Self-Management Support Resources for Nurse Practitioners and Clinical Teams

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ABSTRACT

There is growing appreciation in the health care field for the role of self-management support (SMS) as a strategy to help patients change behavior, reach health goals, improve health outcomes, and decrease the burden of chronic illness. To help primary care teams, including nurse practitioners, implement effective SMS strategies in practice, the Agency for Healthcare Research and Quality developed a multi-media library of action-oriented SMS resources and 3 companion videos. This article discusses the current state of SMS, describes the library and videos, the process by which they were developed, and what the resources can offer clinical teams.

Keywords: chronic illness, disease management, health communication, primary care, self-management, self-management support

Chronic diseases cause major limitations in daily living for almost 1 of 10 Americans or about 25 million people.[1] Successfully managing chronic, complex diseases (such as diabetes, coronary heart disease, arthritis, and depression) to improve quality of life, increase workforce participation, and reduce social costs requires a collaborative relationship between clinicians and patients. A clinician may advise a patient to take a medication or monitor blood glucose on a daily basis, but it is the patient who must incorporate these activities into his or her daily life. Clinicians know which behaviors and treatments reduce morbidity and mortality, while patients know how those behaviors and treatments fit with their other life priorities. The actions and intentions of both parties contribute to increasing or decreasing the overall burden of chronic disease in the United States.

Ultimately, patients must self-manage their chronic conditions, but clinicians with proper training, materials, and resources can help patients do so more effectively. This can be achieved with self-management support (SMS), which aims to teach clinicians how to help their patients help themselves. Nurse practitioners (NPs) have provided health care services to patients for more than 40 years. NPs provide primary care, are qualified to meet the majority of patients' health-care needs, and are integral in promoting a comprehensive approach to health care and emphasize the overall health and wellness of their patient—a concept central to SMS.[2]

The purpose of this article is to briefly define the current state of SMS and describe a new Agency for Healthcare Research and Quality (AHRQ) Web-based self-management support resource library (http://www.orau.gov/ahrq/sms_home.html), 3 companion videos, the process by which the library and videos were developed, and what the resource can offer to primary care clinical teams.

BACKGROUND

In the past 3 years, the Department of Health and Human Services released 4 national strategies: the Multiple Chronic Conditions Strategic Framework, the National Strategy for Quality Improvement in Health Care, the Action Plan to Reduce Racial and Ethnic Health Disparities, and the National Prevention Strategy. These strategies are meant to promote the health of specific populations, including the growing numbers of individuals with chronic

conditions, and to adapt health care services to accommodate their needs.[3-6] Each of these strategies endorses SMS as a promising model for providing person- and family-centered, coordinated care.[7]

In addition, foundations, advocacy organizations, and medical and nursing associations have undertaken national initiatives to advance SMS, such as the Robert Wood Johnson Foundation (RWJF)'s Improving Chronic Illness Care Initiative, Kaiser Permanente's Regional Health Education Online Learning Program, and the American Medical Association's toolkit of SMS materials.[8-10]

WHAT IS SMS?

There are many materials to help patients learn about their chronic diseases and to help them behave or "self-manage" in ways that will optimize their health, reduce morbidity, and increase longevity. Self-management *support*, a different but related concept, is defined by the Institute of Medicine[11] as "the systematic provision of education and supportive interventions by health care staff to increase patients' skills and confidence in managing their health problems, including regular assessments of progress and problems, goal setting, and problem-solving support."

SMS can be viewed as both a portfolio of techniques and tools that help patients choose healthy behaviors, as well as a fundamental transformation of the patient-caregiver relationship into a collaborative partnership. Stated another way by Bodenheimer et al,[12] "The purpose of self-management support is to aid and inspire patients to become informed about their conditions and take an active role in their treatment. True SMS involves both patient education and collaborative decision making."

Several organizations have developed SMS frameworks that include similar concepts, although each offers a different perspective.

- Bodenheimer[12] suggests the following 5 interlocking strategies that help caregivers work collaboratively with their patients and families—collaborative decision making: establishing an agenda; information giving: ask, tell, ask; information giving: closing the loop; collaborative decision making: assessing readiness to change; and collaborative decision making: goal setting.
- New Health Partnerships[8] defines the core competencies in implementing self-management support as emphasize patient role; build relationships; include family; share information; collaborate on agenda setting, goals, and action plans; problem solving; and follow up.
- The Institute for Healthcare Improvement[13] suggests that providers use the "5As" model to create an action plan for individual patients: assess (beliefs, behavior, and knowledge); advise (provide specific information about health risks and benefits of change); agree (collaboratively set goals based on patient interest and confidence in their ability to change the behavior); assist (identify personal barriers, strategies, problem-solving techniques, and social/environmental support); and arrange (specify plan for follow-up, [eg, visits, phone calls, mailed reminders, referral to community or other resources or other referrals]).

There is conceptual overlap in each of these SMS frameworks, although each has a somewhat unique purpose.

THE STATE OF EVIDENCE ON SMS

The literature on the SMS concept is growing, and recent studies have shown that it can lead to improved clinical outcomes, increased patient satisfaction, and increased satisfaction on the part of internal medicine residents who have received SMS training. It is important to note that the outcomes of interest for SMS and self-management can be the same, and there is not always a clear distinction between the 2 concepts. SMS interventions involve providers and hypothetically lead to behavior change on the part of patients, with the goal of improved patient satisfaction and clinical indicators as the ultimate outcome measures. A study funded by AHRQ[14] found, "The literature on effective self-management is growing, but we need to increase the knowledge base about how to support clinicians in both educating and motivating their patients to increase self-management and to integrate healthy behaviors into their lifestyle. A first step is to expand the knowledge base of the programs that are targeted at primary care clinicians."