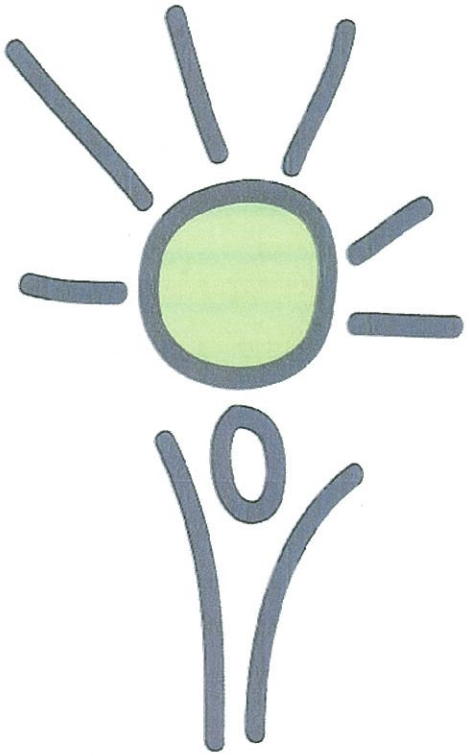
"Living Well ...Take Charge of Your Health"



Living Well is a self-management program by Stanford University that teaches various skills and techniques to better manage a chronic condition (arthritis, high blood pressure, COPD, depression, asthma, etc).

Subjects covered include: nutrition, physical activity, communicating with your doctor and other health care professionals, how to manage your medications, and getting the most out of life!

Each participant will receive a *Living a Healthy Life* book and a *Time for Healing* relaxation CD. The 2 ½ hr class runs for 6 weeks. The charge is $10 and includes all materials. Financial assistance is available.

Cost: $ 10

Where: *Bel Air United Methodist Church*
21 Linwood Avenue, Bel Air, MD

Dates: Wednesdays from Oct. 16 thru Nov. 20

Meeting Time: 9:00 am to 11:30 am

To register call Town of Bel Air Planning at 410-638-4540
or email planning@belairmd.org

TOWN
BEL AIR

Living well
Take Charge of your Health

Maryland's Living Well Project

Helping people to take charge of their health

The Living Well Project aims to provide access for 5,000 seniors, adults with disabilities, and caregivers to a proven Chronic Disease Self Management Program developed by Stanford University. We aim to reach 50% minorities at highest risk for chronic disease.

The Living Well Project offers:

Chronic Disease Self Management Program (CDSMP)	Diabetes Self Management Program (DSMP)	Chronic Pain Self Management Program (CPSMP)	Arthritis Self Management (ASMP)

Living Well is ideal for people who have one or more chronic illnesses such as diabetes, arthritis, high blood pressure, heart disease, chronic pain, anxiety or any other chronic condition.

Living Well Programs have:

Systematic strategies to enhance self-efficacy · Peer led small groups · Standardized training for leaders · Highly structured teaching protocol · Standardized participant materials · Over 20 years of evidence-based research showing positive outcomes for persons with a variety of chronic illnesses

Partners include:

Department of Aging · Department of Health and Mental Hygiene · local aging agencies · local health departments · disease-specific advocacy groups · hospitals · doctor's offices · rehabilitation centers · assisted living and independent living facilities · congregate housing sites

Participating jurisdictions:

Allegany, Anne Arundel, Baltimore City, Baltimore County, Calvert, Caroline, Carroll, Cecil, Charles, Dorchester, Garrett, Howard, Kent, Montgomery, Prince George's, Queen Anne's, Somerset, St. Mary's, Talbot, Washington, Wicomico, Worcester

Workshops in the 6-week session provide:

1) techniques to deal with problems such as frustration, fatigue, pain, and isolation
2) exercises for maintaining and improving strength, flexibility, and endurance
3) appropriate use of medications
4) communicating effectively with family, friends, and health professionals
5) nutrition
6) decision-making
7) how to evaluate new treatments
8) support from peers

Effectiveness and Cost Savings:

The National Council on Aging reports that, based on a review of major published studies, CDSMP results in significant, measurable improvements in the health and quality of life of people with chronic conditions. The Maryland Department of Aging's Living Well Business Plan notes that participants decrease their health care utilization, including emergency department visits, realizing an average health care savings of $2.23 in total health care costs for every $1 invested in the Living Well program over 2 years. Additional cost savings may also accrue over a person's lifetime due to ongoing application of the habits they learned in the Living Well program.

Learn more about these evidence-based chronic disease programs:
http://patienteducation.stanford.edu/programs/cdsmp.html
http://www.ncoa.org/press-room/fact-sheets/chronic-disease.html

MARYLAND DEPARTMENT OF AGING

MARYLAND Department of Health and Mental Hygiene

For more information about Maryland's Living Well Project: Sue Vaeth, sue.vaeth@maryland.gov, 410-767-8992

Revised 1/23/13

16 Facts about Living Well – A Chronic Disease Self-Management Program (CDSMP)

The Chronic Disease Self-Management Program (CDSMP) is an evidence-based program that was developed at Stanford University in the 1990s

CDSMP can help support patients in improving care management and clinical outcomes

Participants have positive health outcomes as a result of taking the class

Adults of any age, with any chronic condition with long-term health conditions may participate

CDSMP documents disease education/self-management in PCMH terms

CDSMP provides an interactive curriculum including exercise and nutrition, medication usage, stress management, talking with one's doctor or health professional, and dealing with emotions and depression

CDSMP workshops are taught by Two Peer Leaders, one or both of whom have a chronic condition

CDSMP is used internationally in 15 countries and over 39 U.S. states

In Maryland, CDSMP classes are also known as "Living Well"

Living Well is managed locally throughout most jurisdictions by the Area Agency on Aging (AAA)

AAAs are partnering with health departments, medical providers, and others, and want to expand their partnership networks

In Maryland, since January 2011, there were 237 workshops held, with 1,846 participants who completed at least 4 of 6 workshops

People who take the workshops report having more energy, less pain, fewer sleep problems, less shortness of breath, less fatigue

Living Well helps connect people to others who share similar problems of living with a chronic condition, and to come up with new ways to address health conditions

Participants learn tools to manage their conditions, such as problem solving, decision-making, action planning, and relaxation and breathing techniques

There are also workshops specifically for people with Diabetes and Chronic Pain

CDSMP - Significant Outcomes 2012 National Study

		Baseline Mean	12-Month Mean	% Improvement
Symptom Management	Fatigue ↓	4.9	4.4	10% **
On a "0-10" analog scale	Pain ↓	4.6	4.1	11% **
	Shortness of Breath ↓	2.7	2.3	14% **
	Stress ↓	4.2	3.9	5% *
	Sleep Problems ↓	4.6	3.7	16% **
Physical Activity	Any Time Moderately Active ↑	66%	72%	1.41 adjusted ratio **

↑Indicates that larger scores are better for this measure
↓ indicates than small scores are better for this measure
Physical activity – means odds of being engaged in any moderate activity was increased by 41%
**p < .01, *p < .05
These statistics control for covariates gender, age, race/ethnicity, education, number of chronic conditions

Does CDSMP Facilitate the Triple Aim Goals?

* Better Care: Improving the experience of care
* Better Health: improving population health
* Lower Cost: reducing per capita health care costs

Don Berwick, Former Secretary of CMS, dubbed the "Triple Aim", calling for the agency to be a force for the continuous improvement of health and health care.

Triple Aim Goals – Significant Outcomes

Triple Aim Goal	Outcome Measure	Baseline Mean	12-Month Mean	% Improvement
Better Care	Communication with MD ↑	2.6	2.9	9% **
	Medication Compliance ↓	.25	.21	12% **
	Health Literacy ↑	3.0	3.1	4% **
Better Outcomes	Self-assessed Health ↓	3.2	3.0	5% **
	PHQ Depression ↓	6.6	5.1	21% **
	Quality of Life ↑	6.5	7.0	6% **
	Unhealthy Physical Days ↓	8.7	7.2	15% **
	Unhealthy Mental Days ↓	6.7	5.6	12% **
Lower Health Care Costs	% w/ ED Visits in the Past 6 Months ↓	18%	13%	Adjusted ratio .68 **

↑Indicates that larger scores are better for this measure
↓ indicates that small scores are better for this measure
**p < .01, *p < .05
These statistics control for covariates gender, age, race/ethnicity, education, number of chronic conditions
PHQ is a well validated depression scale
% ED visits – odds of having an ED visit was reduced by 32%

Estimated Cost Savings

* Hospitalizations were not significantly changed over the 12 months, but there was a change at 6 months
* $740 per person savings in ED and hospital utilization
* $390 per person savings after considering program costs at $350 per participant
* Reaching even 10% of people with one or more chronic conditions would save ~$4.2 billion