SELF MANAGEMENT: PATIENT AND PROFESSIONAL

PERSPECTIVE FROM LIVED EXPERIENCE

Kate Lorig DrPH
Lorig@Stanford.edu
Patienteducation.stanford.edu

STANFORD UNIVERSITY
Self-Management: What is It?

**Self-management** - tasks that individuals must undertake to live with one or more chronic conditions

Tasks include having confidence to deal with medical management, role management, and emotional management of their conditions.
Why should we care?

Self-management prepares people with chronic conditions for the 99% of the time they spend outside of the health care system.
Why do patients care?

Our World View Changes We Must Manage;

- Our Health
- Doing what we want need and want to do
- Our emotions
Chronic Disease Self-Management Small Group Program - What is it?

- Small groups of 10-16 people
- People with different disease and comorbid conditions in same group
- 2½ hrs/wk for 6 wks
- Peer facilitated
- Community Based
The Diabetes Self-Management Story
Objective

To determine longitudinally whether a national translation of the Better Choices, Better Health-Diabetes self-management program, offered both Web-based and face-to-face, was associated with improvements in health outcomes, health behaviors, and costs) 1 year after intervention.

Interventions

Web Based
- Six weeks
- Asynchronous
- 20-30 participants
- 2 peer facilitators
- Interactive (bulletin boards)
- Based on SE theory

Face to Face groups
- Six weeks
- 2.5 hours/week
- 8-15 participants
- 2 peer facilitator
- Interactive-pair and share
- Based on SE theory
Participants

- Adults with type 2 diabetes
- Insured by an Anthem-affiliated health plan
- Web based: anywhere in the United States
- Small group: St. Louis, Atlanta, Indianapolis
- Severity was NOT considered
Instruments and data collection

Data were collected by self-report questionnaires mailed capillary blood testing kits and Anthem claims data

- HbA1c
- Depression (PHQ-8)
- Exercise (minutes per week)
- Symptoms of hypoglycemia
- Medication Adherence
Outcomes

Lev Manovich
## Baseline Characteristics

<table>
<thead>
<tr>
<th></th>
<th>Face-to-Face N=170</th>
<th>Web Based N=687</th>
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<tbody>
<tr>
<td>Male%</td>
<td>28%</td>
<td>35%</td>
</tr>
<tr>
<td>Education</td>
<td>15.2 years</td>
<td>15.6 years</td>
</tr>
<tr>
<td>Black and/or Hispanic</td>
<td>31%</td>
<td>17%</td>
</tr>
<tr>
<td>Age</td>
<td>65.6 (26-91)</td>
<td>55.8 (26-95)</td>
</tr>
<tr>
<td>HbA1c</td>
<td>7.79</td>
<td>8.02</td>
</tr>
<tr>
<td>Depression (0-24)</td>
<td>5.91</td>
<td>5.92</td>
</tr>
</tbody>
</table>
12 month Significant (p<.001) Outcomes
No difference between groups

- **HbA1c**: -.45
- **Depression (PHQ-8)**: -1
- **Exercise (minutes per week)**: 17 min/wk
- **Symptoms of hypoglycemia**: -.26
- **Medication Adherence**: -.18
Everyone Did Not Have the Same Problems
## 12 Mo Changes For People with Specific Baseline Problems

<table>
<thead>
<tr>
<th>Condition</th>
<th>Improvement</th>
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<tbody>
<tr>
<td>HbA1c &lt; 9 (23%)</td>
<td>-1.27</td>
</tr>
<tr>
<td>Depression &lt; 10 (21%)</td>
<td>-4.18</td>
</tr>
<tr>
<td>No Exercise (22%)</td>
<td>46 min/wk</td>
</tr>
<tr>
<td>Hypoglycemia (39%)</td>
<td>-8.8%</td>
</tr>
<tr>
<td>Low Adherence (36%)</td>
<td>-5.0%</td>
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Why Does this work?
Self-Efficacy Theory

Self-efficacy is one’s belief that one can accomplish a specific task or behavior.

Self-efficacy is built by:

- *Skills Mastery*
- *Modeling*
- *Reinterpretation of Symptoms*
- *Social Persuasion*

Anne Cutri
Skills Mastery: Action Planning

What would you like to do this week?

How much:
When:
How many days:
Confidence level (0-10)
Skills Mastery: Action Planning

What would you like to do this week:
Walk
How much: 30 minutes
When: Before work
How many days: 4
Confidence level (0-10) 8
Modeling:

Which would work here?
Self-Efficacy—The Evidence

- Participants in Stanford Self-Management Workshops who have a confidence level of 7 or above (on a scale of 10) have a higher rate of action plan completion than those with a lower score.
- Improved efficacy predicts improved outcomes.
Implementation Around the World
Governmental

- Canada through provincial Ministries of Health
- Denmark—Chile—Municipalities
- Eastern Caribbean—Government Health Clinics
Non Governmental

- Hong Kong—Salvation Army
- Japan—NGO funded by Pharmaceutical companies
Barriers to Implementation

- Health Professional skepticism
  *(approach that is both top down and bottom up)*
- Funding
Facilitators to Implementation

- Organizational home
- Government Policy supporting community based self-management programs
- Program Champions
- Strong patient involvement
- Dedicated paid staff time