

## Patient Empowerment: Moving Patients to Self-Management

*Sponsored in part by  
American Kidney Fund*

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## Self-Management

Moving a patient to direct and manage his care  
in the most clinically sound manner possible.




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## Traditional Approach vs. Self- Management Approach

	Traditional Approach	Self-Management Approach
<b>Motivation targeted?</b>	External	Internal – Patient Understanding and Confidence
<b>How are problems solved?</b>	By Professional	Professionals assist in problem-solving
<b>What is taught?</b>	Information and technical skills	Skills and how to act on problems
<b>Theory underlying education</b>	Disease specific knowledge creates behavior change=better outcomes	Greater pt confidence in ability to make changes. Self-efficacy=better outcomes
<b>What is the goal?</b>	Compliance with the behavior taught	Increased self-efficacy

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## Self-Management Helps

- Reduction in risk factors
  - Especially for high risk groups
  - Improvement in efficacy when tailored to patient
- Improvement in adherence
- Improvement in patient satisfaction

(Joint Advisory Group on General Practice and Population Health)

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## And...

- Patient participation reduces anxiety
- Patient communication improves outcomes
- Negative health care experiences cause patients to be non-compliant and “doctor shop?” (Coyle et.al).

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What Is The Most Critical Aspect  
Of The Patient- Provider  
Relationship?  
**TRUST!**

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## Building Trust

“Trust is the confidence among team members that their peers intentions are good, and that there is no reason to be protective or careful around the group. In essence, teammates must get comfortable being vulnerable with one another.”

Lencioni, 2002  
The Five Dysfunctions of a Team



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## Sympathy

- a relationship between persons in which the condition of one induces a parallel or reciprocal condition in another.
- feelings or impulses of compassion.
- feelings of favor, support, or loyalty: *It's hard to tell where your sympathies lie.*



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## Empathy

- is the 'capacity' to share and understand *another's* 'state of mind' or emotion.
- is often characterized as the ability to "put oneself into another's shoes", or in some way experience the outlook or emotions of another being within oneself.



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## What Is Motivation

“The internal condition that activates behavior and gives it direction; and energizes and directs goal-oriented behavior.”

Webster



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## Why Do Patients Need Motivation?

- To help them manage the tasks associated with living with kidney disease even in the face of setbacks



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## The Challenge

“Patients with renal disease are challenged by many stressors, including loss of biochemical and physiologic kidney functions, development of digestive and neurological disorders, bone disease and anemia, inability to function in the family and to maintain one’s occupation, decreased mobility, decreased physical and cognitive competence, and loss of sexual function”

Kimmel, MD & Peterson, MD  
Seminars in Dialysis, 2005



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## Two Types Of Motivation

1. Intrinsic Motivation
2. Extrinsic Motivation

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## “Intrinsic Motivation”

-Motivation that comes from inside an individual rather than from any external or outside rewards.

e.g. Doing something because it will benefit others or it will bring you joy or satisfaction

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## Those Who Are Intrinsicly Motivated:

1. Attribute positive results to internal factors they can control (e.g. the amount of effort you put in will improve your results.)

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## Do Your Patients Believe

“If I work hard and put in more effort I will be better able to manage my kidney disease and I will feel better”

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## Those Who Are Intrinsically Motivated:

2. Believe they can be effective agents in reaching their desired goals.

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## Do Your Patients Believe

“I am the absolute central decision maker in managing my kidney disease and the goals I have established are my own?”

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## Goal Setting

- Who is really establishing the goals?
- Is the patient invested in the goal?
- Can you find an approach that integrates clinical goals with patient goals?

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## Those Who Are Intrinsically Motivated:

3. Are interested in mastering a topic, rather than just being passive learners.

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## Ask Yourself

Do we continually work with our patients to truly understand this incredibly complex disease state?

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## What Motivates Your Patients?

- Family, friends, etc
- Helping others
- Transplant
- Activities
  - Gardening
  - Socializing with friends
  - Exercise



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## “Extrinsic Motivation”

-Motivation that comes from the outside of the individual.

e.g. Money, threats, coercion



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February 8, 2002

ATTENTION ALL PATIENTS

Here at we have an **ongoing epidemic called NON-COMPLIANCE**. Examples of NON-COMPLIANCE include missed treatment dates (no call, no show), Coming off your treatment early, (Against Medical Advice) and not following your physician orders.

Our mission is to improve the patient's awareness of the long-term consequences of these actions. Our goal is to improve compliance at this facility by following the physicians orders, coming to treatment three times a week and running our full treatment time.

**We will be monitoring very closely, those who miss two or more treatments a month. If you are a patient that consistently misses treatment each month, you will be subject to disciplinary action.** This could result in a change in shift time or dismissal from the program. The process that will be followed is with a letter discussing our concerns. The letter will be signed, witnessed and placed in your medical record. The second letter will follow when your behavior does not change giving you 60 days to adapt to the requirements. Your time will be changed to our third shift with this letter. This letter will also be signed, witnessed and placed in your medical record. We will then contact the Renal Network regarding our concerns. If the behavior continues after the second letter, the third letter will be given which will state you have 30 days to find another clinic for to dialyze. This will be your official notice of dismissal from the outpatient hemodialysis program.

Please take this memo seriously as we are concerned about your health and well being. **We have tried to be accommodating for those who have requested and non-compliance has continued.** Please contact the Social Work Department if you have any questions. Thank you for your time and considerations

Sincerely,

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Center Director, and the Social Work Department



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## Communication Strategies



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## Patient Friendly Language

- Speak in a way that patients can understand. Patients are not usually interested in the medical terminology or understanding the disease in an intellectual way. They are more interested in understanding how the disease relates to them *(Funnell et.al)*.



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## A True Story...

“So Mr. Johnson I understand your ESRD was caused by your IDDM and by the looks of your A<sub>1</sub>C levels you have not been controlled very well for awhile. I see your BP is high and based on your Hgb I am wondering if that might not explain your fatigue and labile mood. In addition you have fluid around your lungs and heart which might be CHF and also might explain why your SOB.



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## What Did The Patient Hear?

“Mr. Johnson, Blah, Blah,  
Blah, Fluid, yada-yada,  
Lungs, yada-yada, Heart,  
SOB!”

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## What are some skills?

- Begin by listening!
- The Institute of Medicine reported that physicians often interrupt patients within the first 18 seconds of the interview.

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## Respect

- Respect patients' autonomy and personal authority of their illness.
- LISTEN and take their concerns seriously.
- Focus your attention on the patient
- Convey warmth by providing good eye contact and be aware of body language.

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## Open-Ended Questions

- Ask open-ended questions and give patients time to respond
- Questions that can be answered with one word do not give the practitioner enough information about the patient.

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## Your Attitude About Patients

- Can they change?
- Will they change?
- Is it worth your effort to help them change?
- Are they challenging or difficult?
- Do you have hope for them?

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## “Relativism”

“Making matters worse is people’s natural inclination to be easy on themselves, judging themselves according to their good intentions- while holding others to a higher standard and judging them by their worst actions.

John C. Maxwell 2003 There's No Such Thing As Business Ethics

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## The Patient-Provider Relationship



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## Keep In Mind

“In any professional relationship there is an inherent power imbalance. The therapist's power arises from the client's trust that the therapist has the expertise to help with his or her problems, and the client's disclosure of personal information that would not normally be revealed.”

The College of Psychologists of Ontario  
“The Bulletin” Volume 25, #1, July 1998



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## Power Imbalance

- Not always being able to assess the skills of the professional
- Patient dependent on the professional to explain and find solutions
- Patient does not always have the education or all of the information to understand what is said by the health care team



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## Power Imbalance

- Not having enough information to negotiate with professionals
- Having little or no choice of which professional provides care for them.
- The patient is dependent on us for a life-saving treatment.



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## Remember

- Patient Self-Management emphasizes communication and relationships.
- Patient Self-Management is about partnerships and the participatory involvement of patients and families in care and decision-making.

Beverly Johnson-Institute for Family Centered Care



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## Barriers To Self-Management

1. Depression
2. Acute onset of illness



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# Depression

“Our results suggesting that almost half (44%) the patients with ESRD starting dialysis therapy were depressed...”

Watnick, Kirwin, Mahnesmith, and Concato. *The Prevalence and Treatment of Depression Among Patients Starting Dialysis. AJKD 41(1), 2003; pp 105-110*




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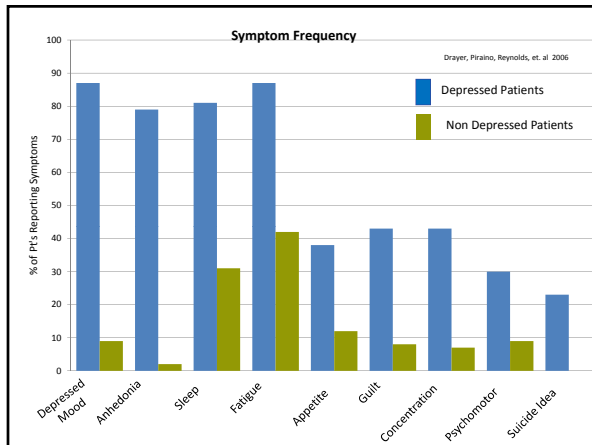
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## Factors Associated with Nonadherence<sup>a</sup> (4)

Characteristic	Odds ratios (OR) by nonadherence measure				
	Skip	Shorten	IDWG	PO <sub>4</sub>	K
Smoker (yes vs. no)	1.53 <sup>b</sup>	1.14	1.43 <sup>b</sup>	1.10	0.96
Depressed (yes vs. no)	1.62 <sup>b</sup>	1.22 <sup>b</sup>	0.96	0.99	0.98
Married (yes vs. no)	0.90	0.93	0.92	1.21 <sup>b</sup>	1.03
Prior kidney transplant (yes vs. no)	0.79	0.82	0.86	0.91	1.08
Time on ESRD in years (per year)	1.02	1.05 <sup>b</sup>	1.07 <sup>b</sup>	0.99	1.03 <sup>b</sup>

ERSD is end stage renal disease; IDWG is interdialytic weight gain

<sup>a</sup>Adjusted for continent of residence, age, sex, race, ethnicity, time on ESRD, 15 comorbid conditions, employment status, living status, marital status, prior kidney TX, and Kt/V

<sup>b</sup>P < 0.05



Saran R, et al. *Kidney International*, 2003

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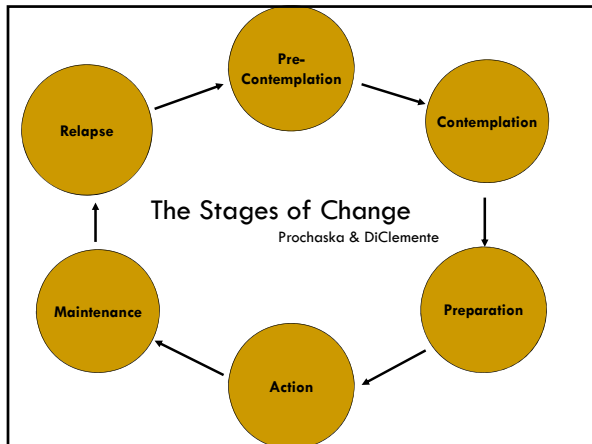
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**Self Management Strategies:  
Limited Time**

- Build rapport
  - Improves patient health outcomes
    - Emotional health, symptom resolution, level of functioning, pain tolerance, physiologic measures, personal control
  - Decreases litigation for malpractice
  - Increases disclosure of sensitive information
  - Increases understanding and adherence
  - Shortens visit frequency

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**Self Management Strategies:  
Limited Time**

- Assess and discuss readiness for change
  - Use open ended questions
  - Identify how important is the change
  - Remind person that readiness changes
- Develop discrepancy
  - Lead person to argue for change
    - Change occurs when a discrepancy exists between behavior and values
  - Facilitates autonomy and informed choice
    - Avoids problem solving for person

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## Self Management Strategies: With More Time

- Facilitate change talk
  - Weigh pros and cons of current situation
  - Weigh pros and cons of change
  - Look forward and backward in time

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## Self Management Strategies: With More Time

- Assist in selecting initial goal
  - Identify how realistic
    - Modify if necessary
  - Rate confidence
- Identify barriers
- Identify skills to address barriers

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## Facilitating Change Talk

- How would you rate your motivation to make a change?
- What would you choose as a first step?
- What could work?
- How else could you do it?
- What other strategies have you thought of?

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## Facilitating Change Talk

- I can see how that would concern you, what might help that?
- Yes, there are many reasons why change can be difficult, what *could* work?
- I'm impressed that you were able to...
- I've noticed that you really care about...
- Despite all of that, it seems like you have really thought about making a change.

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## Conclusion

- Patient Self-Management improves care and outcomes
- It takes time to move patients to this point
- You need to believe and invest in this approach
- Depression and acuity can impact patient's ability to self-manage

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## Questions/Comments

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