Implementing Networks’ Self-management Tools Through Engaging Patients and Practices

Networks: ORPRN, IRENE, SNOCAP, WREN

The Research Question

• Can practices implement elements of the AHRQ SMS Library/Toolkit using a Boot Camp Translation approach?

• Why this is important?
  – Half of the US population is projected to have at least 1 chronic disease by 2020
  – Increased need to reduce the burden to primary care for disease management
  – The chronic care model describes SMS as one of the 6 key pillars for providing effective primary care

What the Researchers Did

• Population/Subjects:
  – Practices (16):
    • 4 different states– Colorado, Oregon, Iowa, Wisconsin
    • Small to medium size primary care practices that have begun implementation of PCMH principles
  – Clinic participants (80):
    • Staff performing care management functions
    • Clinicians, nurses and medical assistants
  – Patients (320):
    • 18-70 years old
    • Have at least 1 chronic illness
    • Being targeted for care management support
## What the Researchers Did

### Design
- Stepped Wedge Study Design
  - Intervention randomized to an order of implementation
  - Networks’ practices will receive the intervention at different points along a 10-month timeline
- All practices have control group at baseline (months 1 and 2)
- Qualitative Comparative Analysis
  - Identify conditions needed to result in positive use of the SMS toolkit to impact patient activation

### Basic Method/Intervention
- Boot Camp Translation - Innovative approach to implementation of the AHRQ Self-Management Library/Toolkit
- CS-PAM/Theory of Planned Behavior: Assesses practice staff intent to implement SMS based on level of activation and the theory of planned behavior
- PAM: assesses patient activation for self management

## What the Researchers Found

### Preliminary results from 3 networks:
- No existing toolkit items were felt to be usable "out of the box"
- Practices and patients are testing modified tools
- Action planning, accountability and peer support are common themes across the networks

### We hypothesize that:
- Boot Camp Translation and adoption of modified AHRQ SMS Library tools will positively influence the attitudes of patients enrolled in chronic care management toward self-management.
- We will identify Theory of Planned Behavior (TPB) elements that impact adoption of the Library/Toolkit by practices.

## What This Means for Clinical Practice

- Self management support may not be well served by "out of the box" tools
- Engaging patients in the design of tools and strategies that impact their care is important and useful
Practice Engagement and Patient Self Management Support: Approaches, Tools, and Resources

INSTTEPP Boot Camp
David Hahn, Wisconsin Research & Education Network (WREN)
16 May 2014

Questions for Practices & Patients

- What are definitions of Patient Engagement (PE), Self Management, and Self Management Support (SMS)?
- Why are PE and SMS important?
- What tools and resources are available?
- How does our practice implement PE and SMS?

Definitions

- Engagement – Strategies that health care teams can use to help educate and motivate patients to access and use services and tools to manage their illness.
- Self Management – Strategies that patients can use to look at their health behaviors and then make choices to improve their health based on their knowledge, skills, and attitudes.
Self-Management Support

Definition of SMS:
> Self-management support is the assistance caregivers provide patients with chronic conditions in order to encourage daily decisions that improve health related behaviors and clinical outcomes.
> Self-management support can be viewed in two ways: as a portfolio of techniques and tools that help patients choose healthy behaviors, and as a fundamental transformation of the patient–caregiver relationship into a collaborative partnership.

Patient Education vs. SMS
> Information and skills are taught
> Usually disease-specific
> Assumes that knowledge creates behavior change
> Goal is adherence
> Health care professionals are the teachers
> Skills to solve pt. identified problems are taught
> Skills are generalizable
> Assumes that confidence yields better outcomes
> Goal is increased self-efficacy
> Teachers can be professionals or peers

Why is Self-Management so Important?
> Clinical outcomes are dependent on patient actions.
> Patient self-management is inevitable.
> The health care team’s role is to be in partnership with the patient.
> Professionals are experts about diseases, patients are experts about their own lives.

Source: Improving Chronic Illness Care, www.improvingchroniccare.org
Upfront Collaborative Agenda Setting

- Identifies patient’s priorities
- Organizes the visit
- Decreases chance that patients or clinicians will introduce “oh by the way” items
- Screens for emotional issues
- Facilitates shared decisions about time use between acute, chronic, preventive services, including self-management support
- Does not lengthen the visit; protects time for planning
- Decreases clinician anxiety

Source: Brock, Mauksch, et al. JGIM, Nov. 2011

Patient Centered Problem Solving

Meet the patient where she/he is
Name the goal (wt loss)
Brainstorm activities (different ways)
Name an activity (exercise)
Focus the activity (biking)
How often?
When?
Barriers?
Confidence- 1(low) to 10(high)
What can help increase confidence?

Techniques

- Motivational Interviewing
- Problem Solving
- Peer Support
- Empowerment
- Skill Acquisition
- Modeling
- Reinterpreting symptoms

Source: Improving Chronic Illness Care, www.improvingchroniccare.org
What About Effectiveness?

- The effects of behavioral interventions cannot be compared to drug trials.
- Generally 5-15% will make clinically significant behavior change.
- When viewed at the level of a population, this benefits the health of the population.
- A more relevant outcome than behavior change may be improved self-efficacy, which translates into better quality of life and decreased utilization.

Source: Improving Chronic Illness Care, www.improvingchroniccare.org

Integrating SMS into Practice: 12 Evidence-Based Principles

1. Brief targeted assessment to guide SMS
2. Evidence-based information to guide shared decision making
3. Clinicians use a nonjudgmental approach
4. Collaborative priority and goal setting
5. Collaborative problem solving
6. Diverse providers can offer SMS
7. Diverse formats—individual, group, telephone, and self-instruction formats can be employed
8. Enhance patient self-efficacy
9. Active Follow-up
10. Guideline-based care management for selected patients
11. Linkages to evidence-based community self-management programs
12. Multifaceted interventions are more effective