"Self Management Support – What is it?"

Development of a National Framework for Self Management Support for COPD, Asthma, Diabetes and Cardiovascular Disease.

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What is self management?
Refers to people who are living with a long term health condition and encompasses their everyday self care activity. (WA 2009)

What is Self Management Support?
The work of organisations, systems, health providers or carers in supporting individuals in managing their conditions.

SMS can be viewed in two ways:
• as a portfolio of techniques and tools that help patients choose healthy behaviours

...and as a fundamental transformation of the patient–caregiver relationship into a collaborative partnership.

(Bodeheimer T, MacGregor K, Shahri C (2005). Helping patients manage their chronic conditions. California: California Healthcare Foundation.)

The 2015 framework for SMS for COPD, Asthma, Diabetes and CVD will build on the 2012 HSE framework for self management support, long term health conditions

Empower patients
• To make better use of consultations with professionals and to take a greater role in managing their own health conditions

Enable Health Care professionals
• To engage in more shared decision making and to provide better self management support including personalised self management care plans

Healthcare Organisation and Community - Improve access to self management supports
• Including: information; technology; education; and social support

What is a self management support intervention?
An intervention designed to develop the abilities of patients to manage their health conditions through education, training and support - to develop patient knowledge, skills or psychological and social resources.

High quality health information supports self management:
– increases individuals’ knowledge, confidence & reduces anxiety
– Many patients struggle to recall the health advice and information provided to them at their most recent healthcare appointment (Health Foundation, 2000).

Components of SMS – most interventions include more than one (Ref: PRISMS)

DIRECT (delivered directly to patients and/or carers) – some examples:
• Patient education (e.g. as in DESMOND: CODE: Heart failure model of care)
• Written action plans (as recommended in the Asthma clinical programme model of care)
• Support with adherence to medicines
• Self-management plans (e.g. as part of DAFFINE; general COPD guidelines)
• Social support & peer support e.g. Stroke support groups
• Lifestyle advice and support e.g. Smoking cessation information about available resources

INDIRECT (health professional level) (delivered to individual HCPs) – some examples:
• Training in self management support for health care professionals e.g. PICO – learning module
• Peer educational prompts
• Financial incentives

INDIRECT: organisational level (delivered at organisational level) e.g.
• Implementing SMS across the organisation including training managers
• Audit and feedback at an organisational level

Example:
Cardiac Rehabilitation; Pneumonary Rehabilitation; Diabetes structured education; Home based voluntary organs and HSE; Asthma Information and education (Asthma society)

Generic COPSM (various initiatives within HSE and voluntary organs, if healthy eating initiatives – e.g. PLAN; Programme for Lifestyle and fashion; HSE Midlands)

HSE A-Z
• RMH (Weight Management): HSE – Tipperary
• Bridge Self Management Programme HSE – Dublin

Evidence that self management support interventions for COPD, Asthma, Diabetes and Cardiovascular disease can improve outcomes and reduce healthcare utilisation: PRISMS & RECURSIVE reviews

Asthma: self management support reduces hospital admissions and ED visits, and increase QoL in people with asthma. Optimal asthma self management should include education supported by a written asthma action plan.

COPD – Self management education support: disease specific education interventions were associated with a reduction in COPD related hospital admissions.

Diabetes type II – Disease specific patient education – strong evidence to suggest that this education has a positive impact on 

HbA1c

Stroke – therapy rehabilitation improves AGS information; psychological support including support groups may develop self efficacy

Hypertension – evidence for self monitoring is promising but mixed – may be more successful as part of a complex intervention – patient perception important


Overall, SMS improves outcomes – case management (more labour intensive) lowers cost

Evidences that SMS in cardiovascular including Heart Failure, generally improves outcomes

SMS for cardiovascular and respiratory diseases are most likely to reduce health care utilisation


2015 – Development of a framework for SMS for COPD, Asthma, Diabetes and CVD – Steps:

• Examine current provision of SMS for these diseases in Ireland – through survey of CHOs and liaison with stakeholders to identify current provision of self management support for COPD, Asthma, Diabetes and Cardiovascular Disease prior to progressing

• Examine the evidence for disease specific and generic SMS interventions – HCA commissioned to carry out a HTA reporting 2015.

• Review of evidence from consultations with patients and previous HSE work on SMS

• Combine evidence from all of these sources and together with a cross sectorial advisory group a national framework which addresses the interventions and coordination of SMS for these four disease areas

• Consultation on a draft Framework will take place in 2016 prior to finalisation

References available upon request