

	<h2>Core Competencies, Chapter 5</h2>
	<h3>Supporting Self-Management</h3>
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Definition and Why Supporting Self-Management Subject is Important to Integrated Complex Care

Self-Management is how people manage their own health. The term self-management acknowledges that patient/clients are autonomous, are the primary decision maker in their own health, and are the day-to-day managers of their own conditions and wellness. While primary healthcare providers play an important role, they often overestimate their importance and impact on patient/client’s health and wellbeing. An average patient /client sees their medical team for about 2 hours every year; if they do engage in behavioral health services, it is for an average of 12 hours a year. Even patient/clients with complex needs spend only a small amount of their time in hospitals or healthcare appointments, in contrast to the rest of their lives. In this context, the primary healthcare provider’s role is not to “manage” a patient/client’s health, but instead to use their skills and resources to support patients/clients themselves to successfully do so.

Supporting self-management is a highly skilled endeavor. It involves an entirely different set of skills than most health providers were taught, which tend to be weighted heavily toward diagnosis and treatment. One only needs to review the research on adherence to conclude that medical and behavioral healthcare fields have been poorly equipped to support self-management; adherence to health behavior change recommendations hover around 20%, and only around 50% for medication adherence. While diagnosis and treatment recommendations are important skills, how effective we are in supporting and influencing patients/clients to engage in consistently healthy behaviors is the determining factor of health outcomes.

Example

Patient self-management was demonstrated when Mr. AA was seen by his provider at a routine visit following a prolonged absence from the clinic. During the appointment, the provider paid special attention to validating the patient’s progress, and in maintaining an “open ended” way of asking questions. To his surprise, the subject of stopping smoking came up. The provider took this opportunity to inquire ‘What steps would you like to take regarding your smoking?’ The Provider continues to facilitate patient selected goals, and provides resources and support for those goals. This led to a productive “give and take” appointment about his health. In the end, the patient decided to set a date to quit smoking. He appreciated that the provider didn’t ‘scold’ him for his smoking and left the appointment feeling more empowered about his health and more validated. The provider was also pleased with the patient’s strategy for setting a date to stop smoking. He too felt a bit better about Mr. AA’s prognosis.

Narrative Description

The skills patient/clients need in order to successfully manage their health have been variously defined by different organizations and programs. An overview of the research indicates “**self-efficacy**” as the cornerstone skill for patient/clients in managing their health, and the factor most related to improvements in health. Other skills that have been noted as important are related to self-efficacy: **problem solving, decision making, resource utilization, the formation of a patient–provider partnership, action planning, and self-tailoring** (Lorig and Holman).

Generally speaking, patient/client education has been overemphasized (likely due to the fact that the matching provider task- giving information- is so familiar and facile for us) in its importance. While ensuring/increasing patient/client understanding of their health and health conditions is important, giving information unskillfully or in isolation from other strategies to support self-management has been shown to be ineffective.

For the healthcare team, the fundamental principle of supporting self-management is the transformation of the health care provider/team –patient/client relationship into a true collaborative partnership.

The core skills necessary for a healthcare provider/team to successfully support patient/client self-management are all related to this fundamental principle: **Establishing a supportive relationship (empathy conveyance, open ended questions, reflective listening, affirming strengths) assessing and advancing readiness for change (eliciting priorities, assessing confidence and conviction, eliciting past experiences and belief systems, activation) and shared decision making (increasing self-efficacy, eliciting patient goals, giving information, collaborative planning).** These skills are congruent with Motivational Interviewing and other empathy based change techniques.

Available Resources

1. The Institute for Healthcare Improvement has a comprehensive toolkit that address self-management. It has resources for clinicians, as well as for patient/clients. All of the tools for both clinicians and patient/clients are consistent with supporting self-efficacy, a collaborative relationship with patient/clients, and evidenced based communication skills. The limitations of this tool kit are that it is focused almost exclusively on medical conditions, although the philosophy and strategies are appropriate for any condition. In order to access the toolkit, you must have an account with the Institute for Healthcare Improvement, which is very easy to do and is free.
<http://www.ihl.org/resources/Pages/Tools/SelfManagementToolkitforClinicians.aspx>

BHICCI Plan for Learning / Teaching / Coaching

- Clinic Leadership, PCP, and Care Managers READ the materials presented in Core Competency 5 - Supporting Self-Management, and discuss with the practice coach.
- ATTEND OR VIEW Web-training or In-Person Presentation: Review of basics of Supporting Self-Management – developed by JCC team.
- PARTICIPATE in follow up Coaching (call, in person or materials sent) by JCC team based on Supporting Self-Management.

How will Competence in this area be Measured?

Following completion/verification of the above learning/teaching/coaching plan, each primary care provider/complex care manager will have the opportunity to practice his/her new skills under supervision. Following this, the supervisor will rate the clinician’s competency in each of the following by:

1. Case discussion of 3 or more complex care patients/clients, or
2. Chart review of 5 or more patients/clients, or
3. Supervisor direct observation of clinician interaction with 3-5 patients/clients.

COMPETENCY AREA	EVIDENCED BY:	SUPERVISOR’S RATING*
Clinicians will support patient/client in developing health goals.	<ul style="list-style-type: none"> • Support patient/client in developing self-selected health goals. • Support patient/client in developing a treatment plan related to their own health goals. • Documentation contains patient/client voice. 	1 2 3 4 5
Clinicians will assess patient’s readiness for change.	<ul style="list-style-type: none"> • Demonstrate ability to engage patient/client in discussion about health goals. • Demonstrate an understanding of the Stages of Change. • Documentation contains evidence of engagement with patient/client on readiness to change on each health goal (not yes/no). 	1 2 3 4 5
Demonstrate an ability to elicit and enhance self-efficacy in patients/clients,	<ul style="list-style-type: none"> • Giving information only after asking what patient/clients already know, and asking their permission to give information 	1 2 3 4 5

<p>avoiding advice and directives in favor eliciting patient/client goals and providing information when appropriate</p>	<ul style="list-style-type: none"> • Avoiding 'lack of autonomy' language including 'should', 'have to', 'need to', 'must' and others • Acknowledge and validate autonomy through language (for ex: 'it is your decision' 'whatever you think is best', etc.) • Focusing on eliciting and amplifying patient/clients past and current successes and strengths 	
<p>Demonstrate ability to effectively and consistently use the evidenced based communication strategies;</p>	<ul style="list-style-type: none"> • Evidenced by: Effective empathy conveyance • Reliance on open ended questions in interactions with patient/clients • Consistent use of, reflective listening in interactions with patients/clients • Regular and effective use of normalizing and affirming with patients/clients • Consistent attention to demonstrating empathy non verbally with eye contact, mirroring expressions, leaning posture and others 	<p>1 2 3 4 5</p>
<p>Demonstrate consistent adherence to 'person-first' language, and avoid stigmatizing language</p>	<ul style="list-style-type: none"> • Evidenced by the absence of 'condition first' language in documentation and verbal discussion, avoiding words such as 'addict', 'diabetic', 'high utilizer', etc. • Avoidance of high judgment words verbally and in writing, such as 'non-compliance', 'lying' 'manipulative' and 'drug seeking' • Identifying whose perspective is being shared in writing and in documentation, to avoid perspectives being prioritized as 'truth' (instead of 'patient no-showed for referral apt' 'cardiology office reports patient did not attend scheduled appt'; or 'patient states they did not receive a referral for cardiology'.) 	<p>1 2 3 4 5</p>

*1= Excellent results with no need for prompting or support.
 3 = good results and/or required some prompting or support.
 5 = required much support and/or was unable to complete necessary skills.