



DHS Workshop – 23<sup>rd</sup> August 2007

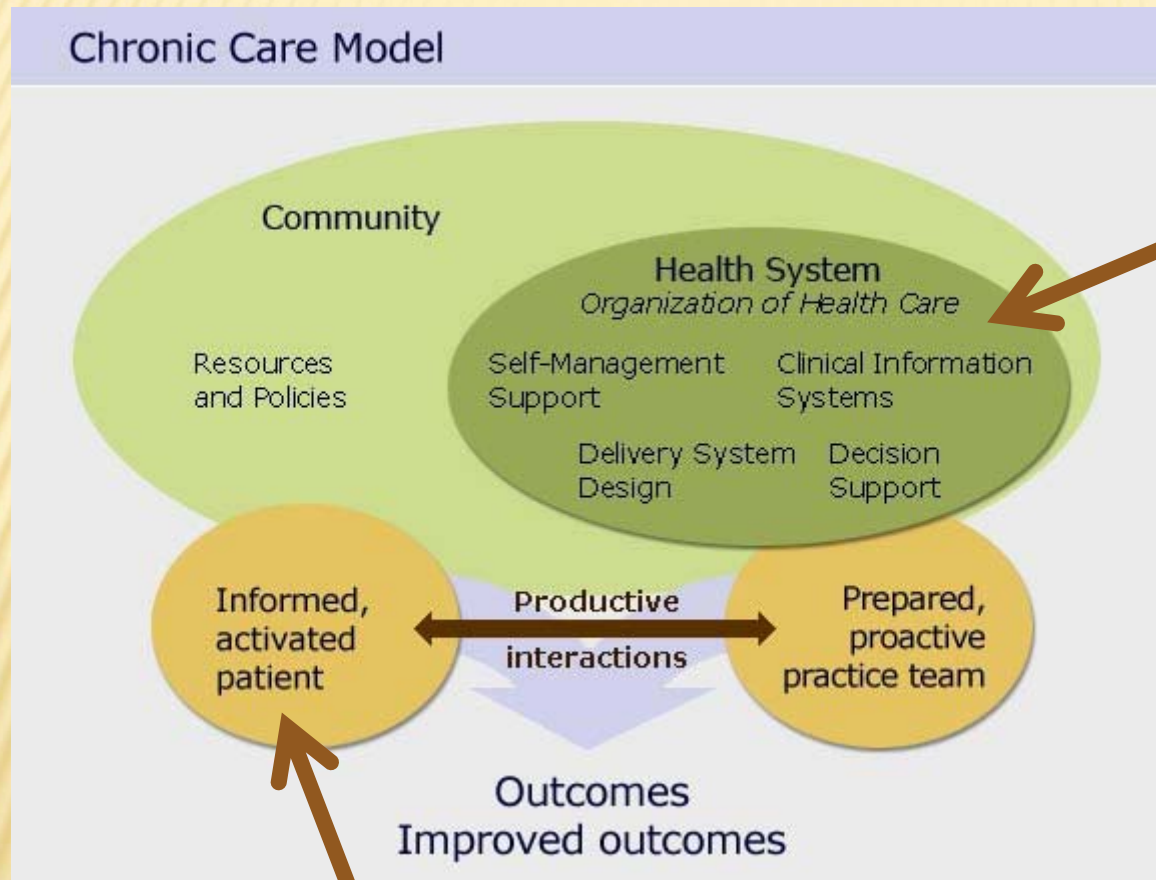
# **SELF-MANAGEMENT**

# INTEGRATED CHRONIC DISEASE MANAGEMENT

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- ✘ Represents care, be that a single or multiple interventions, that aims to reduce the impact, better manage, or prevent chronic conditions. It is based on a planned and coordinated approach to care that actively engages the service user and other service providers and is monitored and reviewed.
- ✘ Integrated chronic disease management underpins much current Federal and State health policy, and is increasingly of interest collectively (i.e. COAG).
- ✘ Will continue to be of keen interest to health funders, be they public or private, as it offers a proactive response to the changing burden of disease within our society.

# CHRONIC CARE (WAGNER) MODEL



Self-management sits within a health system not *outside* of it.

The aim is an informed, activated patient, not simply a good self-management program or intervention.



# CHRONIC CARE (WAGNER) MODEL

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- ✘ Health care organisation – the structure, goals, and values of the provider organisation.
- ✘ Delivery system design – the structure of medical practice.
- ✘ Decision support – integration of evidence-based clinical guidelines into practice and reminder systems.
- ✘ Clinical information systems – data and information management and technology.
- ✘ Self-management support – the collaborations needed to help patients and their families acquire the skills and confidence necessary to manage their condition,
- ✘ Community resources – linkages with other organisations and community resources e.g. self-help groups, exercise programs, etc.

# SELF-MANAGEMENT

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- ✘ The aim of all self-management support (programs and interventions) is the maximization of health and well-being through the promotion and enhancement of self-care.
- ✘ Self-management support aims to achieve this outcome by enhancing individuals' self-efficacy.
- ✘ Self-esteem is a positive or negative orientation toward oneself; an overall evaluation of one's worth or value. People are motivated to have high self-esteem, and having it indicates positive self-regard, not egotism.

Self-esteem is only one component of the self-concept, which Rosenberg defines as "totality of the individual's thoughts and feelings with reference to himself as an object." Besides self-esteem, self-efficacy or mastery, and self-identities are important parts of the self-concept.

## WHAT THE LITERATURE SUGGESTS

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- ✘ Somewhat unclear picture about what types of approach works for different clients with different conditions. No 'rule' has been formulated. That said, an increasing amount of work is now contextualising self-management and exploring its temporal and environmental dimensions.
- ✘ Cost effectiveness – Savings on direct costs have been found in range of studies, that have demonstrated decreased health service and resource use, particularly hospital admissions, hospital days and emergency department use.
- ✘ Further research is required into barriers to participation, including depression and health literacy as factors influencing uptake into programs/participation in interventions and outcomes.

## KEY SELF-MANAGEMENT SKILLS

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- ✘ Chronic Care Model: problem solving, decision making, resource utilisation, patient-provider relationships, and taking action.
- ✘ Flinders Model: knowing their condition and treatments, negotiating a plan of care, activities that promote and protect health, monitor their condition, and manage the impact of the condition.
- ✘ Stanford Model: Problem solving , goal setting, behaviour support, managing emotions, and self-monitoring .
- ✘ heiQ: positive and active engagement in life, health directed behaviour, skill and technique acquisition, self monitoring and insight, health service navigation, social integration and support, emotional well-being.

## PROGRAMMATIC APPROACHES TO SELF-MANAGEMENT

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- ✘ Flinders Model: clinician-led, emphasises the education of the primary health care team. Involves a structured process of assessment, collaborative goal setting, and individualised care planning.
- ✘ Stanford Model: broad-based psycho-educational approach to self-management. Aims to increase motivation and capacity to target specific health behaviors.
- ✘ Expert Patient Program: generic approach to self-management, however, is also tied to the Quality and Outcomes Framework that rewards good quality chronic disease management by GPs.

# SELF-MANAGEMENT INTERVENTIONS

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- ✘ Just how long is a piece of string...
- ✘ Motivational interviewing: “a directive, client-centred counselling style for eliciting behaviour change by helping clients explore and resolve ambivalence”. Used widely by drug and alcohol services.
- ✘ Health coaching: assist clients in achieving attitude and behaviour change to achieve improved health and well-being outcomes.
- ✘ Action planning: bridging the gap between intention and action.
- ✘ Building habits: creating opportunities for healthy habits to grow.

# SELF-MANAGEMENT INTERVENTIONS

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- ✘ But by no means is this list exhaustive...
  
- ✘ Other types of interventions include:
  - + Health Belief Model
  - + Stages of Change Model
  - + Consumer Information Processing Model
  - + Implementation Intentions Model
  - + Social Learning Theory
  - + Health Trainer Model
  - + Natural Helper Model
  - + Diffusion of Innovations Model
  - + Theories of Organizational Change
  - + Community Coalition Action Model
  - + Social Marketing Model
  - + PRECEDE-PROCEED Model

## ISSUES TO BEAR IN MIND...

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- ✘ Achieving good self-management outcomes is more than just a program or an intervention.
- ✘ Refer to the evidence on an on-going basis – currently there are a lot of ideas and approaches but unfortunately often very few consistent findings.
- ✘ One program, intervention, or approach can not work with all clients.
- ✘ Some self-management thinking and/or training is implicit in most health-related courses of study. You're often not starting from a clean slate.