



Self Management

An evaluation of a self-management program for patients with long-term conditions

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ABSTRACT

Objective: To evaluate a group-based self-management program (SMP) delivered as part of a quality improvement program, Co-Creating Health, for patients living with one of four long-term conditions (LTCs): chronic obstructive pulmonary disease, depression, diabetes, and musculoskeletal pain.

Methods: The 7 week SMP was co-delivered by lay and health professional tutors. Patients completed self-reported outcome measures at pre-course and 6 months follow-up.

Results: 486 patients completed (attended ≥ 5 sessions) the SMP and returned pre-course and 6 months follow up data. Patients reported significant improvements in patient activation (ES 0.65, $p < 0.001$), with 53.9% of all patients reporting a meaningful ≥ 4 point improvement. Health-related quality of life (ES 0.06, $p = 0.04$), and health status (ES 0.33, $p < 0.001$) were also significantly improved. Patients' anxiety (ES 0.37, $p < 0.001$) and depression (ES 0.31, $p < 0.001$) significantly improved. Patients also reported significant improvements in their self-management skills (p values from $p < 0.001$ to $p = 0.028$).

Conclusion: Attending the SMP led to improvements in a range of outcomes. Improvement in patient activation is important, as activated patients are more likely to perform self-care activities.

Practice implications: Co-delivered SMPs provide meaningful improvements in activation for $>50\%$ of those who complete and are a useful addition to self-management support provision.

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1. Introduction

The burden of noncommunicable diseases (NCDs), which are also known as long-term conditions (LTCs), is rapidly increasing worldwide [1] and it is predicted that by 2020 LTCs will account for almost three-quarters of all deaths worldwide [2]. By 2025 the number of people in England with at least one LTC will rise by 3 million to 18 million [3]. Government policy places emphasis on self-management as a means of improving the management of LTCs, and supporting patient participation in healthcare is seen as a key mechanism to improve self-management [4,5]. National Health Service quality improvement programs position patient centeredness and patient involvement, as well as self-management support for LTCs, at the heart of government initiatives

[6]. Many patients with a LTC want to participate more in their health care and would feel more confident with the support and encouragement from their health care provider. However, the majority of patients feel this support and encouragement is currently lacking [7]. Nearly two-thirds of patients also believe that their confidence to self-care would increase with the provision of support from others who had similar health concerns [7]. The push towards greater involvement of people in their own care reflects the pressure on the NHS from the rising number of people with LTCs.

In the UK, self-management programs (SMPs) delivered by patients (lay-led), such as the Expert Patient Program (EPP), have emerged. A systematic review and meta-analysis involving nearly 7500 LTC patients who attended lay-led and lay and health professional co-delivered SMPs reported small improvements in self-efficacy, depression, pain, disability, fatigue, self-rated health, aerobic exercise and cognitive symptom management [8]. The largest UK randomized controlled trial of the EPP showed improvements in energy, self-efficacy and other psychosocial outcomes and that it was cost-effective [9]. Despite these benefits, primary and secondary care services were reluctant to engage with

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the EPP [10]. Evidence suggests patients in the EPP feel that the inclusion of health care practitioners to provide condition specific information would be a useful addition to the valuable social modelling provided by lay tutors [11].

The Health Foundation, which is an independent charity working to continuously improve the quality of healthcare in the UK, sought to develop a national quality improvement demonstration program. The approach, called Co-Creating Health (CCH), was influenced by the policy context around self-management in the UK and on reviews of research and practice, and emerging quality improvement programs, especially those using some or all of Wagner's chronic care model (CCM) [12]. According to the CCM, one of the main objectives for health services is to support self-management, which needs to be embedded in a system that includes knowledgeable and confident patients, prepared clinicians and a responsive and flexible administrative structure [13]. Hence, CCH provides support at the patient, clinician and service level.

In this paper we describe the development and evaluation of an SMP for patients with a LTC. CCH Clinician self-management support practices are reported elsewhere [14,15]. The primary aim of this evaluation was to see whether the SMP improved patient activation, which refers to the extent that patients have the knowledge, skills, and confidence, to use self-management support skills in their lives [16]. The evaluation also looked at whether the SMP improved health related quality of life, health status, mental health and self-management skills.

2. Methods

2.1. Patients and procedure

Each of the CCH demonstration sites spanned primary and secondary care. CCH focused on four LTCs: chronic obstructive pulmonary disease (COPD), depression, diabetes, and musculo-skeletal pain across eight NHS sites, with two sites each focusing on the same condition. LTC patients seen in primary or secondary care settings were informed by their healthcare provider about the SMP. LTC patients' inclusion criteria were to be over 18 years of age, have one of the four LTCs of interest (COPD, depression, diabetes and pain) and be physically able to attend a seven session group-based SMP. The SMP was delivered for groups of patients with the same LTC, so that patients recruited from COPD sites attended a COPD specific SMP, and the same applied for the other three conditions. Patients' comorbid status was not a factor for recruitment to the SMP. Data were collected from patients who attended SMPs between 2007 and 2011. The study protocol was approved by the Brighton and Hove City Teaching PCT Multi Center Research Ethics Committee 07/H1107/143.

2.1.1. Procedure

Patients who wished to attend the SMP registered their interest via a dedicated recruitment telephone helpline. The contact details of patients who consented to take part in the evaluation were passed to the evaluation team. Pre-course questionnaires (Time 1) were mailed out to patients by the evaluation team. Reminder and follow-up calls prior to attendance were made to improve response rates. In keeping with the real world setting of the evaluation, LTC patients who chose not to participate in the evaluation were not excluded from the SMP. All patients were mailed out 6 month follow-up questionnaires (Time 2). Two reminder follow-up contacts were made. During the second attempt patients were offered the option to verbally complete the primary outcome measure, the Patient Activation Measure.

2.2. Intervention

The Health Foundation commissioned the Expert Patient Program Community Interest Company to develop the SMP. The Co-Creating Health SMPs are four condition specific programs, which are supplemented by generic core modules and activities (e.g. goal setting, problem solving, and relaxation). Table 1 provides a description of the course content.

The condition specific content was developed by the demonstration sites, with input from clinicians and patients who were

Table 1
SMP course content.

Session number	Session activities
Session 1	Welcome, introduction and ground rules What is self-management? How is it different from before? Balancing life with a long term condition What is ... (diabetes, COPD, depression, pain)...? Exercise. Why do it? Goal setting and planning for action
Session 2	Welcome and reflections from last session Follow up and feedback Boom and bust-over-activity/under-activity Breathing Condition specific activity ^a Symptom scanning Thinking about our beliefs Counting blessings/saying thanks Goal setting and planning for action
Session 3	Welcome and reflections from last session Follow up and feedback Positive self talk Being more active Condition specific activity ^a Muscle relaxation Pacing Physical activity Sleep Goal setting and planning for action
Session 4	Welcome and reflections from last session Follow up and feedback Communication with family, friends and colleagues Introduction to mindfulness Managing our medication Condition specific activity ^a Managing our fatigue Celebrating success so far Goal setting and planning for action
Session 5	Welcome and reflections from last session Follow up and feedback Condition specific activity ^a Managing the emotional impact Using distraction Pursed lip breathing Recognising setbacks Physical activity Solving problems Goal setting and planning for action
Session 6	Welcome and reflections from last session Follow up and feedback Condition specific activity ^a Managing setbacks Follow up and sharing our success with clinician Setting the agenda Making the most of our consultations with health professionals Physical activity/relaxation What have we covered? Should we revisit anything? Goal setting and planning for action

^a Condition specific activities were different for all of the four long-term conditions.

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