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# **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**



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# 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**

# **Chronic Disease Self-Management Education: Part of the Solution**

**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)**

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- **27 countries** use Stanford Univ. model (CDSMP)
- **50 States**
- **National Council on Aging (NCOA)**
- **Hundreds of thousands** have participated
- **20 years** of research

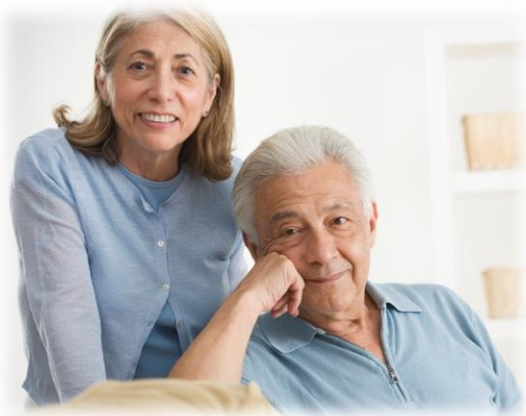
# **Stanford Univ. Model: Chronic Disease Self Management Program (CDSMP)**

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- **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 Management Focus



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



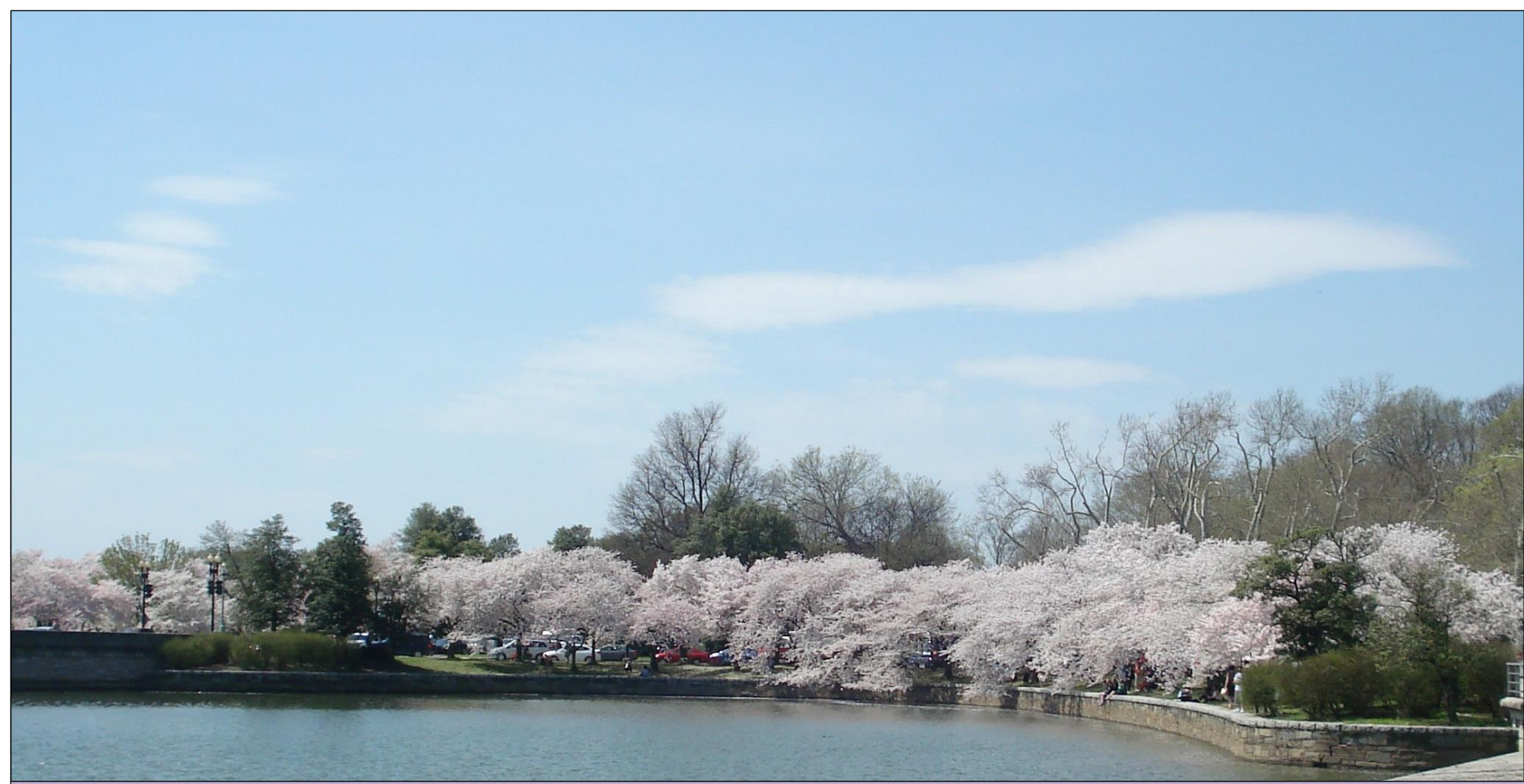
# CDSMP Facilitates Triple Aim Goals



*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.*

Better Health	Better Care	Lower Health Care Cost
<ul style="list-style-type: none"> <li>✓ Active lives: 41% improvement in time spent engaged in moderate physical activity.</li> <li>✓ Less depression: 21% improvement in depression.</li> <li>✓ Fewer sick days: 15% improvement in unhealthy physical days and 12% improvement in unhealthy mental days.</li> <li>✓ Better quality of life: 6% improvement on health-related quality of life.</li> <li>✓ Feel healthier: 5% improvement in self-reported health.</li> <li>✓ Improved symptom management in 5 indicators:                             <ul style="list-style-type: none"> <li>• sleep problems (16%)</li> <li>• shortness of breath (14%)</li> <li>• pain (11%)</li> <li>• fatigue (10%)</li> <li>• stress (5%)</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>✓ Medication compliance: 12% improvement in medication compliance.</li> <li>✓ Communication: 9% improvement in communication with doctors.</li> <li>✓ Health literacy: 4% improvement in confidence filling out medical forms.</li> </ul>	<ul style="list-style-type: none"> <li>✓ 32% reduction in emergency room visits.</li> <li>✓ \$740 per person saving in emergency room visits and hospital utilization.</li> <li>✓ Potential saving of \$4.2 billion by reaching 10% of Americans with one or more chronic conditions.</li> </ul>
<b>References</b> <ul style="list-style-type: none"> <li>• U.S. Administration for Community Living. Evidence-Based Disease and Disability Prevention Programs. Retrieved October, 2013 from <a href="http://www.aoa.gov/AoARoot/AoA_Programs/HPW/Evidence_Based/index.aspx">http://www.aoa.gov/AoARoot/AoA_Programs/HPW/Evidence_Based/index.aspx</a></li> <li>• U.S. Administration for Community Living. 2012 Prevention and Public Health Funds: Empowering Older Adults and Adults with Disabilities through Chronic Disease Self-Management Education Programs. Retrieved October 2013 from <a href="http://www.aoa.gov/AoARoot/AoA_Programs/HPW/ARRA/PPHF.aspx">http://www.aoa.gov/AoARoot/AoA_Programs/HPW/ARRA/PPHF.aspx</a></li> <li>• Institute for Healthcare Improvement. IHI Triple Aim Initiative. Retrieved July, 2013 from <a href="http://www.ihl.org/offering/Initiatives/TripleAim/Pages/default.aspx">http://www.ihl.org/offering/Initiatives/TripleAim/Pages/default.aspx</a> .</li> <li>• Whitelaw, N., Lorig, K., Smith, M. L., &amp; Ory, M. G. (March 19, 2013). National Study of Chronic Disease Self-Management Programs (CDSMP). Retrieved July, 2013 from <a href="http://www.ncoa.org/improve-health/center-for-healthy-aging/content-library/CDSMP_Grantee_Webinar_03_19_2013_ALL_FINAL.pdf">http://www.ncoa.org/improve-health/center-for-healthy-aging/content-library/CDSMP_Grantee_Webinar_03_19_2013_ALL_FINAL.pdf</a></li> </ul>		





## Video

<http://goodandhealthysd.org/communities/betterchoicesbetterhealth/>

# **Better Choices, Better Health SD Background**

**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

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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

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- Health System Employee Wellness
- Health Plans
- Unions
- State Employees
- Private businesses



# Better Choices, Better Health and Worksite Wellness

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- 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

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- 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**

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- 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?

# References

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