Common Models of Chronic Disease Self-Management Support

Fact Sheet for Primary Care Partnerships

Chronic disease self-management support can be described more as a philosophy or approach to working with people who have a chronic disease rather than an intervention. One form or model of self-management support may not be appropriate for everyone or meet all of the needs of any one person. However, there are a number of self-management support models and training programs which are well-researched and evidence-based, and which provide a good underlying understanding of chronic disease self-management support theory and principles.

Stanford Chronic Disease Self-Management Program

Background: The Stanford model (sometimes called the Lorig course) was developed at Stanford University, USA in the 1990s and has been translated into many languages and implemented throughout the world. Stanford University initially developed the Arthritis Self-Management Program in the 1980s but recognised that self-management skills are common to a range of chronic diseases. Subsequently, a program appropriate for anyone with a chronic disease was developed through a stringent evaluation process.

Brief Description
- 6-week group-based course for 10-15 participants
- Utilises 2 leaders, one a health professional and one a peer leader
- Very structured in content
- Requires a 3-day training program for leaders to deliver the course

Benefits
- group environment reduces sense of isolation and facilitates self-efficacy
- facilitates empowerment of participants through peer learning and sharing
- strong goal setting and problem solving focus

Limitations
- not everyone is suited to or responds in a group environment
- limited capacity in group environment to address individual barriers
- very structured content limits flexibility for different learning needs, styles and speeds
- time-limited (6 weeks) – participants often seek ongoing peer contact after the course and may need support to find avenues for this

More information: http://patienteducation.stanford.edu/programs/cdsmp.html

http://www.arthritisvic.org.au/pages.asp?d=5A4C5A717251477C7008060B030604

The 'Flinders Model' of Chronic Condition Self-Management

Background: Developed at the Flinders University Human Behaviour and Health Research Unit (FHB & HRU) in South Australia in the 1990s as part of a Coordinated Care Trial Project (The SA Health Plus Trial). The Flinders Model identifies six characteristics of 'good' self-management and provides clinicians with tools to assess self-management capability and to develop collaborative care plans with their clients.

Brief Description
- Comprehensive one-to-one self-management assessment and care planning process.
- Utilises a number of standardised tools/forms: the Partners in Health Scale, Cue and Response Questionnaire, Problem and Goals and Care Plan.
- Requires a 2 day training program and submission and approval of three case studies for clinicians to become accredited to use the model in their practice.

Benefits
- Very individualised.
- Promotes a person-centred focus through emphasis on defining the person's goals rather than the clinical goals.
- Training promotes systems change within organisations to support self-management and chronic illness care.
- Training provides a good background in the difference between chronic illness and acute models of care.

Limitations
- Time intensive when implemented in the format it was designed (ie use of all tools).
- Some people with chronic disease find this approach confronting and it needs to be matched to where the person is in relation to readiness for change.
- Some clinicians report that the training equips them to assess a person's self-management needs and create care plans but does not provide the skills/tools for ongoing self-management support and facilitating behaviour change.

More information: http://som.flinders.edu.au/FUSA/CCTU/self_management.htm

Motivational Interviewing

Background: Motivational interviewing is "*a client-centred, directive method for enhancing intrinsic motivation to change by exploring and resolving ambivalence*". It is based mainly on the work of Drs Miller and Rollnick in the field of Behavioural and Cognitive Psychotherapy.

Brief Description
- A range of skills for clinicians built around 'stages of change' and 'behaviour change' theories,
- Training available in a number of formats and lengths – not a structured approach.

Benefits
- Highly flexible: can be incorporated into many fields of work and modes of healthcare intervention.
- Suits people with chronic diseases who are at different stages of readiness.
- Can be used both in lengthy or brief consumer/clinician interactions.

Limitations
- Doesn't provide a formal structure and can therefore initially be more difficult for clinicians from non-counselling backgrounds to develop confidence in their ability.

More information: http://www.motivationalinterview.org/

Health Coaching

Background: A way of working for healthcare practitioners which utilises a range of principles and techniques from the fields of psychology, counseling and coaching, with the aim of assisting people to make and maintain behaviour changes that contribute to improved health outcomes.

Brief Description
- An approach to working with clients rather than a model.
- Draws on motivational interviewing and cognitive behavioural approaches.
- Skills based training provided in one- or two-day workshops; advanced training also available.

Benefits
- Highly flexible.
- A range of different techniques taught, some or all of which can be applied to consumers at whatever stage of readiness they are.
- Training can be tailored to the needs of the agency

Limitations
- Can create boundary issues with non-counselling clinicians feeling that they are slipping into a counseling role without adequate skills to manage it.
- Flexible, semi-structured approach can be difficult for clinicians to gain confidence in.
- An emerging form of self-management support that draws on a range of different evidence-based techniques, but in and of itself does not have an established evidence base. A Melbourne-based network is currently being established with one of its goals being to develop accreditation and other formalised structures for health coaching.

More information:

- Health Coaching Network (in establishment). Contact David Menzies, email: dmenzies@kinectaustralia.org.au
- APS College of Health Psychologists: http://www.groups.psychology.org.au/chp/

What is the Best Model of Self-Management Support?

The best model is the one that meets the person's needs for self-management support; this will vary between people and at different times for any one individual.

Ideally, a range of options is needed and a person may benefit from more than one means of self-management support at one point in time.

Within an integrated healthcare system, different agencies can share the roles and responsibilities for self-management support and also support each other in maintaining clinician skills in self-management support strategies. One agency does not need to provide all options of self-management support but needs to recognise what will best meet a person's needs, be aware of the options available and support and reinforce the messages given by other healthcare practitioners, for example, by asking clients if they have a care plan that they have developed with another healthcare practitioner.

Who Should Provide Self-Management Support?

All healthcare practitioners can provide self-management support in a manner that is appropriate to their context.

General Practitioners have had success with application of brief intervention and motivational interviewing techniques (Huang, 2005; Konkle-Parker, 2001) that fit well in a standard consultation. Health coaching resources are also very relevant to GPs and Practice Nurses.

Huang, N. 2005. Motivating patients to move (review). Aust Family Physician, 34(6);413-7

Konkle-Parker, DJ. (2001). A motivational intervention to improve adherence to treatment of chronic disease (review). J of the Am Academy of Nurse Practitioners, 13(2);61-8.

Community health workers can provide self-management support in specific courses (ie Stanford) or through individual health coaching, but can also provide support in the context of a diagnosis-specific education group or clinical intervention through incorporating the key components of consumer-led goal setting and problem solving around barriers.

Acute health service practitioners have a key role in providing health information and supporting initial goal setting and problem solving, as an acute health crisis may provide a consumer with an immediate motivation to improve their self-management practices. Acute health practitioners also have a critical role of ensuring referral to services that can provide ongoing support in a timely and responsive manner.

General community support services such as home care and planned activity groups need to be aware of self-management principles to ensure that they are not disempowering the people in receipt of their services; that they are encouraging people to be actively involved and to apply their self-management skills as appropriate.

Support for Clinicians working in Self Management Support

A number of options are available for clinicians to receive support in regards to their practice in self management support

- The Chronic Disease Self-management Special Interest Group is facilitated by the Chronic Illness Alliance; http://www.chronicillness.org.au/sig/index.htm
- A clinicians network is being established through Kinect Australia
- Some PCPs are establishing local networks to support clinicians to achieve and maintain a shift in their practice toward working within a self management support framework

A number of resources have been developed to assist organizations implement self management support;

- **Navigating Self-management - a practical approach to implementation for Australian health care**
  http://www.goodlifeclub.info/index.php?option=displaypage&Itemid=64&op=page&SubMenu=63
- **The Better Health Care in Gippsland Resource Manual**
  http://www.gha.net.au/bhcig/