
Living Healthy Talking Points

Living Healthy – also known as the Chronic Disease Self-Management Program or CDSMP – is a workshop given two and a half hours, once a week, for six weeks, in community settings such as senior centers, churches, libraries, clinics, and hospitals. The program was developed with for people with chronic health problems and their significant others. People with different problems attend the same workshop together. Workshops are facilitated by two trained leaders, one or both of whom are non-health professionals with at least one chronic condition. [Please note that the program is written to be given in 2.5 hours time blocks and these blocks cannot be shortened or divided.]

Subjects covered include: 1) techniques to deal with problems such as frustration, fatigue, pain and isolation, 2) appropriate exercise for maintaining and improving strength, flexibility, and endurance, 3) appropriate use of medications, 4) communicating effectively with family, friends, and health care professionals, 5) nutrition, and, 6) how to evaluate new treatments. There is also great emphasis on three process skills, action planning, disease-related problem solving, and decision making.

Trained leaders follow a scripted Leaders Manual each time they lead the program. The course developers have scripted every minute of the course for content as well as the interactions of the Leaders with the workshop participants. Leaders must follow the script exactly except during the times that Stanford staff is in the process of updating the manual.

It is the process in which the program is taught that makes it effective. Classes are highly participative, where mutual support and success build the participants' confidence in their ability to manage their health and maintain active and fulfilling lives.

Living Healthy will not conflict with existing programs or treatment. It is designed to enhance regular treatment and disease-specific education such as Better Breathers, cardiac rehabilitation, or diabetes instruction. In addition, many people have more than one chronic condition. The program is especially helpful for these people, as it gives them the skills to coordinate all the things needed to manage their health, as well as to help them keep active in their lives.

How was the Program developed?

The Division of Family and Community Medicine in the School of Medicine at Stanford

University received a five year research grant from the federal Agency for Health Care Research and Policy, and the State of California Tobacco-Related Diseases office. The purpose of the research was to develop and evaluate, through a randomized controlled trial, a community-based self-management program that assists people with chronic illness. The study was completed in 1996.

The content of the program was developed from holding focus groups with potential participants as well as having National and International experts (RDs, MDs, PTs, OTs, RNs and diabetes educators) assist us in developing key messages and being sure that the content was accurate, and evidenced-based.

The process of the program was based on the experience of the investigators and others with self-efficacy, the confidence one has that he or she can master a new skill or affect one's own health. The content of the workshop was the result of focus groups with people with chronic disease, in which the participants discussed which content areas were the most important for them.

Trained Leaders

Implementation of *Living Healthy* requires two trained leaders for each six-week workshop. The leaders are usually non-professionals (peers) with one or more chronic conditions. In some cases they both are volunteers receiving no pay but it is suggested that leaders receive a small stipend. The job of the leader is to facilitate the six-week class using a detailed scripted manual.

How was the Program evaluated?

Over 1,000 people with heart disease, lung disease, stroke or arthritis participated in a randomized, controlled test of the Program, and were followed for up to 3 years.

Researchers looked for changes in many areas:

- health status (*disability, social/role limitations, pain and physical discomfort, energy/fatigue, shortness of breath, psychological well-being/distress, depression, health distress, self-rated general health*)
- health care utilization (*visits to physicians, visits to emergency department, hospital stays, and nights in hospital*)
- self-efficacy (*confidence to perform self-management behaviors, confidence to manage disease in general, confidence to achieve outcomes*)
- self-management behaviors (*exercise, cognitive symptom management, mental stress management/relaxation, use of community resources, communication with physician, and advance directives*)

You can find references to our studies and those of others on our website, <http://patienteducation.stanford.edu>.

What were the results?

Subjects, who took the Program, when compared to those who did not, demonstrated significant improvements in:

- exercise
- cognitive symptom management
- communication with physician
- self-reported general health
- health distress
- fatigue
- disability
- social/role activities limitations.

They also spent fewer days in the hospital, and there was also a trend toward fewer outpatient visits and hospitalizations. These data yield a cost to savings ratio of approximately 1:10. Many of these results persisted for as long as three years.

What About Cost Savings?

In 2008, the Centers for Disease Control & Prevention (CDC), in partnership with the National Council on Aging, were examining the issue of financial sustainability for evidence-based health programs for older adults and reviewed CDSMP studies. The authors, Catherine Gordon, RN, MBA a Senior Public Health Analyst in the Office of the Director, and Tracy Galloway, MPH, a Public Health Analyst in the National Center for Health Marketing at CDC made the following statement in their report.

“There is evidence that CDSMP results in reductions in healthcare expenditures. There is a range in the amount of money saved and the healthcare settings in which these cost savings/utilization decreases occurred, but the research points to moderate expenditure reductions.” The statement “CDSMP results in reductions in healthcare expenditures” is made with a reasonably high degree of confidence. This finding is consistent with the available evidence, but is limited by the fact that measurement approaches differ across studies and utilization decreases are not uniform. In four studies there were fewer emergency room (ER) visits, in three studies there were fewer hospitalizations, and in four studies there were fewer days in the hospital. In two studies there were reductions in outpatient visits. All of the preceding studies were able to demonstrate statistical significance. We found no studies in which costs were increased.

There is evidence to support the notion that CDSMP saves enough money in healthcare expenditures within the first year to pay for the program. This statement is made with a moderate degree of confidence. This degree of confidence reflects the range of cost

estimates used for CDSMP and that there is no common cost accounting used to calculate program costs.

The available evidence also suggests that CDSMP results in more appropriate utilization of healthcare resources, addressing healthcare needs in outpatient settings rather than ER visits and hospitalizations. While CDSMP is not a cost-cutting strategy in and of itself, it almost certainly results in improved health-related outcomes and reduced healthcare utilization sufficient to render the program cost neutral. Further work will be needed to more precisely calculate the CDSMP return on investment, using uniform cost methodologies and utilization metrics.

Key Points

- Developed in early 1990s by Stanford Center for Research in Patient Education, based on a successful arthritis self-management program.
- Open to anyone with ANY ongoing health condition, as well as those people who care for persons with chronic health conditions.
- Heavily researched and demonstrated to be effective in a variety of settings, populations, and chronic conditions.
- Now used internationally in 24 countries and in 47 US states & territories.
- Helps participants:
 - Regain control of their lives; be calmer, more confident, and do the things you want to do
 - Feel better, have more energy, and get relief from your symptoms (pain and fatigue)
 - Feel more connected to others
- The *Living Healthy* format attracts participants because it is:
 - A structured program, not a drop-in support group
 - Choice-based (not prescriptive)
 - Taught by trained leaders
- Allow participants to learn about and practice a wide variety of tools to help them become better managers of their ongoing health conditions. These tools also help participants manage the ways in which their health conditions impact their lives.