LABETTE COUNTY, SMALL BUT MIGHTY

Presented by:
Deb Williams, MHA/MMPA
Labette Center for Mental Health Services, Inc.

OBJECTIVES

• Identify and engage unusual voices

• Understand the Stanford Model of Self-Management Education

• Identify and apply strategies for participant success
BACKGROUND OF SELF-MANAGEMENT EDUCATION (SME) PROGRAMS

• Developed at Stanford University in the early 1990's

• Started as a research project between Stanford University and Northern California Kaiser Permanente Medical Program

• Evidenced based program with research showing that people who take this workshop series have fewer symptoms, better quality of life, exercise more and utilize health care less

ASSUMPTIONS OF SELF-MANAGEMENT EDUCATION PROGRAM

• People with mental and physical chronic conditions have similar concerns and problems

• People with chronic conditions must deal not only with their diseases, but also with the impact these have on their lives and emotions

• Peers (non-professionals) with chronic conditions, when given a detailed leader’s manual, can facilitate the CDSMP as effectively, if not more effectively, than health professionals

• The process or the way the CDSMP is taught is as important, if not more important, than the subject matter that is taught
THE STANFORD MODEL

- Evidence based small-group workshop series
  - 6 weeks of scripted content
  - 2.5 hours (maximum) per week
- Open to individuals with any physical and/or mental chronic conditions, their caregivers, partners/spouses, families
- Facilitated by 2 trained leaders
- Helps participants better manage health, lead fuller lives, gain self-confidence in symptom management
- Focus is on building skills, sharing experiences and support

THE WORKSHOP

- Include 8-20 participants, recruited by group leaders
- Two trained group leaders facilitate highly scripted program
- Each week builds upon the next, with a focus on:
  - ACTION PLANNING
  - PROBLEM SOLVING
  - FEEDBACK
CHRONIC DISEASE SELF-MANAGEMENT PROGRAM (CDSMP)

- Participants may have a chronic condition of any kind
  - Both physical and mental
- Does not conflict with existing programs
- Designed to enhance regular and disease-specific education
- Especially helpful for those living with more than one chronic condition
- Topics covered include:
  - Problem-solving techniques in relation to frustration, fatigue, pain, isolation
  - Physical activity goals
  - Communicating with friends/family/health professionals
  - Appropriate use of medications

DIABETES SELF-MANAGEMENT EDUCATION (DSMP)

- Focused for participants living with Type 2 diabetes
- Participants referred to physicians and/or diabetes educators for specific questions
- If content of workshop conflicts with instructions from provider, participants are advised to follow their physicians orders (ie A1C)
- Topics covered include:
  - Techniques to deal with symptoms of diabetes, hyper/hypoglycemia, stress
  - Improving strength and endurance
  - Healthy eating
  - Appropriate use of medications
  - Work more effectively with health care providers
CHRONIC PAIN SELF-MANAGEMENT EDUCATION (CPSMP)

- Developed for participants living with a primary or secondary diagnosis of chronic pain
- Pain is defined as being chronic or long-term when lasting for longer than 3-6 months
- May also benefit those who have conditions such as persistent headache, Crohn’s disease, irritable bowel syndrome, etc.
- Topic covered include:
  - Techniques to deal with problems such as frustration, fatigue, isolation, poor sleep
  - Appropriate use of medications
  - Pacing activity and rest
  - Communicating effectively with friends/family/health care providers

PROGRAM VALUE

- Evidenced-based
- Program gives the ability to work WITH participants, instead of feed facts
- Participants are in drivers seat
- Includes all chronic disease, as well as disease-specific focus (DSMP & CPSMP)
GETTING STARTED

• Questions to answer:
  • Who would be interested in the SME program?
  • Who are the stakeholders?
  • How can we partner with the stakeholders?
  • Where is the best location for the workshops?
  • Where will we get the referrals?
  • How do we get referrals?

STAKEHOLDERS

• Medical providers
• Mental health providers
• Senior centers
• Assisted living
• Hospitals
• Community apartment complexes
• Unusual voices
UNUSUAL VOICES

• Health Department
• Area Mental Health Services
• Personal Care Attendants
• Rehabilitation centers
• IDD providers
• Service Organizations

UNUSUAL VOICES

• Chiropractors
• Hospitals
• Neighboring Communities
• Cell phone Dealers
• Hardware Store bulletin board
OBSTACLES

• Getting buy-in
• Getting referrals
• Listening to the unusual voices
• Transportation
• Work schedules
• Location
• Getting participants to complete workshops

CONQUERING OBSTACLES

• Be flexible with the timing of the workshops
• Hold the workshop at a centrally located location
• Give the service providers an easy referral form
• Pick up the referral forms from the providers
• Assist participants with transportation if needed
• Contact all the referrals as soon as you receive them and again just before the zero meeting
• Buy-in
WHO DO YOU NEED BUY-IN FROM

• Stakeholders
• Participants
• Service providers
• Educators providing other education
• Employers

LABETTE COUNTY SUCCESSES

• Relationships built
• Helping each other
• Working together to problem solve or brainstorm
• Seeing they are not alone
• Great referral source
• Decrease use of Emergency Department
• Appropriate use of healthcare
• Increase in individual growth
• Value in the weekly workshops and interactions
EVIDENCE BASED RESEARCH

National 2013 study of 1000+ CDSMP participants
  baseline, 6 months and 12 months Post
  22 Organizations
  17 States
Significant Reduction
  ER visits (6-month & 12 month Assessments)
  Hospitalizations (6-month Assessment)
If 5% of individuals with one or more chronic conditions reached
  National Savings $3.3 billion

CHALLENGES OF CHRONIC DISEASE

• About 80% of older adults have one chronic condition  
  
• 68.4% of Medicare beneficiaries have 2 or more chronic conditions and
  36.4% have 4 or more  

• Chronic diseases can affect a person’s ability to perform important activities,
  restricting their engagement in life and their enjoyment of family and friends  

1. CDC 2011
2. Lochner, KA 2010
3. CDC 2013
HEALTH BENEFITS

- Improved self-reported health
- Improved health status
- Improved health-related quality of life
- Improved communication with doctors, medication compliance, and health literacy

National Council on Aging, 2016

COST OF CHRONIC CONDITIONS

The traditional medical more of caring for people with chronic conditions – focuses more on the condition instead of the person is expensive and often ineffective

More than 2/3 of all health care costs are for treating chronic conditions.

95% of health care costs for older Americans can be attributed to chronic conditions.
COST SAVINGS

• $714 per person savings in emergency room visits and hospital utilization

• $364 per person net savings after considering program costs of $350 per participant

• Potential savings of $6.6 billion by reaching 10% of Americans with one or more chronic conditions.

• National Council on Aging 2016

RESOURCES

Deb Williams
Labette Center for Mental Health Services, Inc.
de@lcmhs.com
620-778-4945 cell phone
Megan Skaggs
Kansas Foundation for Medical Care
785-271-4145
RESOURCES

- Kansas Foundation for Medical Care
  - leadyourhealthks.org
- Kansas Department of Health and Environment
  - kdheks.gov
- Stanford Patient Education
  - patienteducation.stanford.edu/programs
- National Council on Aging
  - ncoa.org

QUESTIONS