



Paths to Health ^{NM}
Tools for **Healthier** Living

Chronic Disease Self-Management Education Programs

Chronic Disease Self-Management Education (CDSME) Programs

Developed by Stanford University
School of Medicine
Patient Education Research Center

Disclosure

Catherine Offutt does not have any financial relationships with any commercial interests that create a conflict of interest to affect CME content about products or services

Learning objectives & purpose

- * National impact of chronic health conditions.
- * Description of CDSME programs.
- * Concepts of self-efficacy and efficacy-enhancing strategies in managing chronic health conditions.
- * CDSME program components.
- * Evidence-basis of CDSME programs, program endorsements, and program interface.
- * How to become involved in New Mexico's CDSME programming.

Impact of chronic health conditions in the United States

- * According to the **National Council on Aging**:
- * Approximately 80% of older adults have at least one chronic disease, and 77% have at least two;
- * Four chronic diseases – heart disease, cancer, stroke, and diabetes – cause almost two-thirds of all deaths each year;
- * Chronic diseases account for 75% of the money our nation spends on health care, yet only 1% of health care dollars are spent on public efforts to improve overall health.
- * **Source:** National Council on Aging Healthy-Aging-Fact-Sheet-7.10.18; Revised July 2018; www.NCOA.org.

Aging in place

The Center for Disease Control defines aging in place as ***"the ability to live in one's own home and community safely, independently, and comfortably, regardless of age, income, or ability level."***

Most adults would prefer to “age in place” - that is, remain in their home of choice as long as possible.

CDSME programs and how they help

- * CDSME- an umbrella term for community-based education programs specifically designed to:
 - * enhance patient self-management;
 - * build multiple health behaviors and generalizable skills (i.e. goal setting, decision making, problem-solving, self-monitoring); and
 - * proven to maintain or improve health outcomes of older adults with chronic conditions.

CDSMP programs and how they help

The Surgeon General of the United States, the nation's leading spokesman on matters of public health, says, “***Evidence-based chronic disease self-management education (CDSME) programs can help mitigate the chronic disease burden by empowering participants to better manage their conditions.***”

Concepts of self-efficacy

- * Self-efficacy is your belief in your own abilities to deal with various situations.
- * Given a structure and support, individuals usually make good decisions about their health.
- * For this reason we never tell people what to do but rather support them in what they choose to do, even if it is not ideal. Our mantra is “go for real not the ideal”.
- * People learn best by being taught a little bit, having a chance to try things out, getting feedback, and building on what they have learned.

History and an overview

- * The initial **Chronic Disease Self-Management Program (CDSMP)** was first developed in 1991 at Stanford University.
- * More than 50 studies have found that people who take this program generally have fewer symptoms such as depression and shortness of breath, have better quality of life, exercise more, and usually utilize health care less.
- * Today, these chronic disease self-management programs are offered in 29 languages in 36 countries.

What are *CDSME* programs?

All CDSME programs are guided workshops delivered two and one-half hours, once a week, for six weeks, in community settings such as senior centers, churches, senior housing developments, health care facilities, etc.

These workshops are licensed through the Self-Management Resource Center (SMRC) and are facilitated by two trained and certified leaders, one or both of whom are non-health professionals with chronic diseases themselves.

Goal of *CDSME* programs

The goal of New Mexico's family of chronic disease self-management education programs is to **improve the physical and emotional health of individuals with chronic diseases, and their caregivers**, by helping them gain self-confidence in their ability to manage their symptoms and how their health problems affect their lives.

Assumptions underlying **CDSME** program workshops

- * People with mental and physical chronic conditions have similar concerns and problems.
- * People with chronic conditions must deal not only with their disease(s), but also with the impact these have on their lives and emotions.
- * Peers (non professionals) with chronic conditions, when given a detailed Leader's manual, can facilitate **CDSME** programs as effectively, if not more effectively, than health professionals.
- * The process or the way the **CDSME** program is taught is as important, if not more important, than the subject matter that is taught.

How are *CDSME* workshops run?

CDSME workshop sessions are highly participative, where mutual support and success build the participants' confidence in their ability to manage their health and maintain active and fulfilling lives.

CDSME programs do not conflict with an individual's existing health improvement program or treatment plan, but rather are designed to enhance regular treatment and disease-specific education.

What is discussed in *CDSME* workshops?

- * techniques for dealing with problems such as frustration, fatigue, pain, and isolation;
- * appropriate exercise for maintaining and improving strength, flexibility, and endurance and preventing falls;
- * appropriate use of medications;
- * communicating effectively with family, friends, and health professionals;
- * nutrition, healthy eating, and weight management; and
- * how to work within the healthcare system and evaluate new treatments.

Key tools of self-management

- * Physical Activity
- * Medications
- * Decision-Making
- * Action Planning
- * Breathing Techniques
- * Understanding Emotions
- * Problem-Solving
- * Using Your Mind
- * Sleep
- * Communication
- * Healthy Eating
- * Weight Management
- * Working with Health Professionals

Efficacy-enhancing strategies

- * skills mastery (action planning),
- * sharing and feedback (problem solving),
- * modeling (decision-making), and
- * reinterpretation of symptoms and persuasion.

DSMP Study Purpose

The purpose of this Stanford study was to determine the effectiveness of a community-based diabetes self-management program comparing treatment participants to a randomized usual-care control group at 6 months.

DSMP Study Methods

A total of 345 adults with type 2 diabetes but no criteria for high A1C were randomized to a usual-care control group or 6-week community-based, peer-led diabetes self-management program (DSMP). Randomized participants were compared at 6 months. The DSMP intervention participants were followed for an additional 6 months (12 months total). A1C and body mass index were measured at baseline, 6 months, and 12 months. All other data were collected by self-administered questionnaires.

DSMP Study Results

At 6 months, DSMP participants did not demonstrate improvements in A1C as compared with controls. Baseline A1C was much lower than in similar trials. Participants did have significant improvements in depression, symptoms of hypoglycemia, communication with physicians, healthy eating, and reading food labels ($P < .01$). They also had significant improvements in patient activation and self-efficacy. At 12 months, DSMP intervention participants continued to demonstrate improvements in depression, communication with physicians, healthy eating, patient activation, and self-efficacy ($P < .01$). There were no significant changes in utilization measures.

DSMP Study Conclusion & Citation

- * These findings suggest that people with diabetes, without elevated A1C, can benefit from a community-based, peer-led diabetes program. Given the large number of people with diabetes and lack of low-cost diabetes education, the DSMP deserves consideration for implementation.
- * Lorig K, Ritter PL, Villa FJ, Armas J. “Community-based peer-led diabetes self-management: A randomized trial”. *The Diabetes Educator* 2009, July-August; 35 (4) :641-51.

Diabetes Self-Management Program (DSMP) History

- * Funding for initial DSMP studies came from the National Institute of Nursing Research, the Archstone Foundation, and the National Institute for Diabetes and Kidney Disease.
- * Throughout the years the DSMP developers have been assisted by many members of both the American Diabetes Association and the American Association of Diabetes Educators.
- * There are 3 diabetes programs, Spanish (the first program developed), English, an adapted translation of the Spanish program, and Better Choices Better Health, the online diabetes program.
- * All of these programs have been shown to lower A1C, and improve health behaviors, and health status.

CDSMP National Study findings & participation outcomes

- * The CDSMP National Study found many positive, significant improvements in terms of meeting the Institute of Healthcare Improvement's Triple Aims of better health, better care, and lower cost.
- * Aggregate improvements from baseline to 12 months include:

Better Health

- * Feel healthier through improved symptom management in fatigue, pain, shortness of breath, stress, and sleep problems;
- * More active lives with increase in number of days per week being moderately active;
- * Less depression;
- * Better self-rated health-related quality of life; and
- * Fewer unhealthy physical days and unhealthy mental days.

Better Care

- * Improvement in communication with doctors;
- * Improvement in medication compliance; and
- * Improvement in confidence filling out medical forms.

Lower Health Cost

- * \$714 per person saving in emergency room visits and hospital utilization.
- * \$364 per person net savings after considering program costs at \$350 per participant.
- * Cost to Savings ratio of \$1 / \$4 for up to three years.
- * Potential saving of \$6.6 billion by reaching 10% of Americans with one or more chronic conditions.

More Study Citations

- * Ory, M. G., Ahn, S., Jiang L., Smith, M. L., Ritter, P., Whitelaw, N., & Lorig, K. (2013). Successes of a National Study of the Chronic Disease Self-Management Program: Meeting the Triple Aim of Health Care Reform. *Medical Care*, 51(11), 992-998.
- * Ahn S, Basu R, Smith ML, Jiang L, Lorig K, Whitelaw N, Ory MG: The Impact of Chronic Disease Self-Management Programs: Healthcare Savings through a Community-Based Intervention. *BMC Public Health*, 2013, 13(1):1141.

Evidence-based chronic disease self-management program endorsements

- * U.S. Department of Health and Human Services (DHHS)
- * Administration for Community Living (ACL)
- * Administration on Aging (AoA)
- * National Council on Aging (NCOA)
- * Centers for Disease Control and Prevention (CDC)
- * Older Americans Act Title III-D
- * New Mexico Department of Health (NMDOH)
- * New Mexico Aging and Long Term Services Department (ALTS)
- * City of Albuquerque Department of Senior Affairs

Effective *CDSME* Partnerships

Host Organization: New Mexico Department of Health

***CDSME* Program Partners:**

- ❖ New Mexico Aging and Long-Term Services Department;
- ❖ New Mexico Area Agencies on Aging (Metro and Non-Metro);
- ❖ Indian Health Service and Tribal entities;
- ❖ City of Albuquerque Department of Senior Affairs
- ❖ Federally-Qualified Health Centers;
- ❖ New Mexico's Quality Innovation Network-Quality Improvement Organization (QIN-QIO) (***HealthInsight*** New Mexico);
- ❖ Managed Care / Accountable Care Organizations;
- ❖ Self-Insured Employer Groups; and
- ❖ Affordable Care Act marketplace health plans.

Value of *CDSME* programs

- * **For Patients:**

- * Patient-centered

- * Active engagement

- * Group support

- * Quality of life

- * Gateway to additional support services

- * New knowledge

- * Active lives

Value of *CDSME* programs

- * **For Integrated Community Health Care Systems:**
- * Outcomes / Results
- * Self-management skills
- * Confidence
- * Communication
- * Patient-Centered Medical Home
- * Impact on health care use
- * Cost savings

Recommendations for clinical practice

- * Incorporate **CDSME** program recommendation or referral into standards of care policies, care protocols, & operational procedures
- * Encourage participation
- * Include as self-management support initiative
- * Invest in wide-scale delivery of **CDSME** programs
- * Use **CDSME** programs as a strategy to get patients more physically active
- * Provide both generic and disease-specific interventions

CDSME program interface

- * **CDSME** programs support:
- * **Case Managers** by assisting the person to achieve the greatest possible degree of self-management of disability and/or life challenges. **National Association of Case Management**
- * **Care Coordinators** by supporting care coordination / integrated care effectively linking health and long term care on behalf of vulnerable populations – with particular focus on older adults. **The National Coalition on Care Coordination**
- * **Diabetes Educators** by helping patients with diabetes identify barriers, facilitate problem-solving, and develop skills to live healthier, more productive lives, in alignment with the AADE7™ Self-Care Behaviors framework. **American Association of Diabetes Educators**

CDSME programs in New Mexico

- * **Chronic Disease Self-Management Program (CDSMP)** a general program for adults with any chronic condition, caregivers, family, and friends;
- * **Diabetes Self-Management Program (DSMP)**, for people with type 2 Diabetes and those who care for them;
- * **Cancer: Thriving and Surviving (CTS)** program for cancer survivors and caregivers;
- * **Positive Self-Management Program (PSMP)** for those with HIV and supporters; and
- * **Chronic Pain Self-Management Program (CPSMP)** for those living with chronic pain.
- * **All programs available in English and Spanish languages.**

Centralized and Coordinated **CDSME** Program Referral and Enrollment Processes

- * **Multiple points of access**, including:
- * Local Albuquerque-based number **(505) 880 – 2800** for self-referrals AND statewide toll-free numbers **(505) 850 – 0176** and **(575) 703 - 2343**;
- * Web-based presence (**<http://pathstohealthnm.org>**);
- * Provider-driven referral center (**Wellness Referral Center** sponsored by Presbyterian and operated by Adelante); and
- * Statewide centralized referral and data system coordinating all program offerings, enrollment, and provider feedback (**Workshop Wizard**).

When and where are **CDSME** workshops available?

- * **CDSME** program workshops are FREE to participants.
- * **CDSME** program workshops run throughout the year.
- * **CDSME** workshops are held throughout New Mexico.
- * Contact the Regional **CDSMP** Coordinator in your area or visit <http://pathstohealthnm.org> for most current workshop schedule.

How you can get involved

- * Attend one or more **CDSME** program workshops;
- * Consider becoming a **CDSME** Workshop Leader;
- * Assist with referrals to various **CDSME** programs;
- * Promote or market existing **CDSME** workshops (see current schedule at <http://pathstohealthnm.org>);
- * Sponsor a six-week **CDSME** workshop in your community;
- * Serve as a **CDSME** workshop implementation site; and
- * Join the **CDSME** Partnership Network.

CDSME Program Coordinator

- * Catherine Offutt, MBA
- * ***CDSME*** Albuquerque Metro Area Coordinator
- * Stanford / Self-Management Resource Center (SMRC) Certified T-Trainer
- * (505) 884 – 8389
- * catoff@msn.com

CDSME program testimonials

“The changes I made throughout the course were to know the dangers of eating unhealthy foods. I now have a healthier diet that helps with my disease and I also exercise.” - **Lucia Chairez, Vado**

“I really believe in the Program, I have benefitted from the program at many levels. I have learned ways to continue to enjoy retirement.” - **J. Payette, Albuquerque**

More CDSME testimonials

*“I would highly recommend this program to those who suffer from chronic pain. This program was very educational and fun without being judgmental, condescending, or critical.” - **Maria Soledad Martinez, Las Cruces***

*“My favorite part of the program is being able to come to a safe place and talk with and get support from other people who know what I am going through. It nice to know you are not alone!” - **Multiple CDSME Program Participants***