Globalization and Chronic Disease Management - the Informed Patient

Hospital Authority Convention 2011
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Foundation Mission

• **Mission**
  - The mission of the Foundation is to inform and amplify the patient’s voice in health care decisions
The Foundation and Health Dialog

• The Foundation has a licensing agreement with Health Dialog
  – Provides royalties and contract funding to develop and maintain decision support materials

• Strict conflict-of-interest policy
  – Staff and Medical Editors are prohibited from financial support from the drug and device industries
Global Burden of Chronic Diseases

• Chronic diseases are a global problem:
  – they disproportionally affect the poor, and
  – hamper human development in all countries

• The greatest potential for gain lies with prevention through action on the societal causes of chronic diseases

(Lancet Series on Chronic Disease and Development, 2010)
Global Burden of Chronic Diseases

Projected main causes of death, worldwide, all ages, 2005

- Cardiovascular diseases: 30%
- Cancer: 13%
- Chronic respiratory diseases: 7%
- Diabetes: 2%
- Other chronic diseases: 9%
- Injuries: 9%
- Communicable diseases, maternal and perinatal conditions, and nutritional deficiencies: 30%

TOTAL DEATHS 2005
58 million

(World Health Organization. Preventing Chronic Diseases: A Vital investment)
Global Burden of Chronic Diseases

- Incident chronic diseases must be managed as well
- Even in developed countries people with chronic diseases spend only a tiny fraction of their time with clinicians
- People with chronic diseases must make many daily decisions about care of their condition
Patient Self-Management

- Management over time is essential
- Patient must engage continuously in different health care practices
- Patient must apply knowledge about the consequences of a chronic disease to guide management
- The patient and clinician must share knowledge and authority

(Holman H, Lorig K. Public Health Reports 2004;119:239)
Patient Self-Management

• In other words, it’s not just about increasing patient compliance with clinicians’ “orders.”
Activated Patients and Outcomes

• The Patient Activation Measure (PAM) assesses knowledge, skill and confidence for managing one’s own healthcare

• In a 2004 survey of Kaiser Permanate members with six chronic conditions, higher PAM scores were associated with:
  – More self-management behaviors
  – Higher utilization of self-management services
  – Higher medication adherence
  – Greater satisfaction with services
  – Better functional status and QOL

Some Behavioral Change Theories

- Self regulation/common sense model
- Social cognitive model
- Theory of planned behavior
- Transtheoretical (stages of change) model
What Do Patients Want?

• Access to information about diagnosis, treatment, and outcomes
• Ready access to continuity of care
• Low “hassle” infrastructure
• Ways to cope with symptoms and loss of independence
• Ways to adjust to diseases consequences

(Holman H, Lorig K. Public Health Reports 2004;119:239)
Chronic Care Model

COMMUNITY
- Resources and Policies
- Self-Management Support

HEALTH SYSTEM
- Health Care Organization
- Decision Support
- Delivery System Design
- Clinical Information Systems

Functional and Clinical Outcomes

Informed, Activated Patient

Prepared, Proactive Practice Team

Productive Interactions

(Wagner EH. Effective Clinical Practice 1998;1:2)
Evidence-Based Principles of SMS

1. Brief target assessment
2. Information alone insufficient
3. Use of a nonjudgmental approach
4. Collaborative priority and goal setting
5. Collaborative problem-solving
6. Use of diverse providers

Evidence-Based Principles of SMS

7. Use of diverse formats
8. Enhance patient self-efficacy
9. Active follow-up supported by feedback and reminders
10. Guideline-based case management
11. Linkages to evidence-based community programs
12. Multifaceted interventions

The Five A’s Paradigm

• Assess knowledge, behaviors and confidence routinely
• Advise from scientific evidence and present information
• Agree on goals and treatment plan for improving self-management
• Assist in overcoming barriers
• Arrange helpful services

MI: An Interpersonal Style

- Express empathy through reflective listening skills
- Contrast goals and behaviors to help make the case for change
- Avoid argumentation
- Acknowledge and explore (not confront) resistance
- Support self-efficacy

(Rollnick S, Miller WR. Behavioral and Cognitive Psychotherapy 1995; 23:325)
Patient Education Programs

• Peer-led self-management courses
• Professionally-led self management courses
• Self-help groups
• Peer support workers/buddy schemes
Telephonic Support

- Telephone advice lines / consultations
- Telephone health coaching
- SMS messaging prompts and reminders
- Telemonitoring
E-Health Initiatives

• Online education
• Interactive health communication
• Record access for patients
• Email consultations
• Virtual support groups
Combining Strategies to Address Needs

• Optimal combination of strategies to address the needs of individuals and population segments is still unknown

• Role of incentives, particularly financial incentives, for catalyzing behavior change needs further research
What Difference Can Information Make?
Evidence on the Impact of Information

• Information is most effective when used interactively

• **Printed materials with professional advice/support can improve knowledge, self-care and outcomes**

• **Professionals should signpost information sources**

• **Personalised information and education work best**
Evidence on the Impact of Information

• Internet programs can be effective, particularly for disadvantaged groups if access barriers are removed

• The media has an important role in influencing health behaviors and use of health services
Ibuprofen May Help Stave Off Parkinson’s
February 17, 2010

Health
Too much excitement - “eye opening” - important for anyone at increased risk for Parkinson’s.” With far too few caveats.
(read more)

RATING: ★★★★

Aspirin might reduce recurrence risk for breast cancer survivors, study finds
February 17, 2010

Los Angeles Times
It is so easy to get a story like this wrong. But this story mostly got it right.
(read more)

RATING: ★★★★★

Hormone-infused nasal spray found to help people with autism
February 16, 2010

The Washington Post
This story is one of three we reviewed about the published study. In the quotes used and the framing, this story is perhaps overly enthusiastic about this extremely preliminary research.
(read more)

Drugs that cost more than $200,000 a year
Feb 23, 2010

In a Forbes column, Matthew Herper writes: “When people talk about expensive drugs, they usually are referring to drugs like Lipitor for high cholesterol ($1,500 a year), Zyprexa for schizophrenia ($7,000 a year) or Avastin for cancer ($500,000 a year). But none of these made

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TOOLKIT
Tips for Understanding Studies

A PROJECT SUPPORTED BY
FOUNDATION FOR INFORMED MEDICAL DECISION MAKING
HNR Criteria for Health Reporting

• What’s the total cost?
• How often do benefits occur?
• How often do harms occur?
• How strong is the evidence?
• Is the condition exaggerated?
• Is this really a new approach?
• Is it available?
• Are there alternative choices?
• Who’s promoting this?
• Do they have a financial conflict of interest?
Evidence on What Works in SMS

Invest in engagement

• “A comprehensive review of the best worldwide evidence of what works to engage patients and the public in healthcare”

• http://www.investinengagement.info/SiteGuidetop
Evidence on What Works in SMS

• Summarizes results of 124 systematic and high quality narrative reviews of the outcomes of SM education and support across many conditions

• “Few studies in this field have looked at long-term outcomes and very few reviews have included information on cost-effectiveness”
Evidence on What Works in SMS

Invest in engagement

- There is good evidence that it is possible to improve patients' knowledge and understanding of their condition, leading to greater confidence for self-management.

- Effective self-management can lead to improvements in health outcomes for certain conditions.
Evidence on What Works in SMS

Invest in engagement

• There is some evidence that effective self-management support can lead to reduced hospital admission rates.
The evidence suggests that disease-specific self-management education, with professional involvement provided as part of routine healthcare, is more effective than generic self-management educational courses led by lay people.
Evidence on What Works in SMS

Invest in engagement

• Lay-led self-management courses are popular with attendees. They strengthen social support and coping skills in the short-term, but there is no evidence of long-term effects

• Simplified dosing strategies can improve adherence to medicine taking
Evidence on What Works in SMS

• Self-monitoring by patients can be effective, but may not necessarily be cost-effective

• Interactive web-based self-management programs can have a beneficial effect on behavioral and clinical outcomes
RCT of Telephone Care Management

- Conducted by Health Dialog
- 174,120 subjects randomized to a usual-support or enhanced support groups ("deeper dive" into the population based on analytics)
- Telephonic instruction about SDM, self-care, and behavior change by health coaches
- Powered on costs/hospitalizations

(Wennberg D, et al. NEJM 2010; 363:1245)
RCT of Telephone Care Management

• After 12 months:
  • 10.4% of the enhanced-support group and 3.7% of the usual support group received telephone intervention
  • Average monthly medical and pharmacy costs per person were 3.6% ($7.96) lower (P=0.05)
  • Hospitalizations were 10.1% fewer (P<.0001)
  • Cost about $2.00 per person

(Wennberg D, et al. NEJM 2010; 363:1245)
Summary

• Information is essential for self-care
• Information alone is not sufficient
• Discussion and support are needed too
• Informing and activating patients should be a health policy priority
Thank You!

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www.informedmedicaldecisions.org