Chronic Disease Self-management program 'My Tool Box': empowering patients and families through knowledge, skills, and confidence. Tackling the problem of multiple, complex, chronic health conditions.

"My Tool Box: the building blocks of self-care"

Vivre en santé avec une maladie chronique Un programme d'autogestion des maladies chroniques Deborah Radcliffe-Branch, PhD Assistant Professor, Faculty of Medicine, McGill University Director, My Tool Box: Chronic Disease Self-Management Program, MUHC.

Mario DiCarlo, T Trainer 'My Tool Box'

Mytoolbox.mcgill.ca

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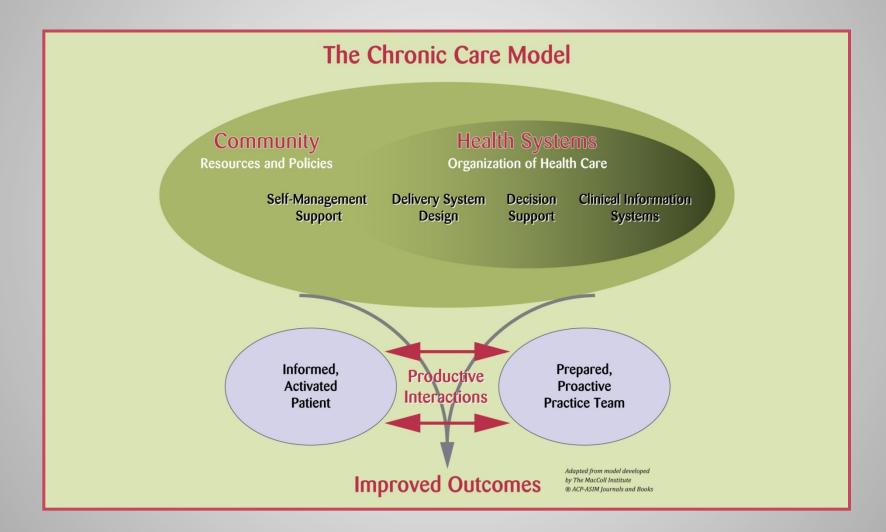
Chronic Health Conditions

- The health and economic effects of chronic disease across Canada are enormous. Three out of five Canadians suffer from a chronic disease and chronic diseases account for 82% of all deaths in Canada (Chief Public Health Officer, 2008).
- Chronic disease often causes functional impairment, pain, social and emotional dysfunction and constitute a challenging problem for society. With no effective cure for these frequently progressive conditions, improving quality of life and functional capacity through better disease self-management is critical (Marks et al., 2005).
- Evidence suggests that people with chronic illness who self-manage their disease(s) are likely to more appropriately use healthcare services, have fewer disease-related complications, and experience greater quality of life and better overall health (Bycroft & Tracey, 2006; Chodosh et al., 2005; Decoster & Cummings, 2005; National Health Priority Action Council, 2006).

Chronic Disease/s

- Prevalence rates of CDs are increasing faster among Canadians aged 36-64 than those aged 65+.
- The interaction of the multiple chronic conditions (co-morbidities) present enormous challenges to patients, family, HC system.
- Chronic conditions have become the main driver of the Health Care system and are the main threat to its sustainability. Expenditures to treat chronic disease are rising faster than economic growth.

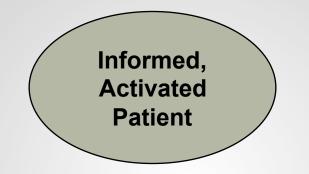
The Chronic Care Model



What characterizes a prepared practice team?



At the time of consultation, HC team has the patients complete information, decision support, staff, equipment, and time required to deliver evidence-based clinical management and self-management support What characterizes an "informed, activated" patient?



Patient understands the disease process, and assumes role as the daily self manager.

Family and caregivers are engaged in/supportive of patient's self-management.

Acute Versus Chronic Illness

	ACUTE Disease	CHRONIC disease		
Beginning	Rapid	Gradual		
Cause	Usually one	Many		
Duration	Short	Indefinite		
Diagnosis	Commonly accurate	Often uncertain, esp. early on		
Treatment	Cure common	Cure rare		
Role of Professional	Select and conduct therapy/treatment	Teacher and <i>partner</i>		
Role of Patient	Follow instruction/ comply	<i>Partner</i> with health professionals, responsible for daily management		

Differences	Traditional Patient Education	Self-management Education
What is taught?	Information & technical Skills about the disease	Skills on how to act on problems
How are problems formulated?	Problems reflect inadequate control of the disease	The patient identifies problems experienced
What is the relation of education to disease?	Education is disease specific, teaches information and technical skills related to disease	Education provides problem-solving skills relevant to the consequences of chronic conditions in general
What is the theory underlying the education?	Disease specific <i>knowledge</i> creates behavior change, which produces better clinical outcomes	Greater confidence in capacity to make life- improving changes (self- efficacy) yields better clinical outcomes
What is the goal?	<i>Compliance</i> with behavior changes taught to the patient	Increased self-efficacy/ confidence to improve clinical outcomes

Self-Management: What is it?

Self-management is defined as the tasks that individuals must undertake to live well with one or more chronic conditions. These tasks include having the confidence to deal with the medical management, role management, and emotional management of their chronic health conditions.

Institute of Medicine 2004

Patient Self- Management

New Tasks

- 1. Recognize and act on their symptoms
- 2. Make most effective use of their medications and treatments
- 4. Maintain their nutrition and diet
- 5. Maintain adequate exercise
- 6. Giving up smoking
- 7. Use stress reduction techniques
- 8. Interact effectively with their health providers
- 9. Use community resources
- 10. Manage/adapt to work and the resources of employment services
- **11. Manage relations with significant others and care givers**
- **12. Manage their psychological responses to illness.**

Time Managing Illness over 1 year

GP visits per annum1 hourVisits to specialists1 hourPT, OT, Dietitian10 hoursTotal with Health Care Profs12 hours

Total = 364.5 days managing on their own or 8748 hours

Source: Barlow, J. Interdisciplinary Research Centre in Health, School of Health & Social Sciences, Coventry University, May 2003.

Why is Self-Management Important?

- Chronic disease places new responsibilities on the individual and families
- Traditional patient education does not meet all the needs of people with chronic conditions
- People manage chronic disease mostly by themselves
- Behavior is important, complex and multi-faceted
- Individuals need meaningful participation

What do Participants Learn in SM Programs?

Information

From the program, from other participants
Practical Skills

- Getting started skills (e.g., exercise)
- Problem-solving skills
- Communication skills
- Evaluating treatment options
- Working with health care professionals
- Dealing with anger/fear/frustration

Cognitive Techniques: Self-talk, reframing, relaxation techniques



Self-Efficacy Enhancing Strategies

Four distinct, mutually reinforcing levels to increase self-efficacy with respect to managing health conditions.

- Mastery Learning: The program guides participants through process of action planning and problem solving, providing a taste of success in a supportive environment
- Modeling: Peer leaders demonstrate skills taught
- Vicarious Learning: participants share experiences and learn from one another
- Persuasion: group interactions bolster confidence through positive peer pressure

The Stanford CDSMP

- The CDSMP Kate Lorig et al. at Stanford University Patient Education Research Center is considered a best-practice and is the most utilized self-management patient education program world-wide, because it is designed to meet the needs of patients with *multiple chronic conditions* and is taught by trained/certified lay leaders who have a chronic illness themselves.
- This program has been adopted/funded at a national level in a number of countries including Australia, UK, and USA and is supported by decades of research including randomized controlled trials.

Workshop Overview: "My Tool Box"

CDSMP developed by Kate Lorig et al. Licensed program from Stanford.

- Volunteer <u>Peer Leaders</u> who live with chronic conditions themselves use scripted guides with learning activities for each session
- 6 week workshop 2 ½ hours per week. 10-12 participants per workshop
- Participants receive "Living a Healthy Life with Chronic Conditions" workbook to borrow/purchase.
- No cost to participants

WORKSHOP OVERVIEW							
	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	
Overview of self-management and chronic health conditions	•						
Making an action plan	•	•	•	•	•	•	
Using your mind to manage symptoms	•		•		•	•	
Feedback/problem-solving		•	•	•	•	•	
Difficult emotions		•					
Fitness/exercise		•	•				
Better breathing			•				
Pain			•				
Fatigue			•				
Nutrition				•			
Future plans for health care				•			
Communication				•			
Medication					•		
Making treatment decisions					•		
Depression					•		
Working with your health care professional						•	
Working with the health care system						•	
Future plans						•	

TROISIÈME ÉDITION CANADIENNE

VIVRE EN SANTÉ AVEC UNE MALADIE CHRONIQUE

Pour des problèmes de santé physique ou mentale de longue durée

Kate Lorig, IA, DrPH, Halsted Holman, M.D. David Sobel, M.D., Diana Laurent, M.H.P. Virginia González, M.H.P. et Marian Minor, Ph. D., physiothérapeute certifiée





Outcomes (statistically significant changes pre - 6 month post program) n =937

Self-Management Behaviours

- Coping with Symptoms
- Time Doing Aerobic Exercise (minutes)
- Communication with Physicians
- Self-Efficacy Measures
 - Ability to Manage Disease and its Symptoms

Health Status

- Depression, Physical Abilities, Energy, Fatigue, Health Distress,
- Pain Severity, Illness Intrusiveness in everyday life
- Health Care System Utilization
 - Physician visits
 - Emergency Room Visits
 - Hospitalizations (Overnight)

Six year mark- progress

Number of sessions (4-9 workshops per session	n) 23
Number of Registered Participants	1800+
Trained and Certified Leaders	100+
Trained and Certified Master Trainers	25
Trained and Certified T-Trainers	2
Workshops (6 weeks) held to-date	138
New programs (Chronic-pain, Spinal cord injury)	2

Community Partnerships



My Tool Box Leader Team 2009



Leader Training Team 2010



Leader training team 2011



New Initiatives

 Spinal Cord Injury*. Three pillar program offered to patients living with spinal cord injuries (SCI)

*in collaboration with the McGill Spinal Cord Injury Clinical Research Unit, Centre de réadaptation Lucie-Bruneau, Viomax, Centre de réadaptation Constance Lethbridge

- 1) My Tool Box 6 week workshop (adapted for SCI)
- 2) Six month supervised & personalized exercise program
- 3) Condition specific (SCI) education/informational seminar
- Chronic Pain training, license for the Stanford Chronic Pain Specific self-management program in Nov 2010. Completed
 6, six week workshops to date in collaboration with the Association québécoise de la douleur chronique (AQDC).

Spinal Cord Injury Program

🥡 🗛 Vivre en santé avec une blessure médullaire

• séminaire éducatif atelier d'autogestion

Programme d'autogestion des conditions chroniques adapté aux réalités des blessés

• programme d'activité physique

Séminaire éducatif

Le volet éducatif a été préparé par des éducateurs spécialisés dans la réadaptation des blessés médullaires.

Il est un complément à l'atelier d'autogestion concu pour l'ensemble des personnes vivant avec une condition chronique.

Parmi les sujets abordés :

- Prévention santé
- Entretien du matériel
- Études, travail et occupation
- Sports et loisirs
- Tourisme et culture
- Finances

Offert en collaboration avec:

VIOMAX Soutenu par:

L'atelier L'ABC de l'autogestion des soins

Atelier de six sessions qui permet aux personnes ayant une blessure médullaire d'acquérir des techniques et habiletés pour gérer leur quotidien.

L'atelier aborde une vaste gamme de sujets, notamment :

- · L'établissement d'objectifs et la résolution de problèmes
- La gestion de la douleur et de la fatigue
- La gestion des émotions négatives telles que la frustration et la peur
- Les techniques de réduction du stress et de l'anxiété
- L'établissement d'une communication efficace avec les professionnels de la santé
- L'adoption de saines habitudes alimentaires pour le maintien et l'amélioration de la condition physique



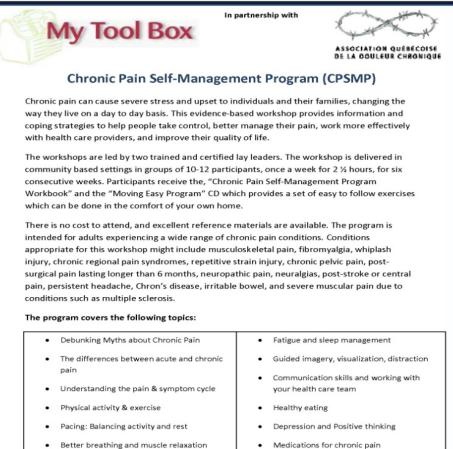
Programme d'activité physique

Le volet exercice a été développé en collaboration avec Viomax, spécialisé dans l'adaptation de programme d'activité pour personnes ayant un handicap physique.

Ce programme comprend deux parties :

- feuillet descriptif pour établir un programme d'exercice maison sécuritaire
- programme d'exercice en salle supervisé par un kinésiologue sur une période de 6 mois
- Pour vous inscrire ou pour obtenir de plus amples renseignements, communiquez avec nous par téléphone : 514-934-1934 poste 42521 ou 71585

Chronic Pain Specific Self-management program



Dealing with difficult emotions, problem solving

- Medications for chronic pain
- Making informed treatment decisions

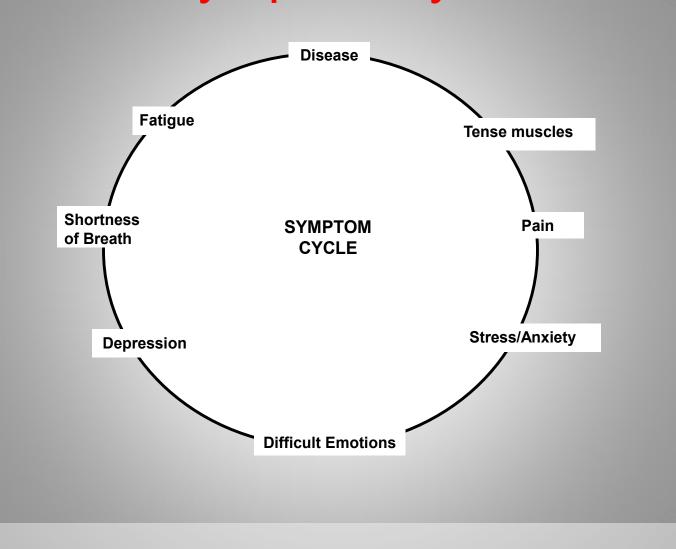
For more information about workshop dates and locations please call us at (514) 934-1934 x 71585 Or visit our website at www.mytoolbox.mcgill.ca

Summary

- Standardized interventions (My Tool Box) that require minimal adaptation to a specific disease are potentially more cost effective and less complicated to translate into practice than those requiring adaptation to each condition
- A continued focus on, and investment in, *disease specific programs* fails to address the reality that most patients have **multiple chronic** conditions.
- More connected SM programs with a unified approach across diseases (My Tool Box) could better address common risk factors and facilitate patients' needs at fewer points of care.

Mario DiCarlo

Symptom cycle



ACTION PLAN

Something YOU want to do(not what someone else thinks you should do)

Achievable (something you can expect to be able to do this week)

Action-specific(*i.e.* losing weight is not an action or behavior, but avoiding snacks between meals is; losing weight is the RESULT of actions)

Answer the questions:

What? (i.e. walking or avoiding snacks) How much? (i.e. walking 4 blocks)

When? (i.e after dinner or Mon, Wed, Fri) How often? (i.e. 4 times; try to avoid

"every day", better to have succeeded when you say you'll do something 3 times rather than to feel you've failed if you've done it 6 times

Confidence level of 7 or +. Ask yourself, (0=no confidence to

10=total confidence), how confident am I that I will complete the ENTIRE action plan?" If confidence below 7, look at the barriers and consider reworking action plan so that it's something you are confident that you can accomplish. It's important that you succeed!)

Problem Solving steps

Problem-Solving Steps

- **1**. Identify the problem
- **2.** List ideas
- 3. Select one
- **4.** Assess the results
- **5.** Substitute another idea
- **6.** Utilize other resources
- Accept that the problem may not be solvable now



Thank you!

Questions??

Please visit us at:

- www.mytoolbox.mcgill.ca