Self-Management Programs
What are they and do they make a difference?

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Self-management - tasks that individuals must undertake to live with one or more chronic conditions.

Tasks include having confidence to deal with medical management, role management, and emotional management of their conditions.

Institute of Medicine 2004
Why should we care?

Self-management prepares people with chronic conditions for the 99% of the time they spend outside of the health care system.
Self-Efficacy Theory and Why it is Important

Self-efficacy is one’s belief that one can accomplish a specific task or behavior. It predicts future behaviors and health.

Self-efficacy is built by:

- **Skills Mastery**
- **Modeling**
- **Reinterpretation of Symptoms**
- **Social Persuasion**
Chronic Disease Self-Management:

A non-disease specific program
Intervention

- Face-to-face groups
- 6 weeks
- 2.5 hours/week
- 8-15 participants
- 2 peer facilitators
- Interactive - pair-and-share
- Based on Self-Efficacy theory
- Available in English, Spanish, Chinese and many other languages
Demographic Data

- Age: 62 years
- Male: 27%
- Education: 14 years
- # of diseases: 2.2
6-month Improvements in Health Outcomes

- Self-Rated Health
- Disability
- Social and Role Activities Limitations
- Energy/Fatigue
- Distress with Health Status
- Fewer Days of Hospitalization

All p<.05
This slide represents 50 or more studies between 1998 and 2019.
National Study

- Longitudinal 1-year study
- 22 sites
- 1,100 people
- English and Spanish
- Under-represented over represented
CDSMP: Better Care

- Improved Communications with Physicians
- Improved Medication Adherence
- Improved Health Literacy
CDSMP: Better Outcomes

- Improved Self-Assessed Health
- Less PHQ-8 Depression
- Improved Quality of Life
- Fewer Unhealthy Physical Days
- Fewer Unhealthy Mental Health Days
CDSMP: Lower Health Care Costs

- Fewer people made ER Visits
- Decreased visits for those making visits
Diabetes Self-Management

- Similar to CDSMP with Diabetes-Specific Outcomes
- Available in English, Spanish and Chinese
- Taught by peers

Recent longitudinal study with Anthem
Participants were either online or in small groups
(N=approximately 1200)
1-Year Outcomes

Experience of Care

- A1c (for those 9> -1)
- Improved medication and lab testing adherence
- Improved depression
Cost Outcomes

- Return on investment approximately 2:1
- The intervention costs approximately $400
- Health care saving costs per person are approximately $800
20 Years After Translation to Practice
Derivative Evidence-based Workshops

- Diabetes Self-Management (English/Spanish)
- HIV Positive Self-Management (English/Spanish)
- Pain Self-Management (English/Spanish)
- Cancer Thriving and Surviving (English/Spanish)
- Building Better Caregivers (English/Spanish)
- Online: CDSMP, Diabetes, Cancer, BBC
20 Years After the First Translation to Practice

- 35 countries
- 50 states
- Core component of ACL and CDC evidence-based programs for Seniors
- PAHO initiative
- Reach 50,000 to 75,000 people per year
Recent Findings

- Action-Planning
- Depression
Action-Planning

- Confidence (SE) in completing a plan predicted completion
- 7 is a good cut point to predict completion or non-completion
- Completing plans (but not making them) predicted future health care status and behavior outcomes
Approximately 30% of all our study subjects over the years have been clinically depressed (PHQ 8-10).

Self-management intervention for this group lowers depression by about 4.5 (similar to anti-depressants).
Now it’s your turn. Thanks!