

Supporting self-management: helping people manage long-term conditions

- Commissioners and providers should consider how they promote a culture of actively supporting self-management
- Successful self-management interventions are multicomponent and tailored to individuals' needs
- Key components of self-management support include education, action planning, and practical, psychological and social support
- Condition-specific self-management support reduces overall hospital use and improves quality of life in the short-term; effects on costs are mixed
- Work schedules, family commitments, lack of transportation, and the cost of medication and dietary changes are possible barriers to patients engaging with self-management
- Key considerations for implementation include strong clinical leadership, training and resources, and regular evaluation

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Background

The prevalence of long-term conditions is increasing and there is a move towards encouraging people to manage their conditions.¹ Supporting self-management is key to maintaining the health and wellbeing of people with long-term conditions.²

Two recent well conducted systematic reviews form the basis of this evidence briefing.^{3,4} Both reviews summarise evidence about self-management published up to June 2012. The RECURSIVE review focused on the effect of self-management on health services utilisation and costs³; the PRISMS review summarised the key components of self-management and looked at issues around implementation.⁴

What works?

The PRISMS review summarised the findings of 132 systematic reviews looking at self-management support for a range of long-term conditions including stroke, diabetes, asthma and depression.⁴ The review concluded that self-management is not a substitute but rather an integral part of high quality care for people with long term conditions. Commissioners and providers of services should consider how they can promote a culture of actively supporting self-management as a normal, expected, aspect of the provision of care.⁴

Successful self-management interventions are multicomponent and need to be tailored to the individual.⁴ Support that fits well with people's existing beliefs, circumstances and ways of dealing with their condition is more likely to be successful.

Key components of self-management support are:⁴

- Education for patients and carers: condition-specific education in a variety of formats have been studied (group, individual, lay-led, online) but it is unclear whether any one format is most effective
- Practical support: for example treatment or medication adherence support and occupational and physiotherapy to help people with long-term conditions cope with activities of daily living
- Action planning in conditions such as COPD where risk of deterioration is high
- Psychological support: helping people address changes to their 'normal' life and identity as a consequence of their long-term condition
- Social support: the need for social support was a major issue, particularly in diabetes, stroke and dementia

Health services utilisation and costs

The RECURSIVE review included 184 randomised controlled trials, a quarter of which were conducted in the UK.³ Self-management support for respiratory and cardiovascular problems, mental health, arthritis, pain, and diabetes has been evaluated. The type and intensity of support differed significantly between trials, from simply providing self-management materials to more intensive support from health professionals or trained peers and case management interventions. Most interventions provided more than two hours of self-management support.

Overall, self-management support does not appear to negatively impact patients' quality of life, for example through increased burden or anxiety, although there is uncertainty as to whether this is also the case for people with multimorbidity.³

Self-management support reduced hospital use and improved quality of life in the short-term, although the effects were small. Evidence for significant reductions in utilisation was strongest for respiratory and cardiovascular problems; the evidence in diabetes, arthritis and multimorbidity was limited and suggested little impact on healthcare use. One reason for this may be that one of the aims of self-management for respiratory and cardiovascular conditions is reducing unplanned hospital admissions, whereas for other conditions such as diabetes one of the goals is improved management through increasing engagement with services.³

Effects on costs were mixed. It is unclear whether the costs of delivering self-management support are offset by reduction in costs elsewhere. While studies were short-term it is possible that self-management support requires ongoing service input and the costs around this are unclear, for example frequent clinical review.³

Self-management barriers and facilitators

The PRISMS review suggested that age is not a necessarily a barrier to learning self-management skills. However recruiting and retaining patients was a major challenge, particularly in deprived communities.³ Work schedules, family commitments, lack of transportation, and the cost of medication and dietary changes are possible barriers to engaging with self-management. Some patients may avoid follow-up because they feel they have not succeeded in achieving the recommended behaviour change.³

Two recent systematic reviews of qualitative research explored some of the barriers and facilitators on the related topic of shared decision-making as perceived by patients.^{5,6} Simply providing patients with information is unlikely to be successful, particularly as it was identified that patients undervalued their ability to acquire the knowledge “owned” by clinicians. The reviews both suggest that many of the barriers perceived by patients could be overcome. Good communication, including clinicians listening to and hearing what is said by patients, will help build and sustain the relationship and develop trust. Providing broader support to patients so that they feel capable of acquiring and understanding knowledge may also help.³

Both reviews highlight an absence of evidence on the impact of self-management on people with multimorbidity; most people with a long term condition actually have more than one. This gap in knowledge is important as people with multimorbidity potentially face significant barriers to self-management support, but may also have the greatest capacity to benefit.

Engaging patients to self-manage

The majority of participants in studies of self-management support are highly selected:³ they are interested, feel able and are committed to developing self-management skills. A recent Cochrane review found that a large number of participants in studies of self-management education felt their condition to be relatively stable and their health to be reasonably good.⁷ Particular effort may be required to engage people who are disinclined to participate but who could potentially benefit from self-management.

Engagement is more likely to occur when interventions are tailored to the needs of individual patients. For example, a recent systematic review has suggested that men may find self-management support more attractive when it is seen as action-oriented, having a clear purpose, and offering practical strategies that can be integrated into daily life.⁸ Ongoing review to prioritise elements of self-management which best support patients’ needs is important as issues around quality of life will change over time.³ Asking patients, particularly those with multimorbidity “what would you like to focus on today?” may be useful.⁹

Implementation

The PRISMS review also included a systematic review of 61 studies looking at the implementation of self-management support.⁴ The review highlighted the importance of the culture of the organisation for facilitating integration of self-management principles into routine care. The review identified key elements for successful implementation, including:

- Strong clinical leadership to ensure self-management is prioritised
- Involving stakeholders so that professionals engaged with the process of change
- Training to ensure all staff have skills
- Resources to enable ongoing delivery
- Regular evaluation to sustain the programme

The evidence is focused on disease-specific self-management support which may present some complexity for service delivery. However, it has been suggested that a more generic approach could potentially be used for a number of disorders and may be useful for patients with multimorbidity.³

A recent randomised controlled trial looked at the adoption of a whole system model for enabling health professionals to provide self-management support.¹⁰ Training was delivered in two sessions. All practice staff participated in the first session, aimed at ways to embed self-management tools in existing systems. The second session provided training for clinical staff aimed at developing consultation skills; assessing what each patient can and needs to do, sharing decisions with patients and providing appropriate support (including management plans, referrals and signposting). In making the training feasible for the limited time and resources practices had available, the intervention was considerably restricted in length and content. This may have contributed to patchy implementation of self-management support and the lack of an effect on all patient outcomes, including self-efficacy, health-related quality of life and self-management activity.

A process evaluation explored the barriers and facilitators that affected the implementation of the trial intervention.¹¹ Although training sessions were well-received, this engagement did not translate in to everyday working practices. The authors suggest self-management was not seen as relevant or fitting in to existing work processes, which may have contributed to poor implementation. Self-management was also not seen as a professional priority. As highlighted by the PRISMS review, there is a need for strong clinical leadership.⁴ One way to address this could be “champions” to drive the embedding of self-management in practices.¹¹

References

1. Coulter A, Entwistle VA, Eccles A, Ryan S, Shepperd S, Perera R. Personalised care planning for adults with chronic or long-term health conditions (Protocol). Cochrane Database of Systematic Reviews 2013, Issue 5. Art. No.: CD010523.
2. Foot C, Gilbert H, Dunn P, Jabbal J, Seale B, Goodrich J, Buck D, Taylor J. People in control of their own health and care; the state of involvement. London: The King's Fund, 2014.
3. Panagioti M, Richardson G, Murray E, Rogers A, Kennedy A, Newman S, et al. Reducing Care Utilisation through Self-management Interventions (RECURSIVE): a systematic review and meta-analysis. *Health Serv Deliv Res* 2014;2(54)
4. Taylor S, Pinnock H, Epiphanou E, Pearce G, Parke H, Schwappach A, et al. A rapid synthesis of the evidence on interventions supporting self-management for people with long-term conditions: PRISMS - Practical systematic Review of Self-Management Support for long-term conditions. *Health Serv Deliv Res* 2014;2(53)
5. Joseph-Williams, N, Elwyn, G, Edwards, A. Knowledge is not power for patients: A systematic review and thematic synthesis of patient-reported barriers and facilitators to shared decision making. *Patient Education and Counseling* 2014;94:291-309
6. Truglio-Londrigan, Marie et al. A qualitative systematic review of internal and external influences on shared decision-making in all health care settings. *The JBI Database of Systematic Reviews and Implementation Reports*, [S.I.], v. 12, n. 5, p. 121 - 194, jun. 2014. ISSN 2202-4433. <http://www.joannabriggslibrary.org/jbilibrary/index.php/jbisrir/article/view/1414>
7. Foster G, Taylor SJC, Eldridge S, Ramsay J, Griffiths CJ. Self-management education programmes by lay leaders for people with chronic conditions. Cochrane Database of Systematic Reviews 2007, Issue 4. Art. No.: CD005108. DOI: 10.1002/14651858.CD005108.pub2
8. Galdas P, Darwin Z, Kidd L, Blicken C, McPherson K, Hunt K, et al. The accessibility and acceptability of self-management support interventions for men with long term conditions: a systematic review and meta-synthesis of qualitative studies. *BMC Public Health* 2014; 14: 1230
9. Wallace E, Salisbury C, Guthrie B, Lewis C, Fahey T, Smith SM et al. Managing patients with multimorbidity in primary care *BMJ* 2015; 350:h176 <http://www.bmj.com/content/350/bmj.h176?etoc=>
10. Kennedy A. Implementation of self-management support for long term conditions in routine primary care settings. *BMJ* 2013;346:f2882
11. Kennedy A. Implementation of a self-management support approach (WISE) across a health system: what did and did not work for organisations, clinicians and patients. *Implementation Science* 2014; 9:129