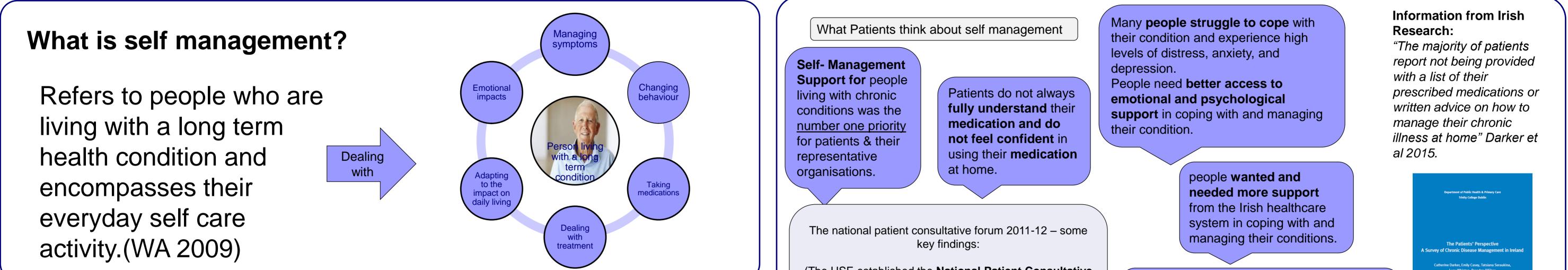
"Self Management Support – What is it?"

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

Presenting Author: Carmel Mullaney Authors: Dr Carmel Mullaney; Ms Geraldine Quinn, Dr Oraith O'Reilly



What is Self Management <u>Support</u>?

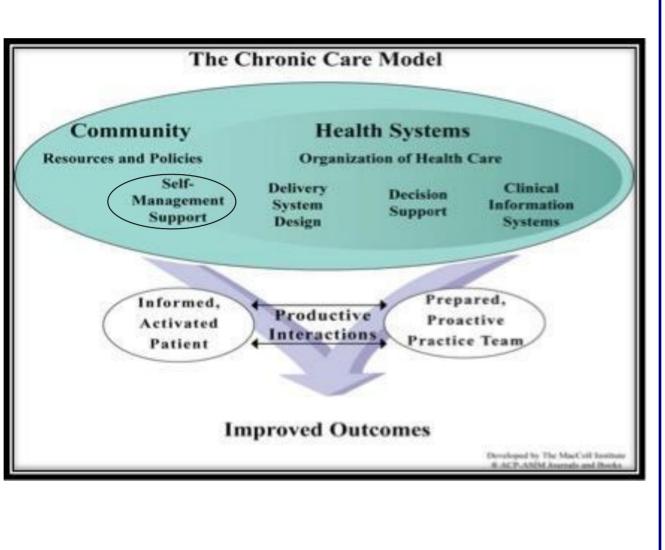
The work of organisations, systems, health providers or carers in supporting individuals in managing their conditions.

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 patientcaregiver relationship into a collaborative partnership.

(Bodenheimer t, MacGregor K, Shafiri C (2005). Helping patients manage their chronic conditions. California: California Healthcare,



Implementation of SMS for chronic disease is Supported by Irish Health Policy and Research.



ramework for self-management suppo

Healthy Ireland

n the Health Services

(The HSE established the National Patient Consultative Forum in January 2011 to facilitate communication with patients and patient support groups and to integrate patients' experiences and needs within the work of the national clinical care programmes.)

What is a <u>self management support</u> intervention?

An intervention designed to develop the abilities of patients to manage their health conditions through education, training and support - to Components of develop patient knowledge, SMS interventions skills or psychological and social resources.

Examples

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, 2006).

Some examples of SMS programmes and interventions currently available in Ireland

Support for self-management needs to be visible at every level of the healthcare system... The voluntary sector and patient support organisations are important partners

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

DIRECT (delivered directly to patients and/or carers) - some examples:

The Adelaide Health Foundat

- •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 e.g. medicine reviews;
- •training in psychological strategies, e.g. As part of DAFNE; generic CDSMPs (Stanford model)
- •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. ICGP e-learning module •Paper/electronic prompts •Financial incentives

INDIRECT: organisational level (delivered at organisational level) **e.g.**

 Implementing SMS across the organisation including training managers

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

•Cardiac Rehabilitation: Pulmonary Rehabilitation; **Diabetes structured** patient education voluntary orgs and HSE •Asthma information and education (Asthma society)

•HSE A-Z

• Well Now (Weight Management) : HSE - Tipperary •'Bridges' Stroke Self Management Programme -HSE – Dublin

Midlands

voluntary orgs.

•Generic CDSMP (various

initiatives within HSE and

•Healthy eating initiatives –

e.g. PLAN (Programme for

Lifestyle and Nutrition) :HSE

•Audit and feedback at an organisational level

A review of **Donegal** self management support initiatives produced recommendations for "an integrated governance structure that leads and supports (SMS) programme development and delivery across Donegal, with wide representation from key stakeholders. 'Donegal Self Management Support Initiatives'. Produced by: Ms Lynn Stoddart, Nurse Lead for Long Term Conditions 26th June 2014

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 HbA_{1c}

Stroke - therapy rehabilitation improves ADL; 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

Taylor SJC, Pinnock H, Epiphaniou E, Pearce G, et al A rapid synthesis of the evidence on interventions supporting selfmanagement for people with long-term conditions Health Serv Deliv Res 2014;2(53)

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

Healthcare Organisation and Community - Improve access to self management supports

• Including: information; technology; education, and social support

Title of Abstract: Self Management Support (SMS) - What is it? Development of a national self management support framework for Diabetes, COPD, Asthma, and cardiovascular disease

Presenting Author: Dr Carmel Mullaney.

Co- authors: Dr Orlaith O'Reilly; Ms Geraldine Quinn, **Background:** Development of a self management support (SMS) framework for cardiovascular disease, diabetes, COPD and asthma is a HSE priority (Healthy Ireland

Action 26).

Objective: To share some of our learning as a team over the past nine months on self management support for chronic diseases - focusing particularly on cardiovascular disease, Diabetes, COPD and Asthma.

Method:

During this presentation we will:

•define self management support with reference to key literature •Address

the reasons why the HSE should support patient self management where SMS fits with the chronic care model the importance of SMS as an element of person centred care the main components of SMS – referencing the NHS PRISMS review; and some of the evidence for effectiveness and cost effectiveness – referencing PRISMS and RECURSIVE reviews from the UK •Outline the work of the Health Foundation, and 'National Voices' in the UK:

information as

 effective therapy; patient involvement leads to better clinical decisions; and integrated self management support works best i.e. provided as part of routine healthcare •Identify what we know already about SMS interventions in the areas of cardiovascular disease, Diabetes, COPD and Asthma – that have been shown to improve clinical outcomes and reduce healthcare utilisation – and what we expect from the HIQA HTA due to report this autumn. •Outline some of the SMS services already in place in Ireland: including Diabetes structured education; Cardiac rehab, pulmonary rehab, stroke support groups, help with behaviour change such as smoking cessation; provision of information e.g. HSE A-Z. Numerous initiatives using the Stanford programme (a group based 6 week programme which has been shown to increase self efficacy). Front line experience in Donegal. Outline SMS survey currently being carried out. •Describe key findings of consultations with patients and patient organisations on this topic from Ireland in recent years.

Outline the different levels of SMS – provided directly to the patient, to health care workers, and at organisation and system level. Health care workers need the knowledge and skills to provide the support needed. Organisations need to prioritise and facilitate the provision of support.

Conclusions: While the HSE is engaging to support self management there is a need for a strategic approach. We need to ensure access to evidence based interventions **e.g.** diabetes structured education, cardiac rehab, written action plans for asthma; accessible information. We need to consult and take decisions on how patient empowering services can be developed.

•Evidence that SMS in cardiovascular including Heart Failure, generally improves outcomes •SMS for cardiovascular and respiratory diseases are most likely to reduce health care utilisation

RECURSIVE (NIHR 2014 – Reducing Care Utilisation through Self-management interventions: a systematic review and meta-analysis. Panagioti et al Health Serv Deliv Res 2014;2(54))

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 - survey ongoing

•Examine the evidence for disease specific and generic SMS interventions - HIQA 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 sectoral advisory group agree 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