Self-Management Support: Partnering with Patients in a Team Effort

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Judith Schaefer, MPH

MacColl Center for Health Care Innovation, KPWA Health Research Institute

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I have no financial interests to disclose.

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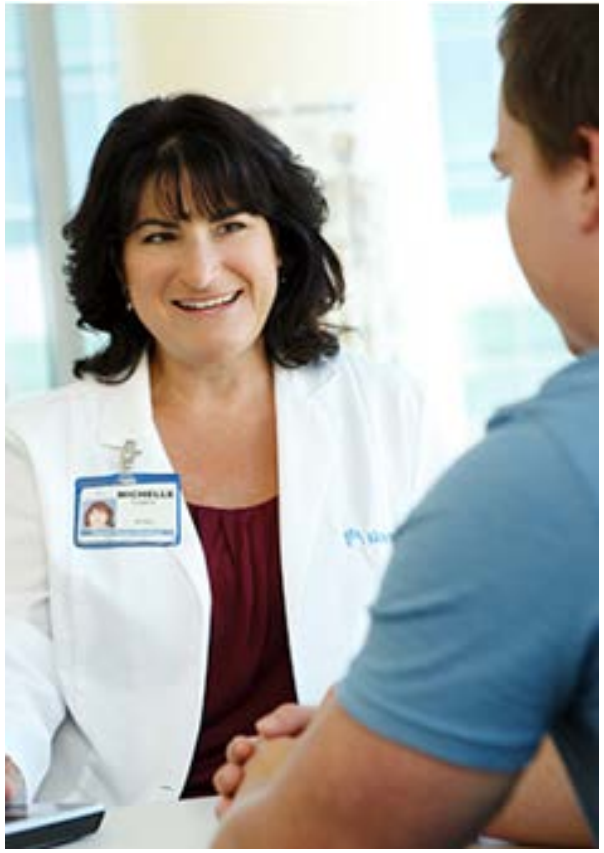
"The purpose of self-management support is to **aid** and **inspire** patients to become informed about their conditions and take an active role in their treatment."

– Tom Bodenheimer, MD



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Two Views of SMS

- Portfolio of Tools and Techniques to help patients change behavior

- A fundamental transformation of the patient caregiver relationship into a **collaborative** partnership.

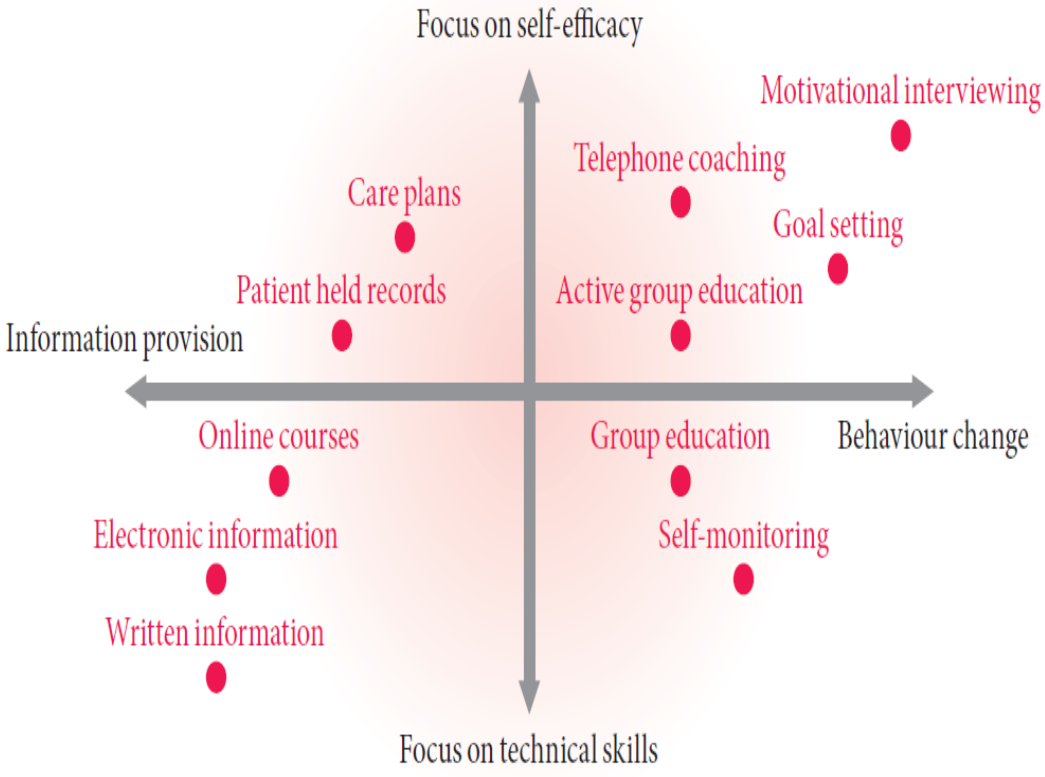
Session Overview and Objectives

1) Brief overview of a framework for implementing SMS and creating collaborative care plans

2) Review of roles and tasks for team implementation of SMS

3) Skills and tools to improve collaboration

Effective SMS Interventions



- Setting goals and following up on achievement
- Involving people in decision making; proactive education
- Helping people manage the social, emotional and physical impacts of chronic conditions

Collaborative Care: Cycle of Self-Management Support

Gather Clinical Data
- labs
- screenings
- specialist reports

Gather Patient Experiences
- symptom monitoring
- medication taking
- stressors

Before the Visit

1

CARE PLAN

During the Visit

2

After the Visit

3

Improved Outcomes

- Increased Healthy Behaviors
- Improved Clinical Outcomes
- Increased Collaboration between Patient and Provider
- Improved Physician Satisfaction and Retention

Follow Up
- revise action plan
- problem solve

Front Office
- build relationships
- explore needs and preferences

Specialist Referrals
- coordinate care referrals

Provider Exam
- set agenda
- review clinical and patient experience information
- collaborate to set SM goals in care plan

Community Linkages
- patient education programs
- fitness and nutrition
- Web-based resources and social networking

Peer Programs
- voluntary health organizations
- web-based chat rooms
- lay-led groups

Nurse/MA Coaching & Support
- create action plan
- assess barriers
- support change
- patient education & skill building

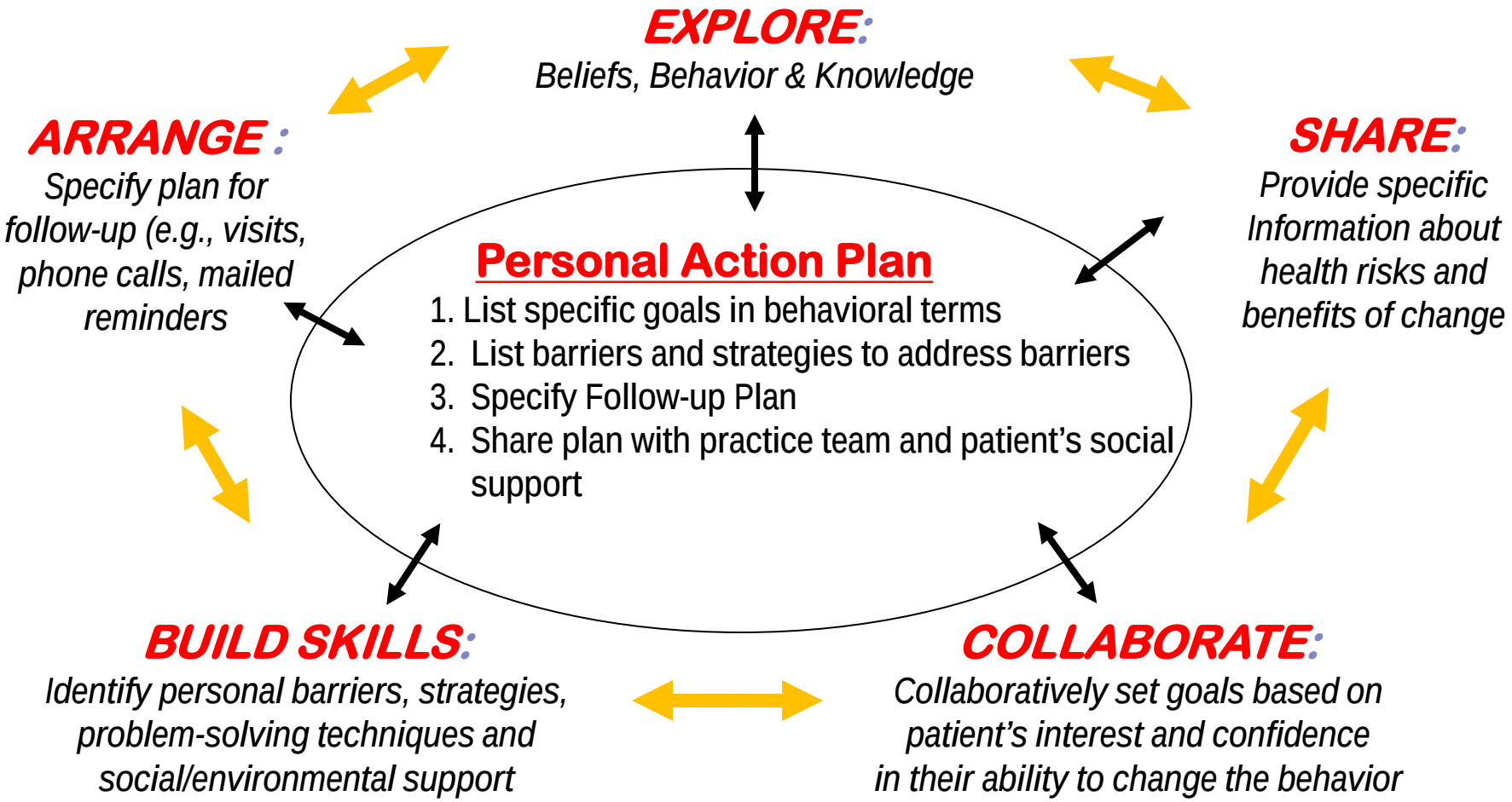
"The purpose of self management support is to aid and inspire patients to become informed about their conditions and take an active role in their treatment." —Bodenheimer 2005

For more information, tools and links, go to:
www.NewHealthPartnerships.org

Roles & Tasks

Role	Provider	Nurse	Medical Assistant	Clinical Care Manager	Nutritionist, PT, OT	Lay Staff	Patient
Introduce SMS and patient role							
Set visit agenda							
Collaboratively Set Goals							
Provide information and training to patients							
Create an Action Plan							
Link patients with system and community resources							
Proactive follow up							

Self-Management Support: An Ongoing Process



Adapted from Glasgow RE, et al (2002) ***Ann Beh Med 24(2):80-87***

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What is Self-Management Support

A process to help people to:

- Understand
- Decide among treatments & strategies
- Identify and set goals
- Adopt and change behaviors
- Cope and problem-solve to address barriers
- Learn skills
- Follow-through

Self-Management Support Core Tasks

- Relationship Building
- Assessing patients' experience and needs, expectations and values
- Information Sharing
- Collaborative Goal Setting
- Action Planning
- Problem Solving
- Follow up

If you have DIABETES, here are some things you can talk about with your health care provider

→*Add other concerns in the blank circles.*

Blood glucose monitoring

Taking medications to help control blood sugar

Taking insulin

Physical Activity

Diet

Losing weight

Depression ☹

Daily foot care

Smoking

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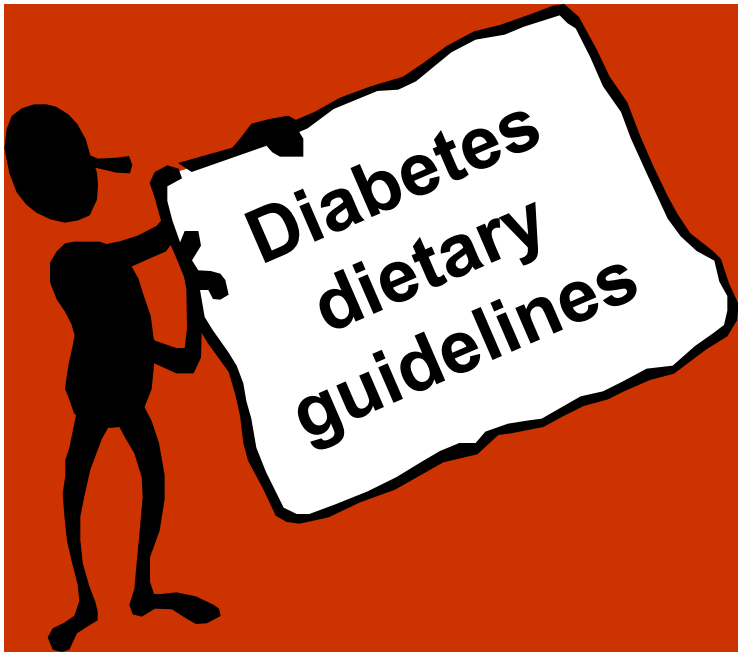
Assess: Agenda

- *“What are you hoping to accomplish today?”*
- *“What aspect of your diabetes care is most important to address?”*
- *Which of these self-care behaviors would you like to work on?*

Advise – Give Information



Ask Permission

Ask Understanding

Tell (Personalize)

Ask Understanding

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Assess Conviction

"How convinced are you that it is important to monitor your blood sugars?"

Not at all convinced 0 1 2 3 4 5 6 7 8 9 10 **Totally convinced**

"What makes you say 4?"

"What leads you to say 4 and not zero?"

"What would it take to move it to a 6?"

From Keller and White, 1997; Rollnick, Mason and Butler, 1999

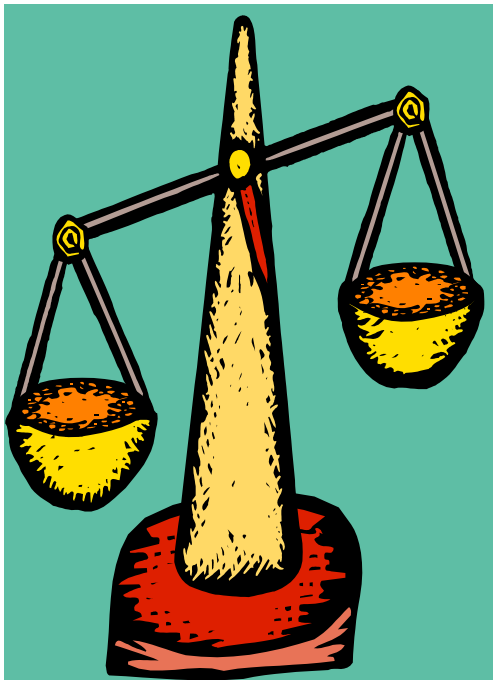
Challenge: Health Literacy

- **Nearly half of all American adults–90 million people–have difficulty understanding and acting upon health information.**
- **This affects ability to read and understand dosage instructions on medication bottles, poison warnings, appointment slips and consent forms**

Health Literacy: A Prescription to End Confusion (2004). Institute of Medicine;
Available at: http:www.hsph.harvard.edu/healthliteracy

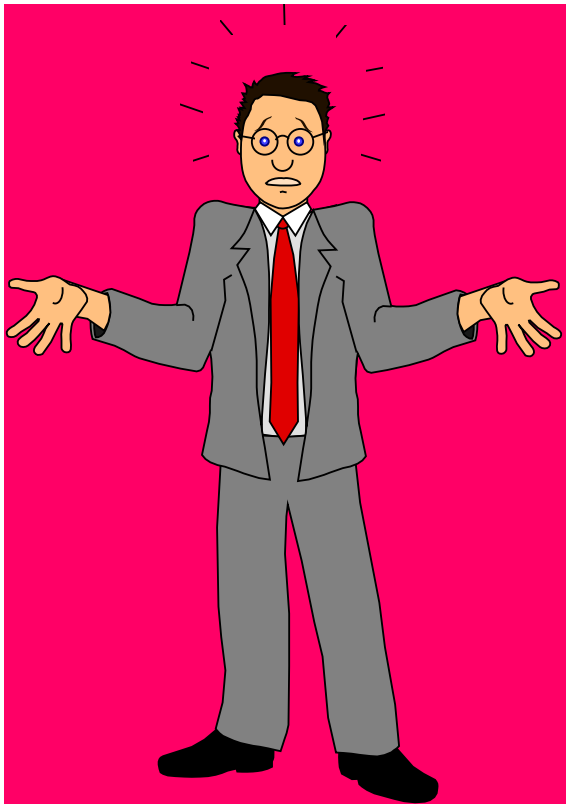
Assist: When Conviction is Low
Explore Ambivalence

- *"What are the good things about changing?"*
- *"What's the down side of staying the same?"*
- *"What's the down side of taking action?"*
- *"What are the good things about staying the same?"*
- *"What would you have to give up in order to make this a priority?"*



Enhance Conviction: Respond to Ambivalence

- **Reflection**
  - **simple reflection and summaries**
  - **double sided reflection: "*So on the one hand……, while on the other hand……..*"**
- **Empathy**
- **Acknowledge and affirm any change talk**



Enhance Conviction: Rolling with Resistance

Use your OARS

- **Open-ended Inquiry**
- **Affirmation**
- **Reflections**
- **Summaries**

Agree: Collaboratively Set Goals

- **Consider patient readiness, conviction and confidence**
- **Consider clinician priorities**
- **Offer options**
- **Support patient autonomy and choice**

Assist: Action Plan

1. Goals: Something you WANT to do
2. Describe
   - ✓ How
   - ✓ What
   - ✓ When
   - ✓ Where
   - ✓ Frequency
3. Barriers
4. Plans to overcome barriers
5. Confidence rating (1-10)
6. Follow-Up:

Assist: Enhance Confidence

"How confident are you that you can follow the dietary guidelines I outlined?"

Not at all confident | **0 1 2 3 4 5 6 7 8 9 10** | **Totally confident**

"What makes you say 6?

"What might help you to get to a 7 or 8?"

"What could I do to help you to feel more confident?"

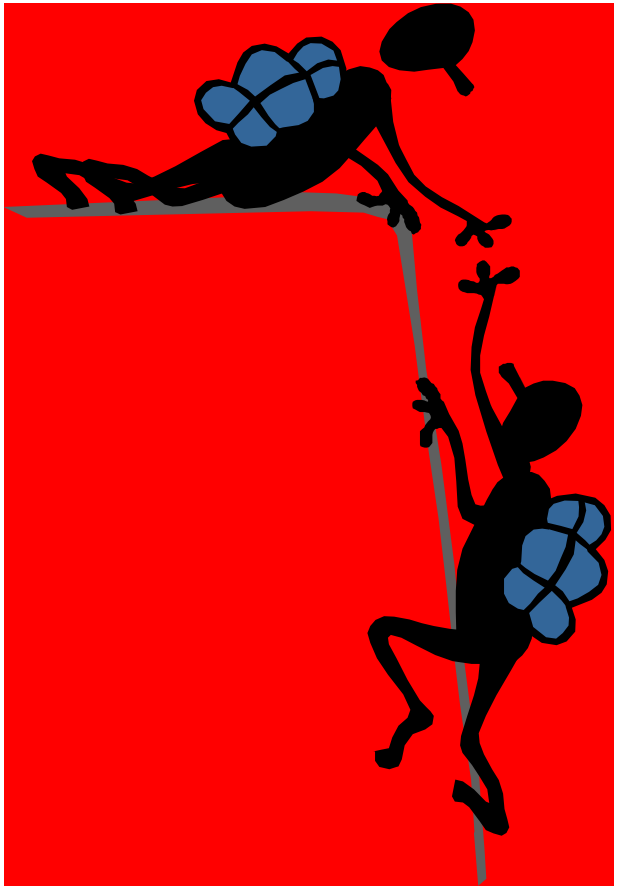
From Keller and White, 1997; Rollnick, Mason and Butler, 1999

Assist: Enhance Confidence

- **Review past experience - especially successes**
- **Define small steps that are likely to lead to success**

Assist: Enhance Confidence

- **Provide tools, strategies, resources, skills**
- **Address barriers**
- **Attend to progress and to perceive slips as occasions for problem solving rather than as failure**



Assist: Enhance Confidence

Identify Barriers & Problem-Solve

- ***What will get in the way?***
- ***Anything else?***
- ***What might help you to overcome that barrier?***
- ***Anything help in the past?***
- ***Here is what others have done...***
- ***Ok, now what is your plan?***

The Patient

The Medical Assistant

The Provider

Leaves with scripts, referrals, and instructions

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The Patient

Other Activated Patients

Integrated plan Medical & SMG

The Provider

The Medical Assistant

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First Key Service: MA Planned Visits

Planning and preparation:

Assure all information

is up to date in chart

- Do goal setting on
- patient determined goal
- Provide follow up after
- the visit

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The Provider – Integrated Medical Plan and Self-Management Goals

B ACKGROUND
B ARRIERS
S UCCESSES
W ILLINGNESS…
A CTION PLAN
R EMEMBER

NON-DIRECTIVE COUNSELLING

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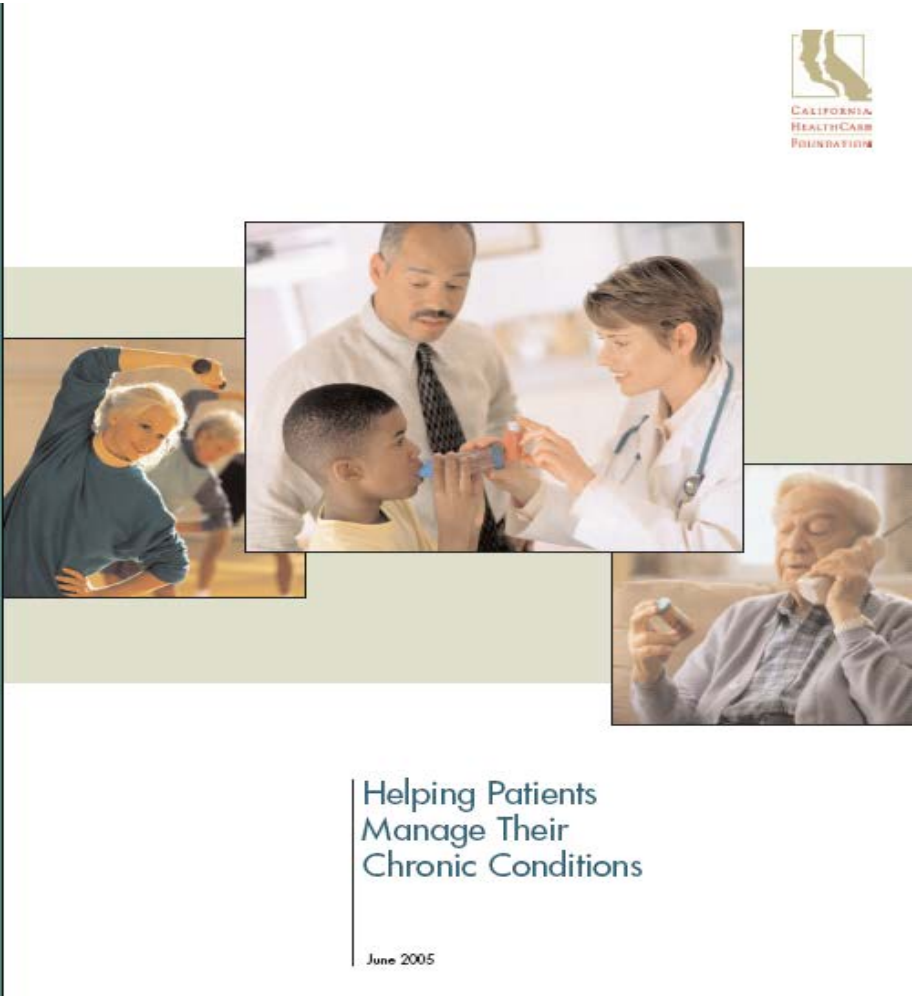
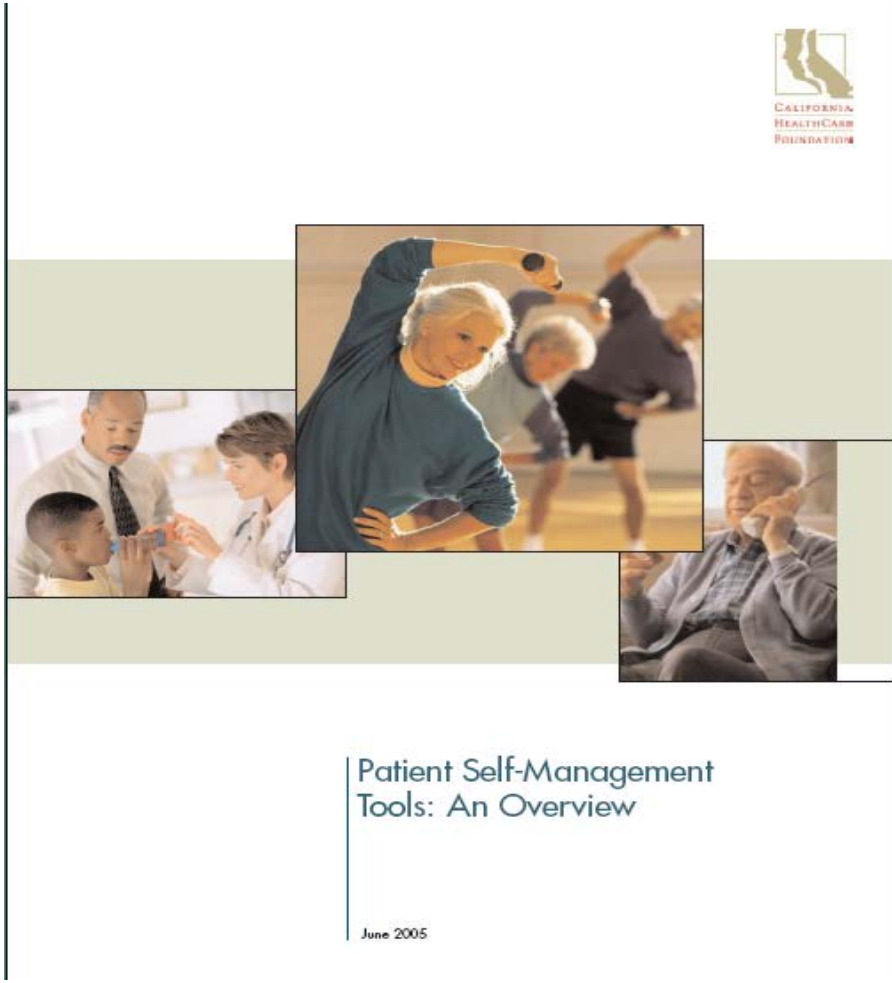
www.chcf.org





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Thank You!

- Resources:
- http://www.improvingchroniccare.org/index.php?p=Clinician_Toolkit&s=1246
- www.improvingchroniccare.org
- www.chcf.org
- http://www.orau.gov/ahrq/sms_how.html

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