



From WReN to WREN - Celebrating 25 years of practice-based research success!

Self-Management Support and Chronic Conditions: *Linking questions from communities to answers from communities*

Presentation to 2015 WREN Convocation

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The Reach of Research

- It is estimated that it takes an average of 17 years for 14% of original research to reach practice(s) and benefit the patients they care for.

(Balas and Boren. *Yearbook of Medical Informatics* 2000:65-70)

- A 1998 review of published studies on the quality of care found that only 3 of 5 patients with chronic conditions receive recommended care.

(Schuster M, McGlynn E, Brook R. How good is the quality of health care in the United States? *Milbank Quarterly* 1998;76:517-63)

Where Care Happens

113 : 1



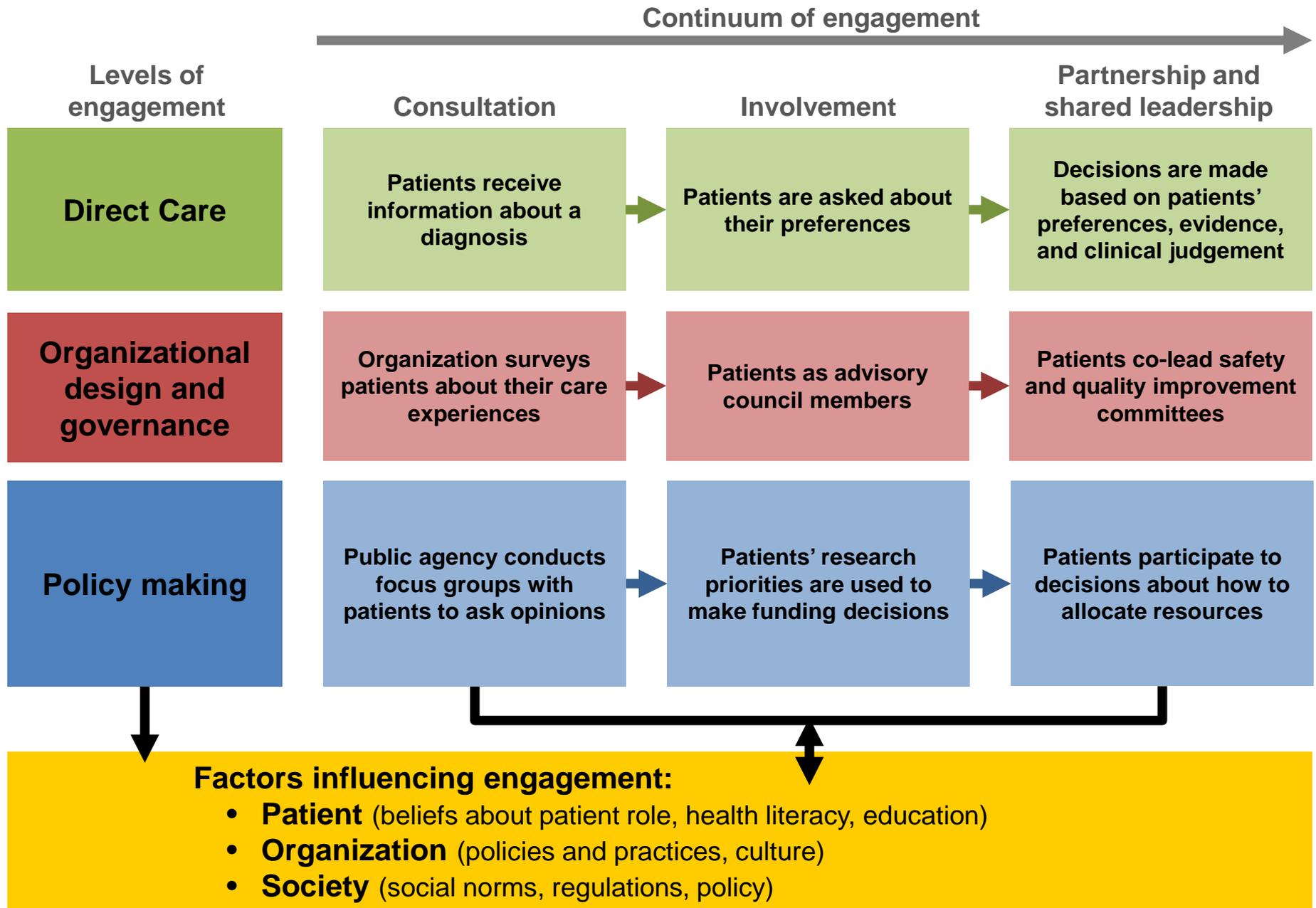
Continuum Strategies to Support Self-Management



Questions for WREN Practices

- Who is primarily responsible for driving SMS in your practice?
- What SMS tools are you using?
- How are you using HIT to facilitate SMS?
- How are patients informing you about SMS?

Multidimensional Framework For Patient And Family Engagement In Health



- Family takes care of family
- Staying healthy
- Pilot things as a practice
- Man does not live by acronym alone
- Take charge

- You can't fix everybody, fix what you can

- Keep it simple
- Trust your team

Empowering Patient

- Doctor Buy-in
- Share Successes
- Doc & Pt. meeting in the middle
- Hold each other accountable

INSTTEPP
 Boot Camp
 March 21, 2014
 Portland, Oregon

I N S T T E P P

- Experience-based care not just evidence-based

- We know the doctor can't do it (all)

Peer support groups

How do we go beyond the numbers?

- Integrate mind & body & make that normal

- Tools are of no use by themselves

- Just sending someone to the internet isn't enough

- It starts with relationship

- trust - home

* Get down on my level

* The doctor doesn't assume

- I want to know that you know ~~that you~~

How to start a peer support group

- Any can come
- Based on solutions
- Experts available to educate

Four SMS tools produced

Patient Name: _____
Date: _____

PROBLEM-SOLVING WORKSHEET

1. Problem: _____

2. Achievable goal: _____

3. How convinced are you that this is the right goal for you?

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

4. Solutions: Pros (+) Cons (-)

a) _____
b) _____
c) _____

5. Choice of solution: _____

6. Steps to achieve solution:

a) _____
b) _____
c) _____

Confidence ruler: How confident are you that you can reach your goal?

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

Notes: _____

MERCY
CEDAR RAPIDS

MERCY EMPLOYEE HEALTH CENTER
788 8th AVENUE SE
CEDAR RAPIDS, IA 52401

PERSONAL ACTION PLAN

Name: _____ Date: _____

1. Goals: Something you WANT to do: _____ 2. Positive Outcomes for my life: _____

3. Describe Action Plan (steps to achieve goal):
What: _____
When: _____
Where: _____ How often: _____
Start date: _____

4. Challenges/Obstacles: _____ 5. Plans to overcome challenges: _____

6. Support and resources to achieve goal: _____

7. How sure are you _____

8. Follow-Up: _____

703 10th Street SE

Take Charge of Your Health

Set a Personal Wellness Goal!



What is a goal? A goal is:

- 1) Something you want and think you can do
- 2) Something with clear steps
- 3) Something that makes you want to get to work and stick to it
- 4) Something that will make your health and quality of life better

Step 1: Set a Personal Wellness Goal Here:

My goal for better health and better quality of life is:

This goal is important to me because:

Now is the time to take control and make changes for a healthier you!

Step 2: My next step in reaching this goal is to share it with my doctor or the health care team at [the Clinic].



Your Diabetes Health Guide

Blood Pressure
Last visit: _____ Today: _____
Recommended: Less than 140/80 mm Hg

Total Cholesterol
At least once a year
Next due: _____

	Total Cholesterol	LDL	HDL	Triglycerides
Result				
Recommended Men	Less than 200	Less than 100	Greater than 40	Less than 150 mg/dl
Recommended Women	Less than 200	Less than 100	Greater than 50	Less than 150 mg/dl

____ Did you get your yearly flu vaccine?
____ Did you get your pneumonia vaccine?
____ Are you taking aspirin?
____ Are you taking ACE or ARB medication for kidneys or blood pressure?
____ Are you taking any statins for cholesterol?

When was the last time I reviewed my care plan with my doctor? _____

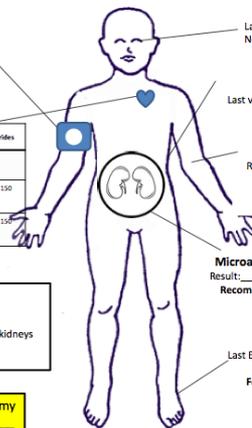
Dilated Eye Exam
Last Exam date: _____
Next Due: _____
Once a year

Weight Check
Last Visit: _____ Today: _____
Goal Weight: _____ Lbs.

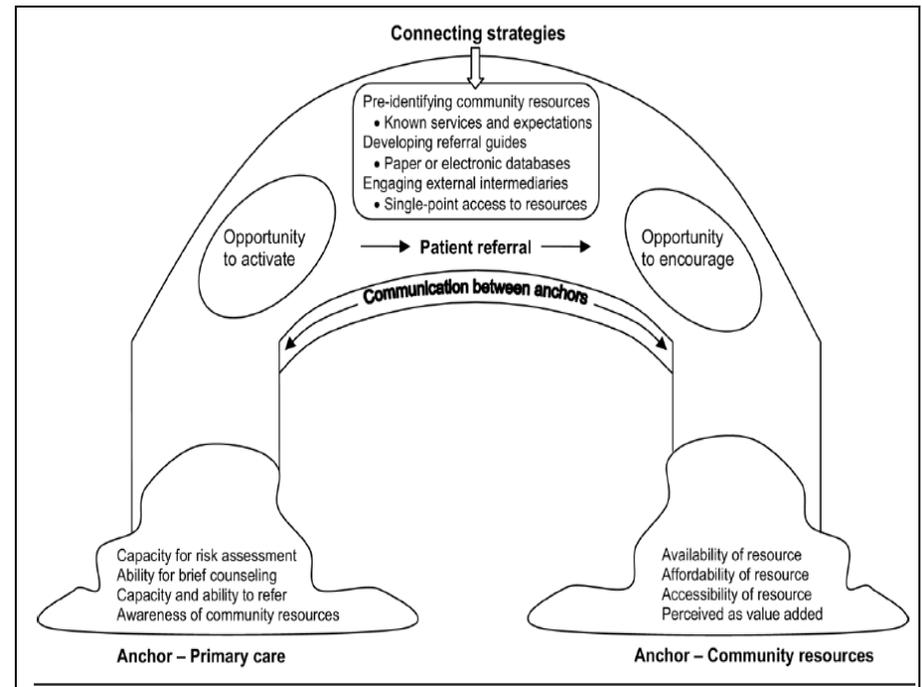
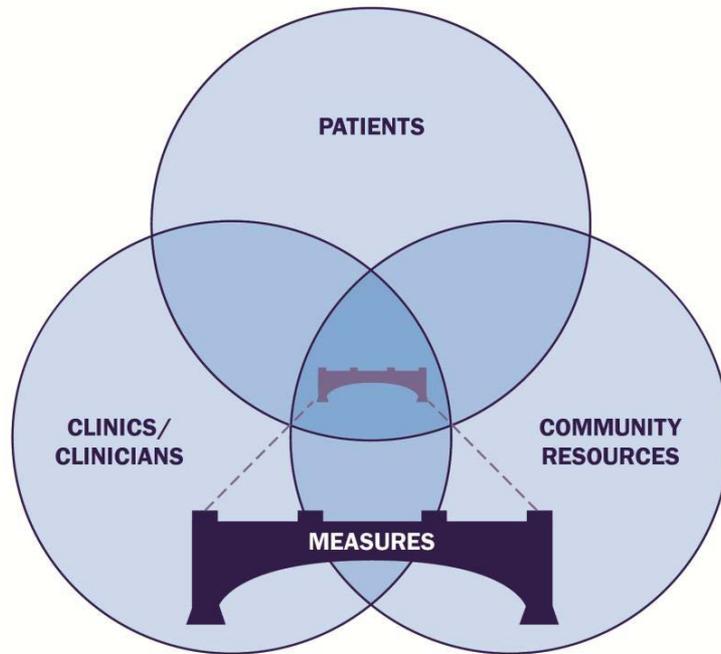
HbA1c
Result: _____ Next Due: _____
Recommended: Less than 7%
Every 3-6 months

Microalbumin/Creatine (kidney)
Result: _____ Next due: _____
Recommended: Less than 30 mg/dl
At least once a year

Foot Exam for Nerves
Last Exam: _____ Next Due: _____
At least once a year
Foot check at each diabetes visit



Patient referral to community resources, a conceptual framework



Etz RS. *AM J Prev Med*. 2008

<http://www.ahrq.gov/professionals/prevention-chronic-care/resources/clinical-community-relationships-eval-roadmap/index.html#>

Priority Questions

- How do the characteristics of primary care clinics, patients and community resources influence the effectiveness of linkages for the delivery of patient self-management support?
- What are the best methods, strategies, and settings for studying and improving clinical-community resource relationships for the delivery of patient self-management support?
- What are the best measures for evaluating the effectiveness of clinical-community resource relationships for the delivery of patient self-management support?