Setting Them up for Success:
Helping Patients Select and Use Evidence-Informed Self-Management Strategies in Integrated Care Settings

- Julie C. Gass, PhD, Clinical Research Psychologist, VA Center for Integrated Healthcare
- Robyn L. Shepardson, PhD, Clinical Research Psychologist, VA Center for Integrated Healthcare
- Jennifer S. Funderburk, PhD, Research Psychologist, VA Center for Integrated Healthcare

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The presenters of this session <u>have NOT</u> had any relevant financial relationships during the past 12 months.

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Conference Resources

Slides and handouts shared by our conference presenters are available on the CFHA website at https://www.cfha.net/page/Resources_2019 and on the conference mobile app.

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Learning Objectives

- Guidance for helping patients select and use self-management (SM) strategies in their practice

- How to evaluate the efficacy of SM strategies

- Tools to help in finding resources for mHealth SM strategies

Bibliography / Reference

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Who do we have in the audience today?
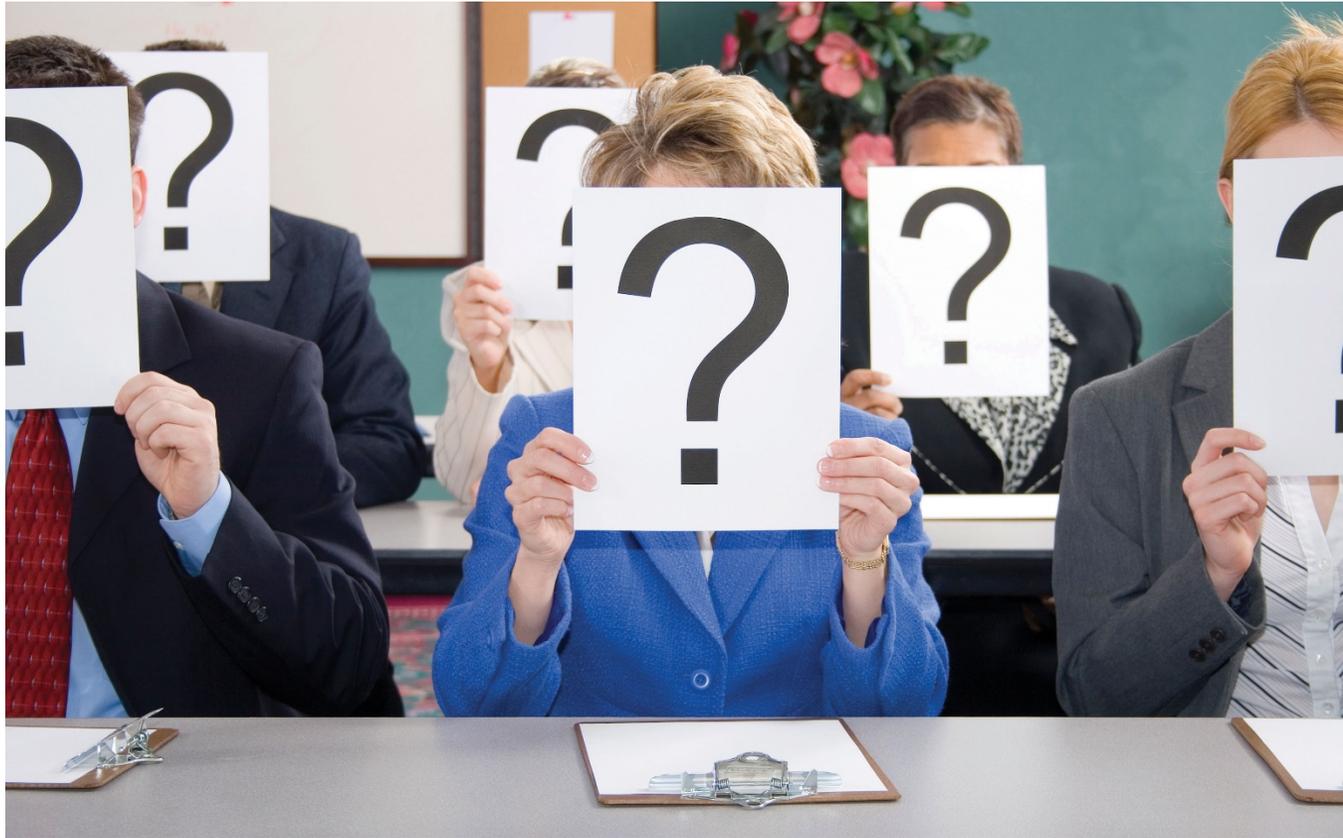
Background

- Primary Care (PC) settings are where most leading health concerns are commonly managed, though brief face-to-face appointment may be limiting[1]

- Patients wanting to manage their health are typically low engagers in specialty care[1,3]

- Thus, information and guidance on self-management (SM) strategies patients can employ on their own is essential

Background

Self-management: the various strategies of how a patient manages their health at home[1]

- Self-management strategies can effectively improve many prese concerns
  - Mood, anxiety, other mental health concerns
  - Weight, smoking, exercise, other behavioral concerns
  - Chronic health conditions

- Nearly endless options of SM strategies available

- However, clinicians find themselves with **too many options**, and **too little time** to examine the evidence when it comes to advising and supporting patients

Health Action Process Approach Model
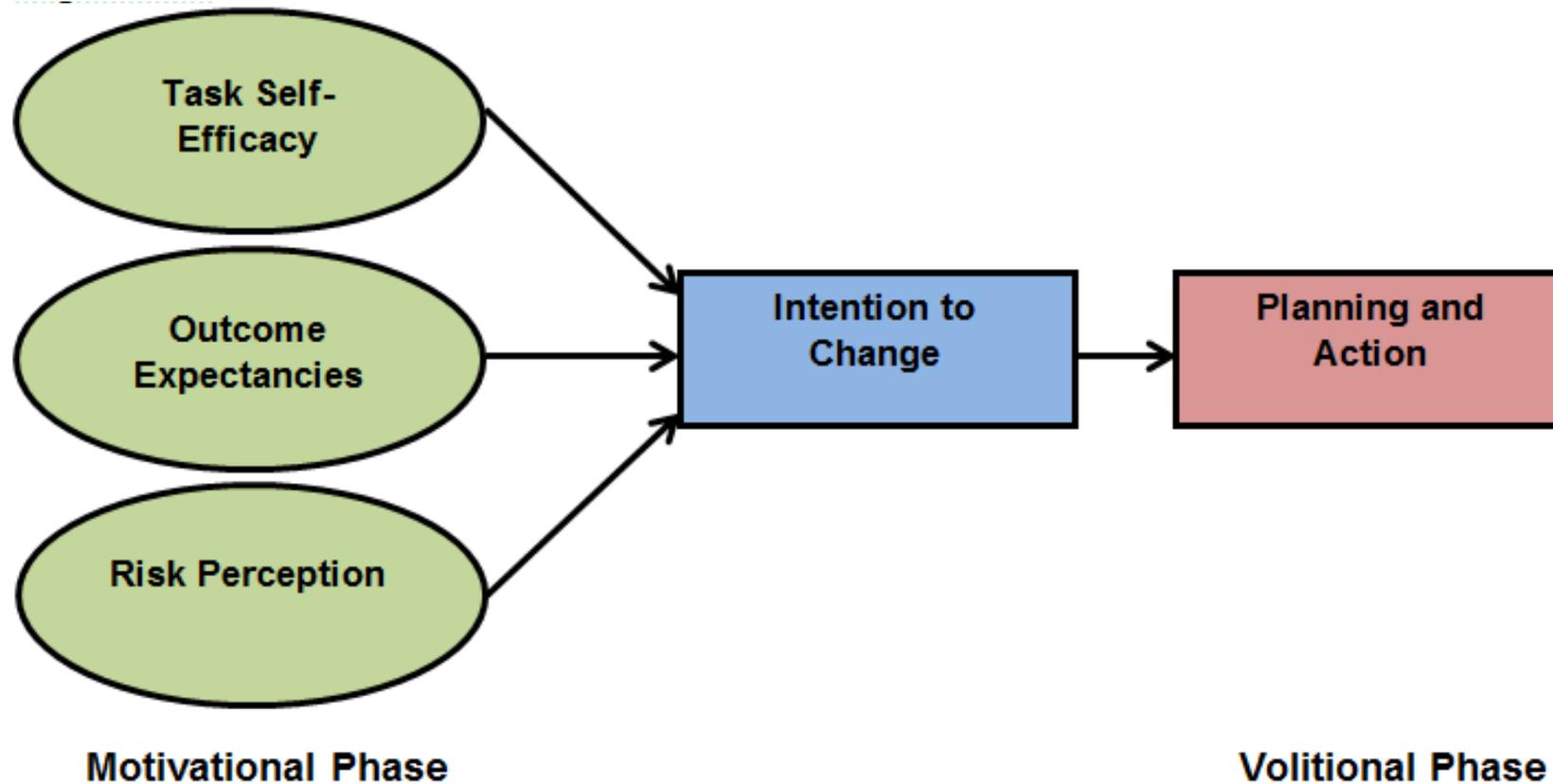
Knowledge before Self-Management

Patient must have some amount of[2]:

◦ Disease-related knowledge
◦ The evidence shows: having understanding of the disease improves adherence to medication, health behaviors, and engagement with other SM[2]

SM First step: Patient Education!

◦ Multi-modal:
  ◦ Verbal
  ◦ Handouts
  ◦ Links to websites/apps/podcasts
◦ ASSESS UNDERSTANDING

Self-Efficacy is Key

How do patients increase self-efficacy?

◦ Assessment & Experience

◦ Evidence that *at home self-monitoring* can improve self-efficacy and promote behavior change for many issues

- ◦ Exercise
- ◦ Med Adherence
- ◦ Substance Use
- ◦ Diet
- ◦ Diabetic monitoring
- ◦ …etc.

<u>SM Second step:</u> Suggest Assessment

Evidence Based Self-Monitoring

What it Is

- Focused, specific to the presenting concern
- Attempting to understand behavior
- Scheduled at least daily
- Reviewed by patient and clinician to determine insights gained
- At least 3 weeks of daily monitoring

What it Is Not

- Open-ended journaling/diaries
- Attempting to change behavior
- Whenever the mood strikes
- Never looked at again
- A one-time shot at monitoring

# Tips, Tricks, Formatting (see handout)

Recent literature review (Gass et al., under review) found *no difference* in how helpful monitoring is depending on mode

- Phone-based
- Paper-based
- Technology/app based

Found that longer (e.g., >3 weeks) better than shorter SM

Important to ask more than just occurrence of behavior

- Ask about setting, precipitants, cognitions, feelings

So, how can you support Self-Monitoring?

Explain rationale: you're not trying to MAKE them change

Help patient design a worksheet/handout

Talk through/provide list of mHealth tools

Offer to have them come back to discuss what they learned
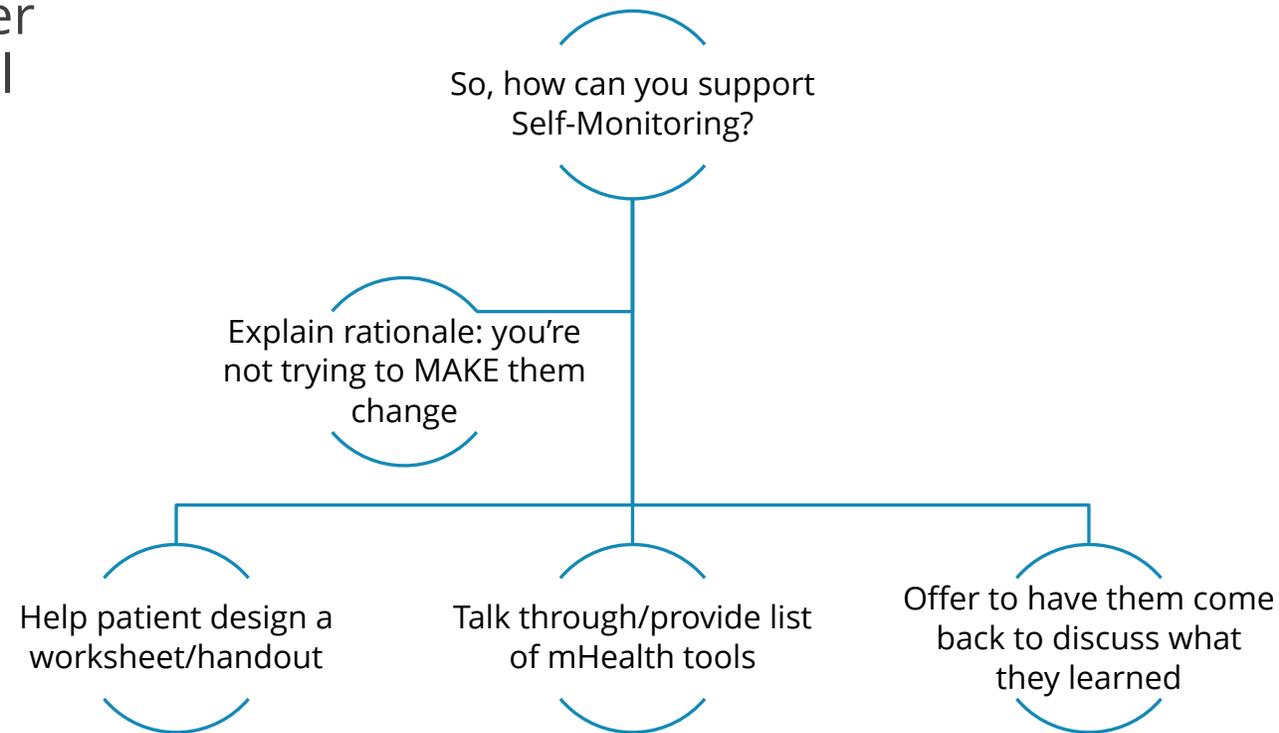
Self-Management Skills - Intervention

Many of the mHealth tools described already contain some element of intervention

Best to build on an existing skill set
- Ask your patient: "What are you already doing to manage your _____?"

Patients often report a mix of health and unhealthy skills
- E.g., deep breathing, relaxation skills & avoidance

Reward the EFFORT

Barlow et al reviewed the literature for common, effective strategies used in patients with chronic illnesses:

Barlow et al. 2002

Table 2
Self-management components

Main component	Variations and sub-categories
Information	About condition treatment
Drug management	Fieldtrip (to practice taking medication) Overcoming barriers to adherence to drugs
Symptom management	Breathing (asthma) Cognitive symptom management (e.g. visualisation, distraction, guided imagery) Emergency treatment (asthma) Fatigue management Managing sleep (e.g. insomnia, sleep disturbance) Pain management Provoking aggravating factors and warning signs (e.g. asthma, headaches, arthritis flares) Relaxation Self-monitoring (e.g. chest pain, blood glucose)
psychological consequences	Dealing with depression Disease acceptance Emotions Stress management
Life style (including exercise)	Exercise (on land, hydrotherapy, posture) Exercise motivation/overcoming barriers to exercise adherence Holidays Leisure activities Nutrition and diet Smoking
Social support	Family support Relationships with peers family
Communication	Assertiveness Communication strategies (e.g. with doctors)
Other	Accessing support services Action plans Career planning Contracting Coping Decision making Goal setting Group psychotherapy Managing uncertainty Problem solving

Where's the Evidence?

Some evidence-based SM interventions for a variety of mental and physical health conditions include...
- Accessing social support
- Using focused relaxation training
- Having an action plan
- Using self-monitoring
- Managing sleep
- Using/monitoring medications
- Behavioral activation
- Exposure to practice coping
- Support groups
- Reading

But watch out for the "dark side" of these!
- E.g., if social support encourages unhealthiness
- Or if their action plan involves avoiding any stressors

Our job is to hear what they're doing and tweak as appropriate

Teach them to observe outcomes of their behaviors

How can you help?

In sum…

Most patients already doing some self-management
- ◦ Barriers include poor health literacy, poor self-efficacy

All good SM includes some type of monitoring

Our job is to help patients evaluate the evidence for themselves!
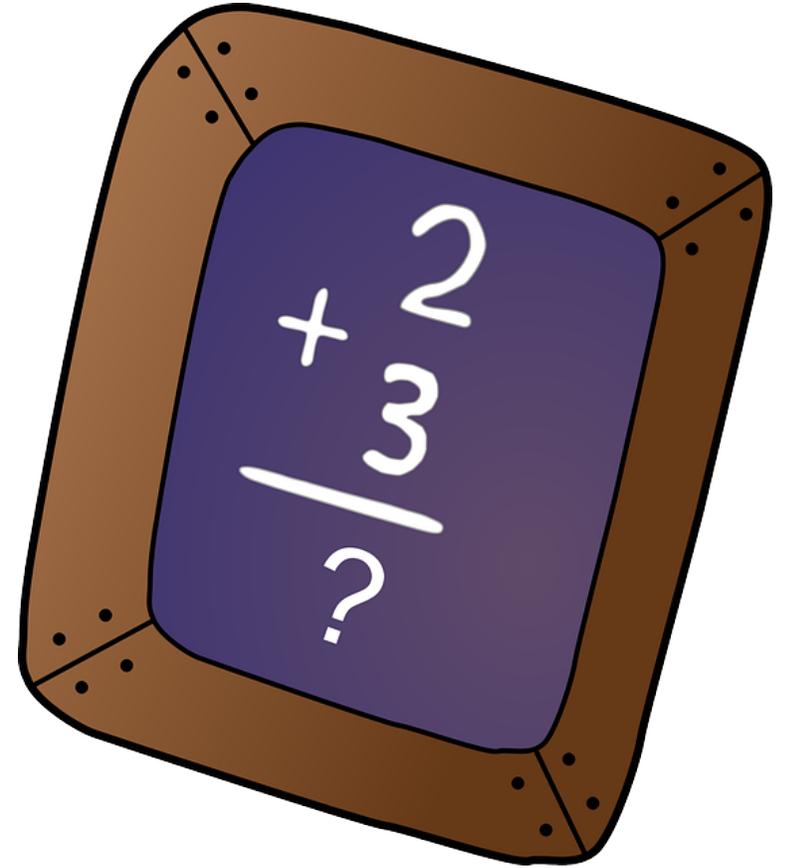
Questions

Session Evaluation

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Thank you!