Patient Self-Management Benefits and Healthcare Outcomes

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The Health Foundation conducted research in 2011 aimed at determining the effectiveness of supporting people to self-manage. The study examined more than five hundred pieces of literature and derived a conclusion that “self-management works.” Self-management includes all the actions employed by people in recognizing, treating, and managing individual health independently or through partnering with the healthcare system. Encouraging patient self-management helps patients gain more confidence and feel more engaged in their health matters. Therefore, one of the key ways of prioritizing person-centered care is through supporting patient self-management. (Turner etal., 2015).

Self-management is one way of improving patient health outcomes, especially for patients with chronic illnesses. The healthcare system is excessively burdened, and the time to be at the clinic is limited. It is for this reason that most healthcare professionals consider patient self-management as the only area that has the capacity to improve the quality of care. In addition, reducing the cost of health care.

Importance of Patient Self-Management

A high percentage of people living with chronic conditions

According to research conducted in the United States in 2014, 60% of the residents are living with chronic conditions, with 42% reporting multiple chronic conditions. Chronic patients require personalized support, which helps in managing their health and social care resources. The self-management programs help the patients to easily access their healthcare records. (Hibbard et al., 2016)

Self-management helps to reduce healthcare costs.

Supporting patients in being actively involved in the management of their health conditions assists in reducing service usage. In the United Kingdom, the NHS spends about 70% of its budget on caring for patients with long-term conditions. Research shows that the UK economy is likely to direct 16 billion sterling pounds in the next ten years towards the care of people with heart diseases, diabetes, and stroke. The care for people with chronic diseases in the UK is mostly accomplished by the patients themselves, their life partners, family members, and caregivers. However, if the patients could carry out the care for themselves without requiring urgent care or hospital admissions, then this would

make the NHS more sustainable, hence reducing the costs of care.

Chronic disease patients require different types of support.

The care requirements for people with chronic diseases are different from those of emergency departments. Patients with chronic diseases require motivation, skills, information, and confidence in making decisions that relate to their health. For instance, asthma patients require knowledge of the use of inhalers. Diabetic patients need skills in managing blood sugar levels, and arthritic patients require information regarding pain management. Therefore, self-management is important because it teaches the patients some of the skills mentioned above. (Bourbeau et al., 2016)

Patients require more support to self-manage

Almost every person wants to make the necessary efforts to maintain and improve personal health, but advice is needed to enable the process. According to a national survey conducted by the NHS, many people are not getting sufficient support, which is crucial in enabling them to look after themselves effectively. Approximately 40% of the patients reported that they were not provided with written or printed information concerning what measures they were supposed to take after leaving the hospital. Furthermore, healthcare professionals do not provide patients with information regarding the side effects and dangers of prescribed medications. Self-management programs are crucial because they provide patients with the required information concerning medications.

Impact of not implementing the best practices

Mortality

Failure to implement patient self-management will lead to an increase in mortality rates. Currently, the leading cause of mortality is chronic diseases, which account for 60% of all deaths worldwide. The burden of chronic diseases is likely to increase in the future due to present lifestyle patterns, the aging population, diagnostic changes, and demographic trends. The failure to implement patient self-management will lead to an increase in mortality because the patients will not have the skills required to manage their diseases.

Morbidity

Morbidity is the percentage of patients per given unit population suffering from a particular disease within a year. According to research, 60% of the residents in the United States are living with chronic diseases, and failure to implement patient self-management will lead to an increase in the morbidity

rate.

Cost

Patient self-management improves the efficiency of health services by minimizing other kinds of utilization, mainly hospital use and primary care. However, the lack of implementation of patient self-management forces patients to rely on primary care and hospitals for drugs, medical advice, and diagnosis, which increases the financial costs.

Patient Satisfaction

Most self-management programs involve a support staff. This creates a situation where the patient interacts closely with their caregivers. This will result in a healthier patient who will be more involved and in control of his or her health and lead a more productive lifestyle. Being healthier and able to live productively is the desire of the patient, and their satisfaction is achieved when they can achieve this. Lack of patient self-management means the patient fully relies on the physicians and has to visit the hospital often or be on admission. This is costly and affects the patient's productivity and, thus, the patient's satisfaction.

Self-management as a best practice

Self-management meets the conditions required to be regarded as an evidence-based exercise. It assists the learning patient to understand how to handle their health condition on their own and to embrace useful habits in handling their condition. The interventions help the patients to develop different healthy and unhealthy habits. They guide patients to correctly record and monitor their habits, thus enabling the patient to handle their health on a daily basis. With time, as the patient becomes more conversant with the system, some implementation responsibilities can be left to the patient. (Lorig et al., 2014).

Practice guidelines from the Cochrane Systematic Review

Guidelines for good practice recommend that patients be fully educated about the details of their medical condition. They should receive regular checkups and observe their conditions with symptoms or a documented action plan. Interventions should be designed and personalized for each patient. They should aim to motivate, involve, and support patients to adopt healthy habits positively. Action plans are regarded as an important part of these interventions and as a way of evaluating the efficacy of the interventions. Self–management is known to improve the patient's health outcomes and quality of life compared to normal medical care.

Barriers to best practice in patient self-management

Lack of clear mechanisms for primary care practices.

Compensation plans for external patient self-management support are put in place through means of a contract. However, there are no contracts currently arranged to negotiate with most of the organizations that provide primary care. There are current compensation processes. However, they do not allow direct compensation for the primary healthcare staff involved in supporting the patients through self–management. Local primary care providers are never compensated for their services.

Employer buyers can use their contracts to buy the services that support self-management, or they can buy the services directly from the disease management vendors. However, they cannot buy through direct contracts with physician groups or clinics.

Self-management support staff

The support staff is involved in supporting the patients. The responsibilities of self-management is given to a non-physician, for example, a nurse who commits their time to support the patient. Nurses are seen to have the necessary knowledge to support the patient properly, and they are greatly accepted by physicians. Professional nurses are, however, expensive to pay in the long term. There are also a few nurses, making it difficult for some patients to find personal nurses.

Nurses' training often does not put much emphasis on interventions for behavior change. There is also a need for more particularization in self-management, differentiating tasks for self-management, and having various persons for different duties. The qualifications of a nurse are related to the cost. More specialization will demand a higher cost in self-management Been-Dahmen et al. al, 2015).

Implementation strategies to overcome barriers

Preparation of the self-management system

This involves a collaborative engagement to make sure that the system is implemented in a way that is effective and efficient. The team could include the physicians, the learning patient, and others who provide services.

Teaching the patient how to use the self-management system.

The patient or the support staff should understand the targeted changes in behaviors and be able to implement them.

Implementation of the self-management system

The physician should be able to provide the patient with the materials necessary for use, or they can help them collect the materials on their own and initiate the self-management system on their own.

Promotion of independence within the system

The physician should conduct regular checks to check whether the patients continue to correctly self-record and gain support to ensure they continue implementing the system correctly.

Patient self-management interventions go far beyond simply giving patients the information. It also entails a commitment to patient care. Commitment to the patient involves giving clear information that is useful to the patient, assisting the patient in setting goals, and making personal plans to live a healthier life. Commitment also entails forming a team of medical practitioners and support staff who clearly understand their responsibilities. Follow-up is also important, and it can be done through phone calls, messaging, or texting to continue supporting the patient.

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