare costs...
- Chronic disease accounts for about 75% of the Nation's aggregate healthcare spending, or about \$5,300 per person in the U.S. each year
- In taxpayer-funded programs, treatment of chronic disease constitutes an even larger proportion of spending:
 - 96 cents per dollar for Medicare
 - 83 cents per dollar for Medicaid

Source: Centers of Disease Control and Prevention (CDC)

Chronic Disease Rates

Utah

Arthritis: 24.7%

Asthma: 8.4%

Diabetes: 7.0%

Hypertension

Awareness: 22.6%

High Cholesterol

Awareness: 25.7%

U.S.

Arthritis: 26.1%

Asthma: 8.5%

Diabetes: 8.4%

Hypertension

Awareness: 26.7%

High Cholesterol

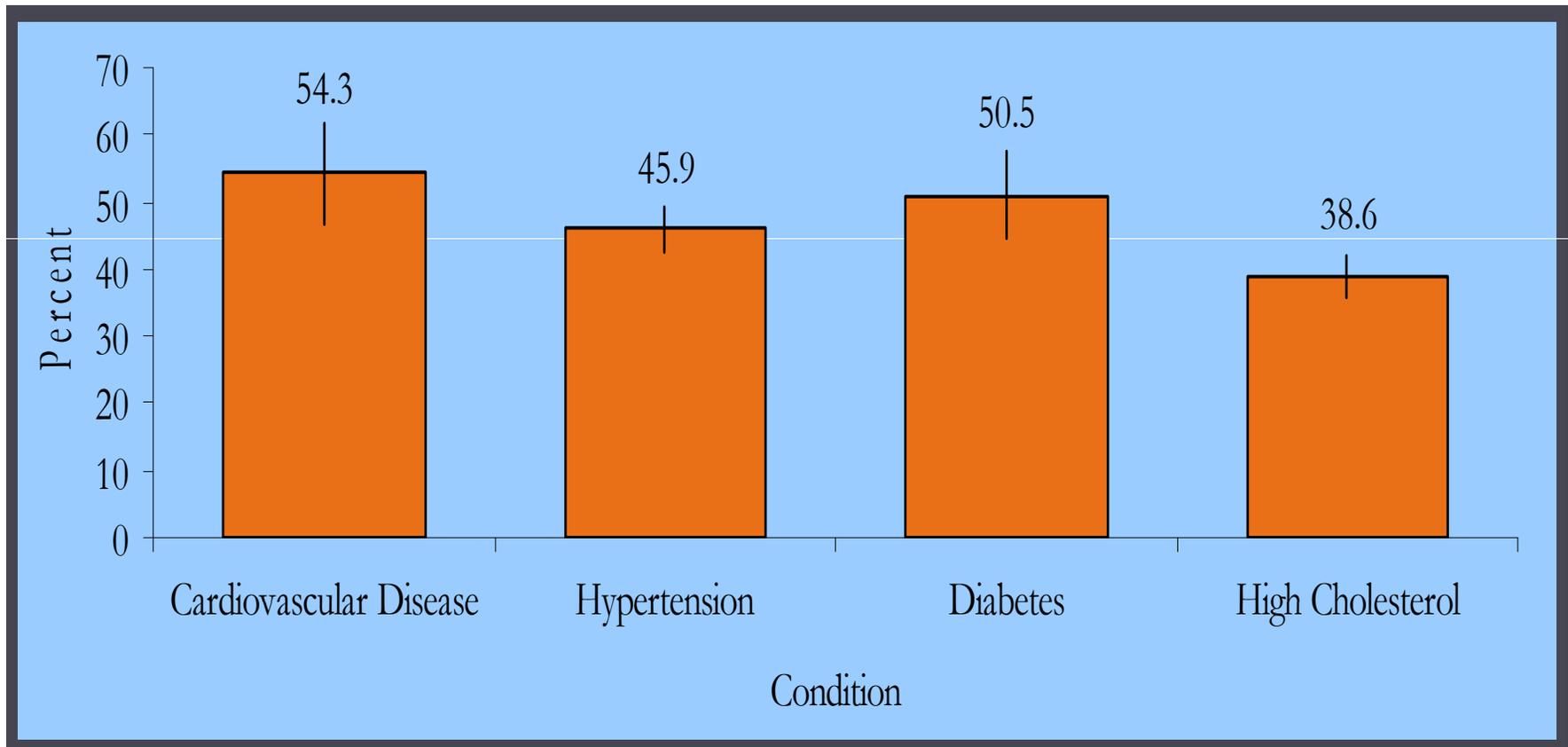
Awareness: 37.6%

Age-adjusted Rates:

Utah Data: 2008 Utah BRFSS

U.S. Data: National Center for Chronic Disease Prevention and Health Promotion, BRFSS Survey

Prevalence of Arthritis Among Persons With Other Conditions in Utah



Source: BRFSS, 2007

Stanford's 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

Stanford's CDSMP

- 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)

Chronic Conditions Represented in CDSMP Workshops

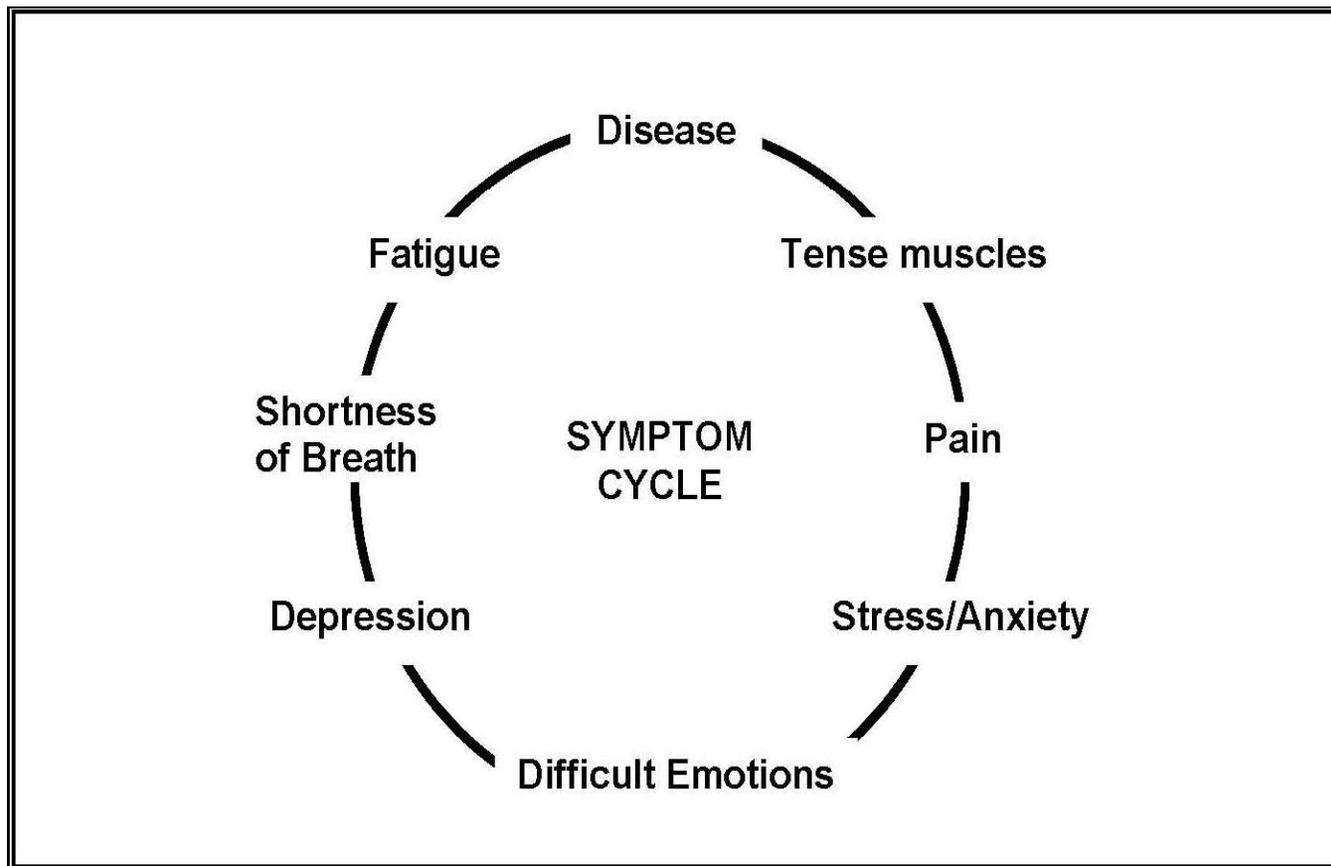
- 52.7% Arthritis
- 41.0% High Blood Pressure
- 36.6% Chronic Joint Pain
- **34.8% Diabetes**
- 33.2% High Cholesterol
- 27.4% Chronic Pain
- 23.5% Depression
- 17.2% Heart Disease
- 14.3% Asthma
- 13.2% Lung Disease
- 12.8% Fibromyalgia
- 8.0% Cancer
- 7.6% Kidney Disease

Chronic Conditions Represented in CDSMP Workshops

- 62% reported three or more chronic conditions
- 16% reported two or more chronic conditions
- 14% report one chronic condition
- 8% reported no condition or condition unknown

Living Well with Chronic Conditions

Stanford Model of CDSMP



Living Well with Chronic Conditions

Stanford Model of CDSMP

- **Self-Management Program**
 - 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

Living Well with Chronic Conditions

Stanford Model of CDSMP

- Self-Management Program
 - 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

Living Well with Chronic Conditions

Stanford Model of CDSMP

- Subjects covered include:
 - 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

Living Well with Chronic Conditions

Stanford Model of CDSMP

- Series of 6 sessions, 1 session per week, 2 hours per session
- Held in community settings
- Highly scripted curriculum
- Designed to be lay-led; 2 leaders facilitate each class; at least 1 facilitator also has a chronic condition
- Workshops offered at no charge/free
- Available in Utah in English, Spanish, Tongan

CDSMP Workshop

- **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

CDSMP Outcomes

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

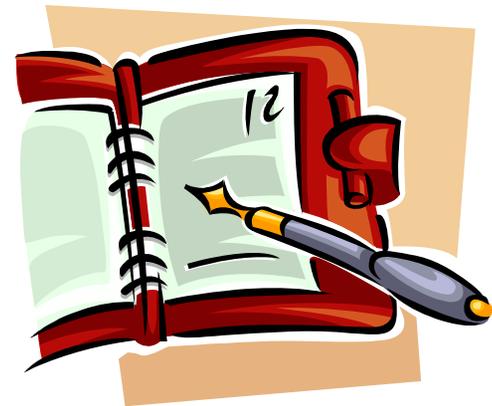
Recent Evidence on CDSMP

	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

Action Plans

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



Living Well with Chronic Conditions

Stanford Model of CDSMP

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

Living Well with Chronic Conditions

Stanford Model of CDSMP

- Master Trainers – 11 in state of Utah as of June 2010 (9 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
- Training Material
 - Resource books and CDs for participants and leaders

Living Well with Chronic Conditions

Stanford Model of CDSMP

- 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*

Spanish Version of CDSMP

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



Spanish Program Findings

- 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

Suggestions for Linking CDSMP with Diabetes Education

- **The Utah Approach to CDSMP and Diabetes Care:** In no way is CDSMP to take the place of Diabetes Self-Management Education (DSME)
- DSME comes first and foremost for a patient with diabetes
- CDSMP would be considered after the DSME process is completed by the patient
- That said, we would like to encourage referrals from Diabetes Programs into local CDSMP classes for some of the following reasons....

Suggestions for Linking CDSMP with Diabetes Education

- Self-management support option for post-DSME (National DSME Standard #7)
- Great option for follow up work with patients with diabetes (National DSME Standard #8)
- Supports and complements self-management efforts of diabetes educators/healthcare providers
- Continuous quality improvement opportunity??

Suggestions for Linking CDSMP with Diabetes Education

- Powerful evidence-based program for patients with co-morbid conditions
 - CDSMP is successful at addressing mental health issues as well
- Excellent self-management option for uninsured patients; if you have to turn away uninsured patients, send them to a free CDSMP workshop
- Addresses income issues by offering classes at no charge

Suggestions for Linking CDSMP with Diabetes Education

- Opportunity to connect to community resources (perhaps as part of a planned care model)
- Reinforces lifestyle behaviors so that patients continue implementing healthy choices such as regular physical activity and nutrition
- Other ideas?

Living Well with Chronic Conditions

Stanford Model of CDSMP

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

Benefits of Living Well

- 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
- Reduced healthcare utilization
- As the New Jersey program puts it: Feel Better!

Current Utah Partnerships

- University of Utah Community Clinics
- Arthritis Foundation, Utah/Idaho Chapter
- Area Agencies on Aging/Senior Centers:
 - Weber-Morgan
 - Davis County
 - Salt Lake County
 - Mountainlands (Summit/Wasatch/Utah Counties)
 - Five County (Southwest Utah)
 - Tooele County
 - San Juan County

Current Utah Partnerships

- Community-based Organizations:
 - National Tongan American Society
 - Alliance Community Services (Spanish)
- Local Health Departments:
 - Bear River
 - Central Utah
 - Davis County
 - Salt Lake Valley
 - Southwest
 - Tri County
 - Utah County
 - Weber-Morgan

Current Utah Partnerships

- Dixie Regional Medical Center in St. George
- Valley View Medical Center in Cedar City
- Valley Mental Health
 - SL County, Park City, Tooele
- Utah Partnership for Healthy Weight
 - Healthy weight project in Magna

Contact Information

Utah Arthritis Program

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