EvidenceBoost for Quality
A series of essays highlighting evidence-informed management and policy options for improving quality of care
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SELF-MANAGEMENT EDUCATION TO OPTIMIZE HEALTH AND REDUCE HOSPITAL ADMISSIONS FOR CHRONICALLY ILL PATIENTS

The Problem: Chronically ill patients are not partners in their own healthcare

It is estimated 30 percent of Canadians have a chronic health condition like diabetes, arthritis, asthma, or heart disease.[i] These people have complex, long-term needs. Yet Canada's healthcare systems fail to meet the needs of chronically ill patients struggling to manage the physical, emotional, and social toll of their conditions, leaving them vulnerable to getting even sicker.[ii, iii]

For example, without maintaining a healthy diet and blood sugar levels, as well as keeping blood pressure and cholesterol levels within acceptable limits, diabetics are at greater risk of complications such as blindness, foot ulcers, amputations, heart attacks, strokes, and kidney failure.[iv]

Evidence suggests we cannot rely solely on physicians to improve chronic disease management.[v, vi] In fact, there is a role for not only physicians, but nurses, dietitians, other healthcare professionals, and — perhaps the most-overlooked person in the team — the patient.[ii, iii, vii-ix] In particular, efforts to improve chronic care outcomes have demonstrated the importance of introducing self-management education to patients.[ii, iii, vii-ix]

Strategy for Change

Self-management education offers a solution for avoiding preventable health complications and unscheduled physician visits.[i, ii, viii, x, xi] More importantly, it provides patients with chronic illnesses the confidence they need to better manage their illnesses.[xii]

The goal of self-management education and support for chronically ill patients is to provide them with the knowledge and skills to help manage their illness,[xiii] which is intended to complement rather than replace professionally managed care. This self-management can include following a special diet or medication regime, following advice on how to carry out day-to-day activities, and handling the emotional impact of the condition.[xiii]

Self-management education comes in many shapes and sizes, from providing pamphlets and other information for patients to individual skills-training exercises and group workshops.[ii] Fortunately, a number of resources already exist, including the Canadian edition of the *Healthwise Handbook*, a self-care guide that helps people understand their symptoms and make healthy lifestyle choices.[xiv] The evidence shows the most effective strategies include regular reviews of patients' conditions and medications by a physician or nurse practitioner;[x, xv] re-enforced messaging by health professionals with specialized training in behaviour change strategies;[viii] an intervention of 12 weeks or more; a focus on specific topics; an active role for patients in teaching and training; and involvement of family or other informal carers.[ii]

What the Research Says

Research tells us self-management education works best for patients who communicate well with their doctors, have social support, and are not in financial difficulty.[xvi] Healthcare professionals should give priority to patients who are most chronically ill, as these patients are most likely to realize the greatest benefits.[ii, viii, xvii]

But not all chronic disease self-management education programs are created equally.[i, ii, vii] For example, programs that consist only of providing information have been shown to improve patient knowledge, but not behaviour.[ii, vii, xviii] In contrast, programs that are intensive, interactive, train patients to monitor themselves, and use patient-adjustable, written action plans have been shown to lead to a greater number of benefits. Besides improving patient knowledge, these programs have been shown to improve coping behaviour, symptom management, compliance and capability in handling one's care, overall quality of life, and, in some cases, they reduce use of unnecessary health services and

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healthcare costs.[ii, vii, x] Self-management education that is specific to diabetes has also been shown to reduce complications and improve health outcomes.[ii] Diabetes programs also appear equally effective whether a doctor, nurse, or dietitian conducts them.[i, ii]

Self-management education programs make economic sense, too. A self-care pilot project sponsored by the British Columbia government found these programs not only increased the ability and confidence of patients to make better healthcare decisions but decreased their use of medical services.[xix] Another example showed patients with asthma were hospitalized less, required fewer visits to doctors, and took fewer days off work or school after asthma self-management programs were introduced.[x] Furthermore, a review of the available evidence suggests patients in group programs and those with moderate to severe asthma saw the greatest decreases in the use of healthcare services.[xi]

Conclusion

Self-management education programs are also best considered part of a larger strategy for improving care for people with chronic disease.[vii] Others are patient decision aids[xx] and care by a team of co-ordinated health professionals.[xxi] Together, these strategies can help improve care at the community, practice, and patient levels and give people living with a chronic condition the tools and treatments they need to lead better and healthier lives.

For more information about improving quality of care, see the Foundation's managing for quality and safety web page at ***www.chsrf.ca/research_themes/safety_e.php.***

References

i. Health Council of Canada. 2007. *Why Health Care Renewal Matters: Lessons from Diabetes.* www.healthcouncilcanada.ca/docs/rpts/2007/HCC_DiabetesRpt.pdf

ii. Coulter A, Ellins J. 2006. *Patient-focused interventions: A review of the evidence.* The Health Foundation and Picker Institute Europe. www.pickereurope.org/Filestore/Downloads/QEI_Review_AB.pdf

iii. Diabetes Task Force. 2004. *Report to the Ministry of Health and Long-Term Care.* www.health.gov.on.ca/english/public/pub/ministry_reports/diabetes_taskforce/diabetes_taskforce.pdf

iv. Health Quality Council. 2006. *Quality of diabetes management in Saskatchewan.* www.hqc.sk.ca/download.jsp?ptvfVBBKt5nREByy7z2djjBIzBf0QfLQkUwK4QBZaJuHUrfDbd+vXg==

v. Chapman KR et al. 2001. "Control of asthma in Canada: Failure to achieve guideline targets." Canadian Respiratory Journal; 8(supplement A): 35A-40A.

vi. Katz A et al. 2004. *Using Administrative Data to Develop Indicators of Quality in Family Practice.* Manitoba Centre for Health Policy. www.umanitoba.ca/centres/mchp/reports/pdfs/quality_wo.pdf

vii. Health Quality Council. 2005. *Asthma care quality improvement guide.* www.hqc.sk.ca/download.jsp?qDfdqxakr2RQw02IN8MskDBIzBf0QfLQkUwK4QBZaJsthQGBKUcIQA==

viii. Klomp H et al. 2005. *Breathing easier: Opportunities to improve the quality of asthma care in Saskatchewan.* Health Quality Council. www.hqc.sk.ca/download.jsp?qDfdqxakr2RQw02IN8MskDBIzBf0QfLQkUwK4QBZaJv4NEfd9VXM1w==

ix. Schoen C et al. 2005. "Taking the pulse of health care systems: Experiences of patients with health problems in six countries." Health Affairs; 5(web exclusive): W509-525.

x. Gibson PG et al. 2003. *Self-management education and regular practitioner review for adults with asthma.* Cochrane Database of Systematic Reviews. CD001117. DOI: 10.1002/14651858.CD001117.

xi. Wolf FM et al. 2003. *Educational interventions for asthma in children.* Cochrane Database of Systematic Reviews. CD000326. DOI: 10.1002/14651858.CD000326.

xii. Canadian Home Care Association. 2007. *The integral role of home care in improving access to care.* http://cdnhomecare.ca/media.php?mid=1374

xiii. Lorig KR, Holman H. 2003. "Self-management education: History, definition, outcomes, and mechanisms." Annals of Behavioral Medicine; 26(1): 1-7.

xiv. Healthwise. 2007. "Healthwise Supports Canadian Health Initiatives." www.healthwise.org/p_selfcare.aspx

xv. Powell H, Gibson PG. 2002. *Options for self-management education for adults with asthma.* Cochrane Database of Systematic Reviews. CD004107. DOI: 10.1002/14651858.CD004107.

xvi. Jerant AF et al. 2005. "Patients' perceived barriers to active self-management of chronic conditions." Patient Education and Counseling; 57(3): 300-307.

xvii. Ellins J, Coulter A. 2005. *How engaged are people in their healthcare? Findings of a national telephone survey.* Picker Institute. www.pickereurope.org/Filestore/Downloads/Patient-Activation-Survey.pdf

xviii. Gibson PG et al. 2002. *Limited (information only) patient education programs for adults with asthma.* Cochrane Database of Systematic Reviews. CD001005. DOI: 10.1002/14651858.CD001005.

xix. Mullet J. 2000. *Partnerships for better health: A self-care pilot project.* www.hlth.gov.bc.ca/cpa/publications/evalfin.pdf

xx. Canadian Health Services Research Foundation. 2007. *Introduce patient decision aids to improve clinical decision-making quality for "grey zone" decisions.* www.chsrf.ca/mythbusters/pdf/boost9_e.pdf

xxi. Canadian Health Services Research Foundation. 2005. *Interdisciplinary teams in primary healthcare can effectively manage chronic diseases.* www.chsrf.ca/mythbusters/pdf/boost3_e.pdf