Chronic Disease Self-Management Workshop Referrals:

Implementation, Evaluation, & Lessons Learned

Prevention Research Center for Healthy Neighborhoods Seminar Series
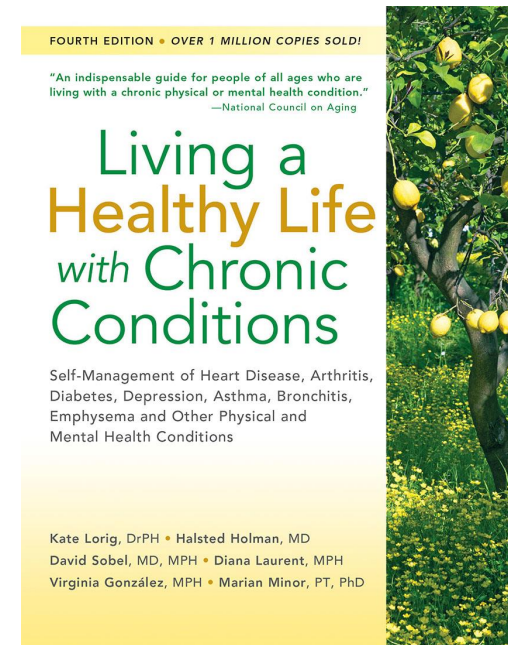
April 11, 2018

Outline

- Background

- Initial plan for referral systems, lay leaders, and workshops

- What really happened

- Evaluation of process and workshop participant outcomes

- Lessons Learned

- Next steps

Background

- Despite the presence of renowned healthcare facilities, residents of Cleveland and surrounding inner-ring suburbs face high rates of chronic disease

- Supporting self-management – active participation by an individual in promoting their own health – is critical for prevention, risk-reduction, and management of chronic diseases

- However, resources for self-management education are limited, particularly in low income, high minority population neighborhoods

Background

- Stanford-developed model for chronic disease self-management (CDSMP/DSMP workshops) has been demonstrated nationally as effective

- But more needs to be known about improving access and uptake in under-resourced neighborhoods

- HIP-Cuyahoga partners developed a community-clinic linkage model to enhance access to and uptake of referrals to CDSMP/DSMP workshops in 7 target neighborhoods

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—National Council on Aging

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Healthy Life
with Chronic
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Self-Management of Heart Disease, Arthritis, Diabetes, Depression, Asthma, Bronchitis, Emphysema and Other Physical and Mental Health Conditions

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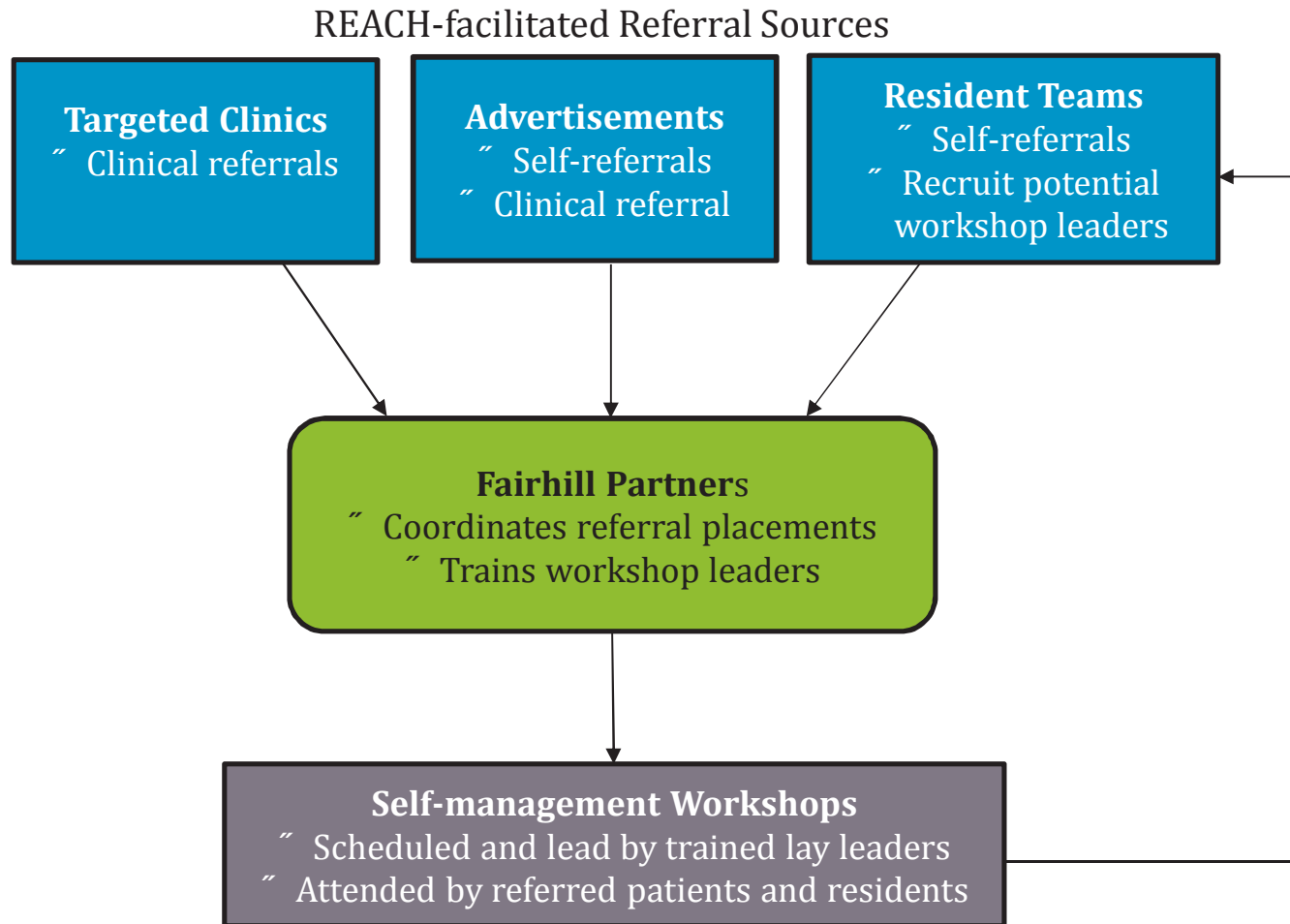
Partners & Funding

- Collaborators:

- Support:

Project Overview

- 3-yr REACH Clinic to Community Linkages strategy (9/2014-9/2017)

  - 7 neighborhoods: S. Collinwood, St. Clair/Superior, Hough, Central, Union-Miles, Glenville, & the City of E. Cleveland

  - 9 safety-net clinics (representing MetroHealth, Cleveland Clinic, NEON, Care Alliance, & St. Vincent) serving above communities

  - GOAL: To increase resources for self-management of chronic disease by:

    - creating systems for referral from the neighborhood clinics to CDSMP/DSMP workshops

    - training lay leaders from the neighborhoods to lead the workshops

    - hosting workshops in both clinic and community settings in the neighborhoods

Initial Plan

REACH-facilitated Referral Sources

Targeted Clinics
˝ Clinical referrals

Advertisements
˝ Self-referrals
˝ Clinical referral

Resident Teams
˝ Self-referrals
˝ Recruit potential workshop leaders

Fairhill Partners
˝ Coordinates referral placements
˝ Trains workshop leaders

Self-management Workshops
˝ Scheduled and lead by trained lay leaders
˝ Attended by referred patients and residents

What Actually Happened – Brief Overview

- Referral systems:

  - Encountered many hurdles in establishing clinical referral system(s); systems varied by clinic; underutilized by staff/providers

  - Minimal referrals from passive advertising, eventually transitioned to active

- Lay leaders:

  - Community resident teams were engaged and became leaders, but majority of leader trainees were not neighborhood residents

  - Fairhill Partners staff/REACH team did majority of workshop scheduling work until the last year, but residents are now taking the reins

- Self-management workshops:

  - Multiple workshops needed to be rescheduled/cancelled due to low enrollment/high no show rates

  - Held DEEP workshops in addition to CDSMP/DSMP

  - Met target for number of workshops completed, and all neighborhoods of focus were exposed

What Actually Happened – Clinic Referrals

- Established BAA and created referral build in EHR

- Developed fax referral form, training presentation, signs for patient rooms, and referral process and guide for clinics

- Met with clinic staff and providers to introduce workshops and train on referral process

- Practice coach conducted observation at each site

I'm listening.

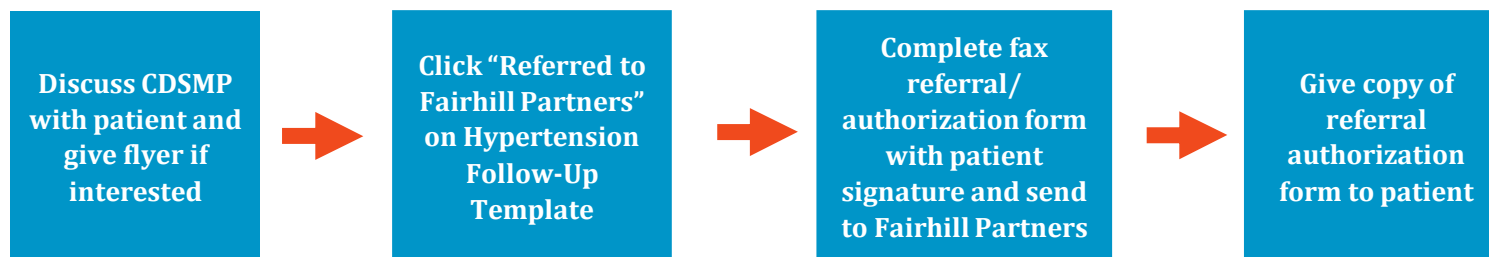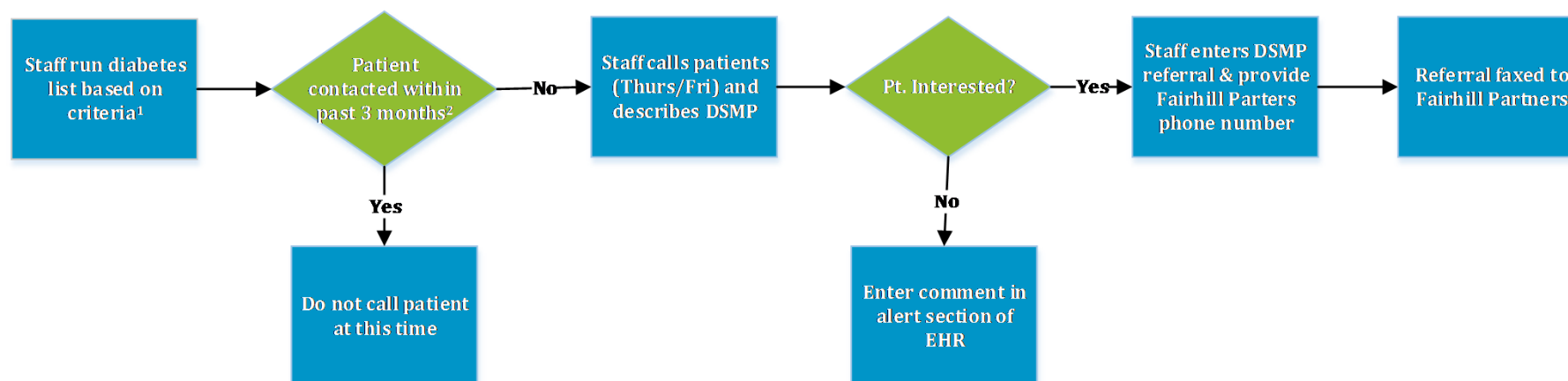**Tell me about a free program that can help me take charge of my health.**

What Actually Happened – Clinic Referrals

- Two methods employed:

  ˝ Method #1: Referrals by RNs and medical assistants

Discuss CDSMP with patient and give flyer if interested	→ Click "Referred to Fairhill Partners" on Hypertension Follow-Up Template	→ Complete fax referral/ authorization form with patient signature and send to Fairhill Partners	→ Give copy of referral authorization form to patient

  ˝ Method #2: Outreach based on patient registry

1-Patients with HbA1C > 8 % seen in practice within the past 12 months
2-Use EHR alert to assess if contacted within past 3 months

What Actually Happened – Clinic Referrals

Safety-net Clinic	Referral Method	Referred (n)
Health system A	Outreach based on registry	13*
Health system B	Outreach based on registry	30
Health system C**	Clinical referrals Outreach based on registry	52 879
Health system D	Flyer referral only***	310
Health system E	Outreach based on registry	355

*Represents number of patients interested in workshop, clinic did not share data on total number of patients contacted.

**Includes 5 clinics.
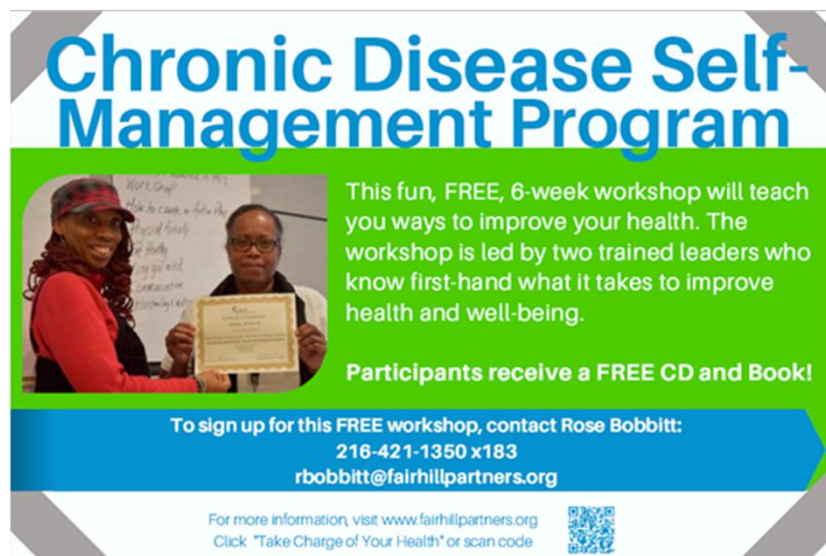
***All clinics used advertising flyers, but this clinic referred to workshops only using flyers.

What Actually Happened – Clinic Referrals

- Low number of referrals from staff and providers overall (significant prompting from REACH team needed)

- Hard to incorporate into existing workflow and change staff/provider patterns

- Referral documentation challenges at clinics made QI efforts, reporting, and reconciliation with Fairhill Partners challenging

- Patients referred but not interested or not available

What Actually Happened – Lay Leaders

- Lay leaders trained: 101, including 7 master trainers

- However, few trainees were actually residents of the target neighborhoods (all others were county residents willing to serve the neighborhoods)

- Residents that were trained helped promote workshops and are leading sustainability efforts

What Actually Happened – Workshops

- Target: Hold at least 9 workshops, with at least 1 in each neighborhood

- 43 clinic/community sites across the target neighborhoods were approached about holding a workshop

  ˝ Focused on clinics initially, then other community settings became priority

Sites approached by neighborhood	#
East Cleveland	11
Union Miles	9
S. Collinwood	5
St. Clair/Superior	5
Central	5
Glenville	4
Hough	4

Sites approached by type	#
Clinics	9
Senior housing	8
Churches	8
Community resource organizations	6
Other housing	3
Libraries	2
Recreation centers	2
Schools	2
Other (meeting center, dry cleaners, bank)	3

What Actually Happened – Workshops

- 4 of 9 clinics & 7 of 34 other community sites hosted a (successful) workshop

Workshop site status	#	%
Determined unsuitable location	8	18.6%
Not fully pursued (alternate/priority site emerged)	9	20.9%
No response/engagement/interest	11	25.6%
Held unsuccessful workshop (recruitment issues)	4	9.3%
Held successful workshop	11	25.6%

- 14 workshops total were completed (10 CDSMP/DSMP & 4 DEEP)

Successful workshops by neighborhood	#	Site type(s)
Central	3	1 Clinic & 2 Community sites
Hough	3	1 Clinic site
S. Collinwood	3	2 Community sites
East Cleveland	2	1 Clinic & 1 Community site
Glenville	1	1 Clinic site
St. Clair/Superior	1	1 Community site
Union Miles	1	1 Community site

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What Actually Happened – Workshops

- Workshops attempted were held late morning/early afternoon, day of week varied, and winter months were largely avoided

- Most successful workshops were held at sites with a "captive audience"

- Having a "champion" at the site helped, but did not guarantee success

- Resident involvement in site and participant recruitment helped, but did not guarantee success

- Adding DEEP workshops as option added flexibility

- 133 workshop attendees overall, 88 "graduates" (66%)

Workshop Participant Self-Reported Outcomes

CDSMP/DSMP workshop graduates with a pre and post survey (n=54)				
Measure	**Rating/score info**	**Pre workshop**	**Post workshop**	**Difference**
General health rating	% Excellent, Very Good, or Good	51.5%	75.0%	+23.5
Mean **quality of life** rating	0-10 (very poor to excellent)	6.8	7.1	+0.3
Mean **pain** rating	0-10 (no pain to severe pain)	4.7	4.9	+0.2
Mean **sleep problems** rating	0-10 (no problem to very big problems)	4.5	3.3	-1.2
Mean chronic disease mgmt. **self-efficacy** score	6-item score, range 1-10, higher score=higher self-efficacy	6.8	7.2	+0.4
Mean **depression severity** score	8-item score, range 0-24, higher score=more distress	6.4	4.9	-1.5

Note: Results are preliminary

Lessons Learned

- Strategy takes a lot of time and effort to implement and sustain

- Establishing referral systems is slow process with many hurdles (responsiveness, IT, legal), requires flexibility

- Must understand, navigate, and address legal aspects (BAA & HIPAA)

- Including multiple health systems, EHR types, and being safety-net likely made things harder

- For workshops, much effort needed to identify/secure sites and recruit participants, and timelines have to match

- Seek community resident support, when possible

- Over-enroll for workshops due to no shows and attrition

Lessons Learned

- Champion/lead is helpful - at clinics to drive use of referral system, and at workshop sites to assist with recruitment and organization

- Sites with "captive" populations more ideal for workshops

- Need data monitoring and cleaning for successful evaluation

- The "culture" of healthcare showed hesitancy to refer to self-management

  ″ Unclear if due to perceived competition, competing demands, or lack of interest by patients

- Persistence pays off

  ″ Largely achieved goals, with evidence that patients/residents benefited and want to sustain programming

Next Steps

″ United Way 2-1-1 transition

″ Increase internal clinic workshops

″ Resident initiative

  ″ Increase cohort of trained residents

    ″ Community Health Ambassadors through HIP-Cuyahoga

    ″ Community Health Workers @ CSU

  ″ Residents host licensed community-based self-management workshops

    ″ Flexible times (afternoons, weekends, evenings)

    ″ Active recruitment (council meetings, local businesses, fresh produce drop-offs, street club groups)

    ″ Use REACH shared-use sites (churches, community resource centers, treatment centers, markets)

    ″ Neighborhood residents leading the workshops!

Acknowledgements

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Thank you!

Questions?

HiP CUYAHOGA
Health Improvement Partnership

HIP-Cuyahoga's mission is to inspire, influence, and advance policy, environmental, and lifestyle changes that foster health and wellness for everyone who lives, works, learns, and plays in Cuyahoga County.

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