

Self-management for people with chronic health conditions Innovation Community

Presenter

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Topics

- What is Chronic Disease Self-Management
- **Stanford Better Choices Better Health Programs Approach to Self-Management**
- Best Practices in Chronic Disease Self-Management
- What the Research tells us
- Going high tech- opportunities to use online supports- the work in Australia

What is Chronic Disease Self-Management Support?

The systematic provision of education and supportive interventions by health care staff to increase patients' skills and confidence in managing their health problems, including regular assessment of progress and problems, goal setting, and problem-solving support.

- Adams et al 2004

Self-Management as the organizing framework for behavior change

Living with a chronic condition requires patient self-management in three key areas:

Medical Management

Take medicines, adhere to special diet, test blood sugars

Behavioral Management

Adjust to life with chronic illness—maintain, change, or create new life roles

Emotional Management

Deal with emotional consequences of having a chronic condition

So Why Should We Care?

Self-management programs focus on preparing people with chronic conditions for the 99% of the time they live outside of the health care system



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Stanford Better Choices Better Health Programs

How We Build Programs

Content:

- ▶ On-line or face to face focus groups
- ▶ Qualitative analysis of on-line posts
- ▶ Professional input
- ▶ National standards
- ▶ Key messages

How We Build Programs

Process:

- Self-Confidence
- Self-Tailoring
- Action Planning
- Problem Solving
- Decision Making
- Social Networking

What Makes an Intervention Effective

- Self-tailoring (individualized to the person's needs)
- Problem focused as experienced by the person
- Build personal confidence that change is possible
- Social Networking
- Involvement of peers
- Action oriented planning and practice

What People Tell Us

The most valuable parts of the workshop are:

- Sharing (social networking)
- Action Planning
- Problem Solving

Tailoring

“any combination of **information** or **change in strategies** intended to reach one specific person, based on **characteristics that are unique** to that person, **related to the outcome of interest**, and have been derived from an **individual assessment.**”

Kreuter (2000)

Self-Tailoring

No changes in material offered

No predetermined outcome

No assessment of individual

- ❖ **Individual chooses problem (salient belief)**
- ❖ **Individual chooses behavior**
- ❖ **Individual chooses action plan**

Problem Based

Salient Belief theory

- **When you think about xxxx what first comes to mind.**
- **What problems is your condition causing you?**

Approaches that build confidence: Self-Efficacy

Self-efficacy is one's belief that one can accomplish a specific task or behavior

Self-efficacy is built by:

- ▶ ***Skills Mastery***
- ▶ ***Modeling***
- ▶ ***Reinterpretation of Symptoms***
- ▶ ***Social Persuasion***

Social Networking

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Peer Involvement

- **Peers act as models for the community they serve**
- **Peers are easily trained to use a standardized curriculum**
- **Peers maintain good fidelity**
- **Peers are less expensive and often times more flexible than health professionals.**

Key Messages

We tend to teach too much without setting any priorities.

Example:

When starting or adding to exercise do what you can do now without feeling worse when you finish than before you started and do this 4 times a week. Add as you are able and cut back when necessary.

Action Plan Example

This week I will not eat chocolate four days
(Sun. Tue. Thur. Fri.)

My confidence is 8

Action Plan Practice

- **What would you like to do in the next week?**
- **How much will you do?**
- **When will you do this?**
- **Which days will you do this?**
- **How sure are you that you will complete all of this plan this week?**

1 not sure to 10 very sure?

My Action Planner



Small group CDSM approaches

- Small groups of 10-16 people
- People with many different disease and comorbid conditions may be engaged in the same group
- 2½ hours per week for 6 weeks
- Peer facilitated

What is Taught?

- Managing Symptoms - *pain, fatigue, depression, shortness of breath*
- Exercise
- Relaxation Techniques
- Healthy Eating
- Communication Skills
- Medication Management
- **Problem-Solving**
- **Action-Planning**
- **Decision-Making**

How to judge if a program is evidence-based?

- **Published study results — usually a randomized trial**
- **Infrastructure for translating the program to other settings: manuals, training, TA**
- **Successful translation to non-study settings**
- **The specific program you are offering improves health, behaviors and/or health care utilization. For example:**
 - **The Diabetes Self-Management Program reduces A1C**
 - **Depression programs reduce depression**

Where to find out more:

<http://www.ncoa.org/improve-health/center-for-healthy-aging/content-library/Title-IIID-Highest-Tier-Evidence-FINAL.pdf>

Self-Management Program - Randomized Trial

Demographic data

- ▶ Age 62 years
- ▶ Male 27%
- ▶ Education 14 years
- ▶ No. diseases 2.2



Chronic Disease Self-Management: 6-Month Improvements in Health Outcomes

- ▶ Self-Rated Health
- ▶ Disability
- ▶ Social and Role Activities Limitations
- ▶ Energy / Fatigue
- ▶ Distress with Health State

All $p < .05$

Improvements in Utilization and Costs

- ▶ Average .8 fewer days in hospital in the past six months ($p=.02$)
- ▶ Trend toward fewer outpatient and ER visits ($p=.14$)
- ▶ Estimated cost of intervention \$300

A Recent Translation Study

- 22 sites in the United States
- All training of Leaders and program delivery done by the sites
- More than 1,000 participants
- Approximately 40% underserved minority populations
- Focused on triple aims of better care, better outcomes, and lower cost

CDSMP: What the results of these numerous studies tell us.

Significant Improvement areas:

- **Communication with MD**
- **Medication Adherence**
- **Health literacy (confidence filling out medical forms)**
- **Self-assessed health**
- **PHQ depression**
- **Quality of life**
- **Unhealthy physical days**
- **Unhealthy mental days**

CDSMP: What the results of these numerous studies tell us.

- **Significant Improvement areas:**
- **Percentage with emergency room (ER) visits in the past 6 months**
- **Number of ER visits among those with any ER visit**
- **Percentage hospitalized in the past 6 months**
- **Number of hospitalizations among those with any hospitalization**



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Can co-morbidities include mental health conditions?

Demographics Mental Health Study

• Age	48.2 (11)
• Male	27%
• African American	24.1%
• # conditions	5.9
• Medicare	55%
• Medicaid	63.1%

Mental Health Conditions

• Depression	55%
• Bipolar	45%
• Schizophrenia	17%
• Schizoaffective Disorder	15%
• Substance Abuse+	26%
• Other Mental Health	64%

Significant 6 month improvements

- Sleep
- Fatigue
- Depression
- Medication Adherence
- Communication with Providers