

Solutions for Integrating Healthy Living in Behavioral Health



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Overview



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- The Impact of Chronic Conditions
- Newly Released Translational Research
- Benefits of Healthy Living (CDSMP)
- Implementing SMP
- SMP in Behavioral Health
- Moving Forward





Chronic Conditions

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- 58% of adults diagnosed with 1+ chronic condition affecting over 2.7 million Arizona adults!
 - 71% of AZ between 50-64 have 1+ chronic condition
 - 85% between 65-79 have 1+ chronic condition
- Almost 2 million Arizonians with a chronic condition are still working
- Depression present in
 - 1 of 5 with heart disease
 - 1 in 4 with diabetes
 - 1 in 2 with cancer
 - 1 in 5 with COPD or asthma
- Account for ~\$1.5 trillion (75%) of healthcare costs

Behavioral Health



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- Individuals with Serious Mental Illness die 25 to 30 years earlier than general population*
- More than half Medicaid spending goes to beneficiaries with co-occurring physical and behavioral health conditions**

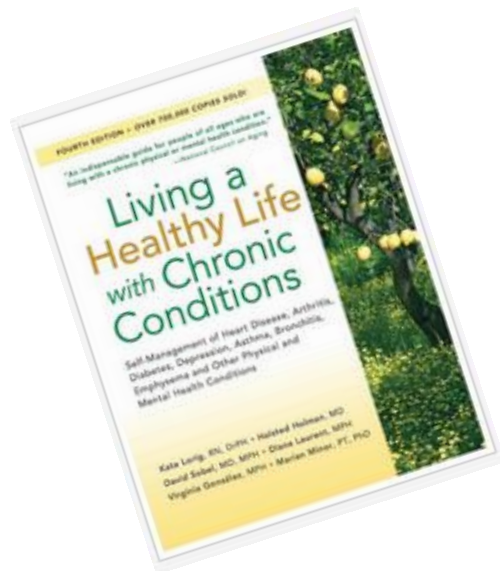
*Colton and Manderscheid. “Congruencies in Increased Mortality Rates, Years of Potential Life Lost, and Causes of Death Among Public Mental Health Clients in Eight States,” *Preventing Chronic Disease: Public Health Research, Practice, and Policy*, April 2006.

**Wagner School of Public Service Center for Health and Public Service Research. “High Cost Medicaid Patients: An Analysis of New York City Medicaid High Cost Patients.” United Hospital Fund. 2004.

Translational Research Outcomes Healthy Living (CDSMP)

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Self-Management of Chronic Conditions *Stanford University's CDSMP*



<http://med.stanford.edu/patienteducation/>

Communities Putting Prevention to Work



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National Study of Chronic Disease Self-Management Programs (CDSMP)

- **22 Sites, 145 Workshops**
 - Each site was asked to provide 50 participants to the study.
 - Participants provided by sites ranged from 14 to 87 (mean 54).
- **Workshop completion rate was 79%.**
 - All study participants (not just completers) were followed.
 - 77% completed 6-month data.
 - 71% completed 12-month data.
- **83% CDSMP, 17% TCS**
- **12 participants per workshop**

National Study of Chronic Disease Self-Management Programs (CDSMP)* 3/19/2013

Communities Putting Prevention to Work Sites



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National Study of Chronic Disease Self-Management Programs (CDSMP)* 3/19/2013

Characteristics of National Study Participants Over Time



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	Baseline (n=1,170)	12-month (n=825)
Gender (% female)	967 (83%)	678 (82%)
Age (yrs)	65.4 (\pm 14.3)	66.7 (\pm 13.0)
Education (yrs)	12.9 (\pm 3.8)	13.0 (\pm 3.9)
Race/ethnicity		
Non-Hispanic white	645 (55%)	475 (58%)
African American	187 (16%)	125 (15%)
Latino/Hispanic	260 (22%)	175 (21%)
Asian / Pacific Islander	34 (3%)	22 (3%)
American Indian / Alaska Native	8 (1%)	4 (1%)
Number of comorbidities	3.0	3.0
Workshop completion rate (4+ sessions)	925 (79%)	695 (84%)

National Study of Chronic Disease Self-Management Programs (CDSMP)* 3/19/2013

Impact on Symptom Management



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On a "0-10" analogue scale	Baseline Mean	12-month Mean	% Improvement†
Fatigue ↓	4.9	4.4	10%**
Pain ↓	4.6	4.1	11%**
Shortness of breath ↓	2.7	2.3	14%**
Stress ↓	4.2	3.9	5%*
Sleep problems ↓	4.6	3.7	16%**

Notes. † These statistics control for covariates gender, age, race/ethnicity, education, number of chronic conditions.

↑ Indicates that larger scores are better for this measure

↓ Indicates that smaller scores are better for this measure.

** $p < 0.01$, * $p < .05$



Impact on Physical Activity

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Average weekly minutes physically active	Baseline	12-month	Adjusted ratio†
Any time moderately active ↑	66%	72%	1.41**
Total minutes moderately active among those engaged in moderate activity ↑	166.0	173.7	1.04

Notes. † Odds Ratio or Mean Ratio after controlling for covariates gender, age, race/ethnicity, education, number of chronic conditions.

↑ Indicates that larger scores are better for this measure

↓ Indicates that smaller scores are better for this measure.

** $p < 0.01$, * $p < .05$

National Study of Chronic Disease Self-Management Programs (CDSMP)* 3/19/2013



CDSMP: Better Care

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	Baseline Mean	12-month Mean	% Improvement†
Communication with MD (0~5) ↑	2.6	2.9	9%**
Medication compliance (0~1) ↓	0.25	0.21	12%**
Health literacy (Confidence filling out medical forms) (0~4) ↑	3.0	3.1	4%**

Notes. † These statistics control for covariates gender, age, race/ethnicity, education, number of chronic conditions.

↑ Indicates that larger scores are better for this measure

↓ Indicates that smaller scores are better for this measure.

** $p < 0.01$, * $p < .05$



CDSMP: Better Outcomes

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	Baseline Mean	12-month Mean	% Improvement†
Self-assessed health (1~5) ↓	3.2	3.0	5%**
PHQ depression (0~3) ↓	6.6	5.1	21%**
Quality of life (0~10) ↑	6.5	7.0	6%**
Unhealthy physical days (0~30) ↓	8.7	7.2	15%**
Unhealthy mental days (0~30) ↓	6.7	5.6	12%**

Notes. † These statistics control for covariates gender, age, race/ethnicity, education, number of chronic conditions.

↑ Indicates that larger scores are better for this measure

↓ Indicates that smaller scores are better for this measure.

** $p < 0.01$, * $p < .05$

National Study of Chronic Disease Self-Management Programs (CDSMP)* 3/19/2013

CDSMP: Lower Health Care Costs



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	Baseline	12-month	Adjusted Ratios†
Percentage with Emergency Room (ER) Visits in the Past 6 Months↓*	18%	13%	0.68**
Number of ER visits among those with any ER visit	1.5	1.4	1.00
Percentage Hospitalized in the Past 6 Months ↓	14%	14%	1.01
Number of hospitalizations among those with any hospitalization	1.4	1.4	1.00

Notes. † Odds Ratio or Mean Ratio after controlling for covariates gender, age, race/ethnicity, education, number of chronic conditions.

↑ Indicates that larger scores are better for this measure

↓ Indicates that smaller scores are better for this measure.

** $p < 0.01$, * $p < .05$

National Study of Chronic Disease Self-Management Programs (CDSMP)* 3/19/2013

Estimated Cost Savings Related to Reduced ER Visits & Hospitalization



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- Preliminary Results:
- ~\$740 per person savings in ER and hospital utilization
- ~\$390 per person net savings after considering estimated program costs at \$350 per participant
- Reaching even 10% of Americans with 1+ chronic condition would save ~\$4.2 billion!

National Study of Chronic Disease Self-Management Programs (CDSMP)* 3/19/2013

What were the RCT Outcomes?



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- Healthy Living is an evidence-based program with 20+ years of peer-reviewed data that reveal significant, measurable and sustainable results in:
 - Health status
 - Self efficacy
 - Psychological well-being
 - Increased exercise
 - Reduced fatigue
 - Enhanced partnership with physicians



For more information on CDSMP outcomes, **Review of Findings on Chronic Disease Self-Management Program (CDSMP) Outcomes: Physical, Emotional & Health-Related Quality of Life, Healthcare Utilization and Costs**, http://patienteducation.stanford.edu/research/Review_Findings_CDSMP_Outcomes1%208%2008.pdf

Does the Translational Research Compare?



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- Results are similar to those in the original randomized controlled studies
- Suggesting a successful translation to real world settings and populations

Behavioral Health Outcomes



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Jackson Co. MH Project

- **Demographics**
 - 27 Participants
 - Age range 21-62
 - Average of 3 chronic conditions per participant
 - Retention rate 40%
- **Outcomes**
 - 19% drop in fatigue
 - 35% drop in shortness of breath
 - 18% drop in pain levels
 - Number of doctor visits dropped by 26%
- **Limitations**

For more information: Arlene Logan, LCSW, Regional Coordinator for Living Well, alogan@rvcog.org

Implementing Programs

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TRAINING
COORDINATION
OFFERING WORKSHOPS



Implementation Requirements



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- Licensing
- Training
- Coordination
- Supplies
- Support



Understanding Licensing



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- **Stanford University**
 - \$500.00 for offering 30 or fewer workshops and 6 Leader trainings
 - \$1000 for offering 90 or fewer workshop and 12 Leader trainers
 - Multiple Program License
- **Partner with AZ Living Well Institute**
- **Partnership with a licensed agency**
 - MOU Recommended.
 - Licensed agency is responsible for fidelity

Healthy Living (CDSMP) Facilitators



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T-Trainer

- Mentored by Stanford
- Train Master Trainers

Master Trainers

- 4 1/2 day training led by 2 T-Trainers
- Certified through Stanford after facilitating 2 workshops
- Train Leaders – 1 training per year
 - May facilitate workshops
 - May assist in fidelity monitoring

Lay Leaders

- 4 day training led by 2 Master Trainers
 - Facilitate workshops
- Preferably peers with chronic conditions
 - May be volunteers or staff, usually not health professionals





Facilitators

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- Lead workshops
- Peer lead
 - One facilitator with a chronic condition
- Consider facilitators carefully
- Competencies
 - Reading and facilitation skills
 - Models good self management
 - Ability to follow CDSMP content and process
 - Time
 - Supports CDSMP model





Master Trainers

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- Train Facilitators
- Require a stronger command of CDSMP
- Hyper-model
- Not all facilitators make good Master Trainers
- Training
 - May also facilitate workshops
- Mentoring and support
- Monitor fidelity
- Collaborate with other organizations
- Maintain certification



Coordination and Support



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- Best to have a single coordinator
- Develop a plan
 - Who, what, where, how?
 - Most overlooked aspect of implementation
 - Evaluation
- Support
 - How will your agency sustain the program beyond initial funding
 - Connect with local, state and regional partners



Coordinators

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May or may not be a facilitator or Master Trainer

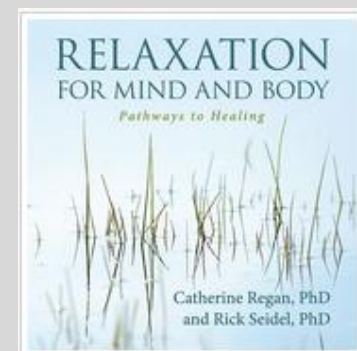
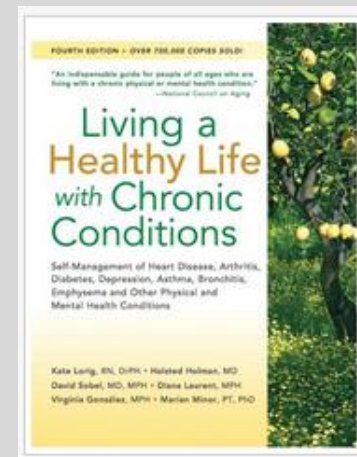
- Scheduling a Workshop
- Marketing and Recruitment
 - Workshop
 - Facilitators
- Registration
- Collection and submission of paperwork
- Ordering supplies
- Maintaining license
 - Yearly reports to Stanford
- Collaboration and coordination with local partners



Supplies

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- **Book:**
 - *Living a Healthy Life With Chronic Conditions*
 - *Tomando Control de su Salud*
- **CDs:**
 - *A Time For Healing*
 - *iHagamos Ejercicio! (Spanish Exercise Program)*
 - *Relajación muscular progresiva y Un jardín de flores (Spanish Relaxation Program)*
- **Charts**
- **Markers and easels**
- **Water and snacks (optional)**





Evaluation Tools

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- Workshop Information Form
- Participant Survey
 - Pre
 - Post including Feedback Questionnaire
- Fidelity Process
 - Workshops
 - Trainings
- Leader Training Registration
- Update Training for Leaders Registration
- Updated along with 2012 Curriculum Revisions from Stanford

Programs in Behavioral Health

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Where it's Happening

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- **Stanford**
 - HARP Program
- **New Zealand**
- **Oregon**
- **Michigan**
- **Arizona!**
 - RBHA/TRBHA
 - Provider Organizations
 - VA Health Care System





Implementation Models

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- Target Participants
 - SMI, Behavioral Health, Combination
- Partnerships with other clinics or county health departments
- Facilitators
 - Peers
 - Other behavioral health Professionals
 - Combination
- Evaluation



Feedback from Facilitators

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- Focus on Behavioral health or Physical health
- Time frames
 - 2 1/2 hours, 6 consecutive weeks
- Triggers
- Recruitment
 - Small Workshops
- Attrition rates
 - 2 1/2 hours, 6 consecutive weeks
- Facilitator Turnover

Meet & Retreat Post Evaluation

Please rate the usefulness of the following activities to you as a Coordinator or Master Trainer.
1 = extremely unhelpful, 2 = unhelpful, 3 = neutral, 4 = helpful, 5 = extremely helpful.

1. CDSMP 2.0					
• Background	1	2	3	4	5
• Master Trainer/Coordinator roles	1	2	3	4	5
• Implementation	1	2	3	4	5
• In Behavioral Health	1	2	3	4	5
2. NARBHA CDSMP Outcome Measures	1	2	3	4	5
3. Organizational Action Plan	1	2	3	4	5
• Template	1	2	3	4	5
• Process	1	2	3	4	5
• Review	1	2	3	4	5
4. SWOT Analysis	1	2	3	4	5
• Brainstorming in Groups	1	2	3	4	5
• Group Problem Solve	1	2	3	4	5

Please rate the following according to your satisfaction.
1 = extremely unsatisfied, 2 = unsatisfied, 3 = neutral, 4 = satisfied, 5 = extremely satisfied.

1. Introductions/Icebreaker	1	2	3	4	5
2. Refreshments	1	2	3	4	5
3. Length of Meeting	1	2	3	4	5
4. Location	1	2	3	4	5
5. Facilities	1	2	3	4	5
6. Presenters	1	2	3	4	5

Possible Solutions and Adaptions



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- Collaboration
- Follow-up (for recruitment issues)
- Facilitator “Refreshers” prior to workshop
- Careful Consideration when choosing facilitators
- Extra “Support” person

Consult with Stanford prior:

- Support groups
 - Oregon
- Longer breaks

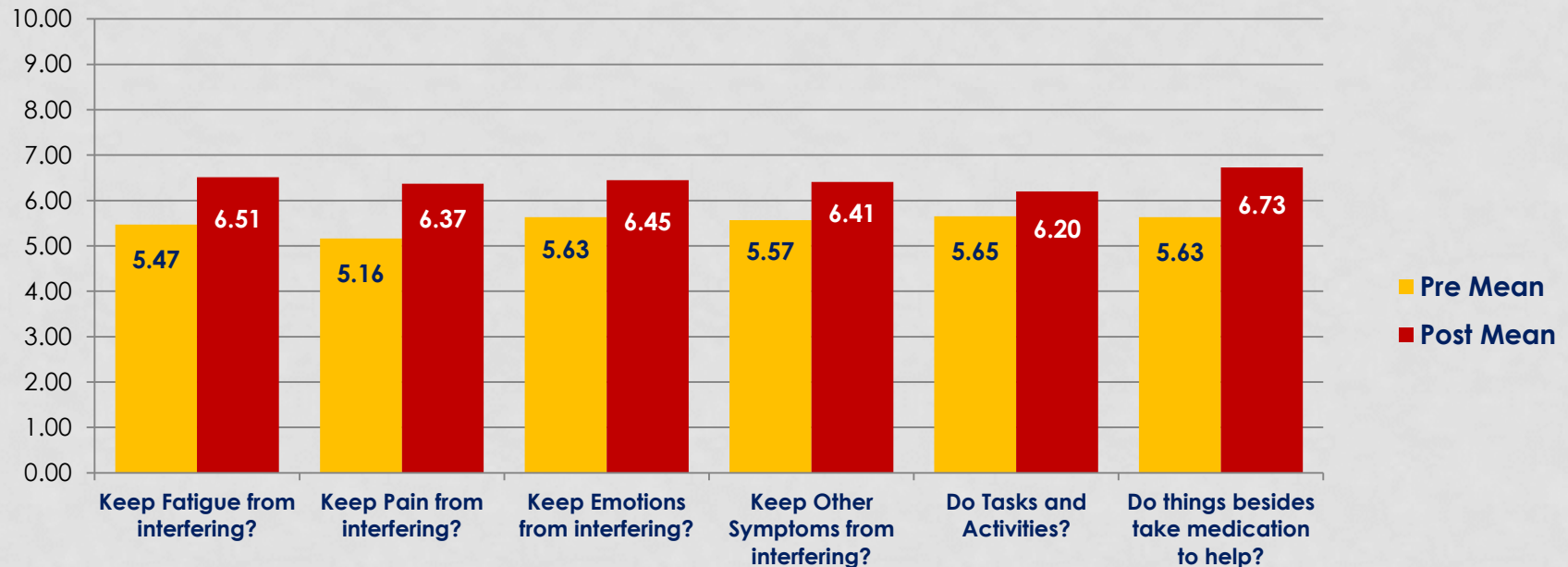
NARBHA CDSMP OUTCOME MEASURES

HEALTHY LIVING WORKSHOPS

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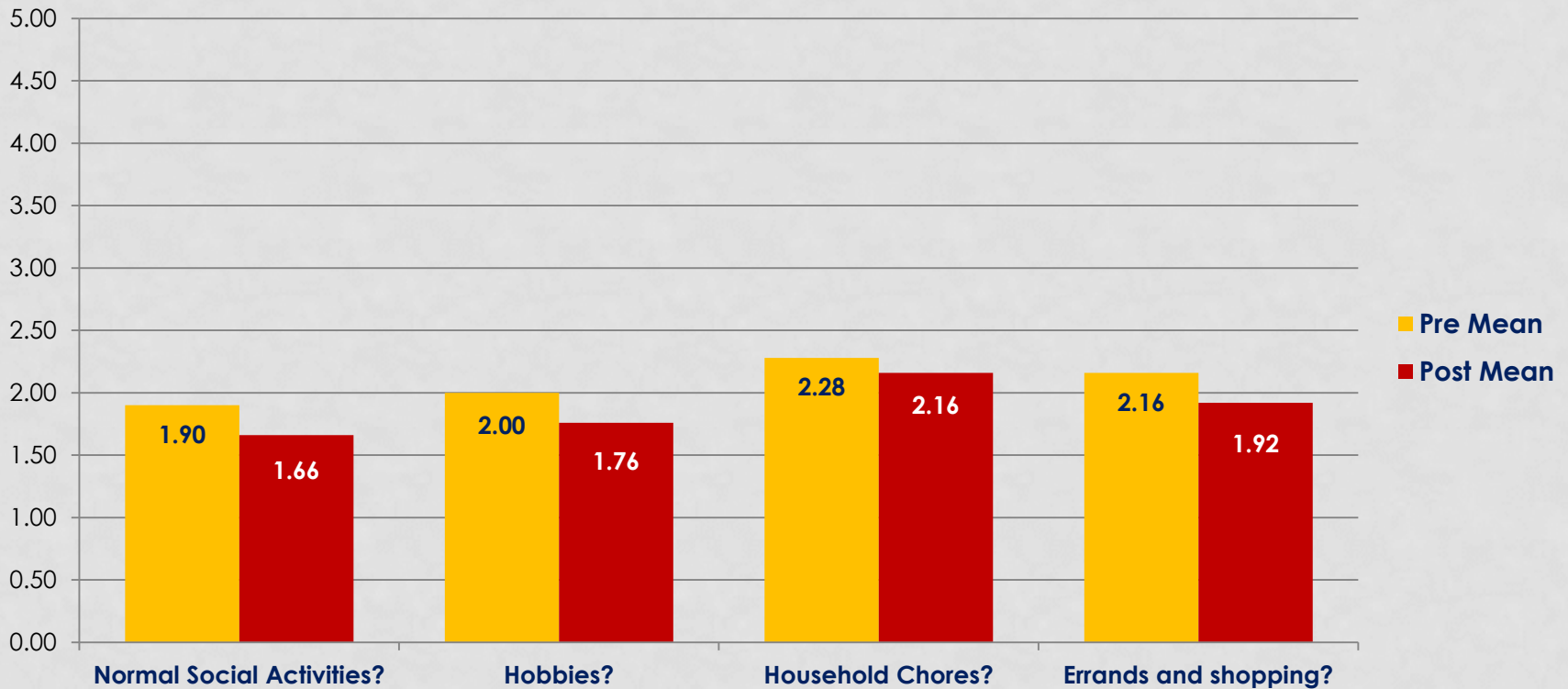
WORKSHOPS HELD AT NARBHA'S RESPONSIBLE AGENCIES BETWEEN SEPTEMBER 2011 AND DECEMBER 2012

Confidence in Doing Things Pre & Post Survey Comparison n=49



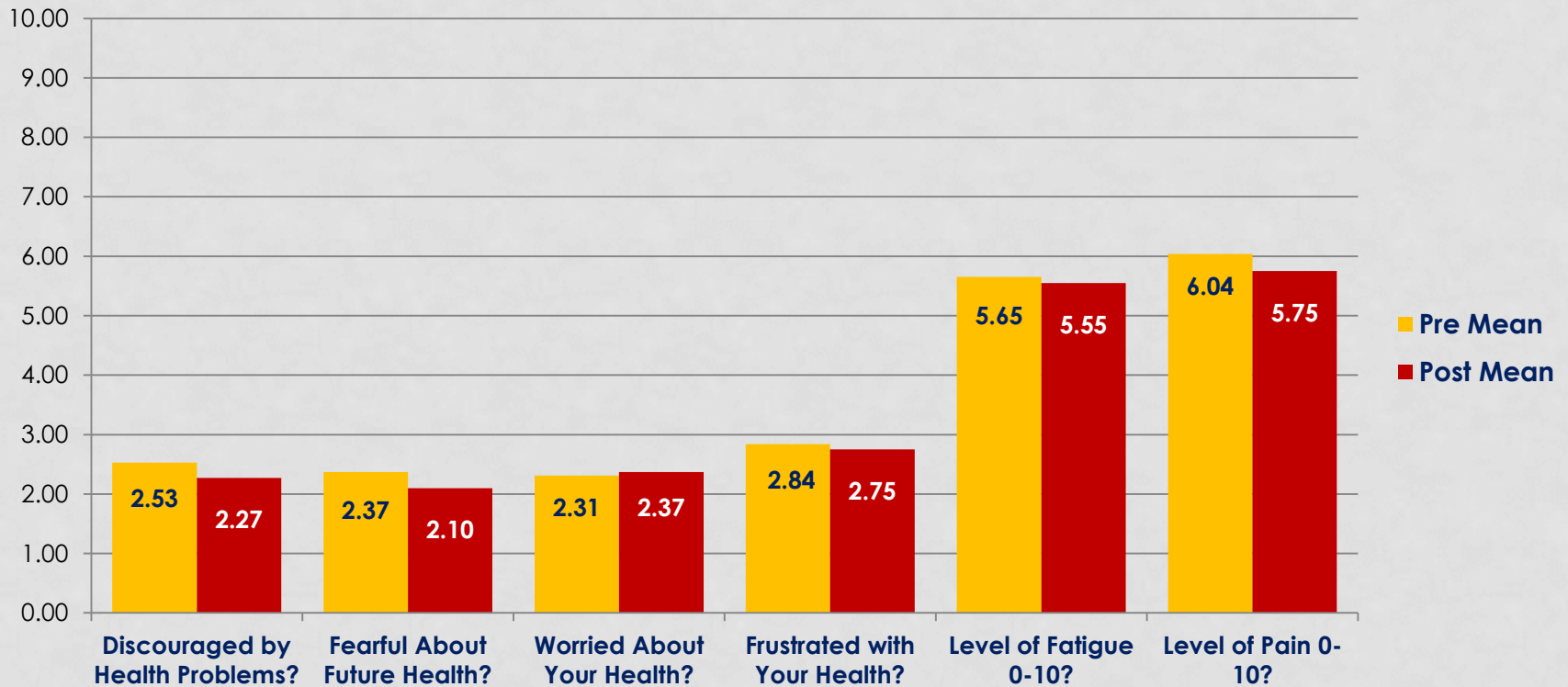
WORKSHOPS HELD AT NARBHA'S RESPONSIBLE AGENCIES BETWEEN SEPTEMBER 2011 AND DECEMBER 2012

Reported rates of interference in Daily Activities Pre & Post Survey Comparison n= 50



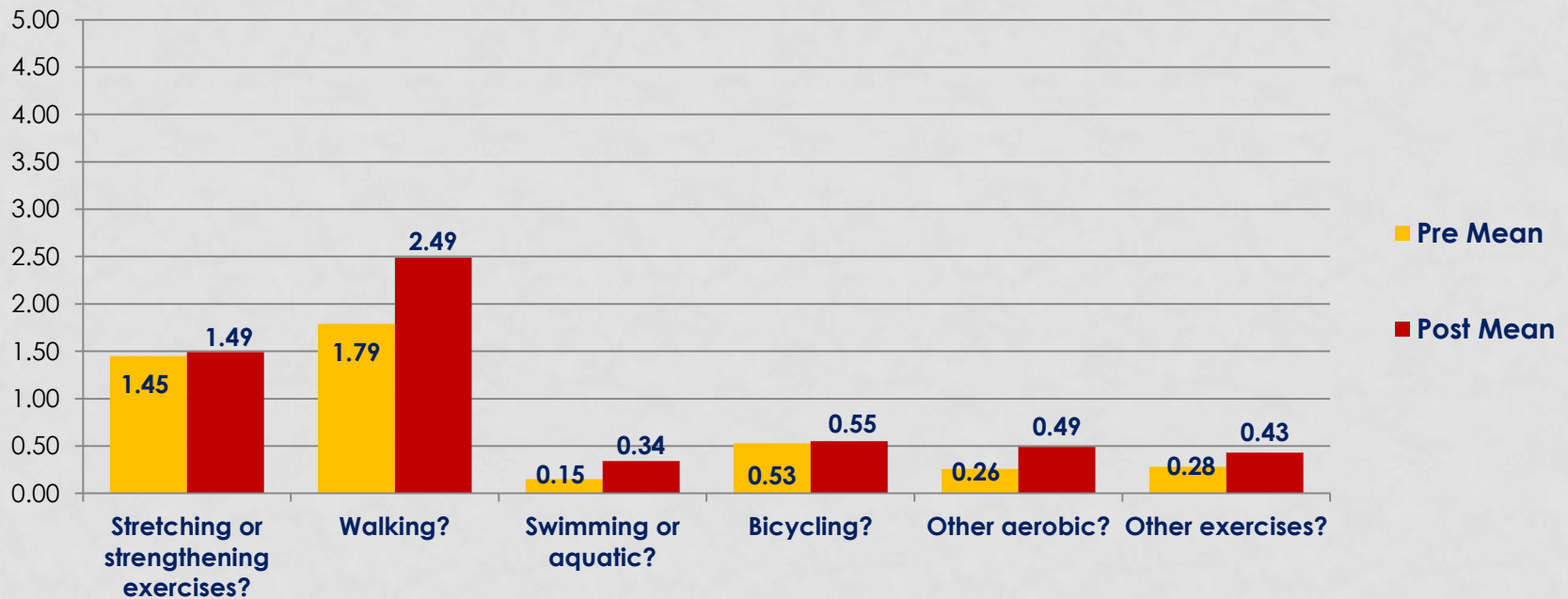
WORKSHOPS HELD AT NARBHA'S RESPONSIBLE AGENCIES BETWEEN SEPTEMBER 2011 AND DECEMBER 2012

Health Distress Pre & Post Survey Comparison n=51



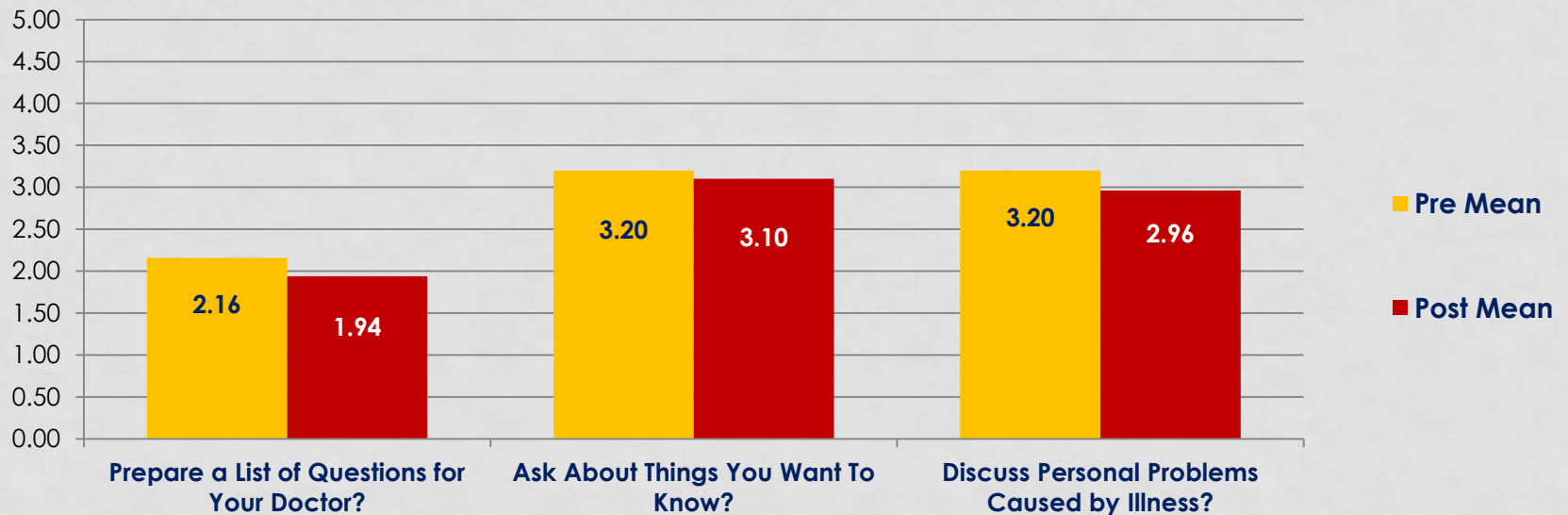
WORKSHOPS HELD AT NARBHA'S RESPONSIBLE AGENCIES BETWEEN SEPTEMBER 2011 AND DECEMBER 2012

Physical Activity Pre & Post Survey Comparison n=53



WORKSHOPS HELD AT NARBHA'S RESPONSIBLE AGENCIES BETWEEN SEPTEMBER 2011 AND DECEMBER 2012

Medical Care Pre & Post Survey Comparison n=50



WORKSHOPS HELD AT NARBHA'S RESPONSIBLE AGENCIES BETWEEN SEPTEMBER 2011 AND DECEMBER 2012

	Stanford Average	NARBHA Pre- Workshop	NARBHA Post- Workshop	
Confidence Managing Chronic Disease (6 Items) 10 is "Totally Confident"	5.17	5.52	6.45	★
Symptoms - Health Distress (4 Items) 0 is "none of the time"	2.04	2.50	2.37	★
Symptoms - Fatigue (1 Item) 0 is "no fatigue"	4.89	5.65	5.55	★
Symptoms - Pain (1 Item) 0 is "no pain"	4.36	6.04	5.75	★

Self-Management Programs in Arizona

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Evidence-Based Programs



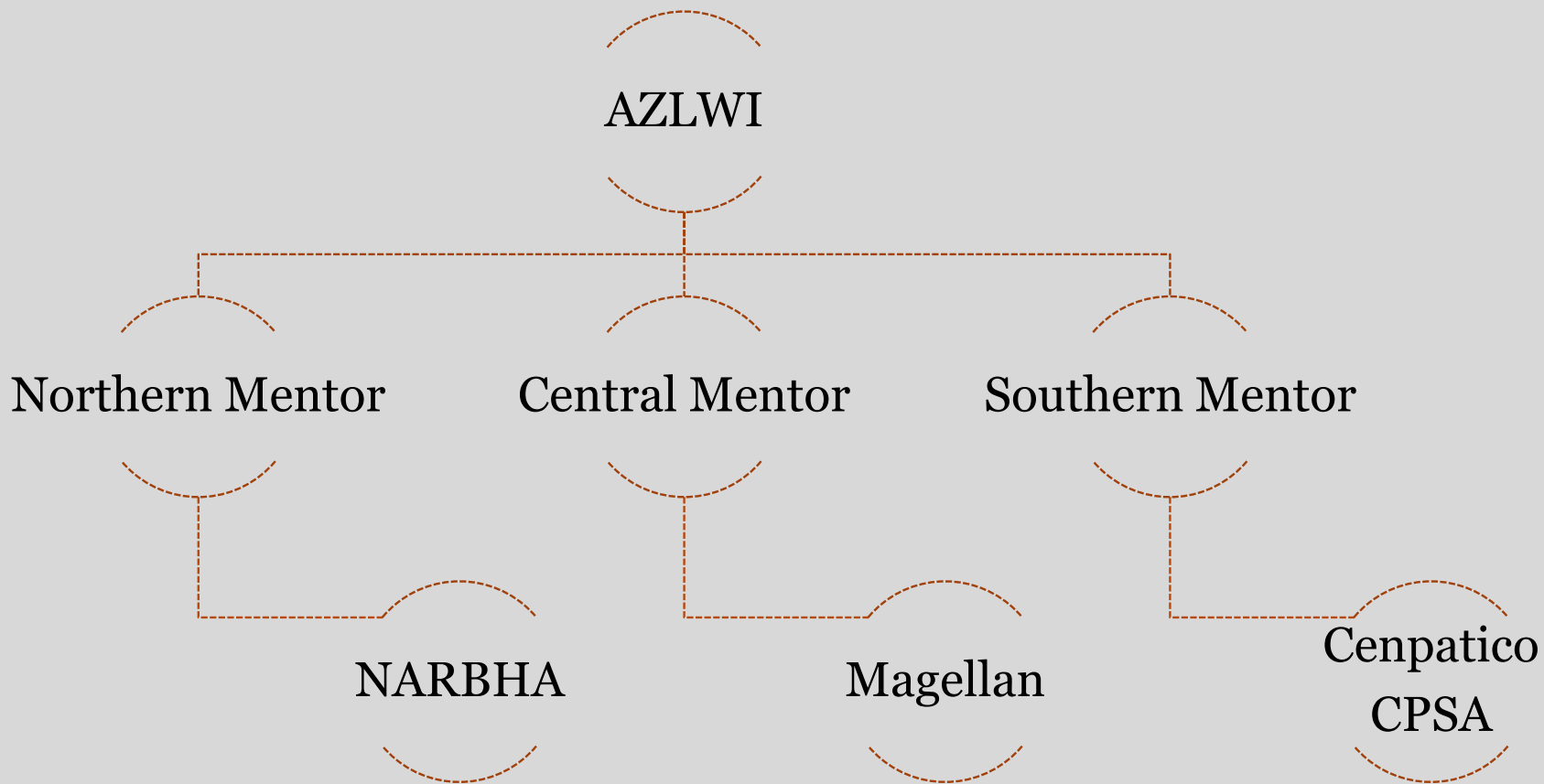
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- **Licensing**
 - Type of License depends on Agency
 - Stanford Patient Education Research Center
- **Fidelity**
 - “At the organizational / agency level, program fidelity refers to the how closely staff and others (i.e. Leaders, Trainers, and evaluators) follow the program that the developers provide. This includes consistency of delivery as intended as well as program timing and costs.”
- **Training Model**
 - Levels
 - Locations



Support Network in AZ

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Moving Forward with Action

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Highly Recommend an Annual Action Plan



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Things to Consider:

- What is your agency's plan for programs in 2013?
- Number of workshops
- Target population
- Will you train facilitators?
 - Leaders or Master Trainers?
- What is your target completion/ retention rate?
 - Facilitators
 - Participants
- Potential partners

Action Plan Document

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2013 Action Plan for Self-Management Workshops



Purpose: To create a "process" to support implementation of self-management programs.

Directions:

1. Using this form as a template, develop an action plan for each goal identified through the needs assessment process. Modify the form as needed to fit your unique context.
2. Distribute copies of each action plan to the members of the team.
3. Keep copies handy to bring to meetings to review and update regularly. You may decide to develop new action plans for new phases of your reform effort.

Goal # 1: _____

Results/Accomplishments: _____

Action Steps <i>What Will Be Done to Accomplish this Goal?</i>	Responsibilities <i>Who Will Do It?</i>	Timeline <i>By When? (Day/Month)</i>	Resources		Potential Barriers		Communications Plan <i>Who is involved? What methods? How often?</i>
			A. <i>Resources Available</i>	B. <i>Resources Needed (financial, human, political & other)</i>	A. <i>What individuals or organizations might resist?</i>	B. <i>How to overcome the Barrier?</i>	
Step 1:			A.		A.		
			B.		B.		
Step 2:			A.		A.		
			B.		B.		
Step 3:			A.		A.		
			B.		B.		
Step 4:			A.		A.		
			B.		B.		
Step 5:			A.		A.		
			B.		B.		

Evidence Of Success (*How will you know that you are making progress? What are your benchmarks?*) _____

Evaluation Process (*How will you determine that your goal has been reached? What are your measures?*) _____

S.W.O.T. Analysis

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➤ **BRAINSTORM**

- 1. WHAT ARE THE STRENGTHS OF USING CDSMP IN BEHAVIORAL HEALTH?**
- 2. WHAT ARE THE WEAKNESSES OF USING CDSMP IN BEHAVIORAL HEALTH?**
- 3. WHAT ARE THE OPPORTUNITIES WHEN USING CDSMP IN BEHAVIORAL HEALTH?**
- 4. WHAT ARE THE THREATS TO USING CDSMP IN BEHAVIORAL HEALTH?**



Strengths

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- Builds relations
- Promotes normalcy
- Brings equality and empowerment
- Reduces stigma
- Life changing breakthroughs
- Identify that their health is important
- Practice what you preach
- Bridge gap between BH and Medical providers
- Practice what you preach
- Establishes cohesiveness between organizations locally and at the state
- Even playing field between the peer and professional



Weaknesses

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- Negative energy from wrong facilitators
- Rigidity of program (fidelity)
- Denial of Services feeling when not able to meet 10
- Recruitment and retention harder compared to other populations
- Non-behavioral health facilitators
- Privacy and confidentiality
- Facilitators not prepared for crisis intervention
- Inconsistent implementation
- Lack of a true workbook



Opportunities

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- Whole health & wellness
- Bridging patient-physician relationship
- Better coordination of care
- Empowers individual
- Reduces crisis visits
- Self-starters and self-health advocates
- Increased socialization
- Job creation
- Funding opportunity through billing and reimbursement
- Opportunity for technology advancement (smartphone app)
- Validating medical staff and increasing referrals



Threats

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- Too many programs available
- Loss of fidelity
- Recruitment and retention
- Participant disruptions
- Possible trigger for participants
- No support at end of workshop
- Transportation
- Medication &/or illness
- Competition for meeting space
- Lack of child care
- Time commitment by facilitators and participants
- Lack of technology inclusion
- Concern that this program will be dropped and move on to another



Group Discussion

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- Messaging to the participant and the site when a workshop is postponed or cancelled
- How to address the requirements of EBP
- Phone/Tablet Application
- Increase outreach to worksite wellness
- Chose facilitators carefully



Implementation Tools

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- Action Plan
- Recruiting & Retaining Facilitators
- Considerations when Planning a Workshop
 - Session Zero Templates in multiple formats
 - ✦ 60 Minute
 - ✦ Verbal Only
- Stanford Implementation Manual (2008)

Thank You!



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