



Title: Chronic Disease Self-Management Program Guidelines

Date Created: 11/30/2015

Date Modified: N/A

Date Approved by Board of Directors: 12/08/2015

Clinical Guideline # CGC-CG-13

Purpose: To establish a guideline for chronic disease self-management program (CDSMP) so that patients are better able to succeed in dealing with their diseases on their own PPS wide.

Guideline: Stanford Chronic Disease Self-Management Program (CDSMP)

Note: The following document is a clinical guideline based on evidence based medicine and recommended best practices for DSRIP purposes (taken from Stanford University). At no time should this document supersede existing hospital, practice, or state policies.

- Staff will be trained in CDSMP techniques which include:
 - Techniques to deal with frustration, fatigue, pain, isolation
 - Exercise to maintain and improve strength, flexibility, and endurance
 - Medication adherence
 - Communicating with health professionals, community members, family and friends
 - Nutrition
 - Decision making
 - Evaluating new treatments

Training will start with master trainers, who will train peer leaders who will then be able to teach the self-management program to Medicaid users:

Master Trainers **➡** Peer Leaders **➡** Medicaid Members

Master Trainers will be trained through the Stanford training programs, which are offered at various sites throughout New York State, who will then be able to train their peer leaders.

Master trainers may also implement the protocol to Medicaid Members (and others for non-DSRIP purposes).

All those conducting CDSMP workshops will hold a valid license and produce this upon request when necessary.

Program has documented effectiveness, including:

- Improved health status (disability, pain, energy, shortness of breath, depression, self-rated health, etc)
- Increased health care utilization (PCP & specialist visits, decreased ER visits, fewer admissions)
- Increased self-efficacy & confidence to perform self-management
- Data shows a cost to savings ratio of 1:4

When PPS clinical protocols and pathways are developed through the Clinical Governance Committee(s) of the PPS and approved by the CCN Board of Directors and are applicable to Partner Organization's delivery of health care services and project participation, such protocols and pathways shall not (1) override the professional judgment of Partner Organization and its licensed health care professionals in treating patients in individual cases or (2) interfere with the governing body/established operator of any licensed health care facility or its medical staff in overseeing the provision of clinical services to patients and the quality of care.

Clinical Guideline Board Approval History:

Clinical Guideline Revisions:

Date	Revision Log	Updated By

This Clinical Guideline shall be reviewed periodically and updated consistent with the requirements established by the Board of Directors, Care Compass Network’s senior management, Federal and State law(s) and regulations, and applicable accrediting and review organizations.