CHRONIC DISEASE SELF-MANAGEMENT EDUCATION
People spend 99 percent of their time outside the health care system — and what they do outside largely determines their quality of life. This prepares them for the 99 percent.

Dr. Kate Lorig, Stanford University Patient Education Research Center
CDSME OVERVIEW

- Developed by Stanford University

- Evidence-based program

CDSME (nationally):
- Chronic Disease Self-Management Program (CDSMP)
- Diabetes Self-Management Program (DSMP)
- Cancer: Thriving and Surviving Program (CTSP)
- Chronic Pain Self-Management Program (CPSMP)
- Positive Self-Management Program for HIV (PSMP)
- Arthritis Self-Management Program (ASMP)
CDSME OVERVIEW

• 6 week workshop
  • 2.5 hour session per week

• Tools and skills to:
  • Deal with symptoms
  • Manage common problems
  • Participate more fully in life

• No technology required
TRAIN THE TRAINER MODEL

Master Trainers

Lay Leaders

Program Participants → Completers (4 of 6 sessions)
### NATIONAL CDSME STUDY

<table>
<thead>
<tr>
<th>Improved/Enhanced</th>
<th>Reduced</th>
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<tr>
<td>Energy</td>
<td>Fatigue</td>
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<td>Physical activity</td>
<td>Limitations on social role activities</td>
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<td>Psychological well-being</td>
<td>Pain symptoms</td>
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<td>Partnerships with physicians</td>
<td>Emergency room visits</td>
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<td>Health status</td>
<td>Hospital admissions</td>
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<td>Self-efficacy</td>
<td>Hospital length of stay</td>
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$714 per person saving in emergency room visits and hospital utilization

$364 per person net savings after considering program costs at $350 per participant

Potential saving of $6.6 billion by reaching 10% of Americans with one or more chronic conditions
Workshop set-up:
• Two trained leaders
• Generally 12 participants (min. 10, max. 16)
• Flip chart for writing
• Charts display workshop content
• Very interactive
• Participants sit in a horse shoe
<table>
<thead>
<tr>
<th>Workshop Overview</th>
<th>Week 1</th>
<th>Week 2</th>
<th>Week 3</th>
<th>Week 4</th>
<th>Week 5</th>
<th>Week 6</th>
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<td>Overview of self-management and chronic health conditions</td>
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<td>Using your mind to manage symptoms</td>
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<td>Making an action plan</td>
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<td>Feedback and problem-solving</td>
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<td>Dealing with difficult emotions</td>
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<td>Physical activity and exercise</td>
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<td>Preventing falls</td>
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<td>Making decisions</td>
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<td>Pain and fatigue management</td>
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<td>Better breathing</td>
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<td>Healthy eating</td>
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<td>Communication skills</td>
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<td>Medication usage</td>
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<td>Making Informed treatment decisions</td>
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<td>Dealing with depression</td>
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<td>Working with your health care professional and system</td>
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<td>Weight management</td>
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<td>Future plans</td>
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RELEVANT ACTIVITIES

- Getting a good night’s sleep
- Dealing with difficult emotions
- Physical activity and exercise
- Preventing falls
- Making decisions
- Communication skills
- Medication usage
- Making informed treatment decisions
- Dealing with depression
- Working with your healthcare professional and system
- Future plans
INTERACTIVE ACTIVITIES

ACTION PLANNING, PROBLEM SOLVING, COMMUNICATION
Chronic Disease Self-Management Programs: Relevance for Persons with Dementia
STUDY DEVELOPMENT

- The CDC and the Alzheimer’s Association are collaborating to promote cognitive health

- Reviewed chronic disease prevention programs

- CDSMP was identified as the “gold standard” for reducing cost
STUDY METHODOLOGY

- Developed an electronic survey
- Distributed to over 2,000 master trainers (MT) and received 253 responses
- MT represented 39 states, the District of Columbia, and five other countries
SURVEY FINDINGS

• Over 80% of respondents reported: one or more participants with suspected dementia

• Greater than 70% of respondents reported: participants attended with a caregiver

• Overwhelming opinion that CDSMP is helpful for PWD
SURVEY FINDINGS

• Opportunity to brainstorm with participants facing the same challenges and receive peer support

• Better suited for early-stage

• PWD benefit more when accompanied by a caregiver (liaison, assistance and guidance, reinforcement, note taking, recall, familiar face)
ADAPTATIONS FOR PWD

• Buddy, pairing activities, and maximizing participant support
• Extra attention from leader (during breaks, before/after, calls)
• Find out what PWD needs (from person, MD, care partner)
• Reduce distractions (sit in front or near leader)
• Redirection, cueing
ADAPTATIONS FOR PWD

• Reinforcement (praise, encouragement, modest expectations)
• Extra repetition
• Slower pace
• Simplified Action Plans
• Encourage writing
BENEFITS FOR CAREGIVERS

• See PWD as more capable
• Understand concerns and fears of PWD
• Better understand limitations and needs of PWD
• Learn how to work with and support PWD
• Learn importance of self-care
• Tools for caregiver stress (muscle relaxation, better breathing, guided imagery)
BENEFITS FOR CAREGIVERS

- Skills to manage difficult emotions
- Develop action plans to cope with stress
- Can brainstorm and problem solve caregiving challenges
- Learn how to navigate the healthcare system and access resources
TIMELINE: CDSME IN VIRGINIA

- 2005: Introduced by VDH
- March 2010: VA receives a 2-year, $1 million grant from AoA
- September 2012: VA receives a 3-year, $900,000 grant from ACL
- August 2016: VA receives a 2-year, $900,000 grant from ACL

DARS is the lead state agency. Area Agencies on Aging are leads at the local level.
Live Well, Virginia!

1. Mountain Empire Older Citizens
2. Appalachian Agency for Senior Citizens
3. District Three Senior Services
4. New River Valley Agency on Aging
5. LOA Area Agency on Aging
6. Valley Program for Aging Services
7. Shenandoah AAA
8A. Alexandria Division of Aging and Adult Services
8B. Arlington Agency on Aging
8C. Fairfax AAA
8D. Loudoun County AAA
8E. Prince William AAA
9. Rappahannock-Rapidan Community Services Board and AAA
10. Jefferson Area Board for Aging
11. Central Virginia AAA
12. Southern AAA
13. Lake Country AAA
14. Piedmont Senior Resources AAA
15. Senior Connections, The Capital AAA
16. Rappahannock AAA
17/18. Bay Aging
19. Crater District AAA
20. Senior Services of Southeastern Virginia
21. Peninsula Agency on Aging
22. Eastern Shore AAA - Community Action Agency

2012 Grantees
Additional Programs
2016 Expansion Areas
PARTICIPATION IN VIRGINIA

- Over 11,500 people have participated in a workshop

- Almost 9,000 people have completed a workshop (attended at least 4 of the 6 sessions)

- 68 people have identified as having dementia

- Over 1,400 or almost 30% of participants reported they were a caregiver
## Workshop Participation

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<tr>
<th>Total to Date Attended</th>
<th>Total to Date Completed</th>
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<td>1761</td>
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![Graph showing workshop participation](image)
PREVALENCE OF CHRONIC CONDITIONS

- Arthritis: 34%
- Cancer: 10%
- Chronic Pain: 8%
- Depression: 20%
- Diabetes: 30%
- Heart Disease: 14%
- High Cholesterol: 14%
- Hypertension: 42%
- Lung Disease: 16%
- Multiple Sclerosis: 11%
- Osteoporosis: 0%
- Stroke: 5%
- Other: 24%

N=68
NUMBER OF CHRONIC CONDITIONS

- 2 or more: 58%
- 1 Condition: 42%
CAREGIVER STATUS

- No: 71%
- Yes: 29%
The workshop has been beneficial for me as I have been helping my mother with dealing with doctors as a caregiver, helping me understand chronic conditions, and to be more understanding of my mother when she needs help.

– Waynesboro, VA
Peer support is amazing and this course aligned with my beliefs. Sharing information and personal histories can provide strength to people feeling isolated by a chronic condition.
CDSMP AND DEMENTIA

• 2015 – 2019 Dementia State Plan:

  • Goal 2 – Use dementia related data to improve public health

    • Objective B – Collaborate with related public health efforts and encourage possible risk-reduction strategies

    • Encourage caregiver participation in the Chronic Disease Self-Management Education (CDSME) program and adapt it so that it can be used successfully with persons with dementia
WHY CDSMP?

• 2015 VA BRFSS: 80% of individuals with memory problems have at least one other chronic condition

• 2016 Facts and Figures: stress caused by caregiving is associated with physiological changes that might increase the risk of developing chronic conditions
  • Caregivers often experience a decline in their own health
2016 CDSME GRANT: DEMENTIA ACTIVITIES

• Goal 2: Expand program delivery to include persons with early-stage dementia (PWED) and their caregivers

• Objectives:
  • Reach 360 completers
  • Collaborate with the four Virginia Chapters of the Alzheimer’s Association to establish a statewide referral system
2016 CDSME GRANT: DEMENTIA ACTIVITIES

- Objectives Continued:
  - Establish CDSME as a dementia capable program in Virginia
  - Deliver training on dementia to local CDSME Coordinators and their leaders

- Outcomes:
  - A total of 360 PWED and their caregivers will complete a workshop
  - The Alzheimer’s Association will refer 500 PWED and their caregivers to the AAAs
  - The Alzheimer’s Association will deliver 4 hours of training on dementia
ANTICIPATED OUTCOMES

• Encourage the person with early stage dementia to focus on their health overall rather than becoming discouraged by the diagnosis.

• Caregivers will learn to focus on taking care of themselves earlier in the disease progression to help reduce burn out.
ANTICIPATED OUTCOMES

• Persons attending the workshops with other chronic conditions will have the opportunity to observe participants with early stage dementia being engaged in a community activity, promoting a more positive perception and reducing the stigma around the diagnosis

• PWED and their caregivers will have an opportunity to share and socialize, keeping them connected to the community
QUESTIONS?

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