Chronic Disease in the Worksite: an Example of a Chronic Disease Self-Management intervention

Presented by

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This Session Will Cover:

- Impact of chronic disease on the workplace
- Overview of Better Choices, Better Health a Chronic Disease Self-Management Program
- Current state from a national perspective and future opportunities in SD
Chronic Disease

- 75-86% of overall health care costs in the U.S. (Vuong et al., 2012)

- Recent survey of working-age adults: 68% had at least one chronic condition (Carls et al., 2012)
Chronic Disease and Productivity

• “The Milken Institute estimates that productivity losses due to chronic disease were in excess of $1 trillion in 2003 and are expected to triple over the next 20 years.” (Carls et al., 2012)
Chronic Disease

- Absenteeism and “presenteeism”
- Arthritis with functional limitations (Gunnarsson et al., 2015; Vuong et al., 2012)
  - Most common cause of disability
  - Largest absenteeism
Vuong et al., 2012 (and others) have suggested that employers consider Chronic Disease Self-Management Programs to help reduce the costs of absenteeism associated with chronic disease.
National Perspective: Stanford University Model of Chronic Disease Self Management Programs (CDSMP)

- 27 countries use Stanford Univ. model (CDSMP)
- 50 States
- National Council on Aging (NCOA)
- Hundreds of thousands have participated
- 20 years of research
Stanford Univ. Model: Chronic Disease Self Management Program (CDSMP)

- Evidenced based (Stanford University Patient Education Research Center)
- Community level intervention
- Designed to increase self efficacy
- Not disease specific
- Covers the core self management skills effective for any chronic health condition
Who Can Benefit From CDSMP?

EVERYONE...learn how to better care for yourself or your loved one
Self Management vs. Patient Education

Self-Management

Patient Education

CDSMP is not a lecture; it is an interactive workshop.
Chronic Disease Self Management Program (CDSMP) Workshops

- 10-15 workshop participants
- Weekly for 2 ½ hour sessions x 6 weeks
- Led by 2 trained facilitators with chronic health conditions
- Community locations
- Designed to increase self-efficacy
Chronic Disease Self-Management

• Self-Management vs. Disease Management

• Self-Management Tasks
  ✓ Take care of health problem(s)
  ✓ Carry out normal activities
  ✓ Manage emotional changes
  ✓ Increase self-care confidence
Disease specific—step one, step two, etc.
- Requires knowledge of disease, may involve some technical learning (i.e., proper use of inhaler, checking blood sugar, etc.)
- Taught by professionals

General or everyday self-management (not disease specific)
- % of patient self-management is done by the patient themselves at home or in the community
- Self efficacy
- Personal journey
- Enhances, doesn’t replace other pt ed; holistic
Self-Management Skills

- Goal setting and action planning
- Problem solving
- Planning ahead/proactive
- Cognitive Symptom Management Techniques
- Dealing with difficult emotions
- Dealing with pain and fatigue
- Exercise
- Healthy Eating
- Communication skills
- Medications
- Making treatment decisions
- Working with health care systems and health care professionals
Stanford Univ. Model: Chronic Disease Self Management Program (CDSMP)

Triple Aim Goals

✓ Better Health
✓ Better Care
✓ Lower Costs
A recent (2012) national randomized study shows that participants in CDSMP workshops experienced improvements in the following triple aim goals: improving the health of populations; improving the individual experience of care; and reducing the per capita costs of care for populations.

<table>
<thead>
<tr>
<th>Better Health</th>
<th>Better Care</th>
<th>Lower Health Care Cost</th>
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<tbody>
<tr>
<td>✓ Active lives: 41% improvement in time spent engaged in moderate physical activity.</td>
<td>✓ Medication compliance: 12% improvement in medication compliance.</td>
<td>✓ 32% reduction in emergency room visits.</td>
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<td>✓ Less depression: 21% improvement in depression.</td>
<td>✓ Communication: 9% improvement in communication with doctors.</td>
<td>✓ $740 per person saving in emergency room visits and hospital utilization.</td>
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<tr>
<td>✓ Fewer sick days: 15% improvement in unhealthy physical days and 12% improvement in unhealthy mental days.</td>
<td>✓ Health literacy: 4% improvement in confidence filling out medical forms.</td>
<td>✓ Potential saving of $4.2 billion by reaching 10% of Americans with one or more chronic conditions.</td>
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<td>✓ Better quality of life: 6% improvement on health-related quality of life.</td>
<td>✓ Feel healthier: 5% improvement in self-reported health.</td>
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<td>✓ Feel healthier: 5% improvement in self-reported health.</td>
<td>✓ Improved symptom management in 5 indicators:</td>
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<tr>
<td>✓ Improved symptom management in 5 indicators:</td>
<td>• sleep problems (16%)</td>
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<td>• shortness of breath (14%)</td>
<td>• pain (11%)</td>
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<td>• fatigue (10%)</td>
<td>• stress (5%)</td>
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References

http://goodandhealthysd.org/communities/betterchoicesbetterhealth/
Need was identified for self-management resources for adults living with chronic health conditions that are:

- Well coordinated
- Community-level intervention
- Evidence-based
- Cost effective and sustainable
Better Choices, Better Health SD
Background

- Dept. of Health surveyed then convened stakeholders
- Stanford University’s Chronic Disease Self-Management Program chosen:
  - “Better Choices, Better Health South Dakota”
Better Choices, Better Health Infrastructure

SD Department of Health
- Statewide Consortium, Steering Committee, and Workgroups
- Guiding implementation

SDSU Extension Partnership
- Stanford University license holder (one for SD)
- Registration center for trainings, workshops, and data collection, and evaluation

DSS – Office of Aging
- Funding support

Regional Establishment
- Western, Central, South-Eastern, North-Eastern
CDSMP Plan for South Dakota

Partners at state, regional, & local level...

- Aging Services
- Tribal Health
- Health Care Systems
- Faith Communities
- Service Organizations
- Many, many more!
What Participants Are Saying...

• “The class has been a remarkable resource for anyone dealing with chronic health problems.”

• “It was such an awakening experience.”

• “I am so grateful a program like this is in Aberdeen. How wonderful!”

• “It was great to see other people dealing with the same issues as I am. It makes you realize you’re not alone.”

• “I would recommend this program to anyone, regardless of their age.”

• “There are more things that I can do to help myself that I previously thought.”
Better Choices, Better Health and Worksite Wellness

How is it currently being used in the U.S. to support Worksite Wellness?

- Trainings
- Collaboration
- “In House” and Contract for Services models
Better Choices, Better Health and Worksite Wellness

- Health System Employee Wellness
- Health Plans
- Unions
- State Employees
- Private businesses
Better Choices, Better Health and Worksite Wellness

- Reach and effect size
- Employee Privacy concerns and ways to address
- Own time, work time, or shared?
- Other incentives (points, etc.)
- “Menu of programs” model
Better Choices, Better Health and Worksite Wellness

- Walking groups
- Monthly support group after 6 session workshop
- Train graduates to become facilitators
- Negotiate as part of sick leave benefit accrual and time off donation pool
- Evening workshops, mid-day, and locations
Better Choices, Better Health and Worksite Wellness: Future Opportunities

- Talk to the BCBH SD Steering Group or partners (Dept of Health, SDSU Extension, many others)

- Survey employees

- Crunch the numbers (don’t forget the hidden costs!)

- Which implementation model works best for you?


For more information about CDSMP in SD contact:

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