



SAMHSA-HRSA
CENTER for INTEGRATED
HEALTH SOLUTIONS

**Chronic Disease Self
Management**

Lessons Learned

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Aims of the Chronic Disease Self- Management (CDSM) Innovation Community

To provide organizations with...

- Information about the best practices in CDSM for adults with behavioral health challenges.
- A self-assessment tool to determine their current alignment with the best practices and to identify areas of strength and areas to improve. This assists organizations to focus their efforts on improving key aspects of CDSM
- Information about emerging technologies to support self management of health (e.g., smartphone applications)
- Implementation strategies based on the actual experience of organizations including: Lessons learned, strategies that work, issues to consider and decisions to be made.

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Best Practices

- The most researched model of CDSM programming has been conducted by the researchers at Stanford. The Stanford Model's principle researcher and program developer is Kate Lorig who described the critical elements of the model and the experience of organizations and consumers who participated in the Stanford approach.
- Dr. Lorig stressed that the critical features of a successful CDSM program include:
 - the importance of informing and engaging clients to identify their felt need for health improvement and personally meaningful health goals
 - use of a group modality
 - the inclusion of a peer as a group facilitator
 - the use of a structured informational, problem solving and action planning curriculum
- The finding (both the strengths and limits of the research) suggests that organizations ought to consider elements of the model and attempt to include as many of those elements as possible.

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Adaptation of the Stanford Model to align with the needs of clients with behavioral health challenges

- The presentations by Dr. Ben Druss and Larry Fricks emphasized the importance of adapting practices to address the needs of clients with behavioral health challenges.
- Such an adaptation is currently under study. The revised structure, process and content of the adaptation is called HARP (Health And Recovery Program)
- The WHAM (Whole Health Action Management) approach incorporated a number of the Stanford principles and approaches that is a resource to engage and address the overall health of clients.

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Adopting a Continuous Quality Improvement Method to assist organizations to make progress

Members of the Innovation Community were provided with a Chronic Disease Self-Management Organizational Self-Assessment Tool as Decision Support

- The self assessment incorporated many of the elements of the Stanford model as well as elements but recognizes that Behavioral Health organizations may need to make considerable adaptations to....
 - a) Address the needs of clients with serious MH and or SU problems
 - b) Align with the mission of the organization
 - c) Meet the demands of regulatory, licensing and payment requirements
 - d) Be consistent with staffing and the nature of partnerships with healthcare settings

Findings:

- Most organizations value a self assessment tool but have found that they needed very basic information about best practices and building the awareness of the workforce re: basic health literacy
- The very first element related to knowing your population and identifying clients with greatest need and risk was itself a major challenge.

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Lessons Learned: use of technology to support health

- As in most aspects of our lives, technology is playing an increasingly important role
- There are many ongoing initiatives to explore the added value of technology to support health
- Chronic disease self management for individuals with serious mental health and/or substance use problems is very challenging
- Technology may contribute to improving outcomes for individuals with mental illness, substance use and chronic health conditions

Findings:

- Most organizations found this webinar to be eye opening and a potentially exciting opportunity. Some organizations are exploring grant opportunities or internal resources to test out the practical value of smartphone applications.
- All organizations believe that technology will become a major part of CDSM in the future

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Presentations by Organizations

- Institute for Community Living: Diabetes Self-Management program
- Centerstone of Tennessee
- Center for Human Development (Massachusetts)

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ICL: Lessons Learned

- The people we serve in behavioral health agencies are **at risk for diabetes**, and almost a quarter already have it
- We can help people to understand diabetes self-management by teaching **simple concepts** like the ABCDEFs (, A1C Level-Blood Pressure-Cholesterol- KiDneys Eyes-Feet) with attention to the individual's **goals, values, culture and spiritual beliefs**
- Materials that **build in motivational interviewing** can support our staff in providing self-management education
- Tracking **outcomes** from the outset supports change
- ICL developed their own curriculum- for more info contact : Dr. Jeanie Tse at Jtse@iclinc.net

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Centerstone of Tennessee: Lessons Learned

- Finding and keeping qualified staff, initially trained fewer staff; resignations put our group Wellness Coaching on hold- now training all Well-Connect staff as opportunities arise.
- Participant preference for individual Wellness Coaching CDSM approach: What worked well and not so well Structure of CDSP/DSM groups a challenge
- Groups are closed and are 2.5 hours long; currently offering Well-body and Tobacco Free as alternatives. For those who engage the results are very positive.
- Found it helpful to offer individual coaching after group or if they drop out
- Client response to the CDSM program Very positive even for those who don't complete group; response to serving healthy snacks is very positive

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Center for Human Development: Lessons Learned

- Having a manual that is more appropriate for the population
- Consider specialty groups based on functioning level;
- Greater need for follow up to assess long-term benefits
- Action Planning is critically important
- Client engagement is critical- need for consistent and reliable attendance
- Adaptations are needed to the classic Stanford Model
 - full fidelity is difficult with the SMI population
- Brainstorming, Paired Exercises, Action Planning
- Very Positive Client Response to the program
- Group facilitators Mostly positive

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Resources for Human Development: Lessons Learned

- Being a multi-service provider requires a model that has an array of tools and options
- Services have to be built to compliment each other, not replace each other
- Sustainability requires thinking outside of the box
- Emphasize the role of peers.
 - Invest in training to prepare volunteers and peer workers to become ALLYs. An ALLY is a person that supports individuals suffering from BH/MH conditions through their whole health process.
 - ALLYs are supporters, students and teachers who work as part of a person's team to help individuals live healthier, longer, more enjoyable lives
- Engage clients, peers and volunteers as key partners in developing approaches to support whole health goals
- Develop outcome measurement system to monitor progress at individual and population level.

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Didi Hirsch- Lessons Learned

- Simplify!
- Don't give up on groups
- Get treatment team involved
- Have fun!
- Staff participation
- Celebrate!
- If it's not working, change it
- Ask the clients

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My observations through numerous individual consultation calls

- Most organizations joined to gather information about CDSM- what it is? How do we begin?
- Programs that integrate behavioral health and primary care are more likely to implement one or more elements of a CDSM program based on best practices.
- Behavioral health programs without a close relationship with primary care encounter significant barriers including an inability to bill for CDSM related services.

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My observations through numerous individual consultation calls

- The characteristics of a high quality CDSM program based on best practices as described in the Organizational Self Assessment are challenging
 - Most are not ready to meet the fidelity standards of a high quality CDSM program
 - Most organizations clearly recognized that a high quality CDSM program is not easy to implement
- Programs using the Stanford model or an adapted model often had external resources to support implementation
- Programs are anxiously awaiting the availability of the HARP curriculum materials.
- Most organizations found their EHR to be inadequate to identify high risk populations and to monitor progress and outcomes
- Client engagement is a challenge for most organizations, even those with a developed CDSM program

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My observations through numerous individual consultation calls

- Most organizations found it difficult to view all the webinars but pleased that they are archived and available in the future.
- Most organizations underestimated the time and energy needed to design, implement and evaluate a CDSM program based on best practice standards.
- Some of the participating organizations reflected the interest of one or two people in the organization rather than a critical part of a strategic plan supported by leadership.
- All organizations found the information clear and useful in making informed decisions and identifying organizational needs to implement a CDSM program.

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Poll Question: Would you recommend that we initiate another CDSM Innovation Community?

- A. Absolutely YES
- B. Mostly YES
- C. Not sure
- D. Mostly NO
- E. Definitely NO

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Let's Chat: What improvements would you suggest?

Think about....

- Different topics covered on webinars
- Too many webinars, too few
- More time for individual consultation calls
- Make sure organizations are ready to take on the challenges (eligibility criteria to join)
- Very little change needed (just do what you did)
- More guidance on implementation
- Other issues

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Thank you!

Your participation has been instrumental in understanding the challenges and needs of the system in order to make progress in addressing the needs of clients with chronic health conditions.

We wish you well and hope you keep in touch and share any progress you have been making

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