Focus of last webinar

The most researched model of CDSM programming has been conducted by the researchers at Stanford. The Stanford Model’s principle researcher and program developer is Kate Lorig. The finding (both the strengths and limits of the research) suggests that organizations ought to consider elements of the model and attempt to include as many of those elements as possible.

The self assessment shared today includes many of those elements but also acknowledges that BH organizations may need to make considerable adaptations to:

a) Address the needs of clients with serious MH and or SU problems
b) Align with the mission of the organization
c) Meet the demands of regulatory, licensing and payment requirements
d) Be consistent with staffing and the nature of partnerships with healthcare settings
Remaining questions based on last webinar? Please type in the chat box or raise hand.
Poll Question #1: What best describes the staff who will be involved in providing CDSM in your organization?

A. Behavioral health staff only
B. Behavioral health staff plus primary care provider on or off site
C. Behavioral health staff including peer providers
D. Primary care setting with BH support
E. Other (please state in the chat box)
Poll Question # 2: What best describes your current thinking or plans to address the needs of clients with chronic health conditions

A. We have or plan to organize a CDSM group for a variety of conditions using a structured protocol or curriculum
B. We have or plan to organize a group for a specific condition such as diabetes.
C. We have or plan to focus on support provided in individual meetings
D. We have or plan to collaborate and coordinate with the clients primary care provider.
E. Other (please type or raise hand)
The goal of the CDSM Organizational Self-Assessment is to assist organizations to:

1. Understand the elements of high quality CDSM supports and interventions
2. Determine the degree to which their organization is currently aligned with best practices in CDSM
3. Select elements to improve that are practical, feasible and meaningful in light of the organizations realities.
CDSM Self-Assessment Structure and Content

7 Key Domains (A thru G)
Each Domain has a set of Performance Standards
Each standard represents an organizational and programmatic set of approaches aligned with CDSM practices
Each standard may be quantitatively scored on a scale from zero to exemplary
Organizations can calculate scores and graphically represent their current alignment with the CDSM domains
The Key Domains

A. Knowing your population
B. Team Based Care
C. Structured and systematic CDSM individual and group options
D. Best Practices
E. Wellness and Healthy Lifestyle
F. Addressing harmful behaviors
G. Use of population specific data to monitor outcomes
Domain A: Knowing your population

Standard 1: We have a system in place to identify patients who have chronic health conditions such as diabetes, asthma, cardiovascular disease, respiratory disease, arthritis, HIV or other conditions.

Standard 2: We have a system in place to identify patients with a chronic health condition that is inadequately managed.

Standard 3: We have a system in place to regularly monitor specific mechanical and blood chemistry health indicators for each patient’s chronic health condition. This information enables our organization to regularly monitor the patient’s condition (the same, getting better or getting worse)
Domain B: Team Based Care

**Standard 1:** We have a system in place that insures a coordinated and team based approach to disease self-management. The scoring identifies the number of helpers involved who work as a team.

**Standard 2:** The team (at least 2 or more staff) meets at least weekly to review the progress of patients with chronic health conditions.

**Standard 3:** The staff involved in addressing the needs of patients with chronic health conditions have a timely and accurate system in place to share information related to the patient’s condition with other key supporters.

**Standard 4:** We have a system to review and address the impact of psychotropic medications on a person’s health condition that includes communication between the behavioral health prescriber and the primary care provider.
Domain C: CDSM Modalities

**Standard 1: Group work** - We use a group delivered, structured, systematic and curriculum supported approach to chronic disease self-management. This includes the use of educational materials, worksheets, goal plans, action step planning, progress monitoring and other tools and resources such as peer support.

**Standard 2: Individual work** - In individual meetings with patients we employ structured, systematic and curriculum supported approaches to chronic disease self-management. This includes the use of educational materials, worksheets, goal plans, action step planning, progress monitoring and other tools and resources such as peer support.

**Standard 3: Client centered approach** - Prior to engagement of clients in a CDSM program, clients are asked about their felt need for managing a health condition; what they hope to gain, why is it personally important to manage a chronic condition, the personally meaningful problems associated with living with a chronic health condition.
Domain D: Promising
Best Practices in Chronic Disease Self-Management

Standard 1: **Comprehensiveness** - Our individual or group service plan to assist patients with chronic disease self-management includes addressing the needs of individuals related to 3 key areas:

1. Treatment adherence and healthcare partnership,
2. Coping with the emotional reactions to chronic health conditions
3. Making critical lifestyle changes to support health

Standard 2: **Treatment Focused Support**
- Communicating and working with your mental health and physical healthcare providers in a way that works for you
- Understanding the basics of your illness: What is it? Why is it important to manage successfully?
- Understanding and Using medication in a way that works for you
- Making informed treatment decisions and solving problems
DOMAIN D: Promising Best Practices in Chronic Disease Self-Management

Standard 3: COPING WITH THE EMOTIONAL RESPONSES ASSOCIATED WITH MANAGING A SERIOUS AND CHRONIC HEALTH CONDITION
- Understanding and coping with feelings of anger, depression, fear and emotional stress.
- Learning and using stress management and relaxation approaches
- Managing stress through the use of meditation, relaxation and social networking.
- Managing fatigue, low energy, avoidance of health services

Standard 4: LIFESTYLE CHANGES AND HEALTH PROMOTING BEHAVIOR
- Understanding and making informed decisions about healthy eating
- Increasing physical activity through a variety of activities that work for you
- Understanding and addressing the impact of unhealthy habits and activities on your health condition (e.g., smoking, harmful use of prescribed, over the counter and street drugs.
- Taking small and meaningful action steps to improve health
Domain E: Wellness and Healthy Lifestyle support

Standard 1: Physical Activity - Our organization has a system in place to offer individuals opportunities to engage in physical activities such as calisthenics, walking/hiking activities, swimming, dancing, yoga, exercise on gym equipment, sports and other activities that promote healthy increase in physical movement.

Standard 2: Healthy eating and nutrition - Our organization has a system in place to offer individuals opportunities to acquire important information about healthy eating habits and to apply their knowledge in the context of their living environment. In addition to nutritional information, the organization offers hands on learning through visits to local supermarkets, demonstrations and practice of healthy cooking techniques and healthy food choices.
Domain E: Wellness and Healthy Lifestyle support

Standard 3: Cultural Alignment: The organization offers wellness interventions related to physical activity and eating habits that are respectful of a person’s cultural perspectives, religious beliefs and preferences. This is demonstrated by the creation of personalized wellness plans aligned with the person’s wants.

Standard 4: Peer Support: The organization engages and involves peers in roles such as health coaches, personal trainers, co-leaders of wellness focused group programs and other wellness activities.
Domain F: Addressing harmful lifestyle habits and behaviors.

**Standard 1: Smoking reduction** - the organization offers smoking reduction/cessation supports that includes individual, group, and peer led approaches along with access to medication assisted treatments. Services are provided by staff trained in best practices in smoking cessation treatments and interventions.

**Standard 2: Harmful substance use reduction** - the organization has a system in place to directly provide or make referrals to substance use services that compromise the patient’s self-management of a chronic health condition.
Domain G: Population and patient specific data

Standard 1: Progress Monitoring - our organization has a system in place to identify sub cohorts of patients based on the type of serious and chronic health condition and demographic characteristics and to monitor progress and outcome of disease self-management efforts.

Standard 2: Outcome measures - our organization has system in place to employ measures of health improvement, reduction in emergency department and hospital use, and patient utilization of wellness, chronic disease self-management programs, and smoking cessation and substance use services.
Scoring Guide

The self-assessment rating scale is scored from 0-4 indicating the degree to which the organization meets or doesn’t meet each standard.

0 = we don’t meet this standard at all
1 = we minimally meet this standard
2 = we partially meet this standard
3 = we mostly meet this standard
4 = we are exemplary in meeting this standard
NA = Not applicable to our organization
Using the CDSM Planning and Implementation Guide

Show Guide
Our Next Webinar: March 4, 2015
3:00- 4:30

Presenters:
Ben Druss M.D.

Larry Fricks