Supporting Self Management:
The Policy Landscape

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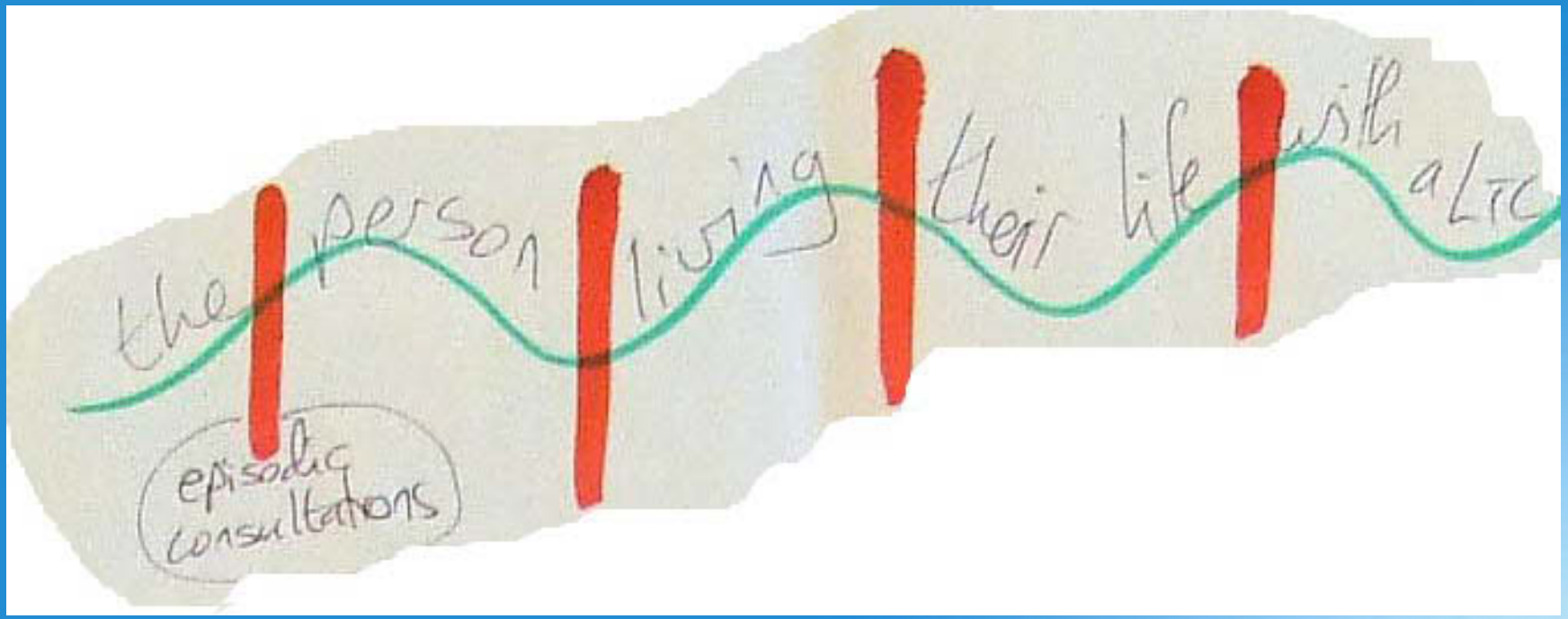
The *individual's* perspective



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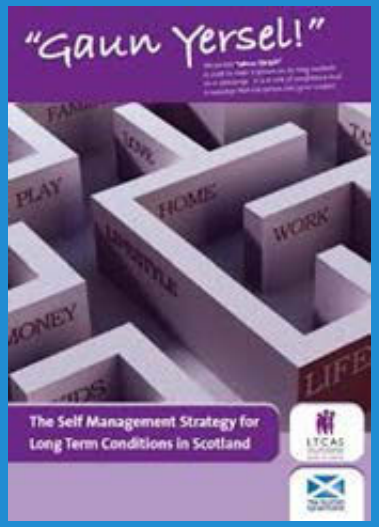
What is self-management support?

* "Self management support can be viewed in two ways: as a portfolio of **techniques and tools** that help patients choose healthy behaviours; and a fundamental transformation of the patient-caregiver relationship into **a collaborative partnership**."

* Bodenheimer T, MacGregor K, Shafiri C (2005). *Helping Patients Manage Their Chronic Conditions*. California: California Healthcare Foundation.



Gaun Yersel

- "The partnership with the individual is central to the self management agenda"
- "I am the leading partner in the management of my own health"

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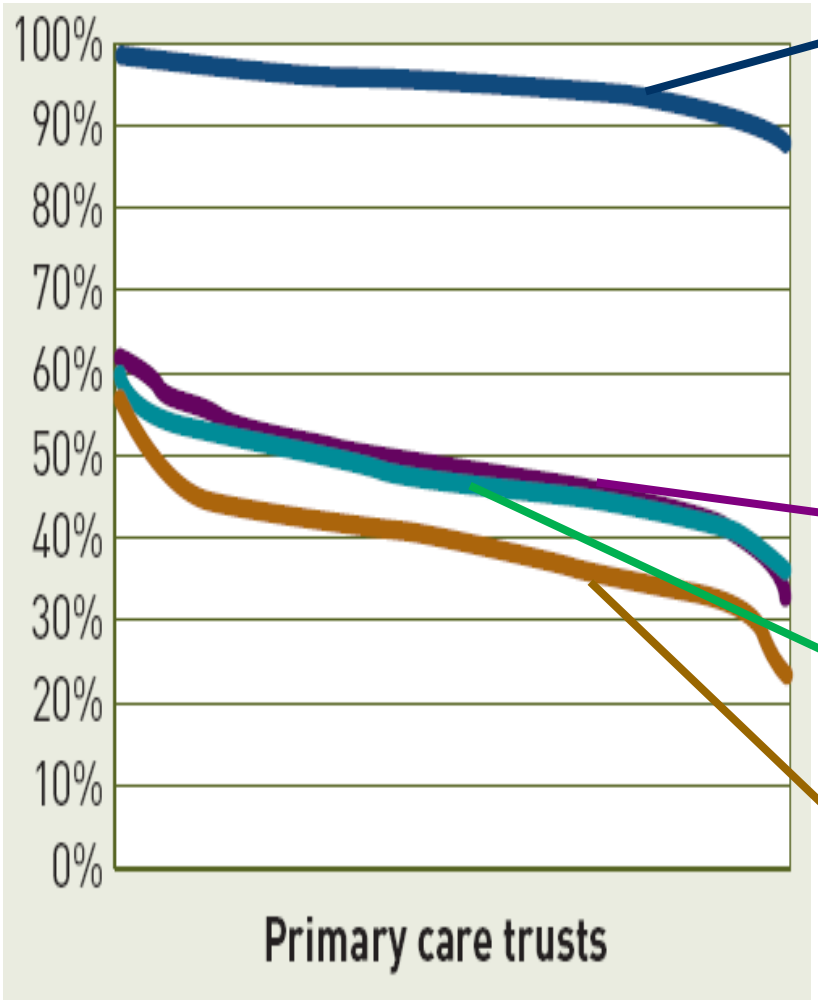
Figure 1: The four principles of person-centred care

Year of Care : addressing the problem (diabetes)



had at least one check up in the last 12 months

Poor quality of care *and* ineffective use of resources

discussed ideas about best way to manage their diabetes

agreed a plan to manage their diabetes over next 12 months

discussed their goals in caring for their diabetes

From *'Managing Diabetes'* Healthcare Commission: 2007

- Routine consultations in primary care focus on the biomedical agenda set by QOF where the practitioner is the expert and the patient agenda unheard
- Socialize patients in becoming passive subjects of “surveillance”

Chew-Graham et al BMC Family Practice 2013, **14**:103

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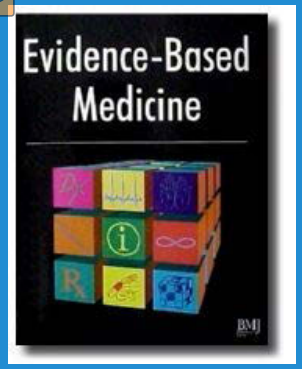
Supporting medical management		Enabling self management
Disease centred	*Model*	*Person-centred*
Deficit-based	*Approach*	*Asset-based*
Biomedical	*Outcomes*	*Personal*
Quantitative	*Measures*	*Qualitative & Quantitative*
Transmission/didactic	*Process*	*Enablement/Coaching*
Evidence-based (narrative informed)	*Paradigm*	*Narrative-based (evidence informed)*
Clinician (one expert)	*Locus*	*Co-production (2 experts)*
£££££££s	*Economic*	*££s*
Health Service	*Resource*	*Individuals & community*
Single disease	*Focus*	*Multiple*
Passive dependent	*Person*	*Active lead*



Specialist

Generalist

Supporting medical management		Enabling self management
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Biomedical	Outcomes	Personal
Quantitative	Measures	Qualitative & Quantitative
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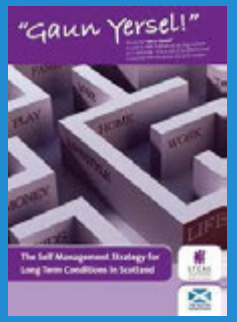

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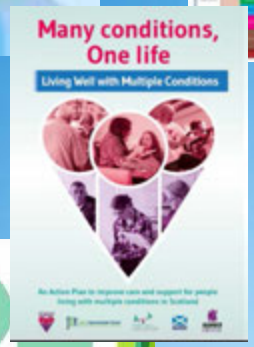

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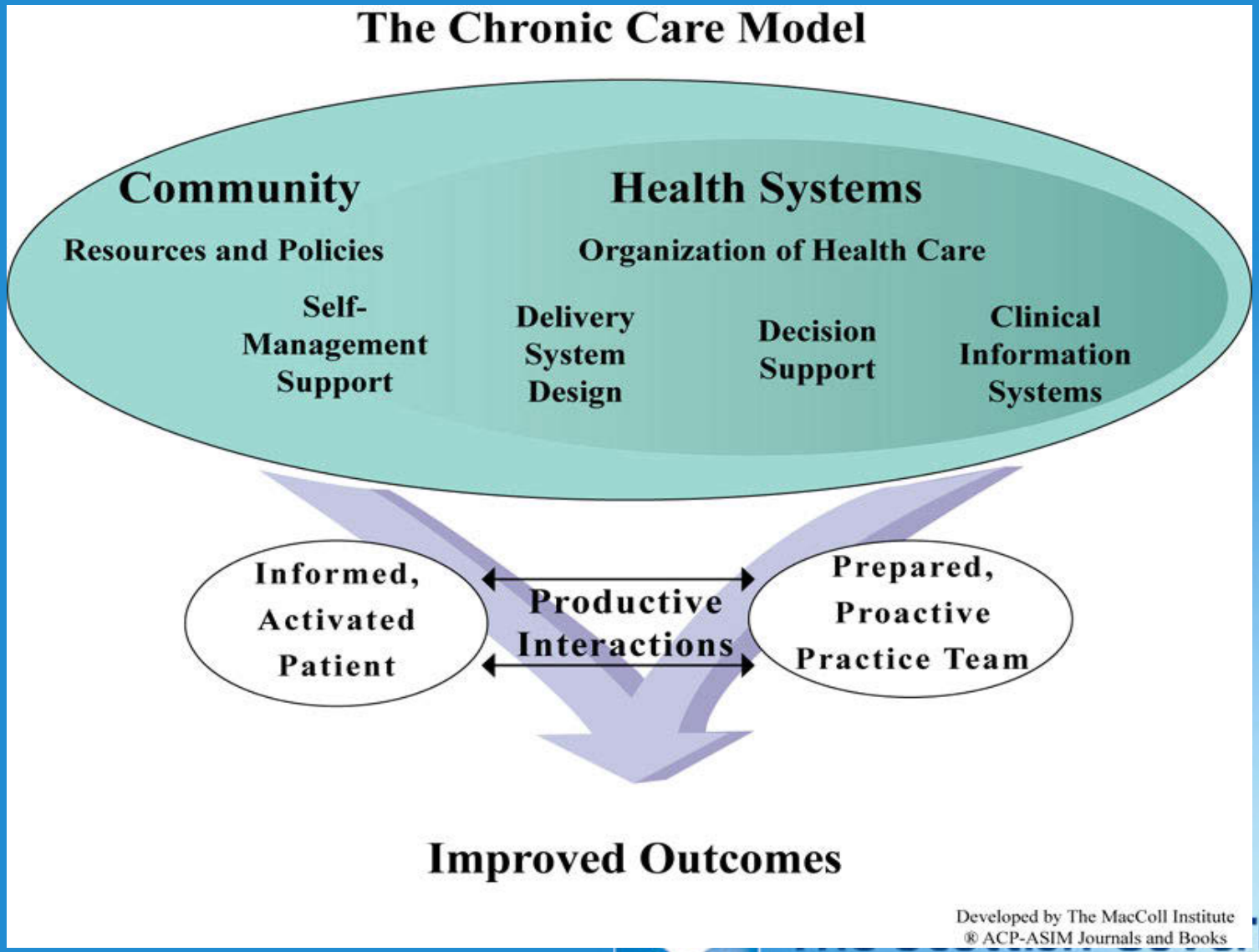
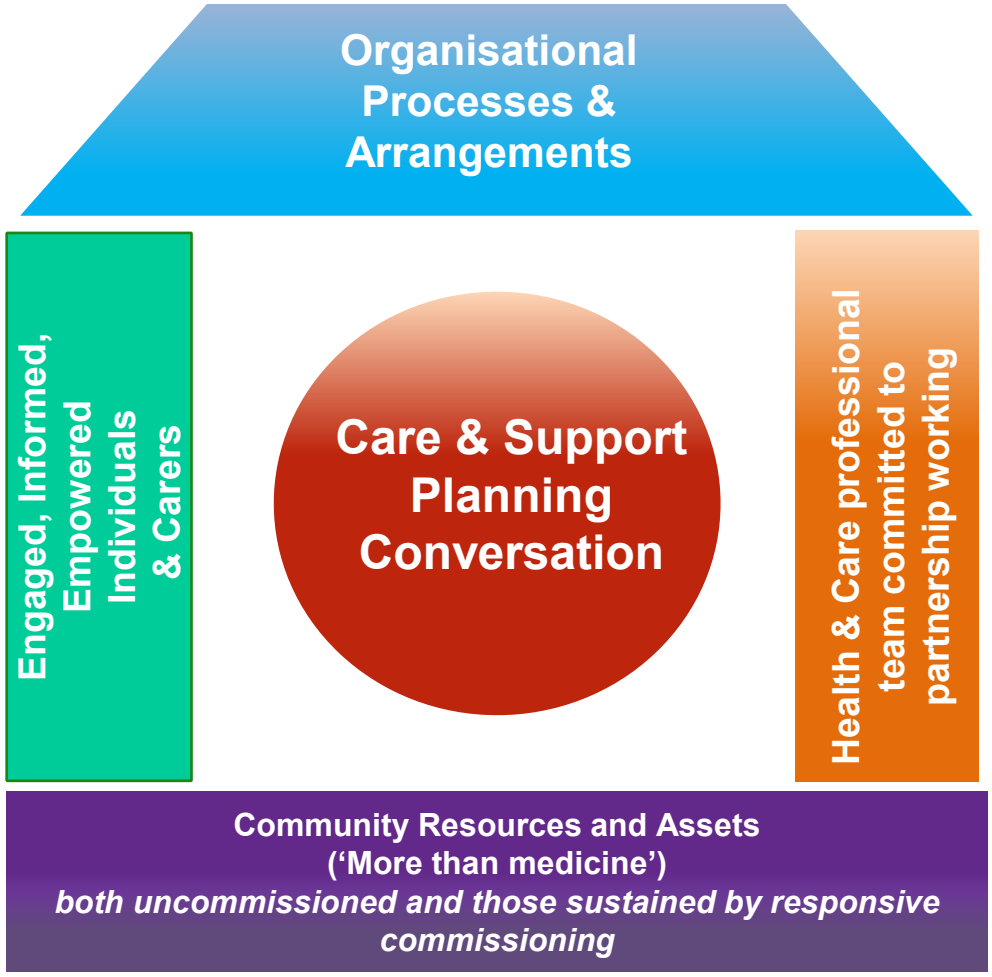
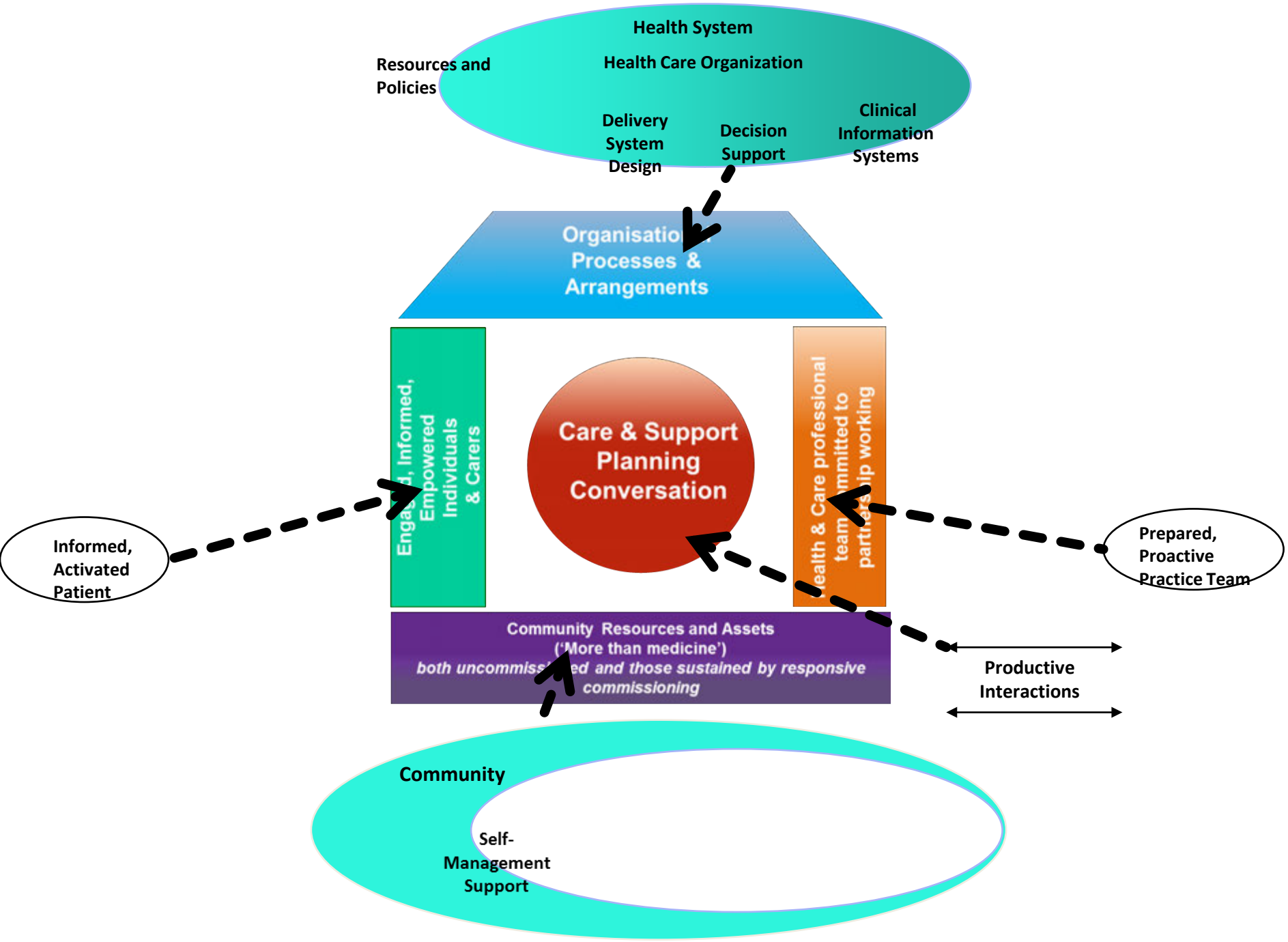
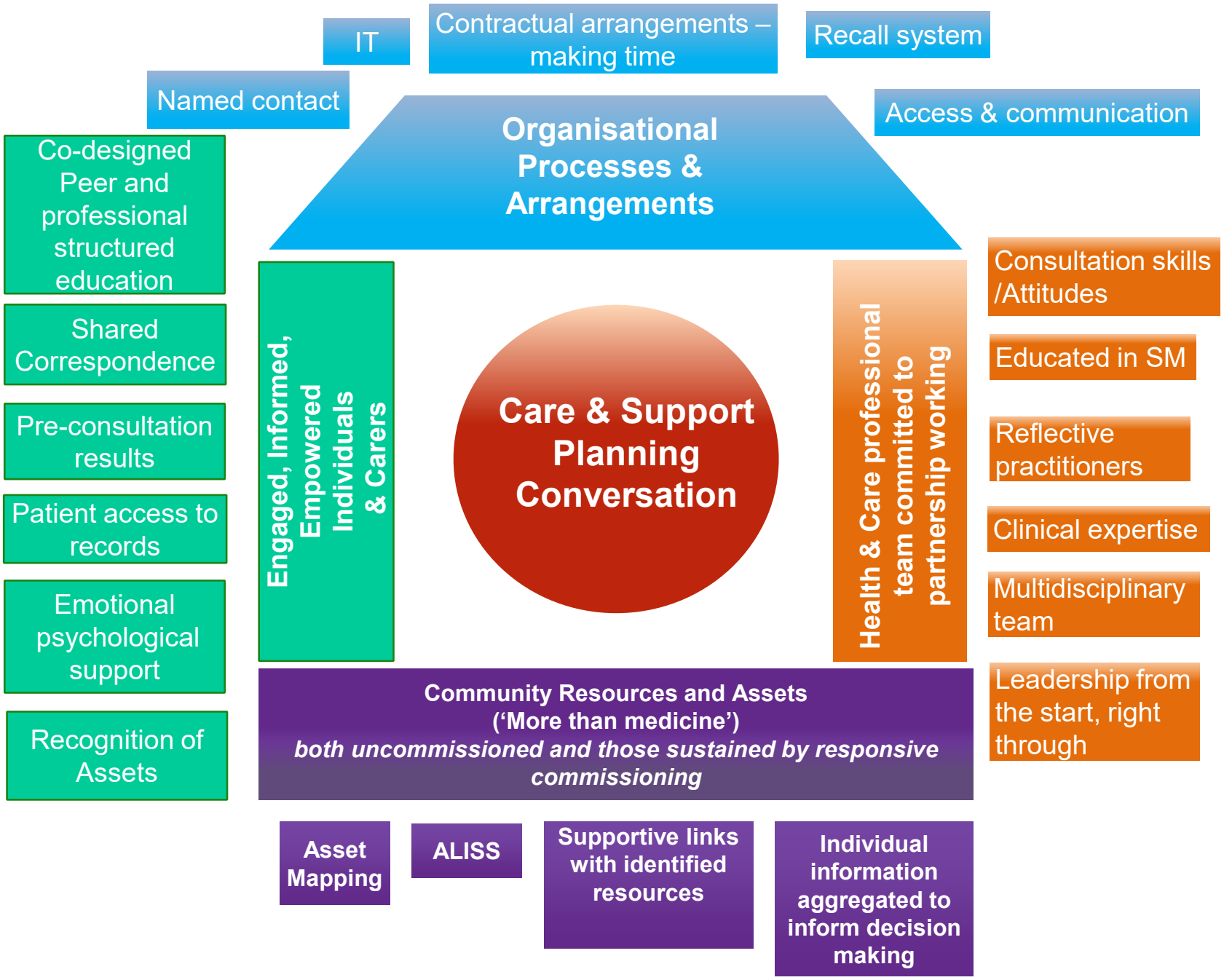
Summary

- It is not about one or the other, it is about aligning what is effective in medical terms with the values, capabilities and preferences of individuals.
- When aligned the evidence suggests adherence, satisfaction, empowerment and health outcomes improve.
- Prevailing medical culture and policies have overly promoted the disease model at the expense of enabling, person- centred care
- Driving the design of systems around diseases and data rather than people
- This is creating an unsustainable and costly burden of medical responsibility
- Need to build a new system that supports people and healthcare professionals to combine their expertise

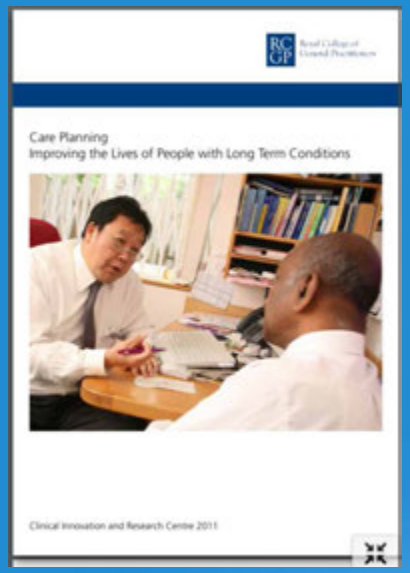



Organisational Processes & Arrangements
Engaged, Informed, Empowered Individuals & Carers
Care & Support Planning Conversation
Health & Care professional team committed to partnership working
Community Resources and Assets
('More than medicine')
both uncommissioned and those sustained by responsive commissioning


Health System
Health Care Organization
Resources and Policies
Delivery System Design
Decision Support
Clinical Information Systems
Organisational Processes & Arrangements
Engaged, Informed, Empowered Individuals & Carers
Care & Support Planning Conversation
Health & Care professional team committed to partnership working
Informed, Activated Patient
Prepared, Proactive Practice Team
Community Resources and Assets ('More than medicine')
both uncommissioned and those sustained by responsive commissioning
Productive Interactions
Community
Self-Management Support


IT
Contractual arrangements – making time
Recall system
Named contact
Access & communication
Organisational Processes & Arrangements
Co-designed Peer and professional structured education
Shared Correspondence
Pre-consultation results
Patient access to records
Emotional psychological support
Recognition of Assets
Engaged, Informed, Empowered Individuals & Carers
Care & Support Planning Conversation
Health & Care professional team committed to partnership working
Consultation skills /Attitudes
Educated in SM
Reflective practitioners
Clinical expertise
Multidisciplinary team
Leadership from the start, right through
Community Resources and Assets
('More than medicine')
both uncommissioned and those sustained by responsive commissioning
Asset Mapping
ALISS
Supportive links with identified resources
Individual information aggregated to inform decision making

"This really is an innovative approach, but I'm afraid we can't consider it. It's never been done before."



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Inspiring Improvement

NHS
National Institute for Health and Clinical Excellence

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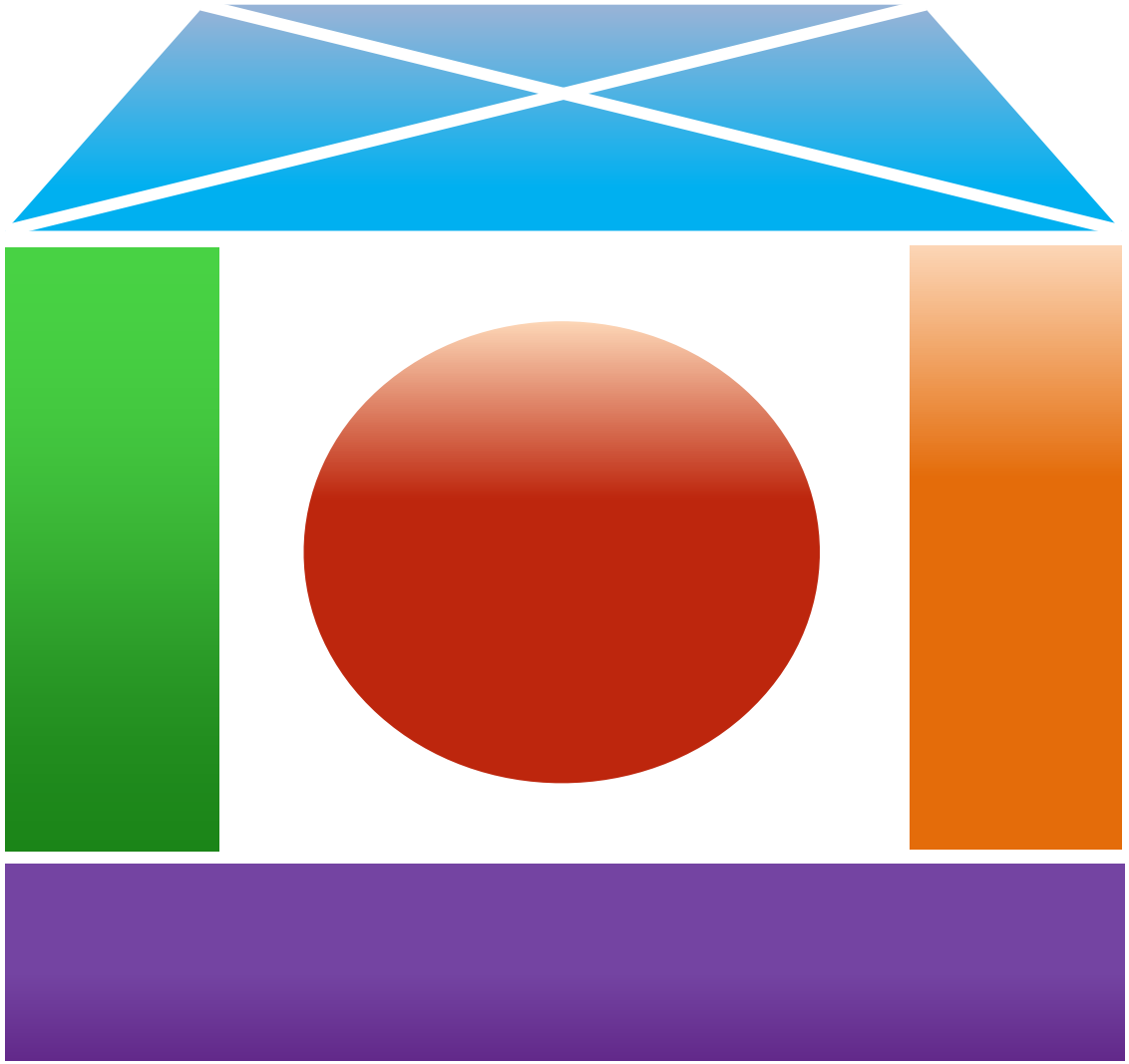

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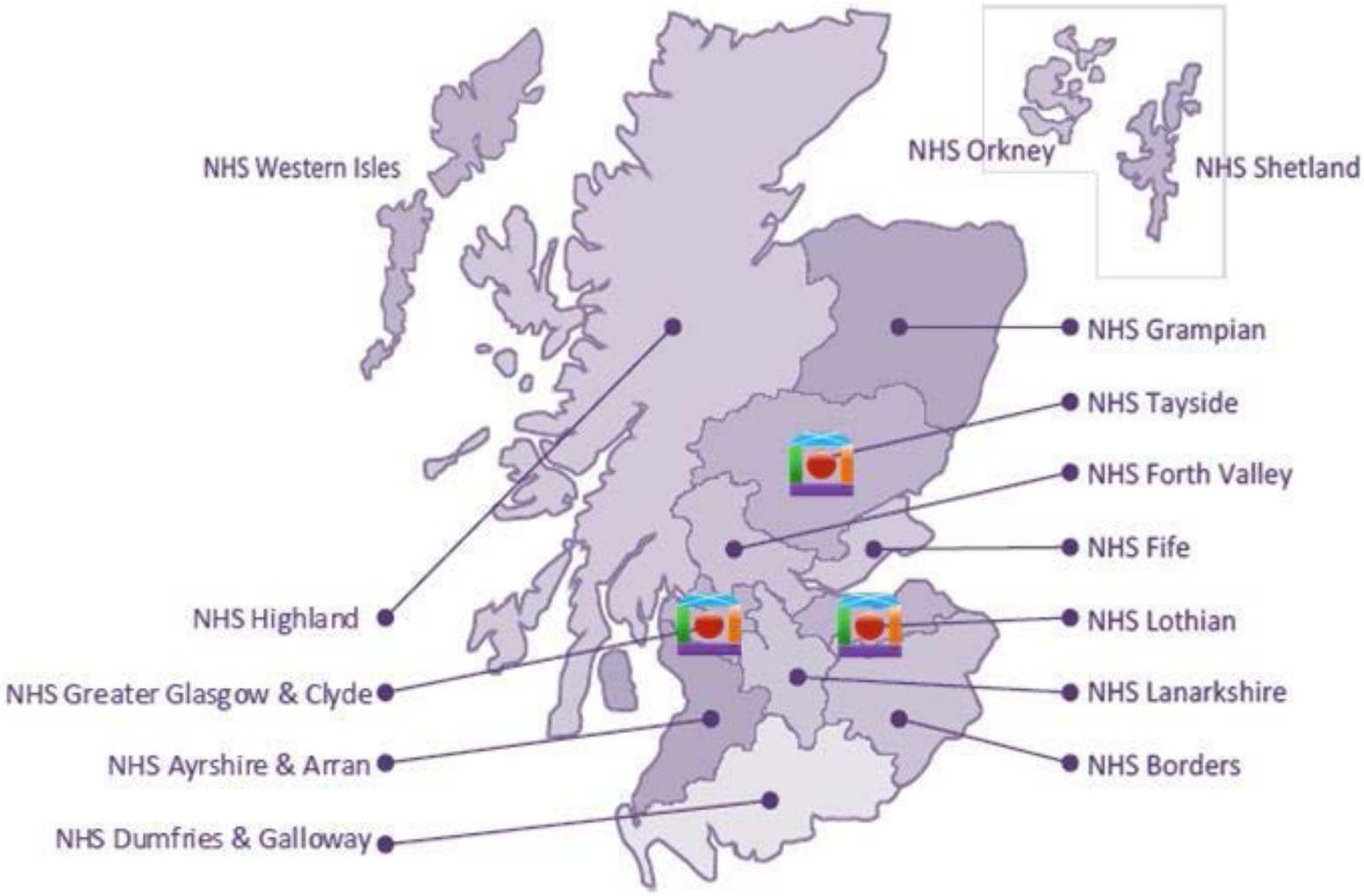

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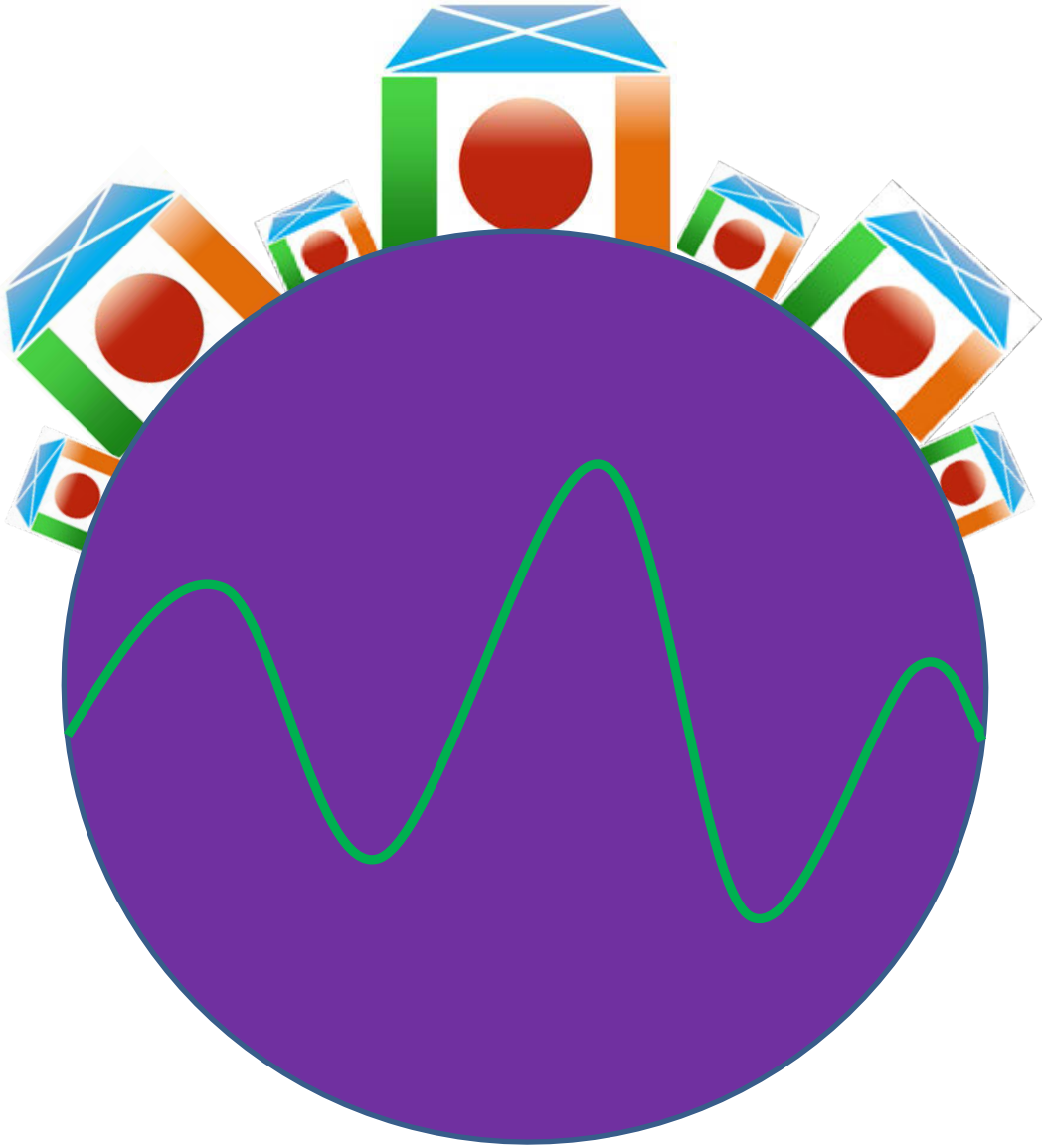

Thank You for listening

https://houseofcare.wordpress.com/

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