REIMAGINING THE EXPERIENCE OF HEALTH
Evidence-Based Health Promotion Programs and the WellConnect Model

1. Introductions
2. The Chronic Disease Self-Management Program
3. WellConnect
4. Group Discussion
Living Well with Chronic Conditions

Group of 8-15 adults with concerns about ongoing health conditions

arthritis – chronic pain – COPD – depression – struggling to manage diabetes

Short interactive activity from workshop
Stanford’s Chronic Disease Self-Management Program
Known as “Living Well with Chronic Conditions” in MN

https://www.wellconnectsemn.org/living-well-with-chronic-conditions

Overviews provided in left hand side of folders
In 2010, chronic diseases accounted for the seven leading causes of death and 57% of potential years of life lost in MN\textsuperscript{1}.

In Southeast Minnesota, Community Health and Needs Assessments consistently identify chronic disease management as an area of priority.

Treatment costs of chronic diseases in Minnesota are estimated at $5 billion annually\textsuperscript{2}.

Lost productivity from chronic illness adds $17 billion in costs to Minnesota businesses\textsuperscript{2}.

\textsuperscript{1}Minnesota Center for Health Statistics, 2012
\textsuperscript{2}Milken Institute, 2007
Problem solving
Making decisions
Action Plans
Exercising
Healthy eating
Managing pain
Communication strategies
Dealing with emotions
Mindfulness
Breathing Techniques
Mind-Body Connection

Self-Management Tasks

1. Take care of health condition
2. Carry out normal activities
3. Manage emotional changes¹

¹Chart 1 from the CDSMP Program Leader's Manual, Stanford University, 2012
What’s Unique about CDSMP

Highly participatory

Confidence and self-efficacy = better self-management

The process or the way CDSMP is taught is as important as the subject matter that is taught.
Background

Developed in the early 1990s by the Stanford Center for Research in Patient Education

Demonstrated results in a variety of settings, populations, and chronic conditions.

Now used internationally in 15 countries and over 39 U.S. states.
Randomized Trial Outcomes

6 months follow-up: exercise, cognitive symptom management, communication with physicians, self-reported health, distress, fatigue, disability, social/role activities, hospitalizations and days in hospital all improve\(^1\)

2 years follow-up: reduced health care utilization, improved self-efficacy\(^2\)

\(^1\)Lorig, Med Care, 1999; \(^2\)Lorig, Med Care, 2001;
National observational study

Replicated findings among 1170 participants in 22 sites across 17 states

1 year follow-up: self-reported health, depression, fatigue, pain, stress, sleep, communication with physician, medication adherence, health literacy, healthcare utilization all improve¹

¹Ory, Med Care, 2013;
National observational study

Net savings of $364 per person

Potential saving of $6.6 billion by reaching 10% of Americans with one or more chronic conditions

¹Ory, Med Care, 2013; ²Ahn, BMC Public Health, 2013
“at the population level, these interventions could have a considerable public health effect due to the potential scalability of the interventions, the relative low cost to implement them, wide application across various settings and audiences, and the capacity to reach large numbers of people”
www.selfmanagementresource.com

Diabetes
Chronic Pain
Cancer
HIV
Caregiving

Spanish-language versions
Questions about the Chronic Disease Self-Management Program?

1. Introductions
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A walk through connecting a patient to the Chronic Disease Self-Management Program

www.wellconnectsemn.org
The Southeast MN Partnership For Community-based Health Promotion

Mission: To facilitate and maintain sustainable clinical-community linkages to evidence-based health promotion programs
What Are Evidence-Based Programs?

- Developed and evaluated at a research institute
- Proven to be effective in scientific research studies
- Meet highest standards of evidence and fidelity
- Supported by a replicable training structure and curriculum
Current Program Offerings

- Fall Prevention
- Diabetes Management
- Diabetes Prevention
- Managing Chronic Conditions

- Mental Health
- Pain Management
- Family Caregiving
- Senior Exercise

All programs are group-based, interactive, and focus on peer support
WellConnect brings together evidence-based program offerings into a hub, creating a system that can interact with traditional healthcare more effectively and efficiently than any individual organization could alone.

**Community System**
- owns the activities of disease self-management and prevention

**Provider Systems**
- own the activities of disease detection, diagnosis, and treatment
What does WellConnect do?

- Coordinate the delivery of evidence-based health promotion programs in SE MN
- Organizes the recruitment, training, and monitoring of community program leaders in SE MN
- Maintains a technology that serves as a hub for program offerings and referrals
A regional approach to partnership

• 2 years of research and development
• Involvement of clinical practice, community, public health at all stages

WellConnect was created FOR Southeast Minnesota BY Southeast Minnesota.
What does it look like?

• A single, branded, regional partnership of existing SE MN organizations
• 20 member, multi-stakeholder Steering Committee
• Independent 501c3
What does it look like?

- Website and portal serves as a hub for evidence-based health promotion programs
- Unifies the community; engages local organizations; facilitates data sharing and referrals
WellConnect

A Value Added Service for Clinicians

- Basic behavioral and lifestyle interventions with a strong evidence base for improved health and wellness
- Focus on the lifestyle intervention strategies that clinicians have reported they do not have time to fully address in a typical office visit
WellConnect

A Value Added Service for Clinicians

- Can make clinician’s job easier and more satisfying as it increases the likelihood that the patient will engage in more self-management
- Can become part of standard treatment plans for patients
- Trusted partner to improve the health of individuals and communities
Making the Referral: www.wellconnectsemn.org/providers

Step 1
Familiarize yourself with content, format, and how to discuss

Step 2
Use referral strategies best for your practice; consider warm handoffs and EMR order button
Questions & Discussion

How is well care accessed and utilized in your practice?

How could the WellConnect model of facilitating clinic-community linkages be applicable to your work?
Questions about WellConnect:
Lori Christiansen / lori@semaaarochestermn.org

To search for Evidence-Based Program Contacts in your area:
http://www.eblcprograms.org/
Because self-management deserves support and integration, and because the only way to accomplish that is together.