

Globalization and Chronic Disease Management - the Informed Patient



FOUNDATION FOR
INFORMED MEDICAL
DECISION MAKING

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 disproportionately 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)

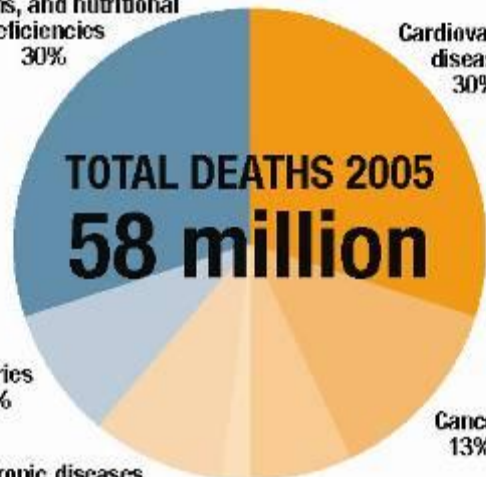


Global Burden of Chronic Diseases

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

Communicable diseases,
maternal and perinatal
conditions, and nutritional
deficiencies
30%

Cardiovascular
diseases
30%



**TOTAL DEATHS 2005
58 million**

Injuries
9%

Other chronic diseases
9%

Diabetes
2%

Chronic
respiratory
diseases
7%



*(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."



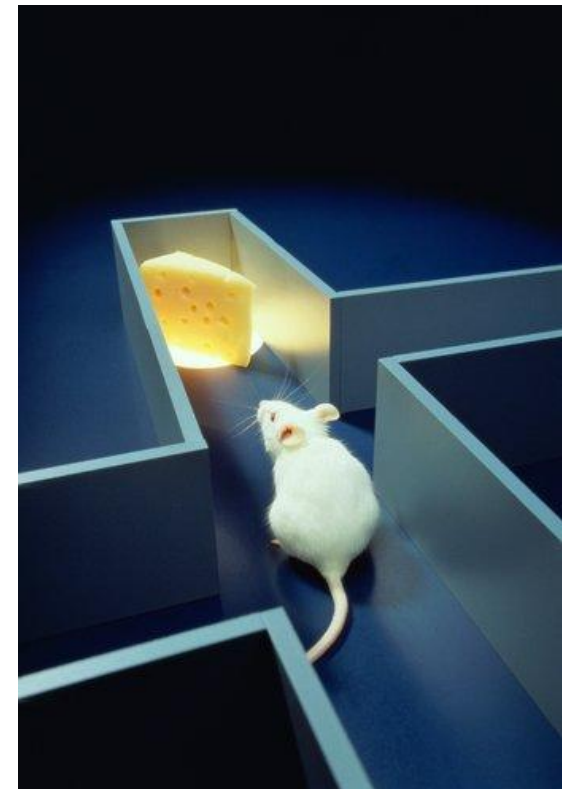
Activated Patients and Outcomes

- **The Patient Activation Measure (PAM) assesses knowledge, skill and confidence for managing one's own healthcare**
- **In a 2004 survey of Kaiser Permanente 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**



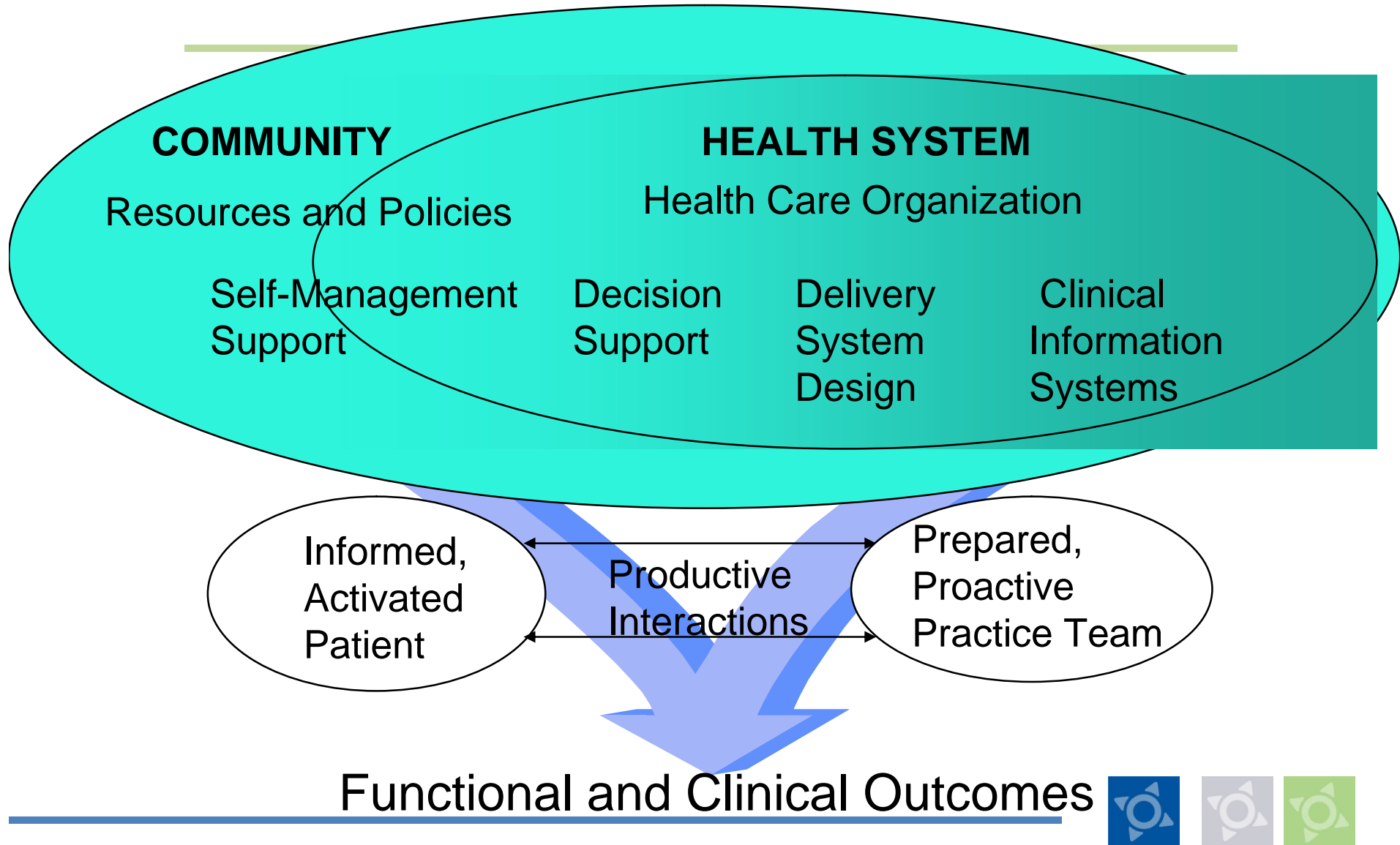
What Do Patients Want?

- **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



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**



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**

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February 17, 2010



It is so easy to get a story like this wrong. But this story mostly got it right. [\(read more\)](#)

RATING: ★★★★★

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February 16, 2010



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. [\(read more\)](#)

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Gary Schwitzer's HealthNewsReview Blog



Feb 23, 2010

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Our Criteria For What Consumers Need In Stories



On treatments, tests, products, procedures. Visit each link to learn why these matter, and to see Thumbs Up & Thumbs Down story examples.

- ▶ What's the total cost?
- ▶ How often do benefits occur?
- ▶ How often do harms occur?
- ▶ How strong is the evidence?
- ▶ Is this condition exaggerated?
- ▶ Are there alternative options?
- ▶ Is this really a new approach?
- ▶ Is it available to me?
- ▶ Who's promoting this?
- ▶ Do they have a conflict of interest?

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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?**

HEALTHNEWSREVIEW.ORG

Community discussion forums on health and medical journalism



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

Invest in engagement

- **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.

Evidence on What Works in SMS

Invest in engagement

- **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

Invest in engagement

- **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**



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**



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

