# Lessons Learned through a Living Healthy with Chronic Disease Self Management Education Federally Qualified Health Center Success Story



## **LESSONS LEARNED**

- Experienced community partners can help guide and maintain implementation.
- Important to have FQHC leadership and administration buy-in.
- Important to have participation of clinical staff with knowledge of patient population, high motivation, and demonstrated success.
- Grant and/or community partner support can assist with costs of materials, training, and staffing capacity.
- Memoranda of Understanding (MOUs) delineate roles, deliverables, budget, and timeframes.
- Consider utilizing multiple referral pathways and outreach platforms.
- Consider using multiple means of contact and reminders (phone, email, mail).
- Carefully plan and modify logistics (day of week, time during the day, seasonal and holiday considerations, parking accessibility, and transportation options).
- Incentives and refreshments add to the CDSME workshop experience.
- Sufficient allocation of staff time is vital, including time for patient recruitment, registration, and follow-up.
- Access to evaluation metrics is available.
- Sustainability plan that includes ongoing community partnerships should be explored.

## **TALKING POINTS**

- CDSME is proven effective in improving the self-management skills and clinical outcomes of patients and can help meet Patient-Centered Medical Home (PCMH) recognition standards.
- CDSME helps with patient advocacy by encouraging patients to work together with their providers to set measurable and achievable goals that result in improved health.
- Participation in CDSME can increase healthcare cost-savings by preventing hospitalizations and premature morbidity.
- CDSME results indicate participants demonstrate significant improvements in exercise, cognitive symptom management, and communication with physicians, and self-reported improved general health, lowered health distress and fatigue, and decreased limitation in social/role activities.

#### **OVERVIEW**

# **Western North Carolina Community Health Services**

Western North Carolina Community Health Services, Inc. (WNCCHS) is a Federally Qualified Health Center (FQHC) based in Asheville, North Carolina providing outpatient/ambulatory medical care, oral health care, mental health care, and substance abuse services.

Ninety-five percent of the health center's patients are at or below 200% of poverty, while 69% were living at or below 100% of the poverty level. Other demographic information includes 50% uninsured, with 14% covered by Medicare, 23% covered by Medicaid, and 14% covered by some type of commercial insurance. In 2015 WNCCHS patients presented with the following medical conditions (by percent): 36% Hypertension, 16% Diabetes, 8% Asthma, and 6% HIV.

In January 2016, WNCCHS established a staff team to plan and implement CDSME within their patient base. CDSME workshops began in July 2016.

## **Chronic Disease Self Management Education**

The Chronic Disease Self-Management Education Program (CDSME) was developed by Stanford University and is a two-and-a-half-hour workshop offered once a week for six weeks in community settings. People with different chronic health problems attend together.

Subjects covered include: 1) techniques to deal with problems such as frustration, fatigue, and pain, 2) appropriate exercise for improving strength, flexibility, and endurance, 3) appropriate use of medications, 4) communicating effectively with family, friends, and health professionals, 5) nutrition, and 6) decision making.

The North Carolina Center for Health and Wellness (NCCHW) anchored at UNC Asheville received funding through the Administration for Community Living to increase the number of older adults and adults with disabilities in underserved populations participating in the Living Healthy with Chronic Disease Self Management Education Programs and create the systems to embed these programs into an integrated, comprehensive, sustainable statewide network.



This project was supported in part by grant number 90CS0056-01-00 from the U.S. Administration for Community Living, Department of Health and Human Services, Washington, D.C. 20201. Grantees undertaking projects under government sponsorship are encouraged to express freely their findings and conclusions. Points of view or opinions do not, therefore, necessarily represent official Administration for Community Living policy.