Demystifying Self-Management Support: A Practical Approach

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Session Overview

- Learn a five-step approach to implementing SMS in an ambulatory practice
- Explore examples of how practices have implemented each step in the field
- Discover tools for self-management support that can be adapted by the practice

What is self-management?

"The *individual's ability to manage* the symptoms, treatment, physical and social consequences and lifestyle changes inherent in living with a chronic condition."[1]

[1]Barlow et al, Patient Educ Couns 2002;48:177

Self-Management Support

- Includes health care, community and social structures
- Minimizes barriers to SM while supporting families and individuals to SM
- Builds on the skills, resources and existing social networks people have in their daily lives
- Can be provided one-on-one, in groups, or electronically

Medical Professionals often Confuse SMS with Education

Education

- Begins with provider determination of need
- Information and technical skills are taught
- Usually disease-specific
- Assumes knowledge leads to behavior change (false)
- Goal is compliance
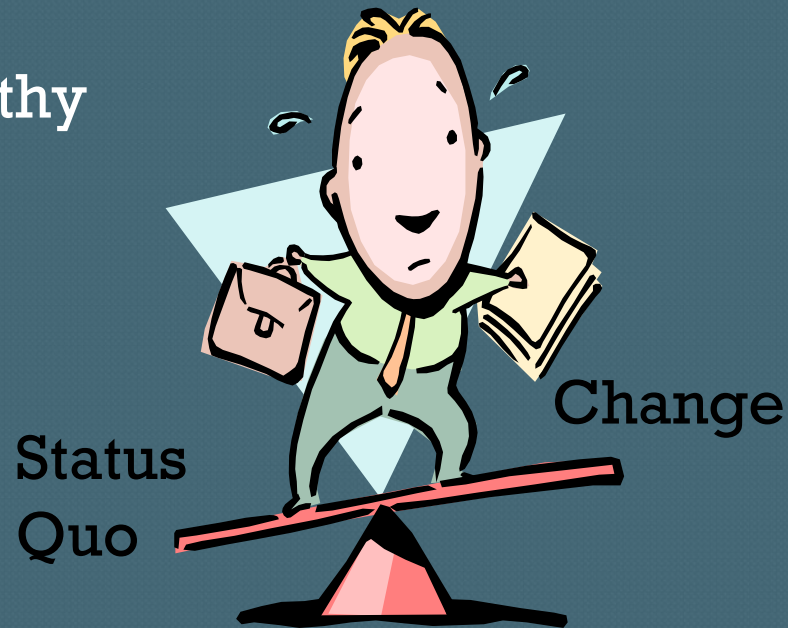- Teachers are always professionals

SMS

- Begins with the patient's self-identified problems
- Problem-solving skills are taught
- Skills are "generalizable"
- Assumes self-efficacy leads to change (true)
- Goal is more self-efficacy
- Teachers can be professionals or peers

Bodenheimer et al *JAMA* 2002;288:2469
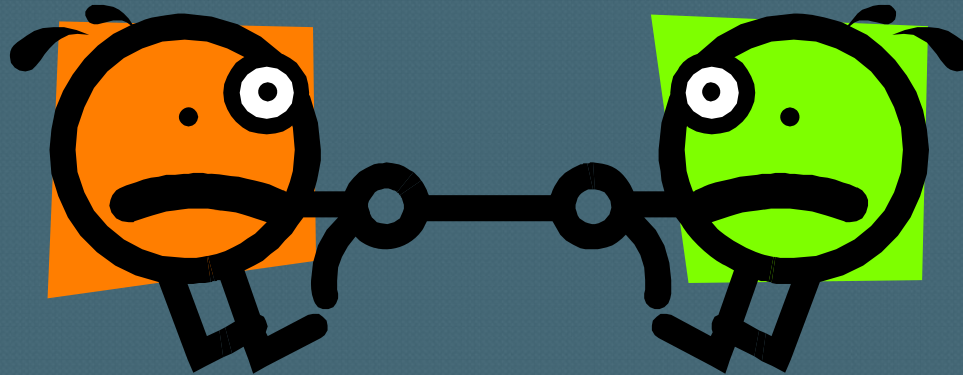
The Leading Determinants Of Health
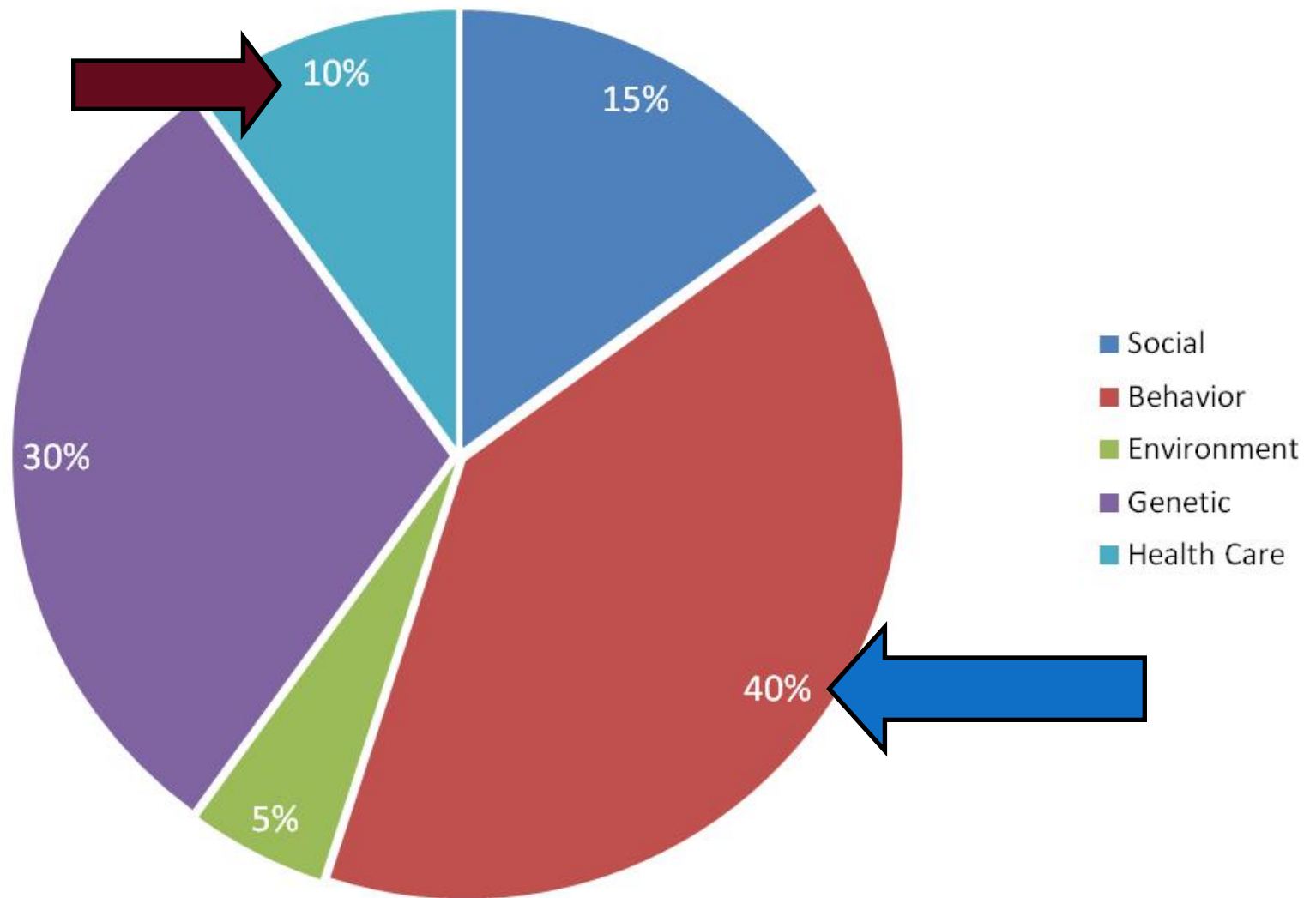
Source: McGinnis , JM et al Health Affairs
Apr2002

But can we impact an individual's behavior?

Motivated by Information

Motivated by how I interact with them over time

Not going to be motivated right now

10 %

80 %

10 %

Miller & Rollnick, Motivational Interviewing, 2002
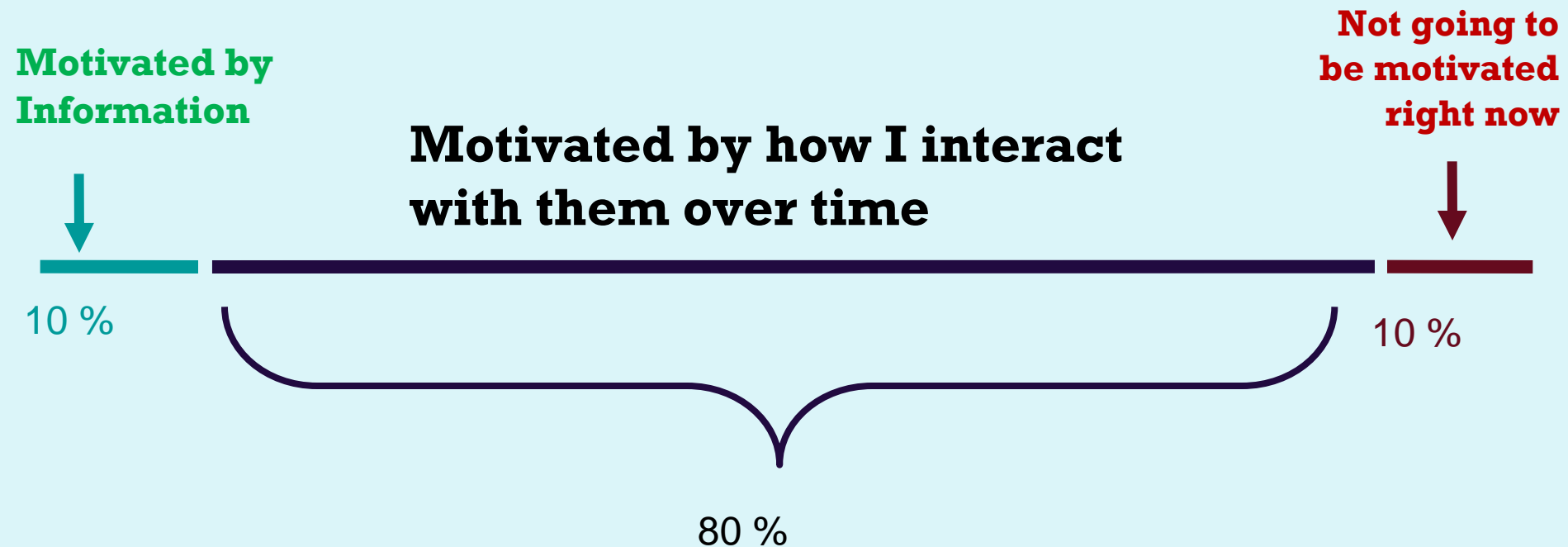
Self-Management Support

- Supporting the patient and their families to make changes that will improve their health

How can we facilitate SMS in our practices?

Five Steps

1. Involve the Whole Team
2. Enlist clinical Leaders
3. Provide Additional Support
4. Look Beyond Assumptions
5. Partner Outside your Walls

1. Involve the Whole Team

- Core training* for all staff:
  - Context for SMS
  - Stages of Change
  - Basic Motivational Interviewing strategies
  - How to handle challenges
- Advanced training for some:
  - Brief action planning (self-management goals)
  - Outreach and follow-up
  - Specialized skills – health literacy, depression screening, cultural skills, other practice-based skills as needed

*See accompanying Resource List for recommended Training Materials.

Self-Management Goals: Brief Action Planning*

- "Is there anything you would like to do for your health over the next few days (weeks) before I see you again?"
- SMART goal, Assess Confidence
- Arrange Follow-up

Steve Cole, MD http://stevencolemd.com/

"Operationalize" with Staff

- Process map strategy to implement BAP
- Remember to consider documentation of the goal and follow up
- Choose tools to support the process
- Consider Group Visit options

Health concerns of older adults

Here are some things older adults have told us they think about. Maybe some of these things concern you. You may add your concerns in the empty bubbles. Would you like to talk today about the one that matters to you the most? Would you like to make a change in one of them?

- Medications
- Preventing falls
- Staying independent
- Memory
- Healthy eating
- Anger
- Exercise
- Managing pain
- Making the health care system work better for me
- Managing stress
- Finances

Planning for healthy changes

This resource was developed by physicians associated with Ideal Medical Practices at *www.idealmedicalpractices.org* (written communication by J.H. Wasson, MD, April 2008).

The change I want to make is: (be very specific, what, when, how?)

My goal for the next month is:

How convinced are you that this is the right work for you:

0	1	2	3	4	5	6	7	8	9	10
Totally unconvinced		Unsure			Somewhat convinced		Very convinced			Extremely convinced

The steps I will take to reach the goal:

1. _____
2. _____
3. _____

The things that will make it hard to reach the goal:

1. _____
2. _____
3. _____

The ways I can overcome those things that my get in the way:

My confidence that I can reach my goal:

0	1	2	3	4	5	6	7	8	9	10
Not confident at all		Unsure			Somewhat confident		Very confident			Extremely confident

BUBBLE DIAGRAM – Diabetes

Here are some things other people have decided to do for their health. Would you like to set goals concerning any of them?

Blood glucose monitoring

Taking medications
to help control blood sugar

Skin care

Taking insulin

Diet

Depression
☹

Losing weight

Daily foot care

Smoking

Pros and Cons Exercise

Thinking About the Costs and Benefits of Change

What specific behavior change are you considering? _____

	STAY THE SAME	MAKE AN IMPROVEMENT
BENEFITS	I like:	I will like:
COSTS	I don't like:	I won't like:

Create some ideas and reflections for each of the four boxes above. This will help clarify your thoughts about what you want to do next.

2. Clinical Leadership

- Encourages supportive culture
- Recognizes that SMS is an essential part of care
- Understands SMS takes a team
- Opinion leader and can lead by example

Clinical Leaders for SMS are Engaging

Engaging Approach	Persuasion or Sales Approach
Collaboration Honors patient's experience and perspective. Reflects on related experience and successes. Respects concerns and perceived barriers to care.	**Confrontation** Imposes "reality" that the care plan is the right thing to do but the patient just can't see that. Assumes if you say it forcefully enough, you will convert their thinking.
Evocation The motivation for change is presumed to exist. The goal is to get the patient to articulate their reasons to follow a care plan.	**Education** The patient is presumed to lack the knowledge for change and education is provided to enlighten so to address this deficit in knowledge. The expectation is that with sufficient knowledge, the patient will follow the plan.
Autonomy Affirms that patients own the change and facilitates informed choice regarding care options.	**Authority** Tells the patient this is what they must do to follow the care plan.

Encourage all Providers to:

- Incorporate SM goal into every visit
- Consider setting a visit agenda
- Roll with resistance
- Leverage the whole team: encourage staff involvement and professional growth, praise successes, be flexible to meet patient need

3. Provide Additional Support: SMS after the Visit

- High needs and complicated patients
- Progress check or coaching call; increasingly technology used: text, email
- Focus on removing barriers and improving SMS success
- Outreach, information, re-assess confidence

4. Look Beyond Assumptions

- Tendency to jump to conclusions
- Instead, view SM failure as a challenge:

  - Health literacy issue?
  - Undiagnosed mental health issue?
  - Cultural issues?
  - Other undisclosed barriers?
  - Goal too ambitious?
  - Ambivalence?
  - Prefer a more anonymous approach?

Tools to Uncover Challenges

- Newest Vital Sign
- PHQ-9
- Confidence Ruler
- Direct but open-ended questions
- MI skills
- Explore alternatives: web sites, apps

5. Partner Outside your Walls

- Community Organizations
- Public Health
- Schools
- Workplace
- Social Supports
- Peer Supports

Take Home Points

- Self-management Support is essential
- Self-management requires change and patients need support to make changes
- A step-wise, methodical approach results in improvement in SMS
- There are many examples of success

Please contact me with questions or to share your success!

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SMS Resources: Core Training

- Schaefer J, Miller D, Goldstein M, Simmons L. *Partnering in Self-Management Support: A Toolkit for Clinicians.* Cambridge, MA: Institute for Healthcare Improvement; 2009. Available at: www.IHI.org
- Physician Tip Sheet for Self-Management Support. Chicago, IL: American Medical Association; 2008. AMA.org
- Prochaska, JO; Norcross, JC; DiClemente, CC. Changing for good: the revolutionary program that explains the six stages of change and teaches you how to free yourself from bad habits. New York: W. Morrow; 1994. ISBN 0688112633.

SMS Resources: Advanced Training

- Cole S. *Ultra-Brief Personal Action Planning*. Rochester, NY: Stony Brook University Medical Center; 2008.
- California HealthCare foundation Website: http://www.chcf.org/publications/2005/06/helping-patients-manage-their-chronic-conditions
- Weiss, Barry D., Mays, Mary Z., Martz, William, Castro, Kelley Merriam, DeWalt, Darren A., Pignone, Michael P., Mockbee, Joy, Hale, Frank A.
  Quick Assessment of Literacy in Primary Care: The Newest Vital Sign
  Ann Fam Med 2005 3: 514-522

SMS Resources: Advanced Training

- *The Newest Vital Sign: A New Health Literacy Assessment Tool for Health Care Providers* http://www.pfizerhealthliteracy.com/physicians-providers/newest-vital-sign.html

- *The Macarthur Initiative on Depression and Primary Care* http://www.depression-primarycare.org/clinicians/toolkits/materials/forms/phq9/

- *Motivational Interviewing* http://www.motivationalinterview.org/

- *Motivational Interviewing in Health Care: Helping Patients Change Behavior* (Applications of Motivational Interviewing) Stephen P Rollnick PhD, William R. Miller Phd, Christopher C. Butler MD, Guilford Press, New York, 2008.