KAISER PERMANENTE®

Patients as Partners
Self-Management Support

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Chronic Disease Care
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Self-Management is the Right Thing To Do
(It's even a core component of the Chronic Care Model!)

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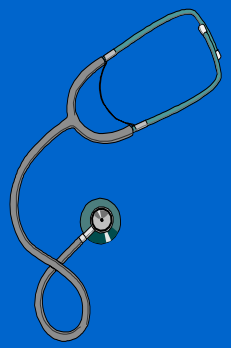
So what's the problem?

It's difficult (but possible!)
to implement given
cultural, structural, and financial barriers

Diagnosing Self-Management Implementation Disorders in Complex Medical Systems



- **Noise Overload Syndrome: A Condition of Competing Priorities**
- **Professional Dominance Disorder: An Example Medical "Hemianopsia"**
- **"Not invented here" Syndrome**
  - extreme criticism of other's efforts ("Nitpicker's sign")
  - complete disinterest and ignorance ("Ostrich sign")
  - rigid ego boundaries and territorial behavior
- **Disease Specific Syndrome**
- **DOV Obsessive Disorder**
- **Mindless Body Syndrome**
  - Somatization and stigmatization
- **Technophobia**

The Treatment of Self-Management Implementation Disorders

Rx: Things that Matter

Self-Management Matters

The Case for Self-Management Support

- Patients already self-manage and make decisions (for better or worse) about their chronic conditions 99% of the time
- Improved outcome depends on correct diagnosis, correct treatment, and an ongoing series of healthy choices, behaviors and decisions by patients.
- To be an informed, activated patient and make healthy decisions, patients need self-management support including:
  - timely, accurate, understandable information
  - involvement in collaborative decision making
  - goal setting and problem-solving
  - help managing psychosocial issues
- The current system of short, unplanned physician visits and unprepared, reactive team support does not provide adequate self-management support for ongoing chronic illness care
- Care needs to be redesigned including what happens before, during, and after visits and developing a prepared, proactive team.

After Bodenheimer

Self-Management Support is more than Patient Education

- **Patient Education**
  - Information and skills are taught
  - Usually disease-specific
  - Assumes that knowledge creates behavior change
  - Goal is compliance
  - Teachers are health care professionals
  - Didactic
- **Self-Management Support**
  - Skills to solve patient-identified problems are taught
  - Skills are generalizable to all chronic conditions
  - Assumes that confidence yields better outcomes
  - Goal is increased self-efficacy
  - Teachers can be professionals or peers
  - Interactive

adapted from Bodenheimer, Lorig, et al JAMA 2002;288:2469.

PHYSICIAN'S DRUG REFERENCE

SELF-MANAGEMENT EDUCATION

Generic: **SELF-MANAGEMENT EDUCATION**
(Patient Education®, Health Education®, Shared Decision-Making®, Self-Care Education®, Psychoeducation®, Mind/Body Medicine® , Collaborative Care®, etc.)

- **Indications and Effectiveness**
- **Adverse Reactions**
- **Side Effects**
- **Dosage**
- **Administration**

Sobel DS: The cost-effectiveness of mind-body medicine interventions. In *The Biological Basis for Mind Body Interactions*, Progress in Brain Research, Vol 122, EA Mayer and CB Saper (Eds.), Elsevier, 2000:393-412.

PHYSICIAN'S DRUG REFERENCE

SELF-MANAGEMENT EDUCATION

Indications and Effectiveness

Chronic Disease Self-Management Program

- Improves functional status and reduces emergency visits and hospital days in patients with chronic illness (Lorig K et al *Medical Care* 1999;37:5-14)

Back Pain E-Mail Discussion Group

- Reduced chronic back pain, disability, and health care utilization (Lorig KR et al *Arch Intern Med* 2002;162:792-96)

Stress Management Program

- Decreases cardiac events and risk by 75% (Blumenthal JA: *Arch Internal Med* 1997;157:2213)

Writing about Stressful Experiences

- Improves lung function by 12% in asthma and arthritis disease activity by 28% (Smyth JM et al *JAMA* 1999:281:104-109)

PHYSICIAN'S DRUG REFERENCE

SELF-MANAGEMENT EDUCATION

Adverse Reactions

- Guilt, anxiety, negative affect, increased dependency, information overload

Side Effects

- Improved mood and patient satisfaction

Dosage

- PRN, wide therapeutic range
- Can be prescribed without a license

PHYSICIAN'S DRUG REFERENCE

SELF-MANAGEMENT EDUCATION

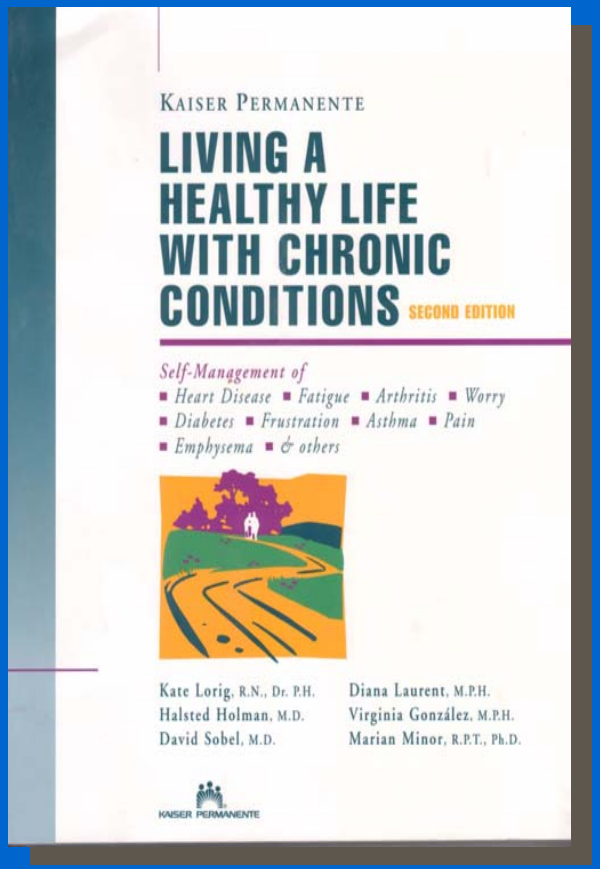
Administration

- Individual counseling
- Classes, self-help groups, group appointments
- Print (bibliotherapy), audiotape, video
- Telephone and interactive technologies

Sobel DS: Rethinking medicine: Improving health outcomes with cost-effective psychosocial interventions. *Psychosomatic Medicine* 57:234-244, 1995.

Healthier Living: Managing Ongoing Health Conditions Workshop*

- Small groups 10-16 people
- People with different diseases in same group
- 2 ½ hours a week for 6 weeks
- Peer taught
- Content: symptom management, exercise, nutrition, problem-solving, communication, advanced directive
- Process: Self-efficacy, action planning, sharing



*Chronic Conditions Self-Management Program

http://www.stanford.edu/group/perc/

Lorig K, Holman H, Sobel D, Laurent D, Gonzalez V, Minor M: *Living a Healthy Life with Chronic Conditions*, Palo Alto, CA: Bull, 2000

Healthier Living: Managing Ongoing Health Conditions Workshop

Outcomes

- Improves health behaviors, self-efficacy and health status (pain, fatigue, health distress, role function, etc.)
- Cost effective (estimated 5:1 to 10:1 ROI) from reductions in hospital days, ED and physician visits
- Outcomes are long-lasting and robust (2+yrs.)
- Replicable and dissemination can yield outcomes as good, or better.

Lorig K et al *Medical Care* 1999;37:5-14
Lorig K, Sobel DS, *Effective Clin Practice* 2001;4:256-262
Lorig K, et al *Medical Care* 2001;39:1217-1223

Healthier Living: Managing Ongoing Health Conditions Workshop

Process and Outcome Learnings

- General coping skills education for heterogeneous conditions complements disease specific information
- Involve patients in design process
- Patients are the “experts” in living and coping with chronic illness
- Modeling more effective than “save and rescue”
- No significant difference in participants’ outcome with lay vs professional leaders
- Direct to patient recruitment more effective than referral from MDs
- Confidence predicts improvement in health outcomes
- People benefit themselves from helping other people
- Process is more important than content

Lorig, Hurwicz, Sobel, Hobbs, *Patient Educ Couns*, in press 2005

Self-Management Support

Confidence vs. Content

- Comparison of 3 versions of Arthritis Self-Management Course (exercise, pain management, combined)
- All three versions produced improvement in one or more areas of health status (pain, disability, and depression) and comparable increases in self-efficacy
- Efficacy-enhancing education improved health status independent of the course content and behaviors taught

Lorig, *Health Ed Quarterly* 1992;19(3):355-368

Key Principle of Self-Management

Never do what the learner can do.

Never decide what the learner can decide.

The learning is in the doing and deciding.

Jane Vella

Learning to Listen, Learning to Teach

Jossey Bass, 2002

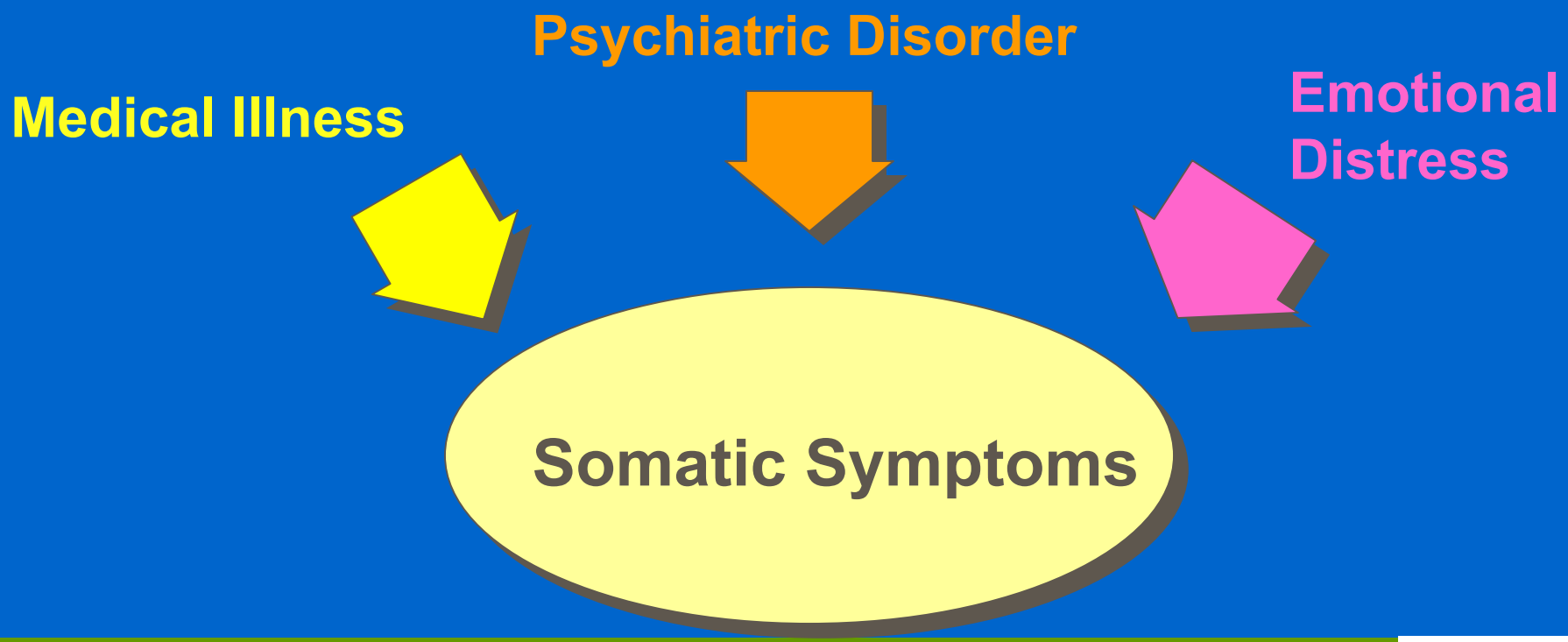
Mind Matters

Rx: Mind Matters

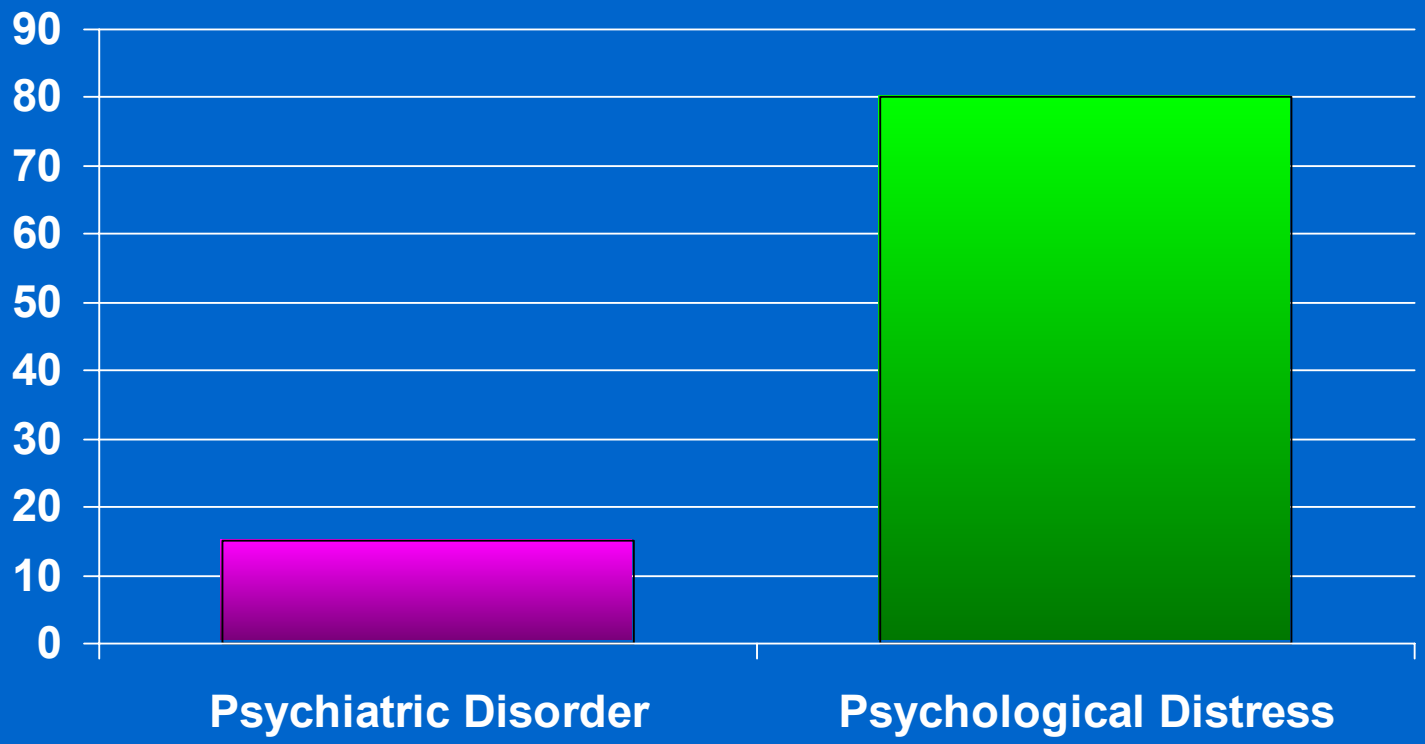
- Thoughts, feelings, and moods can have a dramatic impact on the onset of some diseases, the course of many, and the management of nearly all.
- Nearly a third of patients visiting a doctor develop bodily symptoms as an expression of psychological distress. Another third have medical conditions that result from behavioral choices. And even in the remaining patients with medical disease, the course of their illness is often strongly influenced by their mood, coping skills, and social support.
- Attitudes, beliefs and moods can have a significant effect on health outcomes independent of health behavior change.

Somatic Symptom Superhighway

Final Common Pathway

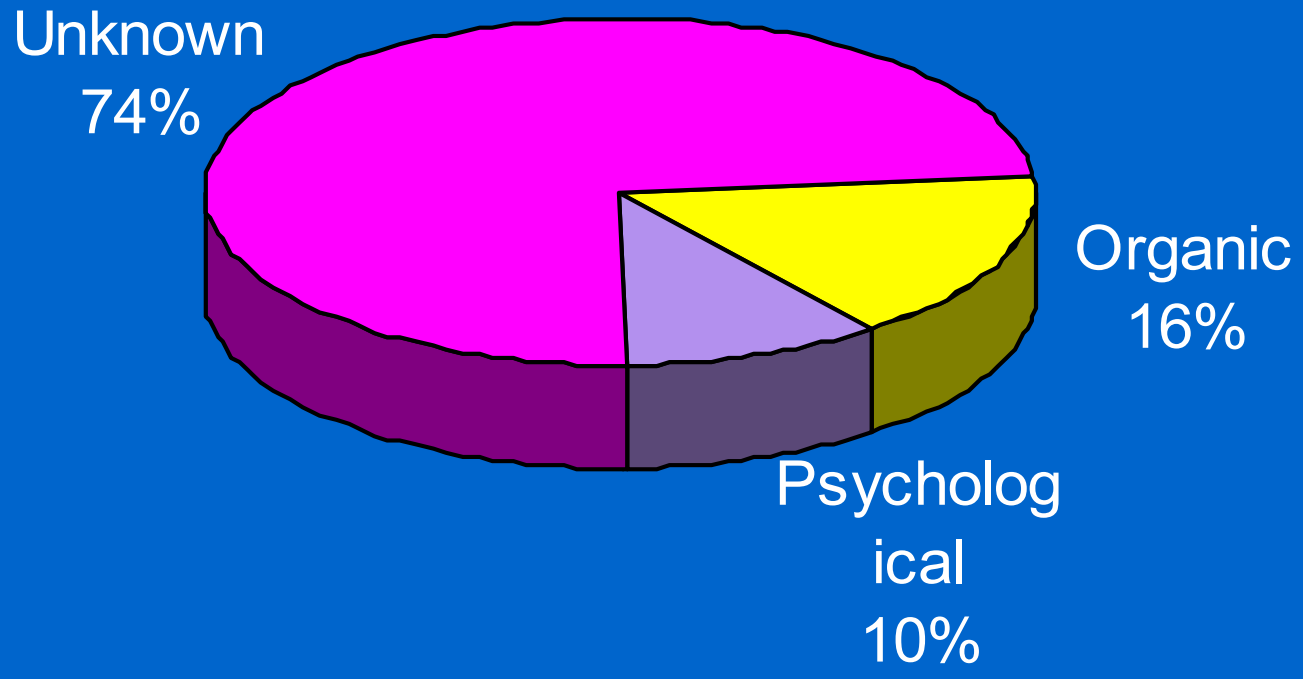


Psychological Status of Primary Care Patients



Causes of Common Symptoms in Primary Care Medicine

Chest pain, fatigue, dizziness, headache, back pain, edema, dsypnea, insomnia, abdominal pain, numbness



Kroenke, *Am J Med* 1989:86:262-6

Depressive Symptoms

Depressive *symptoms* more debilitating in terms of physical and social functioning than:

- diabetes
- arthritis
- gastrointestinal disorders
- back problems
- hypertension

Wells et al. *JAMA* 1989;262:914-930

Psychosocial Dysfunction in Medical Care

- **Common (especially co-morbid chronic conditions)**
- **Undiagnosed or inadequately treated**
- **Significant impact on:**
  - functional status and disability
  - medical utilization and costs
  - medical morbidity and mortality
- **Health Care services mismatched to needs**
  - Need to develop integrated behavioral health education services

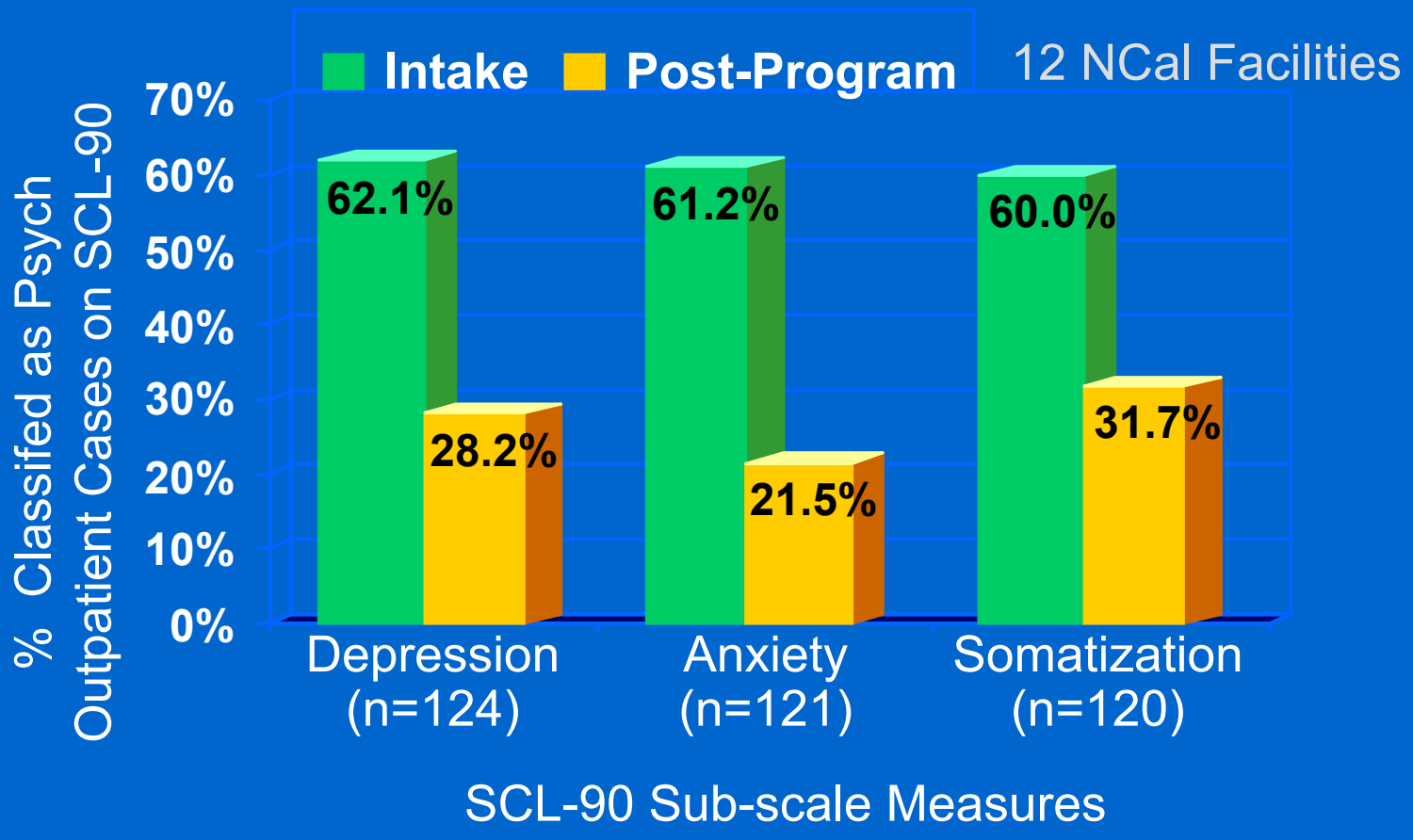
Sobel DS: Rethinking medicine: Improving health outcomes with cost-effective psychosocial interventions. *Psychosomatic Medicine* 57:234-244, 1995.

Mind/Body Health Education

Behavioral Health Education is an adjunct to medical and psychiatric care for members with mild-to-moderate depression or anxiety, family/relationship issues, or stress-related problems. Teaches self-management skills in a nonstigmatizing, educational environment.

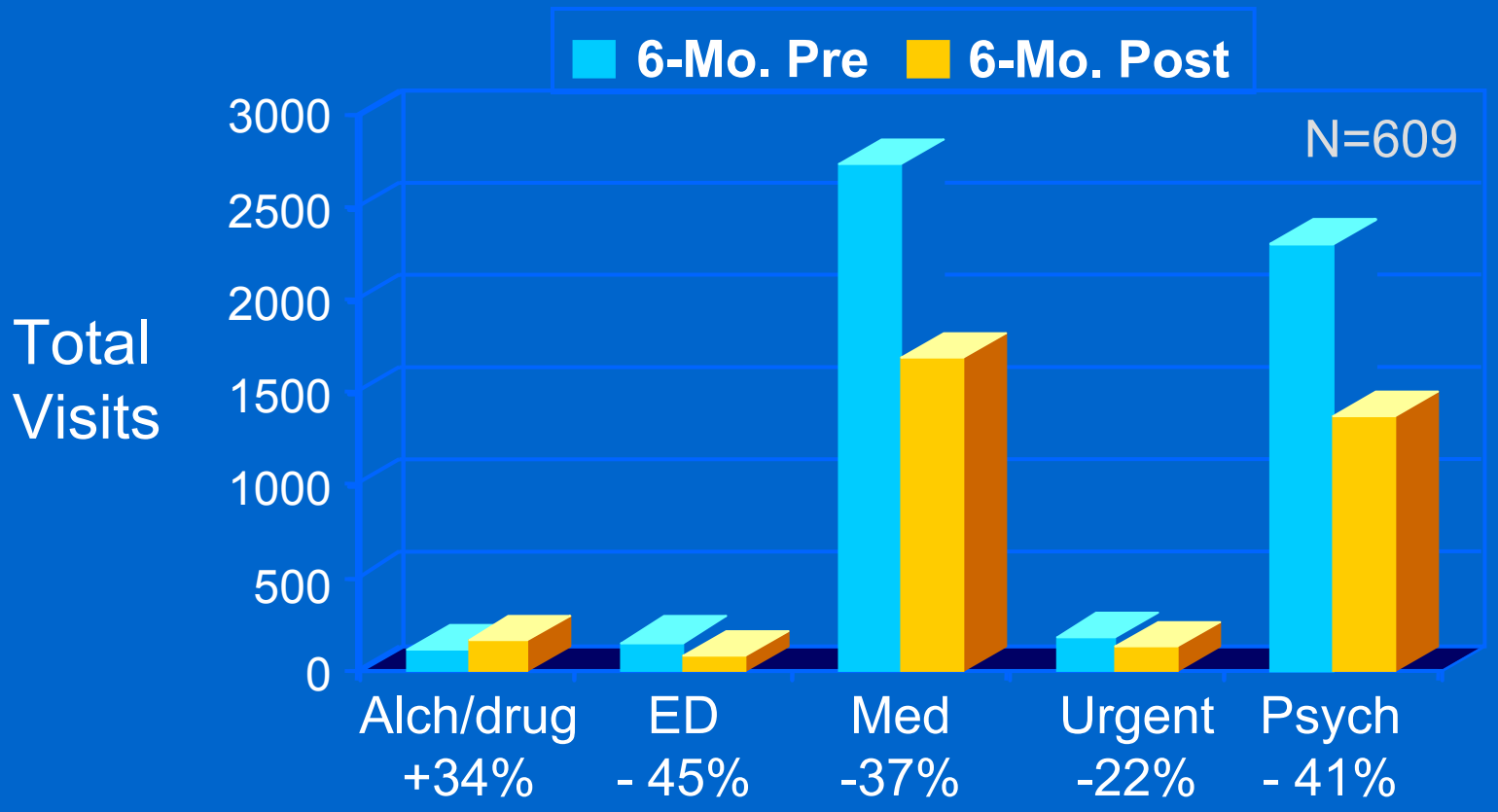
- Mind/Body Medicine
- Couples Communication
- Anger Management
- Overcoming Depression

Mind/Body Medicine Program Evaluation
Pre- and Post-Class



Nancy Gordon - DOR (June, 2000)

Utilization Change for Mind/Body Medicine Participants



Ngissah, Levine, & Walsh (1998 - N. Valley)

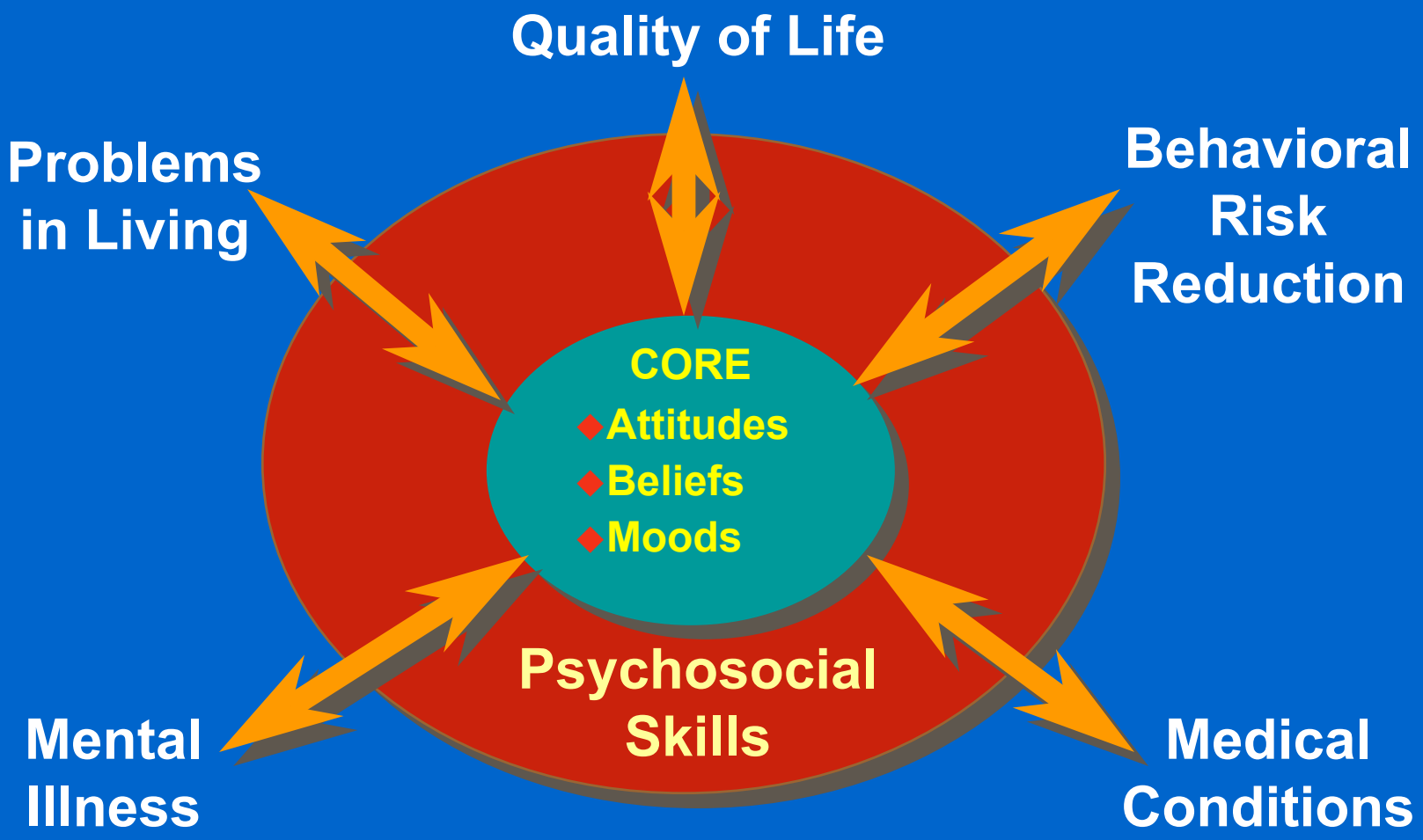
Confidence Matters

Behavior Change Principles

Confidence Counts

Lorig K, *Arthritis and Rheumatism.* 1989;32:91-95

Targeting Core
Attitudes, Beliefs, and Moods



Ornstein R, Sobel D: *Healthy Pleasures*. Addison-Wesley, 1989

Targeting Core
Attitudes, Beliefs, and Moods

- Confidence
- Self-Efficacy
- Coherence
- Control
- Hardiness
- Optimism
- Happiness
- Connectedness

Ornstein R, Sobel D: *Healthy Pleasures*. Addison-Wesley, 1989

Targeting Core
Psychosocial Skills

- Accessing Information
- Problem-Solving
- Behavior Change
- Relaxation and Imagery
- Cognitive Restructuring
- Managing Moods and Emotions
- Communicating
- Time Management
- Sleeping Well

Sobel D, Ornstein R: *Mind & Body Health Handbook*, Los Altos, CA: DRx 1998

Action Matters

Rx: Improving Self-Management Support with Action Plans

Improving Performance Project (CMI)

- By comparing the level of implementation of diabetes care practices with eight diabetes performance measures, five practices were identified that were associated with better performance:
  - Financial incentives
  - **Action plans (patient-specific or personal)**
  - Automated medical record
  - Outreach and follow-up
  - Provider alerts and reminders

Types of Action Plans

Three Types of Action Plans

1. **Clinician directed** medication or lifestyle treatment plan
   - e.g. Asthma Action Plan, Insulin sliding scale
   - can reduce uncertainty and build confidence
2. **Self-directed** and self-selected behavior change plans
   - e.g. Action planning skills in Healthier Living Program (lay-led chronic disease self-management)
   - can build self-efficacy and confidence
3. **Collaboratively developed** and personalized action plans
   - e.g. Behavior change action plan **negotiated & agreed-upon** between clinician & patient.
   - can help patient feel empowered and more confident; builds self-efficacy
   - Focus in the Improving Performance Project was personalized/customized action plans (needs assessed, action plan developed, personalized, available and periodically reviewed)

My Diabetes Action Plan

This week I will_____ (What)

_____(How Much)

_____(When)

_____(How Many)

How confident are you?___

0=not at all 10=totally confident

Day	Check off	Comments
Tuesday		
Wednesday		
Thursday		
Monday		
Friday		
Saturday		
Sunday		

Be sure your goal includes:

1. What you're going to do

2. How much you're going to do it.

3. When you're going to do it.

4. How many days a week you're going to do it.

KPNW: RWJF Self-Management Collaborative*

Supporting Self-Management: The Patient Perspective

	October 2003	April 2004
Helped to set a goal	9%	83%
Satisfied w/ goal-setting	15%	100%
Helped to make treatment plan	14%	79%
Helped to deal w challenges	10%	73%
Satisfied w help to overcome obstacles	13%	96%
Referred for help w coping	13%	96%
Reported f/u contact	16%	83%
Satisfied w help developing support system	9%	71%

*RWJF Collaborative on Self-Management Using Action Plans: Partnership between KPNW and the Care Management Institute. October, 2003 to June, 2004

Limitations of Current Understanding of Action Plans: What we don't know...

- Is it the action plan itself, or is the action plan a proxy for some other process that is associated with improved outcomes (ie collaborative problem-solving, patient-centeredness, respect, focus on "whole person," patient preferences, etc.?)
- Are clinicians who use action plans by nature or training more likely to use collaborative communication?
- Do the improvements require the action plan tool itself?
- Does the action plan act as a prompt or cue to help reinforce for both provider & patient the importance of collaborative problem-solving, patient-centeredness, focus on the "whole person," patient preferences, & confidence or self-efficacy.
- Does the correlation between action planning and improved outcomes apply only in diabetes or other chronic conditions?
- Do patients who learn action planning continue to regularly use the tool and process?

Reality Matters

Rx: Reality Matters

- **If a patient with type 2 diabetes tried to follow all the recommendations for self-care, it would require more than 2 extra hours daily.**
  - Includes home monitoring (3 min), record keeping (5), taking medications (4), foot care (10), problem-solving (12), meal planning (10), shopping (17), preparing meals (30), exercise (30), blood pressure monitoring (3), stress management (10), administrative tasks (5).
  - Time spent on self-care: median 48 minutes per day. When asked about obstacles to managing diabetes, over a fifth of patients answered “Not enough time.”
- **Implications**
  - Consider patient preferences
  - Respect patient’s time
  - Help patients prioritize

Russell LB, et al: J Fam Pract 2005:54(1):52-56

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Member Preference Matters

Rx: Member Preference Matters

- **Patients and members are not systematically or routinely involved in the design, review or creation of the health care services that are provided for them.**
  - A Tale of 10,000 Letters
  - Member agenda setting in diabetes class and group appointments
  - Member perception of self-management support and activation
- **Most members and patients do not wish to get their health information from classes and groups.**
  - They prefer getting info from their physician and health care team
    - retraining for collaborative care
  - online
  - teleclasses

Integration Matters

Rx: Integration Matters

Most people working in the health care system are overwhelmed with new initiatives, demands, system change, and accountabilities.

Rx: Integration Matters

- Align and piggyback with other organizational initiatives: quality, service, access, marketing, etc.
- Leverage external forces (regulatory, accreditation, competitive, etc.): HEDIS, JCAHO, Picker, Patient Safety, Health Literacy, Informed Consent, etc.
- Make Self-Management relevant to what others are already accountable for
  - What do you want to accomplish and what are you held accountable for?
  - Would an informed, empowered patient as partner help you accomplish those outcomes?
  - What do patients need to know, do, and feel to be effective partners?
  - What resources already exist to support patients and how can they be better utilized?
  - What new resources need to be developed?

Self-Management: Rx Treatment Strategies?

1. Self-Management Matters
2. Mind Matters
3. Confidence Matters
4. Action Matters
5. Reality Matters
6. Member Preferences
7. Integration Matters

Kaiser Permanente Health Education

Mission Statement

Inspire People. Inform Choices. Improve Health.