

Question & Answer (Q&A): Taking Charge! Evidence-Based Self-Management Programs Webinar

Webinar participants asked these questions during the Q&A portion of the Resources for Integrated Care (RIC) webinar held on September 13, 2017, Taking Charge! Evidence-Based Self-Management Programs. The webinar recording, slides, and transcript can be found on the RIC website:
https://www.resourcesforintegratedcare.com/MemberEngagement/2017_ME_Webinar_Series/Taking_Charge

Featured Webinar Speakers:

- Kate Lorig, DrPH, Director, Stanford Patient Education Research Center
- Kristie Kulinski, MSW, Program Officer, Office of Nutrition and Health Promotion Programs, Administration for Community Living
- April Holmes, MEd, Coordinator of Prevention Programs, Virginia Department for Aging and Rehabilitative Services
- Linda McGowan, Chronic Disease Self-Management Education Participant

Logistics and Contact Information

Q1: What is the contact information for the speakers?

Resources for Integrated Care: The contact information for the speakers is listed below:

- Kate Lorig: lorig@stanford.edu
- Kristie Kulinski: Kristie.Kulinski@acl.hhs.gov
- April Holmes: April.Holmes@dars.virginia.gov
- Linda McGowan: Can be reached through April Holmes

Chronic Disease Self-Management Program: General Information and Resources

Q2: How does one get the training or certification in Chronic Disease Self-Management (CDSMP)?

Dr. Kate Lorig: If you want to train leaders, you may contact the local organizations in your area, which you can find on the [Evidence-Based Leadership Council website](#). The Self-Management Resource Center conducts approximately 30 master trainings in the United States each year. You can also call the Self-Management Resource Center at 605-242-8040 or send an e-mail to smrc@selfmanagementresource.com if you need additional assistance or resources.

April Holmes: To find out about programs offered in Virginia, contact April Holmes via email at april.holmes@dars.virginia.gov or by phone at 804-662-7631.

Q3: If an organization offers a program that is not listed on the locator, how should the organization go about making sure that it is updated in the locator?

Dr. Kate Lorig: The locator includes programs that are members of the Evidence-Based Leadership Council. Organizations must be a member of the Evidence-Based Leadership Council to add programs to the locator.

Q4: Is there a website to view information regarding the Chronic Disease Self-Management Program (CDSMP)?

Dr. Kate Lorig: The CDSMP and all the evidence-based programs developed at the Stanford Patient Education Research Center over the last 30 years have recently moved to a new home—the Self-Management Resource Center. You can learn more about the Self-Management Resource Center on the website: www.selfmanagementresource.com.

Q5: Does Kaiser Permanente offer the CDSMP? Does Kaiser Permanente work with the Self-Management Resource Center?

Dr. Kate Lorig: Kaiser Permanente (KP) partnered with the Stanford Patient Education Research Center (now known as the Self-Management Resource Center) in 1990 to develop the CDSMP. KP began the program in Northern California and has extended it to multiple regions. Different regions use different program names, such as *Healthy Living with Chronic Conditions*; *Healthier Living: Managing Ongoing Health Conditions*; *Living Well with Chronic Conditions*; and *Ways to Feel Better: A Self-Management Course for People with Chronic Health Conditions*.

Q6: Is the CDSMP available through the Department of Veterans Affairs?

Kristie Kulinski: The program is offered in some Veterans Affairs (VA) health centers/clinics across the country, though it is not systematically integrated within the VA nationally. Examples include the New Mexico VA Health Care System and the Providence VA Medical Center in Rhode Island. You can find more information on these programs at the following sites:

- https://www.albuquerque.va.gov/patients/Classes/Chronic_Disease.asp
- https://www.providence.va.gov/PROVIDENCE/features/Providence_VAMC_Offers_Chronic_Disease_Self_Management_Program.asp

Chronic Disease Self-Management Program: Providers and Trainers

Q7: Has there been much use of the CDSMP in Federally Qualified Health Centers? If yes, can you describe the results?

Dr. Kate Lorig: Yes. Some of the sites in the Michigan study included individuals at Federally Qualified Health Centers (FQHCs). Results did not differ in a meaningful way across sites. To see all the organizations using CDSME programs go to:

<http://www.eblcprograms.org/evidence-based/map-of-programs/>

Q8: How and by what method are CDSMP participants reporting back to their primary care providers for continuity of care?

Dr. Kate Lorig: In some cases, participants are asked to write letters or emails to their physicians describing the workshop and what they have gained (or what they have not gained, if applicable). In other cases, the action plans are shared with providers and documented in the electronic health record to ensure continuity of care following the six-week duration of the workshop. Community-based organizations, particularly those who have contracts with healthcare providers or payers, document participation and workshop completion at a minimum.

Q9: How do we get physicians/providers to understand the significance of encouraging their patients to attend Chronic Disease Self-Management workshops?

Dr. Kate Lorig: In general, physicians understand the significance, but it is important to remember that they are short on time. Discussing the workshop in-person with a patient requires five minutes or more. One way to obtain buy-in from physicians is to incorporate discussions into their work streams. For example, physicians can tell patients about the programs through electronic patient portals. Another strategy is to recruit a physician champion, someone who is an advocate of CDSMP and can get other health providers to commit to it. Referrals from other providers are also effective. A fourth strategy is to distribute flyers and brochures to physicians and their teams to facilitate information dissemination.

Q10: Do you have suggestions for recruiting and retaining volunteer leaders?

Dr. Kate Lorig: CDSMP workshops are led by two trained leaders, one or both of whom are non-health professionals with chronic diseases themselves. Personal contact is generally the most effective way to reach people. Some examples include initiating discussions with host sites and other community organizations and conducting conversations after workshops with participants who might be interested and show promise as workshop leaders. Local programs have developed materials and news releases specifically for recruiting leaders.

Another suggestion is to examine the volunteer coordination at your organization. Ensure that volunteers are not overwhelmed with their commitments and are willing to engage in new opportunities.

A third suggestion is to suspend judgment. Do not look for people who are only like you or only represent the personality type that you work with. Try to identify individuals with diverse perspectives who can bring forth new ideas.

Chronic Disease Self-Management Program: About the Program

Q11: What are the participation rates in the Chronic Disease Self-Management Program (CDSMP) among younger populations, particularly the working adult population?

Dr. Kate Lorig: Younger populations generally participate at lower rates. There is a new workplace version of the program that can be provided in workplaces for one hour twice a week, over a course of six weeks.

Q12: What are the differences between Chronic Disease Self-Management Education (CDSME) programs and health coaching?

Dr. Kate Lorig: Chronic Disease Self-Management Education is exactly the same in every location where it is provided. It occurs in a group setting, which means participants are influenced by other participants in the group. Health coaching is a one-on-one encounter that is more tailored to a participant's health needs. Health coaches make recommendations to patients based on patients' individual goals.

Q13: I see a great need for Evidence-Based Self-Management Programs in various Muslim communities with large low income immigrant populations. What would be the steps to take to initiate such programs?

Dr. Kate Lorig: The steps would be the same as in any other community. A good way to initiate a program with a new population is to find a respected community leader who can help engage other members of the community. This has worked well in engaging Muslim, Korean, and other diverse communities. The CDSMP is available in Arabic and many other languages. More information about the languages available can be found at <http://www.selfmanagementresource.com/resources/lan/>.

Q14: What type of nutrition education is included in the CDSMP?

Dr. Kate Lorig: Nutrition education is based on guidelines from the American Diabetes Association and the U.S. Department of Agriculture. There is an emphasis on serving sizes, balanced meals, fewer carbohydrates, food variety, and use of heart-healthy fats.

Chronic Disease Self-Management Program: Michigan Case Study

Q15: Was the Michigan study conducted after the implementation of the Affordable Care Act?

Dr. Kate Lorig: Yes, the Michigan study was conducted following the implementation of the Affordable Care Act. More information about the Michigan case study described in the webinar is available at <https://link.springer.com/article/10.1007%2Fs10597-013-9615-5> (The article is available for a fee).

No Wrong Door Program

Q16: Is there an equivalent to Virginia’s “No Wrong Door” system in other states?

Kristie Kulinski: Yes, other states have No Wrong Door systems but they each vary in the kinds of tools and software used. You can learn more at <https://nwd.acl.gov/>.

Funding and Participant Costs

Q17: Are CDSMPs available for traditional (fee-for-service) Medicare patients? Is there a cost associated with the programs?

Dr. Kate Lorig: Yes, the programs are available throughout the country for adults of all ages, including traditional Medicare participants. Programs are typically no- or low-cost for participants and supported through grant dollars, contracts with insurers or other payers, or another funding mechanism. To find programs, go to <http://www.eblcprograms.org/evidence-based/map-of-programs/>.

Q18: Can you clarify the costs, if any, to participants in CDSMPs in Virginia? Is state-level support for CDSMPs in Virginia included in the budget for the Department for Aging and Rehabilitative Services (DARS) and Area Agencies on Aging?

April Holmes: There is currently no charge to participate in CDSMPs in Virginia. The CDSMPs are not included in the budget for DARS. For Virginia Premier Health Plan enrollees who attend CDSMP workshops, the plan pays DARS for this service. Local programs receive support in various forms, from grants to in-kind support from partners.

Q19: Are participants covered through Senior Whole Health (SWH) – a plan for individuals with Medicare and Medicaid coverage – included in classes with other individuals who have different coverage?

April Holmes: Yes, the classes are mixed with individuals who have SWH as their insurer as well as other members of the community without SWH benefits. For example, in Massachusetts, the Healthy Living Center of Excellence at Elder Services of the Merrimack Valley uses blended sources of funding to support their workshop. If a participant happens to fall under one of their contracts, the participant is billed under that contract. There are also grant funds available from the Administration for Community Living to support workshops. State-based funding is available as well.

Q20: Does the Virginia program or SWH offer incentives for members/participants to attend?

April Holmes: Yes, programs in Virginia often loan the companion books to participants. These books are provided to those who complete the program as an incentive for attendance. Some programs use other types of incentives, but programs may choose to limit the use of incentives to preserve sustainability efforts. Incentives may or may not help with enrollment

or attendance if there are other issues to be addressed, such as site location, workshop time, or facilitation style.