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

Networks: ORPRN
IRENE
SNOCAP
WREN

INSTTEPP

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

North American
PRIMARY CARE
RESEARCH GROUP

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

North American
PRIMARY CARE
RESEARCH GROUP

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

North American
PRIMARY CARE
RESEARCH GROUP

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.

North American
PRIMARY CARE
RESEARCH GROUP

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

North American
PRIMARY CARE
RESEARCH GROUP

**Practice Engagement and Patient
Self Management Support:
Approaches, Tools, and Resources**

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

INSTTEPP

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?

INSTTEPP

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.

INSTTEPP

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

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

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:
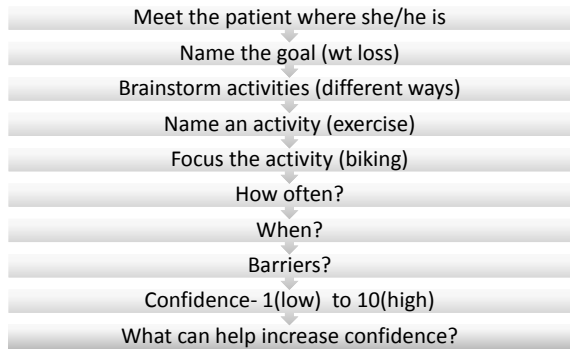Improving Chronic Illness Care, www.improvingchroniccare.org

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

INSTITUTE

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

INSTITUTE

Source: Battersby M. 12 SMS Implementation Principles. *Jt Commission J on Pt. Safety*. Dec. 2010.