Strengthening Self-Care, Self-Management, and Shared Decision-Making Practices Throughout Kaiser Permanente

By Laurie Doyle, MPH, CHES
Jodi S Joyce, BS, BSN, MBA
William Caplan, MD
Pamela Larson, MPH

The following article is excerpted from the position paper, "Strengthening Self-Care, Self-Management, and Shared Decision-Making Practices Throughout Kaiser Permanente (KP)." The paper was written for use at an interregional symposium, in September 2001, on supporting member-centered care sponsored by the Care Management Institute and KP Online. Below is the executive summary. The three tables that follow summarize the key aspects of self-care, self-management, and shared decision making from the perspectives of the member (Table 1), the intervention (Table 2), and the delivery system (Table 3).

The following is an example of the impact of shared decision-making. Read the position paper, *"Strengthening Self-Care, Self-Management, and Shared Decision-Making Practices Throughout Kaiser Permanente"* at: **http://pkc.kp.org/national/cmi/programs/sdm/scsmsdm.pdf.**

Shared Decision Making and Use of Antibiotics in Uncomplicated Acute Bronchitis

Gonzales R, Stener JF, Lum A, Barrett PH. Decreasing Antibiotic Use in Ambulatory Practice. Impact of a Multidimensional Intervention on the Treatment of Uncomplicated Acute Bronchitis in Adults. JAMA. 1999;281:1512-9.

Prospective nonrandomized controlled trial

- » Baseline compared to study periods
- » N = 2462 adults baseline; 2027 in study
- » Clinicians: 56 MDs, 28 PAs/NPs, 9 RNs
- » Intervention:
  - Patient Ed materials (refrigerator magnets, pamphlets for home and office)
  - Clinician CME (evidence, how to say no to antibiotics—30 min), feedback of site-specific Rxs for acute bronchitis previous year, wall posters in office
- » Results: Antibiotic Prescription Rates
  - 74% to 48% (Intervention site)
    - ARR = 26% (p = .003)
  - 78% to 76% (Control site—usual care)

Executive Summary

Self care, chronic disease self-management, and shared decision making are key components in the next wave of innovation within KP and throughout the American health care system. The challenges we face, as outlined in the recent Institute of Medicine report, *"Crossing the Quality Chasm: A New Health Care System for the 21st Century,"* are immense.[1] They include an outdated model of care, tumultuous but largely ineffective reform, the growing burden of chronic conditions, the difficulty of transforming clinical advances into improved health outcomes, and steadily rising health care expenditures. The traditionally passive role of the member is becoming a more active, involved one, fueled by a growing prevalence of chronic disease (with the associated need for a clinician-member partnership) and by increasing access to health information and decision support on the Internet.

Supporting the central role members play in providing care and making health decisions can help bridge the "quality chasm" and build an effective health care system for the 21st century. This involves more than patching together programs and processes; it represents a basic shift in our culture and systems of caregiving.[2] "Member-centered care" is an overarching theme and effective clinician-member communication a prerequisite.

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LAURIE DOYLE, MPH, CHES, is senior consultant for self-care and shared decision making at the Care Management Institute. She also has served as the Health Education Director at the Oakland Medical Center and as the Diabetes and Self-Care Project Manager at the Northern California Regional Health Education Department. E-mail: Laurie.Doyle@kp.org.
JODI S JOYCE, BS, BSN, MBA, is the Director of Operations for Kaiser Permanente's Care Management Institute where she oversees the development of evidence-based clinical guidelines, population management programs, and clinical knowledge for KP's Clinical Information System. She also has held various management positions in KP Northern California. E-mail: Jodi.Joyce@kp.org.
WILLIAM CAPLAN, MD, is the Director of Clinical Development at the Care Management Institute. He is a Board Certified endocrinologist and Associate Clinical Professor of Medicine at the University of California San Francisco. E-mail: William.Caplan@kp.org.
PAMELA LARSON, MPH, is the Content Manager of KPOnline. She also has held various positions at KP, including Director of Prevention and Self-Care in Northern California and Director of Health Education at the Oakland Medical Center. E-mail: Pamela.Larson@kp.org.

Table 1. From the perspective of the *member,* self-care (SC), self-management (SM), and shared decision-making (SDM) practices should:	
Be personalized to their unique needs	The tasks related to SC, SM & SDM are unique for each person, depending on the individual characteristics of their symptoms, conditions, personal attributes, lifestyle, and the way these things change over time.[3]
Address emotional and role issues	This is especially important when it significantly affects the condition or health decision. Numerous needs assessments have shown that individuals want and need help in dealing with negative emotions that can result from a chronic condition or health crisis. It is important to allow members to acknowledge these feelings and find solutions.[4]
Emphasize the active role of the member in managing the condition or decision within the context of a member-clinician partnership	Since it is impossible for the clinician to provide directions for every contingency, it is important to support the individual to exercise a high degree of independent decision making within the overall general guidance of the clinician.[5]
Address comorbid conditions by prioritizing and coordinating self-management tasks	Nearly half of people dealing with chronic disease have more than one chronic condition to manage. Multiple clinical and self-management tasks often conflict, confuse, and overwhelm members to the point of resignation instead of engagement. Together, members and clinicians should target a limited number of problems, based both on medical significance and the member's motivation and readiness to address them. These priorities should be communicated to all clinicians providing clinical care and self-management support so as to coordinate and leverage member information and energies.[6]
Offer a continuum of training and support	Ideally, this would be a range of training and support services appropriate for the differing levels of motivation, ability and skills in self-care, self-management, and health decision making. This could occur as formal educational programs, role models and self-instruction, as well as informal mentoring and support. It could involve group or individual instruction based in the medical setting or at home, using online, telephone, or mail-based interventions.[7]

Table 2. From the perspective of the *intervention,* self-care, self-management, and shared decision-making practices should:	
Provide information based on the member's perceived needs	Focusing the content of the intervention means asking members directly what they need and want to know, and what are their commonly encountered problems. Asking should include the use of focus groups, surveys, and reviews of the literature.[8]
Use the latest scientific evidence to determine clinical content and behavior change methodologies	As clinical management changes, so should the content of the intervention. In the past, diabetes self-management emphasized blood glucose control. Scientific evidence now indicates controlling lipid levels and reducing other heart disease risk factors may be of equal or even greater importance. Our diabetes self-management messages to members have been changed accordingly. In addition, more and better research is being conducted to determine the most successful methods to promote behavior change; incorporating these findings into our SC, SM, and SDM interventions likewise enhances their success.
Be designed to build confidence and skill, rather than knowledge	Didactic information designed to increase the member's knowledge should be presented only when necessary to build a new skill or facilitate a health decision.
Provide opportunities to practice and receive feedback on new skills	This should include support for decision making and problem solving. This can be accomplished by trying out the new skills at home, a class, or the clinic, then sharing progress and receiving feedback from peers and/or a clinician.[4]
Offer approaches and information relevant to culturally diverse groups.	Since health-related behavior is deeply rooted in culture, it is important that we provide interventions that are based on the different ethnic and cultural groups that are increasingly contributing to the diversity of our membership.

There is growing scientific evidence that self-care, self-management, and shared decision-making practices are linked to improvements in health-related outcomes and reduced costs. General self-care manuals, such as the Kaiser Permanente *Healthwise Handbook*, are valued; they increase self-care skills and satisfaction and are likely to improve access. Self-management interventions for remarkably different chronic conditions, such as adult asthma, diabetes, coronary artery disease, and heart failure, all bring about better health status and habits—and in several cases, lower utilization and costs. While the evidence on shared decision-making programs is evolving, we can conclude that they improve knowledge of treatment options and consequences, reduce decisional conflict, and stimulate greater participation in health decisions. The impact on treatment varies considerably by

Table 3. From the perspective of the *delivery system*, self-care, self-management, and shared decision-making practices should:

Be an integrated, essential part of the delivery of clinical care	Since growing evidence indicates that SC, SM, and SDM can improve important health outcomes and also lower costs in some cases, we can no longer consider them to be "nice extras." Their provision can be as important as prescribing the best medication or other indispensable treatments.[9]
Be reinforced by clinicians	We can improve both the effectiveness and efficiency of health care if we better leverage the primary role members hold in providing their own health care and making personal health decisions. Evidence indicates that benefits of SM and SDM practices are increased when a clinician assesses current behavior and motivations and offers praise and/or suggestions about skill development.
Include proactive and sustained follow-up	Follow-up ideally should occur at clearly defined intervals or "check-points." This can be accomplished during already scheduled return visits, by telephone calls, electronic mail, mailed reminders, or questionnaires. Proactive follow-up can reinforce positive health status and support effective problem solving, in contrast to member-initiated visit-based care, which often reinforces adverse health states and continuing problems.[5]
Provide consistent messages from all sources of information	This includes sources for clinicians, print materials, online health information, and other resources. This requires sharing and coordinating key messages among all involved physicians, staff, and departments, beginning with the Members' Only Web site (KP Online) and CMI's Permanente Knowledge Connection. Achieving this consistency has the added benefit of promoting and facilitating effective and brief clinician reinforcement.
Be available directly to members when and where they need them	This involves access that is integrated into and independent of the care delivery process. Providing multiple ways to support SC, SM and SDM practices is enabled by the growing availability of "remote access" interventions using the telephone, mail, Internet, or other mechanisms. Allowing the member to directly access these services with minimal interference promotes greater participation and satisfaction.
Be supported by related administrative structures and procedures	Most of our architecture, appointment types, types of support staff, administrative systems, and copayments were developed in an era dominated by the individual exam room visit. These structures and procedures frequently pose significant barriers to implementing other types of services, such as group appointments, classes, and telephone- and mail-based interventions. Strengthening support for SC, SM, and SDM practices cannot occur without changes in the administrative structures needed to support them.
Make use of multidisciplinary teams and not place undue burden on the physician or the exam room visit.	Promoting effective SC, SM and SDM processes and interventions cannot be the sole responsibility of the physician. While his or her role is critical in motivating and referring the member, other health professionals can effectively perform additional tasks. Ideally, every member of the health care team should have a unique, well-defined, and concise accountability in supporting SC, SM, and SDM in KP.

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the type of health decision, with the most positive effects correlated with programs for major health decisions affecting quality of life.

Innovative self-care, self-management, and shared decision-making programs based on the latest clinical and behavioral research and theory have already been tested and implemented throughout KP. Many have been successful. Others have faltered due to a lack of member participation or clinician support and inadequate administrative, logistic, or procedural systems. Considerable variation and duplication of effort exist. To accelerate progress and link efforts to further strengthen self-care, self-management, and shared decision-making practices, it is important to focus on a few strategic priorities. ❖

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One Conversation at a Time

As we move into the next millennium, we must return to the core skill of our medical practice and focus on enhancing communication with patients, one conversation at a time, in order to achieve a high level of excellence throughout Kaiser Permanente.

Terry Stein, MD; Vivian Tong Nagy, PhD; Lee Jacobs, MD.
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