

Chronic Disease Self-management Program (CDSMP) Guidelines, training and licensing requirements

Contact Information

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Year Program First Implemented in Community Settings: Early 1990s

Program Synopsis

- General description of program
 - CDSMP is a lay-led participant education program offered in communities in the United States and several other countries. Participants are adults experiencing chronic health conditions such as hypertension, arthritis, heart disease, stroke, lung disease, and diabetes; their family members, friends and caregivers can also participate. The program provides information and teaches practical skills on managing chronic health problems. The CDSMP gives people the confidence and motivation they need to manage the challenges of living with a chronic health condition.
- Program goal
 - The overall goal is to enable participants to build self-confidence to assume a major role maintaining their health and managing their chronic health conditions.
- Reasoning behind the program design and elements
 - People with chronic conditions have similar concerns and problems;
 - People with chronic conditions must deal not only with their disease(s), but also with the impact on their lives and emotions;
 - Lay people with chronic conditions, when given a detailed leader's manual, can teach the CDSMP as effectively, if not more effectively, than health professionals (Lorig et al, 1999); and
 - The process or the way the CDSMP is taught is as important, if not more important, than the subject matter that is taught.
- Target population
 - Adults with chronic diseases
- Essential program components and activities
 - The CDSMP focuses on problems common to individuals suffering from chronic diseases. Coping strategies such as action planning and feedback, behavior modeling, problem-solving techniques, and decision making are

applicable to all chronic diseases. Individuals are taught to control their symptoms through:

- Relaxation techniques.
 - Changing their diets.
 - Managing sleep and fatigue.
 - Using medications correctly.
 - Exercise.
 - Communication with health providers.
- Length/Timeframe of program
 - 2.5 hours per week over a 6 week period.
 - Recommended class size
 - 10-16 people
 - Desired outcomes
 - Increases in healthy behaviors (i.e., exercise and cognitive symptom management techniques, such as relaxation)
 - Positive changes in health status (less pain, fatigue, and worry; less health distress)
 - Increased self-efficacy
 - Better communications with health providers
 - Fewer visits to physicians and emergency rooms
 - Measures and evaluation activities
 - The program should be monitored by a Master Trainer to ensure that it is being implemented according to the curriculum. Program leaders must also confirm that incoming program participants actually have a chronic disease. There are some outcome evaluation tools available that range from detailed (many questions covering various outcomes) to simple (whether and how successfully participants are following their action plans).

Health Outcomes and Evidence Supporting Health Outcomes

Over a period of 2 years, Agency for Healthcare Research and Quality (AHRQ)-funded investigators compared health behaviors, health status, and health services use in patients age 40 to 90 years (average age, 65) who had completed the CDSMP (Lorig et al., 1999).

When compared to baseline measures taken for the 6 months prior to the CDSMP, researchers found that CDSMP participants had:

- Increased exercise.
- Better coping strategies and symptom management.
- Better communication with their physicians.
- Improvement in their self-rated health, disability, social and role activities, and health distress.
- More energy and less fatigue.
- Decreased disability.

- Fewer physician visits and hospitalizations.

Lorig et al. (2001a) found that after 1 year, CDSMP participants had:

- Significant improvements in energy, health status, social and role activities, and self-efficacy.
- Less fatigue or health distress.
- Fewer visits to the emergency room.
- No decline in activity or role functions, even though there was a slight increase in disability after 1 year.

In the same study by Lorig et al. (2001a), after 2 years CDSMP participants had:

- No further increase in disability.
- Reduced health distress.
- Fewer visits to physicians and emergency rooms.
- Increased self-efficacy.

The increase in patients' perceptions of their self-efficacy was associated with reduced health care use (Lorig et al., 2001a). Self-efficacy, the degree of belief people have that they can perform the behavior required to produce a desired outcome, is crucial to the success of the CDSMP (Lorig et al., 1999). The more self-efficacy people have, the more control they believe they have over their behavior (Lorig et al., 1999; Lorig, Mazonson, & Holman, 1992). Therefore, increasing self-efficacy contributes to better decisionmaking processes, stronger motivation, and perseverance (Lorig et al., 1992).

Program Costs

(For additional cost information, please see Stanford Patient Education website at <http://patienteducation.stanford.edu/licensing/fees.html>)

- The CDSMP costs between \$70 and \$200 per person to administer
- Training fees
 - o \$1,500 per health professional
\$800 for a lay person with chronic disease
for the 4½ day CDSMP Master Training. Included in this training is all instruction, one set of all materials, and breakfast for 5 days, lunch for 4 days and one evening banquet.
 - o CDSMP books (~\$19 each) and relaxation tapes/CDs (~\$12 each) are required for each CDSMP class participant.
Training given by Stanford at a site other than Stanford for CDSMP is \$15,000 for 4 days
(for Leaders' training) or 4½ days of training (for Master training).

Every organization offering a Stanford program must have a license for that program. If more than one program is being offered, the organization must have a license for each program offered.

Each license is good for 3 years from the date of issue. After each three year interval, licenses must be renewed.

Every licensed organization must make a yearly report (due on the anniversary of original license agreement) to Stanford stating the number of workshops and number of participants offered during the past year, number of leader trainings conducted, and the names of all leaders trained with contact information.

- Licenses for organizations receiving training from Stanford will be discounted by \$250 dollars. Each organization can apply only one discount per program.
- Licenses for organizations not receiving training from Stanford will be at the following rates:
 - o \$500.00 for offering 10 or fewer workshops a year
 - o \$800 for offering 20 or fewer workshops a year
 - o \$1,000 for offering 30 or fewer workshop a year
 - o If an organization is offering more than 30 workshops a year, it must negotiate a license with Stanford's Office of Technology Licensing

Training Requirements

- Instructor training
 - o Training Levels
 - 1) **T-Trainers** are certified by Stanford and are authorized to train Master Trainers and/or Leaders.
 - 2) **Master Trainers** are certified by Stanford to teach the CDSMP workshop to participants and to train Leaders. To become a Master Trainer, one must complete 4 & ½ days of Master Training and co-facilitate at least two participant workshops within the year. Once these requirements are met, a Master Trainer will have the competency to train Leaders. A Master Trainer must facilitate one Leaders Training every two years in order to maintain certification.
 - 3) **Leaders** are certified by Master Trainers, after completing a 4-day Leaders training, and have taught at least one workshop. They must facilitate one workshop every 2 years in order to remain certified.
- Number of instructors required per training/workshop
 - Two. Workshops are facilitated by a team of two trained leaders, pairing either a health professional with a lay leader who has a chronic disease or two lay leaders.