



Program: Chronic Disease Self-Management Program

History:

In 1992, Stanford University School of Medicine received five-year research grants from the federal Agency for Health Care Research and Policy and the State of California Tobacco-Related Diseases office. The purpose of the research was to develop and evaluate, through a randomized controlled trial, a community-based self-management program that assists people with chronic illness. The study was completed in 1996. Following this, a second study was conducted within the Kaiser Permanente Health Care System.

The Program was written by Dr. Kate Lorig, Virginia González MPH, and Diana Laurent MPH, along with Halsted Holman MD, Stanford Professor of Medicine; David Sobel MD, Regional Director of Patient Education for the Northern California Kaiser Permanente Medical Care Program; Albert Bandura PhD, Stanford Professor of Psychology; and Byron Brown Jr PhD, Stanford Professor of Health Research and Policy.

The program was administered by Stanford until 2017 when it was transferred to the Self-Management Resource Center.

From the very beginning, people with chronic conditions helped formulate the program content. In all, 22 focus groups were held and participants were often consulted to make the program better. The process of the program was based on self-efficacy theory.

More than 25 years later, there are many studies. The program has been updated four times, always based on feedback from participants and leaders, the latest national standards and self-efficacy theory. Over the years, approximately 1 million people have participated in the program.

Program Description:

The Chronic Disease Self-Management Program (CDSMP) is a workshop given once a week, for six weeks, for two and a half hours per session. Workshops take place in community settings such as senior centers, churches, libraries and hospitals. There are three core skills, action-planning, problem-solving, and decision-making, as well as tips and tools for dealing with 1) fatigue, sleep, pain, difficult emotions and isolation, 2) appropriate exercise for maintaining and improving strength, flexibility, and endurance,

3) appropriate use of medications, 4) communicating effectively with family, friends, and health professionals, 5) and healthy eating.

The process in which the program is taught is what makes it effective. Classes are highly participative, where mutual support and success build the participants' confidence in their ability to manage their health and maintain active and fulfilling lives.

Workshops are facilitated by two highly-trained leaders, one or both of whom are non-health professionals with chronic diseases themselves. These facilitators are often-times volunteers, and all have attended an intense 24-hour training that includes reviews of the entire workshop content, practice teaching and working through scenarios concerning problems that might occur in workshops. The leaders facilitate the workshop from a highly detailed manual.

People with a variety of chronic health problems, including mental health problems, attend the workshops together. Each participant in the workshop receives a copy of the companion book, *Living a Healthy Life with Chronic Conditions*.

Program Outcomes:

Original research (1) showed that the treatment group demonstrated significant improvement:

- In all four health behavior variables ($P < 0.01$)
 - Number of minutes per week of stretching/strengthening and aerobic exercise
 - Increased practice of cognitive symptom management
 - Improved communication with their physician.
- In five of the health status variables ($P < 0.02$)
 - Self-rated health
 - Disability
 - Social/role activities limitation
 - Energy/fatigue
 - Health distress.

The treatment group also had fewer hospitalizations ($P < 0.05$) and spent, on average, 0.8 fewer nights in the hospital ($P = 0.01$).

Availability:

The CDSMP is available in English, Spanish, French, Chinese, Italian, Japanese, and many other languages

There are three evidence-based adaptations of the program. One for use in workplaces, the Workplace Chronic Disease Self-Management Program (wCDSMP) and one that is delivered as a mailed tool kit, and a third is Better Choices Better Health that is delivered online.

Program References:

1. Lorig KR, Sobel DS, Stewart AL, Brown Jr BW, Ritter PL, González VM, Laurent DD, Holman HR. **Evidence suggesting that a chronic disease self-management program can improve health status while reducing utilization and costs: A randomized trial.** *Medical Care*, 37(1):5-14, 1999. [View abstract](#)

2. Lorig KR, Ritter P, Stewart AL, Sobel DS, Brown BW, Bandura A, González VM, Laurent DD, Holman HR. **Chronic Disease Self-Management Program: 2-year health status and health care utilization outcomes.** *Medical Care*, 39(11),1217-1223, 2001. [View abstract](#)
3. *In HMO setting:* Lorig KR, Sobel DS, Ritter PL, Laurent D, Hobbs M. **Effect of a self-management program on patients with chronic disease.** *Effective Clinical Practice*, 4(6),256-262, 2001. [View abstract](#)
4. Ritter PL, Ory MG, Laurent DD, Lorig K. **Effects of chronic disease self-management programs for participants with higher depression scores: secondary analyses of an on-line and a small-group program.** *Transl Behav Med*: 4(4):398-406 2014 Dec. [View abstract](#)
5. Ahn S, Basu R, Smith ML, Jiang L, Lorig K, Whitelaw N, Ory MG. **The impact of chronic disease self-management programs: healthcare savings through a community-based intervention.** *BMC Public Health*: 13(1):114,2013 Dec. [View abstract](#)
6. Ory MG, Ahn S, Jiang L, Smith ML, Ritter PL, Whitelaw N, Lorig KL. **Successes of a national study of the chronic disease self-management program: Meeting the triple aim of health care reform.** *Med Care*: 51(11):992-8, 2013 Nov [View abstract](#)

In all there have been more than 40 studies. For further studies see <https://www.selfmanagementresource.com/resources/bibliography/cdsmtp>

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