

The Chronic Disease Self-Management Program in primary care for frequent users of healthcare services: implementation issues

Catherine Hudon^{1,2}, Maud-Christine Chouinard^{3,4}, Fatoumata Diadiou⁴, Danielle Bouliane⁴, Mireille Lambert⁴.



¹Département de médecine de famille et médecine d'urgence, Université de Sherbrooke, Québec, Canada, ²Centre de recherche du centre hospitalier universitaire de Sherbrooke, Québec, Canada, ³Département des sciences de la santé, Université du Québec à Chicoutimi, Québec, Canada, ⁴Centre intégré universitaire de santé et de services sociaux du Saguenay-Lac-Saint-Jean, Québec, Canada

CONTEXT

- ❖ A large amount of evidence supports the efficacy of the Stanford Chronic Disease Self-Management Program (CDSMP).¹
- ❖ The Stanford standardized program proposes weekly 2.5-hour meetings of 10-12 people over six weeks, facilitated by two peer leaders with chronic diseases.
- ❖ No study reports on the experience of frequent users of healthcare services with this program.

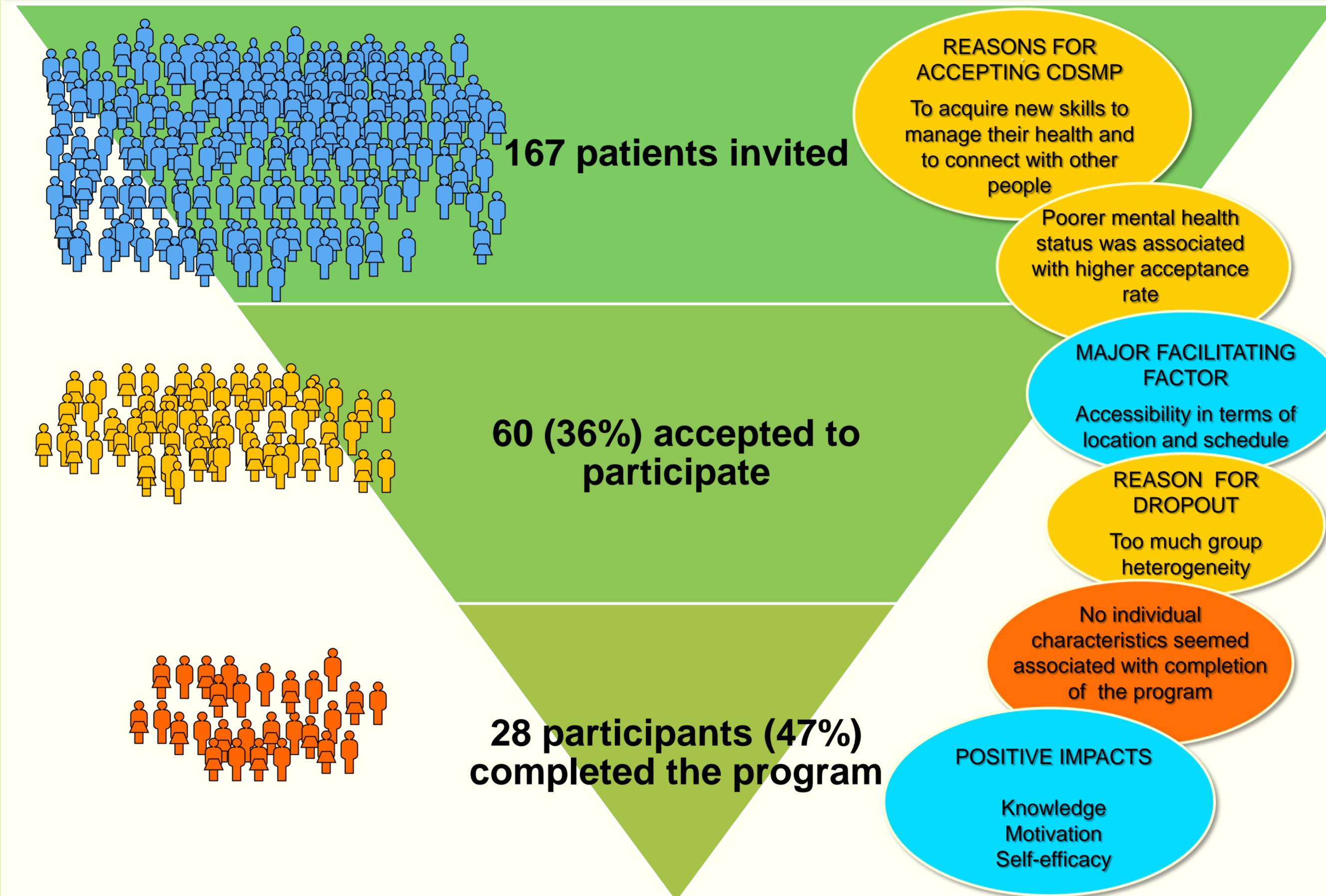
OBJECTIVES

- ❖ To examine factors associated with acceptance and completion rates of the CDSMP among frequent users of healthcare services followed in primary care.
- ❖ To highlight implementation issues faced by this clientele.

METHODS

- ❖ A descriptive design with mixed sequential data, quantitative and qualitative, was used:
 1. Acceptance and completion rates were calculated and their relationship with patient characteristics was examined in regression analysis (n=167).
 2. Interviews were conducted among patients who accepted (n=11) and refused (n=13) to participate, and with the program coordinator.
 3. Focus groups were held with the 7 peer leaders who facilitated the program.
 4. Data were analyzed using thematic analysis.
 5. Quantitative and qualitative data were integrated at the end of the study.

RESULTS



Multivariate logistic regression for acceptance to participate in the CDSMP

Variable	Exp (β)		95% CI for Exp (β)	
	β†	p value	Lower	Upper
Age	0.019	0.147	1.020	
Sex	-0.109	0.747	0.897	
HADS ^{2*}	0.049	0.023*	1.050	
Constant	-2.187	0.034	0.112	

Note. † β = Regression coefficient; * p < 0.05

** Hospital Anxiety and Depression scale

CONCLUSIONS

- ❖ The acceptance and completion rates among frequent users of health services were similar to those documented in other clientele.
- ❖ The positive impact of the CDSMP was recognized by participants.
- ❖ The CDSMP could be considered as a self-management support option for frequent users while taking measures to avoid too much heterogeneity within a group and considering ways to promote access.

ACKNOWLEDGEMENTS

We would like to express our thanks to the patients who participate in this program and our sincere appreciation to the peer leaders for their involvement.

REFERENCES

1. Foster G, Taylor SJ, Eldridge SE, Ramsay J, Griffiths CJ. Self-management education programmes by lay leaders for people with chronic conditions. *Cochrane Database Syst Rev* 2007(4):CD005108.
2. Zigmond AS, Snaith RP. The hospital anxiety and depression scale. *Acta Psychiatr Scand.* 1983; 67(6):361-370.