

SYNChronicity

Empowerment through Self-Management: Essentials Part II

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Workshop Objectives



At the conclusion of this workshop, participants will be able to:

1. Describe the concept of client self-management
2. Identify the characteristics of effective self-managers
3. Evaluate the use of client self-management tools
4. Discuss successes, challenges and sustainability of self management programs.

Working Assumption

Now that HIV has transitioned from an acute to a long-term chronic disease and we practice in a time of resource constraints, there is a need to support self-management skills among clients living with HIV. Clients now must function independently, taking personal long-term, day-to-day responsibility for care.

Self Management

Self-management is a “key component of effective chronic illness care and improved patient outcomes....self-management goes beyond traditional knowledge-based education to include processes that develop patient problem-solving skills, improve self-efficacy, and support application of knowledge in real-life situations that matter to patients.”

Coleman, M., and Newton, K., “Supporting Self-Management in Patients with Chronic Illness”, American Family Physician 2005.

Self Management

“For a person living with HIV today, self-management will be about the social and emotional consequences of living with the condition as much as the medical consequences. It will be as much about dealing with the fears and frustrations of living with HIV as it will be about dealing with side effects or planning meals around medications.”

“Self-Management of Life with HIV”, www.aidsmap.com/cms1007732.asp.

Self-Management Tasks: Continuum Exercise

- Physical health
- Communication skills
- Problem solving
- Goal-setting
- Action planning
- Mental health
- Decision-making

Working Definition

The ability of patients, in a complementary partnership with their health care providers, to manage the symptoms, treatment, and lifestyle behavior changes, as well as the physical and psycho-social concerns, that are a part of living with chronic diseases.

“ Making Sure Your HIV Care is the Best it Can Be: A Workshop for HIV Care Providers”

NY State Department of Health AIDS Institute HRSA HAB, 2006



Key Elements of Self-Management and Medication Adherence:

- Assess readiness for treatment
 - Assess understanding of HIV and importance of adherence
 - Assess for attitude towards HIV and HAART
 - Assess social support
 - Understand client's motivation/goals
- Review treatment options, lifestyle, dosing schedules, etc.
- Educate about benefits vs. side effects and their management
- Setting realistic goals/Negotiate plan
- Address barriers to adherence/treatment compliance

Case Study: The “To-Do” List

- Medical Needs
- Psychosocial
- Health behavior
- Communication
- Self-efficacy

Provider/Patient Partnership

Provider support is a **key** element in client decision-making and action. It often takes an effective client-provider partnership in order for a successful self-management outcome.

Collaborative Care

- **Collaborative definition** of problems from the perspective of both the clinician and the patient
- **Goal-setting** and action planning in the context of the patient's readiness and skills
- Continuum of **self-management training and support services**
- Active, continued **follow-up, reinforcement, and re-assessment**

(Von Korff, M., Gruman, J., Schaefer, J., Curry, S., Wagner, E., "Collaborative Management of Chronic Illness" Ann Intern Med., 1997)

Supporting clients in self-management...

- Recognizes the reality of patient responsibility for the majority of decisions and behaviors that affect their health
- Respects and supports patient autonomy, affirming provider responsibility 'to' and not 'for' clients
- Acknowledges that effective medical management requires collaboration between providers and clients.

Rukeyser, J., "HIV Patient Self-Management, The Rationale, Evidence Base and Practice Implications", National Quality Center.

Supporting clients in self-management...

"...studies among PLWHA have shown that self-management education and other interventions have the potential to improve the health and self-efficacy of patients and to improve the patient-physician relationship"HRSA supports the development and implementation of patient self-management initiatives for PLWHA in CARE Act funded programs"

(HRSA CARE ACTION: Self-Management and the Chronic Care Model, January 2006)



Supporting clients in self management...

In another study, “researchers tested the effects of CCM in 10,000 patients in 87 HRSA-sponsored HIV clinics for 12 months and in 45 sites for 18 months. At 18 months, 32 of the 45 sites (71%) were institutionalizing changes shown to be effective...findings for key outcomes varied by site but were generally positive....including improved visit and medication adherence.”

“Self Management and the Chronic Care Model”,
HRSACAREACTION, 2006



Lessons Learned: Integrating a Self-Management Program

NO/AIDS Task Force

Medical Case Management Program

New Orleans, Louisiana

NO/AIDS Task Force Medical Case Management: Shifting From Social to Medical Case Management

Key elements:

- Focus on measurable outcomes
- Maintain fidelity to the Chronic Care Model
- Support S-M program through technical assistance as needed
- Support staff development through continuing education
- On-going client assessment

Key elements

- Collaborative care planning
- Collaborative medical care coordination and follow-up
- Focus on medical adherence counseling
- Modification of care plan as needed
- Ability to tailor S-M program to clients' individual needs
- Utilization of complimentary programs and resources that support goals of the S-M program

Challenges

- Time constraints
- Staff training
- Securing “buy-in” from providers outside of the NO/AIDS network
- Service/care coordination in a fragmented network
- Spectrum of client ability to self-manage
- Process monitoring for QA and QI

Successes

- Case managers successfully creating care plans with clients using SMART goal format
- Increased level of collaborative/team communication
- Establishing streamlined processes for MCM workload
- Secured “buy-in” from agency staff
- NO/AIDS self-management program chosen as the focus of the NO/AIDS CQI Committee for 2010-2011
- Improved compliance with HAB indicators for MCM

Measuring Program Outcomes

- Routinely track HAB measures for MCM
- Routinely track client acuity level
- Routinely monitor and track client care plan progress
- Well-formulated QA/QI plan
- Solicit and consider input from multiple sources
 - CQI Committee feedback
 - Provider feedback
 - Consumer feedback

Contact

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Questions?