

# ***A comparison of peer led and clinician led chronic disease self management programs***

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# *Acknowledgements*

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# Aim

- To evaluate participant satisfaction & self efficacy outcomes in a clinician led as compared to a peer & clinician led CDSMP

# Chronic Condition



- *“Any condition where no cure is possible and clinical decisions hold the potential only for symptom reduction or containment of deterioration.”*

(Watt, 2000 p7).

# ***Optimal Management of a chronic condition***

- collaboration between the patient, their family and the health service;  
formation of action plans responsive to changes in health outcomes  
(Von Korff, Glasgow & Sharpe, 2002).
- Symptom management, reducing anxiety, encouragement to participate in physical activities  
(Clark, Bailey & Rand, 1998).

# Reported Benefits CDSMP:

- Reported outcomes:

Reduction in reported pain  $\pm$  disability (Holman 1983; Lorig 1989)

Reduction in depression (Holman 1983)

Increased functional activity (Holman 1983)

Reduced hospitalisations ( Lorig 1999; Lorig 2001)

Increased symptom control (Lorig 1999)

Improved self efficacy (Lorig 2001)

# Stanford model CDSMP

- Structure
- Course taught using standardized protocol
- Facilitators
- Leader Training program
- Clinicians +/-or Lay people with a chronic condition

# Characteristics of CDSMP

- Generic program
- Small sized groups
- Six week program, 2.5 hours/week
- Standard Reference text

# Course content

## General skills:

- problem solving
- decision making
- cognitive restructuring

## Health behaviours:

- exercise
- relaxation



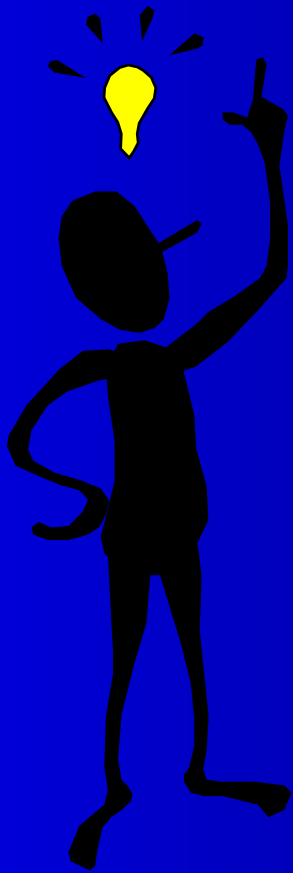
**The process of implementing the Stanford Model CDSMP: The Northern  
Hospital's experience.**

Murphy, Saunders, Campbell, Jackson & Berlowitz

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# Incorporation of a peer leader

- A peer leader who acts as a positive role model will increase the patient's self efficacy to be a confident self manager (Lorig.1999).
- The incorporation of a peer as a role model is consistent with social cognitive theory; people learn from a social comparative force (Bandura 1997).



The influence on health  
outcomes by  
clinician +/- or peer  
program leaders  
*-is there a difference?*

## Literature review:

- *“Lay Taught vs Professional Taught Arthritis SMPs ”*  
Lorig, Feigenbaum, Regan, Ung, Chastain & Holman  
1986: *J Rheumatol* 13:763-767

**rct (n=85) peer led vs clinician led vs control group**

Overall lack of difference, between intervention groups

At 4/12: significant differences ( $p < 0.05$ ) reported:

Peer led: practised relaxation,

Clinician led: improved knowledge about their condition

# CDSMP at TNH



- This review is a comparison of the initial 7 programs conducted over 2 years (n=79)
- 4 led by 2 Clinicians (Male & Female leader)
- 3 led by a peer + clinician (Male & Female leader)

# Comparative data

All programs were :

- held on weekdays
- Same starting time  
venue,  
catering,  
complimentary carparking or use of the  
Hospital's volunteer driver service
- Leaders were always a combination of male & female & all of similar ages

# Data Collection

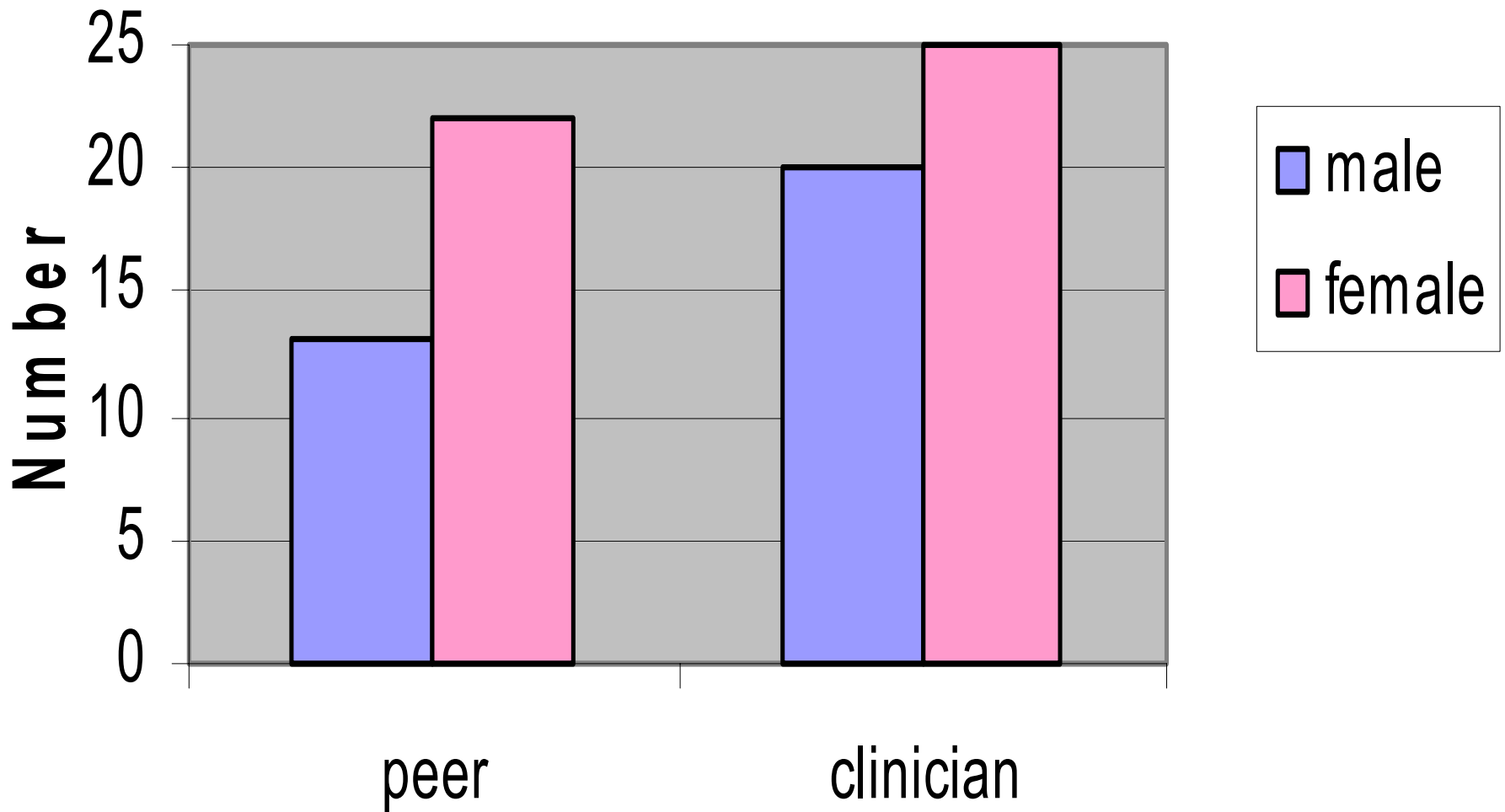
- Demographics with course application
- Self Efficacy questionnaire administered by course leaders
  - completed at first session.
  - completed at last session.
  - informed consent, confidentiality maintained.
- Program Evaluation completed at last session.

# Demographics

● <b>Country of Birth</b>	<b>N</b>	<b>%</b>
● Australia	59	75
● Italy	7	9
● Ireland	2	2.5
● Egypt	2	2.5
● Sri Lanka	2	2.5
● Malta	2	2.5
● Germany	1	1.2
● Poland	1	1.2
● Greece	1	1.2
● Scotland	1	1.2
● England	1	1.2
<b>TOTAL</b>	<b>79</b>	<b>100%</b>

**Between Groups  $p=0.6$**

# Gender $p=0.52$



# Demographics

## Age

	Mean )SD	Range
Clinician Led	63 )13 years	30-83 years
Peer & clinician	67 )10 years	39-88 years

**Between Groups (sig. 2 tailed)  $p=0.34$**

# Primary health problem

## - reason for attending the course

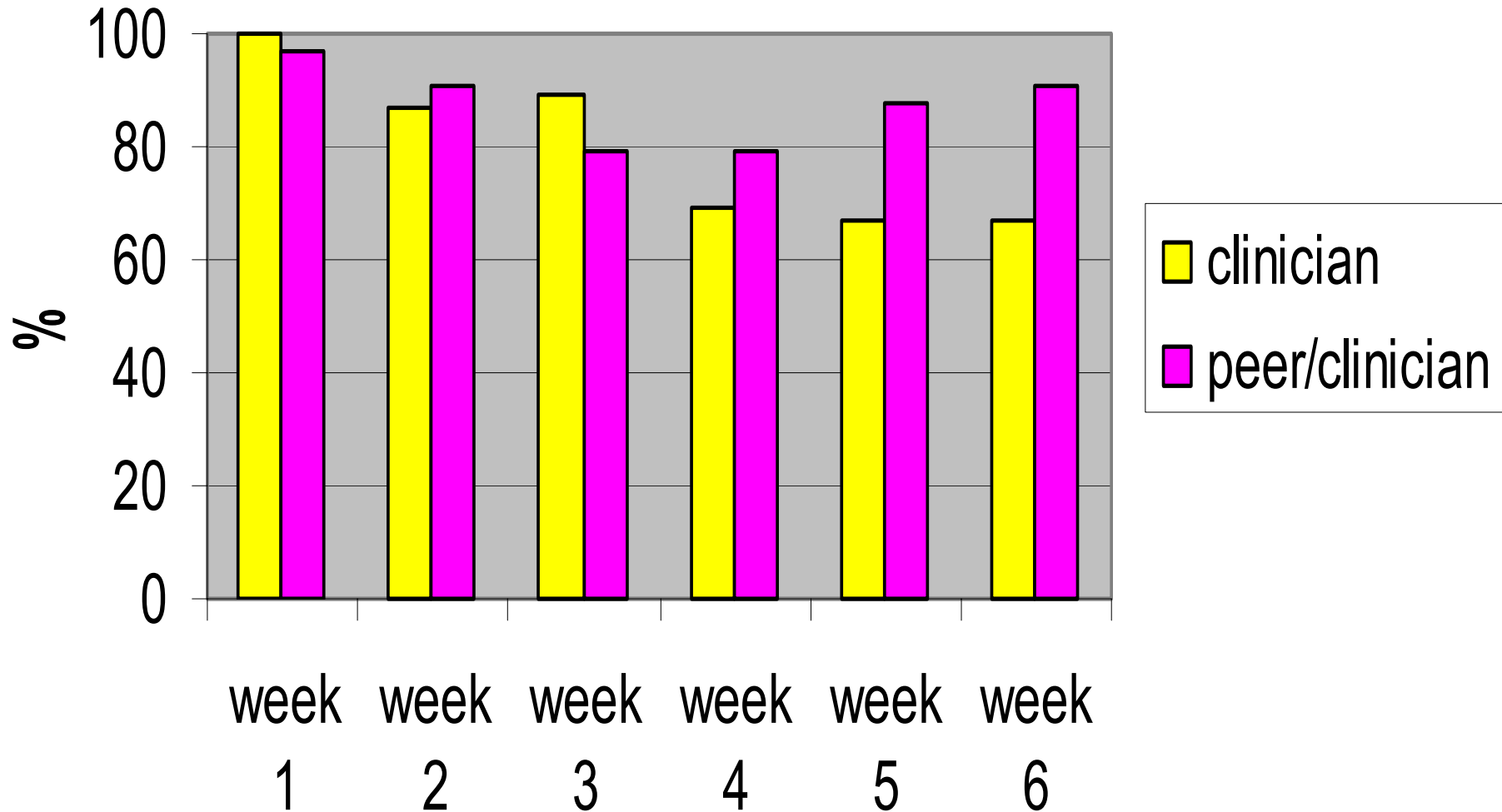
### ● Peer & Clinician

COPD	61%
Arthritis	26%
Hypertension	5%
Diabetes	4%
Asthma	3%
Support	3%

### ● Clinicians led

COPD	53%
Arthritis	16%
Support	8%
Heart Failure	4%
Pain	4%
Diabetes	3%
Asthma	3%
Hepatitis C	3%

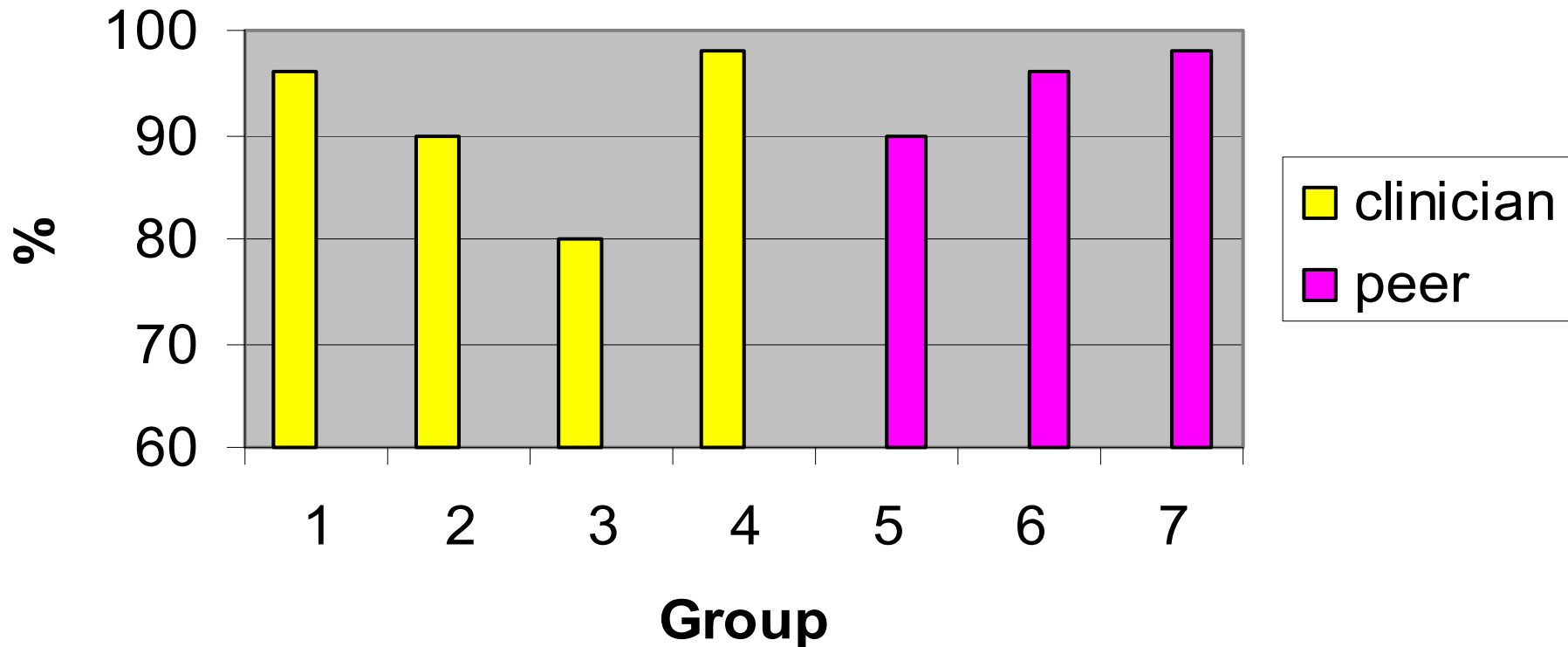
# Attendance by Leader type $p=0.01$



# Evaluation

-what to measure

# Participant satisfaction



- Mean Satisfaction rating; clinicians vs. peers 88 vs. 93%
- Sig. 2 tailed test  $p=0.07$

# Participant feedback

## ● **Two Clinicians**

- “Leaders knew what they were talking about”
- “well run”
- “It was good even though the leaders didn’t have a chronic condition”

## ● **Peer & Clinician**

- “Thank you for the time & effort you invest in this course”
- “well organised”
- “(It was) very understandable & you understand”

# What to measure

- Self Efficacy?
- Outcomes of self efficacy?

Promotion of a  
“ sense of personal efficacy not  
only promotes health but aids  
physical and social recovery”

(Bandura, 1982 p206).

# Self Efficacy

Generalized self efficacy has been defined as  
“ global confidence in one’s ability to cope  
across a range of demanding situations”  
(Barlow 1996 p 189).

# GSES-12

- Scherer (1982)
- 3 subscales: Persistence, Initiative, Effort
- Responses selected from a 5 point scale
- Total Score: range 12-60,  
higher score= optimal SE

# Do clinicians produce a larger effect than peer & clinician leaders ?

Peer & Clinician				2 Clinicians			
	Baseline	Week 7	Change		Baseline	Week 7	Change
Persistence	17	19	11%	Persistence	18	19	5%
Initiative	10	12	17%	Initiative	11	11	0%
Effort	14	13	-7%	Effort	14	16	13%
Total Score	43	44	2%	Total Score	41	46	11%

# Were the changes in the GSES significant?

- Persistence  $p= 0.68$
- Initiative  $p= 0.19$
- Effort  $p= 0.03$
- Total Score  $p= 0.18$

(Sig. 2 tailed test)

# Program costs:

	Clinician Led	Peer & Clinician Led
● Staff costs	\$851	\$383
● Room Hire	\$600	\$600
● Stationary	\$16.20	\$16.20
● Catering	\$69.60	\$69.60
● Carparking	\$198	\$198
● Mean group size = 10		
● <b>Cost p.p</b>	<b>\$173.48</b>	<b>\$126.68</b>

# Conclusions & recommendations

- ↑ attendance with the addition of a peer leader (p=0.01)(88% vs. 69%)
- ↑ participant satisfaction with a peer leader (p=0.07)(88% vs. 93%)
- ↑ self efficacy with 2 clinicians as leaders (p<0.03 in the subscale Effort ) (Total Score 11% vs. 2%)
- **Need for further evaluation in the local and global arena**



Many ailing people want to enter the Hospital

*Thank you*