SAMHSA-HRSA
Center for Integrated Health Solutions

Chronic Disease Self-Management Introductory Webinar

Anthony Salerno, PhD

December 16, 2015

Slides for today's webinar are available on the CIHS website:

www.Integration.samhsa.gov

under About Us/Innovation Communities

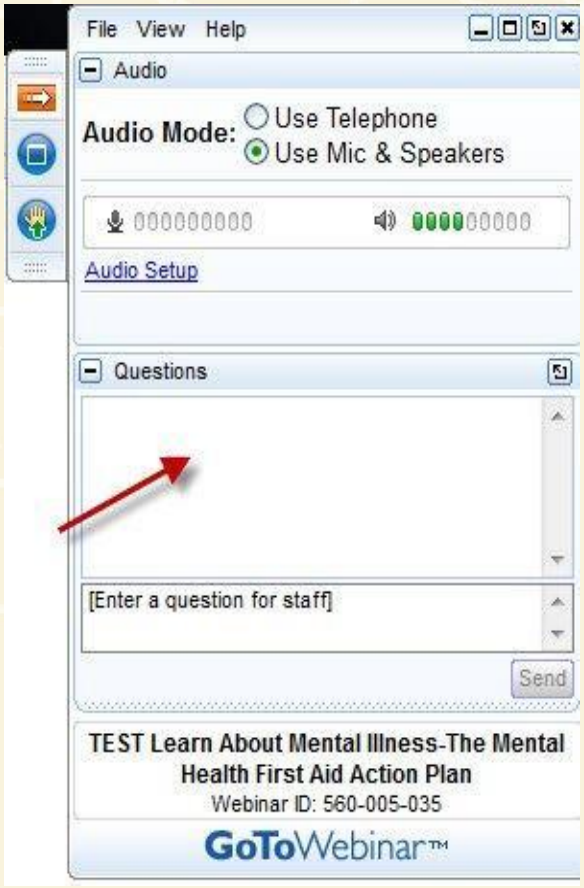
Setting the Stage:
Today's Facilitator

Tony Salerno, PhD
Senior Integration Consultant
SAMHSA-HRSA Center for Integrated Health Solutions

Setting the Stage:
Today's Moderator

Hannah Mason, MA
Senior Associate
SAMHSA-HRSA Center for Integrated Health Solutions

Our format…



Structure

Short comments from experts

Specifics from their point of view

Polling You

Every 20-minutes

Finding the "temperature" of the group

Asking Questions

Watching for your written questions

Follow-up and Evaluation

Ask for what YOU want or expect

Ideas and examples added to the AOS Resource Center

Today's Purpose

- Welcome
- Overall Goal for the Innovation Communities
- Goal for Chronic Disease Self-Management in Behavioral Health Settings
- About Your Team
- What to Expect from the Innovation Community
- Participant Expectations
- Next Steps

About your team:

Facilitator: Tony Salerno, PhD (tonys@thenationalcouncil.org)

Coordinator: Hannah Mason, MA (hannahm@thenationalcouncil.org)

Faculty will be comprised of 2 CIHS staff (i.e., a lead and coordinator), and up to 3 subject matter experts who will provide webinar content and coaching in collaboration with the CIHS staff.

- Faculty deliverables will include support of participants with educational materials, supportive monitoring of participant progress toward achieving their KPI targets, and timely follow-up to questions raised, recorded as phone TA.
- Dedicated page on the CIHS website

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Goal for the Innovation Communities

Innovation Communities

- Chronic Disease Self Management in Behavioral Health Settings
- Population Health Management in Behavioral Health Providers
- Who is Responsible for Care Coordination
- Developing High Functioning Primary Care Teams
- Building Integrated Behavioral Health in a Primary Care Setting

What are Innovation Communities?

Innovation Communities are designed to engage organizations in acquiring knowledge and skills and applying their learning to implement measureable improvements in a high priority area related to healthcare integration.

Lessons learned over the course of the IC are compiled and shared with the healthcare field so other organizations can benefit.

The IC focuses on topics and approaches that align with the following:

- Widespread relevance and applicability across integrated care settings
- Addresses a challenging problem related to integrated care
- Establishes practical and meaningful performance indicators achievable in a 9 month timeframe
- Continuously monitors progress, implementation barriers, and effective strategies
- Identifies tools and resources associated with successful implementation
- Records the lessons learned about the systemic and organization specific factors affecting the adoption and sustainability of integrated health innovations

What is the Chronic Disease Self-Management Innovations Community (CDSM-IC)?

Primary goal of the CDSM-IC?

To improve the health of individual's with chronic and serious health conditions as evidence by a set of health indicator outcomes that include self report of wellbeing and symptom reduction, medical tests, use of emergency services and hospitalization.

What is a chronic disease?

A disease that persists for a long time. A chronic disease is one lasting 3 months or more, by the definition of the U.S. National Center for Health Statistics. Chronic diseases generally cannot be prevented by vaccines or cured by medication, nor do they just disappear. Common chronic diseases include diabetes, asthma, arthritis, cardiovascular disease and respiratory illness.

How will we accomplish the primary goal of the CDSM-IC?

- Identifying, understanding and implementing best practices in disease self-management.
- CDSM is an approach that emphasizes the critical role played by consumers in managing a serious and chronic health condition.
- Self-management approaches are designed to…
  - activate and support consumers to gain disease specific health information
  - use healthcare services and resources in a way that works for the person
  - assist consumers to both acquire knowledge and apply this knowledge to successfully manage health problems

Why is Self-Management Important?

Knowledgeable and skillful providers, offering the latest treatments, are rendered ineffectual without the day to day efforts of actively involved clients.

Big Question that is the focus of this Innovation Community?

How do we create a treatment/service environment that informs, engages and involves individuals to take action that is self directed towards effective self management of a chronic health condition.

Chronic Disease Self-Management What we don't do.

- We don't manage a person's symptoms!
- We don't manage a person's preferences and wants!
- We don't manage what is the personal responsibility of a client!
- We don't manage cases!

Health Self Management: What we can do?

- Offer numerous opportunities and supports that assist people to learn the skills, gain the knowledge and utilize resources to successfully self manage their wellness and make informed decisions.

- Establish partnerships and collaborative relationships that focus on shared decision making and consumer choices and preferences.

It's all about partnership!

Poll Question #1

What best describes your current experience with the provision of evidence informed disease self-management services and supports?

A. Great deal of experience
B. Some experience
C. Little experience
D. Hardly any experience

Webinar topics we will address in the CDSM Innovation Community?

- Guiding Principles of CDSM
- Best practices in CDSM
- Informational Resources to support CDSM
- Best practices in wellness and healthy lifestyle behaviors
- Engaging social network (e.g., family, friends, relatives) to support CDSM outcomes
- Use of technology to support self management

Webinar topics we will address in the CDSM Innovation Community?

- The role of psychotropic medication and metabolic disorder risk
- Disease specific information and implications for self management
- Unique and important role of peers in engaging people and promoting health
- Basic and effective group facilitation skills to implement effective group CDSM programs
- Use of Continuous Quality Improvement methods to improve CDSM
- CDSM specific performance Indicators and outcome measurement

Topics of interest expressed by applicants participating in the CDSM Innovation Community

- "Develop an integrated care model with focus on self management"
- "How to utilize peer specialists to motivate lifestyle changes" ; "community health workers"
- "Teach recovery from a whole health perspective to new and current staff"
- "Develop a standardized curriculum that we all use"
- "Develop proficiency in implementing best practices and evidence based research models to integrate care of chronic illnesses along with behavioral health tx and recovery"
- "Inform and train our patients and their family members"
- "Optimal goals to set for patients with chronic medical conditions"
- "Effective practices re physical health management……..address the wellness of the entire person"

Topics of interest

- "Sharing of information, tools and tips….innovative ideas…….tracking/monitoring medical hospitalization rates"
- "Implement 2 CDSM programs by the end of the IC"….engaging individuals we serve in designing, implementing and operation of our wellness programs…..track and monitor client progress."
- "Having the opportunity to learn and share with other providers across the country….having access to evidence based strategies."
- "We hope to participate so we can share our experience in implementing the Stanford Chronic Disease Self-Management program…… understand what other have experienced in terms of barriers to effectively engage clients"
- "Discussing medication with clients along with the pharmacist who can provide valuable consultation"

Topics of interest

- “Take what we learn and apply community wide…….Empower persons served to take control of their own health conditions”
- “Achieve higher levels of training and information…..staff better equipped to educate clients”
- “Learning ways to enhance self care”
- “Share our current successes and benefit from others”
- “Sharing ideas on best practices”
- “Consider how billing, documentation and health info sharing play a role in making [CDSM] sustainable”
- “Implement consistent protocols for how clients can self monitor chronic health conditions including signs and symptoms……develop new resources including exercise, nutrition, mindfulness and self care…….remediate cognitive impairment ….and methods of supporting learning in this population”

Topics of interest

- "Identification of targeted populations….sustainable funding……staffing models and training needed…….best use of peer support"
- "Develop a more robust and systematic approach to identifying and managing chronic diseases…….share and evaluate data……also treat illnesses earlier on in the continuum"
- "Implement an evidence based wellness program….implement a CDSM program such as the Stanford model"
- "Increase knowledge of patient tools to support health"
- "We want to start using a registry format for population health management"
- "Develop ways to provide information and impact the consumers way of life….what works well in a community based behavioral health setting……within poverty stricken area"
- "Learn and adopt innovative tools to increase self management…….use community health workers and medical assistants in patient education and support."

Innovation Community Improvement Methodology

Participating agency creates a Core Implementation Team (CIT)

- Senior administrator with authority to address barriers and promote leadership supported change
- Primary care, behavioral health, peer staff
- Person with evaluation expertise and data collection
- Clients affected by the change
- Champions and those with CDSM related expertise

CIHS Disseminates Relevant Information

- Best Practices in CDSM
- Change management strategies
- Application of continuous quality improve strategies
- Evaluation of improvement efforts
- Monitoring of progress that are aligned with high priority performance indicators.

The CDSM Innovation Community Methodology

- Establish best practice standards of CDSM services and support
- Provide participants with an Organizational Self Assessment(OSA) Instrument based on CDSM best practice standards.
- The CIT and others are involved in completing the CDSM OSA and analyzing the results and resolve discrepancies.
- The CIT identifies strengths and areas for improvement

The CDSM Innovation Community Methodology (continued)

- CIT selects an improvement area to focus it's efforts by applying the principles and practices of continuous quality improvement.
- CIT measures performance indicators that answer the question: Have we improved the health status of clients with chronic and serious health conditions?
  - Self report
  - Medical health indicators of improvement
  - Emergency/hospitalization events

Let's Chat

What are the most significant chronic health conditions among the clients you serve that will likely be the focus of your initial efforts?

Poll Question #2: What best describes your current relationship with the primary care provider(s) of your clients with chronic health conditions?

A. We are co-located
B. Not co-located but have working relationship with a primary care organization
C. We will need to reach out to and engage various primary care providers who serve our clients
D. We are unlikely to engage our client's PCP (we will need to assist our clients without ongoing PCP involvement)

Poll Question #3

To what extent have you developed/employed smartphone or other electronic supports to support client self management?

A. We have successfully used this type of technology
B. We know of at least one program that uses this technology
C. We are aware of such tools but have not used them
D. This is completely new to us

Let's Chat

- **What do you expect to be your most important challenge in implementing a high quality CDSM program?**

Please type your answer in the chat box.

The Innovation Community is Dynamic

The proposed structure, process and content is a starting point!

The experience, needs and wants of Innovation Community members helps to shape how the Community evolves over time!

Q & A

SAMHSA-HRSA Center for Integrated Health Solutions

Thank you for joining us today.

Please take a moment to provide your feedback by completing the survey at the end of today's webinar.

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