

KTI 12. PATIENT-ORIENTED IMPLEMENTATION TOOLS

WHAT ARE PATIENT-ORIENTED TOOLS?

PATIENT-ORIENTED TOOLS DESCRIPTION

- These tools include information from clinical practice guidelines and can be packaged with the guideline.
- The actual tool is comprised of an informational or educational component and potentially additional support (behavioral, educational, psychological, clinical) components to encourage people to take an active role in their own health and to better manage their condition(s) and overall well-being.
- Delivery could be in any format.

PATIENT-ORIENTED TOOLS GOAL(S)

- To increase patients':
 - Knowledge about health related topics
 - Utilization of health care
 - Self-management

CURRENT FINDINGS FROM THE EVIDENCE

- There are opportunities for enhancing guidelines with resources for both patients and providers to support self-management.
 - This includes single resources that provide information and/or prompt activation.
- Further research is needed to more firmly establish the statistical association between the characteristics of self-management support and outcomes.

POINTS TO KEEP IN MIND

- This review has focused on patient-oriented tools for patients with chronic diseases with the goal to improve the patients' self-management skills.
- The researchers used the following taxonomy to guide their self-management interventions:
 - Inform - Information that provides patients with knowledge about their condition and an understanding of how to manage it (e.g., about condition and treatment, activities of daily living, lifestyle advice).
 - Activate - Information or tools to prompt action for actively managing the condition and enhancing quality of life (e.g., decision aid, lifestyle monitoring, action plan).
 - Collaborate - Information or mechanisms that lead to interaction and engagement (e.g., communication with providers, available resources, social support)

SYSTEMATIC REVIEW OF THE EVIDENCE FOR PATIENT-ORIENTED TOOLS

Source: Vernooij RW, Willson M, Gagliardi AR. Characterizing patient-oriented tools that could be packaged with guidelines to promote self-management and guideline adoption: a meta-review. *Implementation Science*. 2015 Dec;11(1):52

EVIDENCE FROM THE SYSTEMATIC REVIEW	
Description of Patient-Oriented Implementation Tools	<p>The focus of this review was to improve patients' self-management skills through patient oriented implementation tools that can be packaged with clinical practice guidelines.</p> <p>Modes of information delivery to patients included:</p> <ul style="list-style-type: none"> • Educational sessions (n=23) • Self-directed guides (n=10) • Multifaceted Interventions (n=14) <p>Interventions were based on multiple self-management domains and components, most often by offering information about:</p> <ul style="list-style-type: none"> • Recommended lifestyle choices • Activating patients to adopt and maintain those lifestyle choices
Setting	<p><u>Healthcare settings:</u> Unspecified, assumed to be home-based</p> <p><u>Healthcare topic:</u> Various</p> <p><u>Study location:</u> UK (n=19), USA (n=18), Australia (n=10), Canada (n=5), Netherlands (n=1), Switzerland (n=1), Denmark (n=1)</p>
Intervention Deliverer	Not specified
Intervention Recipient	Patients with long-term chronic diseases
Quality of the systematic review	Low risk of bias (Assessment tool: ROBIS)
Quality of studies included in systematic review	<p>18 High quality</p> <p>44 Moderate quality</p> <p>14 Low quality</p>
OUTCOMES OF SYSTEMATIC REVIEW	
Comparisons:	<ol style="list-style-type: none"> 1. Patient-oriented implementation tools vs no exposure to self-management. 2. Self-management techniques compared to other self-management technique(s).
Patient clinical outcomes:	<p>The majority of reviews reported positive results for all measures reported (47/75, 62.7 %), including measures observed across educational, self-directed, and multifaceted interventions.</p> <p>Positive results were achieved in:</p> <ul style="list-style-type: none"> • 58.3 % (7/12) of interventions based on activation alone • 66.7 % (24/36) in combination with information • 57.1 % (12/21) in combination with information and collaboration <p>Both positive and mixed results were achieved in:</p> <ul style="list-style-type: none"> • 83.3 % (10/12) of interventions based on activation alone • 94.4 % (34/36) in combination with information • 95.2 % (20/21) in combination with information and collaboration were successful

OPERATIONALIZATION OF PATIENT-ORIENTED TOOLS

The taxonomy of self-management used in this study was easy to apply and able to characterize all of the intervention components described in the included systematic reviews. Therefore, it was further validated and can be used by guideline developers and others as the basis for planning and developing patient oriented guideline implementation tools that support self-management.

It appeared that single or multifaceted interventions were associated with positive outcomes. This included informational-only self-management components and self-management components that included activation alone or in combination with other types of support. Activation was most frequently impactful when combined with informational support.

STUDY EXAMPLE OF PATIENT-ORIENTED TOOLS FROM THE SYSTEMATIC REVIEW

Source: Franek J. Self-management support interventions for persons with chronic disease: an evidence-based analysis. Ontario health technology assessment series. 2013;13(9):1.

STUDY INFORMATION	
Goals of Intervention	To improve self-management support to persons with chronic diseases and their health related outcomes.
Description of Intervention	<p>Stanford Chronic Disease Self-Management Program (CDSMP)</p> <ul style="list-style-type: none"> • Consists of 6 weekly 2.5 hour sessions involving 10 -15 participants with meetings being conducted in community settings such as churches, community centers, libraries etc. • Sessions led by 2 trained volunteer laypersons who act as facilitators rather than lecturers • Leaders do not prescribe specific behavior changes by assist participants in making their own disease management choices to reach self-reflected goals • Topics include: exercise, use of cognitive symptom management (cognitive stress/pain reduction techniques such as positive thinking or progressive muscle relaxation); use of community resources; use of medications; dealing with emotions of fear, anger and depression; communication with others including health professionals; problem-solving; decision-making.
Setting	Community-based
Intervention Deliverer	Trained volunteer laypersons
Intervention Recipient	Patients with chronic conditions
Quality of the Study	High quality
STUDY OUTCOMES	

Comparison	1. CDSMP vs. usual care
Patient Clinical Outcomes	<p>Health status outcomes:</p> <ul style="list-style-type: none"> • Small, statistically significant improvement in favour of CDSMP across most health status measures, including pain, disability, fatigue, depression, health distress, and self-rated health. • No significant difference between modalities for dyspnea. • Significant improvement in health-related quality of life according to the EuroQol 5-D in favour of CDSMP, but inconsistent findings across other quality-of-life measures. <p>Healthy behaviour outcomes:</p> <ul style="list-style-type: none"> • Small, statistically significant improvement in favour of CDSMP across all healthy behaviours, including aerobic exercise, cognitive symptom management, and communication with health care professionals. <p>Self-efficacy:</p> <ul style="list-style-type: none"> • Small, statistically significant improvement in self-efficacy in favour of CDSMP <p>Health care utilization outcomes:</p> <ul style="list-style-type: none"> • No statistically significant differences between modalities with respect to visits with general practitioners, visits to the emergency department, days in hospital, or hospitalizations.