External Resources On Self-Management Support

For Clinicians and Staff

Background, resources, and tools

- AHRQ's Self-Management Support Resource Library has basic information about self-management support plus links to a wide range of practical tools, techniques, instruments, and guidance for you and your practice.

Shared decisionmaking guidance

- The AHRQ CAHPS program can help you think about how to implement Shared Decisionmaking processes in your practice.
- The Mayo Clinic has a national resource center focused on shared decisionmaking, including a number of disease-specific resources.
- The Ottawa Hospital Research Institute offers many disease-specific resources, such as personal decision guides. (Several tools also available in Spanish.)

Goal-setting and other self-management support tools

- *Institute for Healthcare Improvement (IHI)* has tools in its Partnering in Self-Management Support: A Toolkit for Clinicians, which can be downloaded for free. NOTE: quick, free registration with IHI is required for download.
- The U.S. Department of Health and Human Services offers resources related to helping patients manage multiple chronic conditions.
- The Community Health Association of Mountain/Plains States (CHAMPS) offers a number of tools, forms, and flyers for patient self-management support (many are also available in Spanish).
- Improving Primary Care: Self-Management Action Plan (provided by the Neighborhood Family Practice). Under the Resources Available subheading, select "Patient Materials." (Spanish and English on one form.)
- Integrative Medicine for the Underserved: General Goal Setting page includes several goal-setting tools (in English and Spanish).

Motivational interviewing guidance

- AHRQ's resource, Community Connections: Linking Primary Care Patients to Local Resources for Better Management of Obesity, provides a quick review of motivational interviewing along with an easy-to-use tool for using motivational techniques in clinical practice.

Planning for practice improvements

- Improving Primary Care's Web pages on Self-Management Support can help you think about what types of improvements you can make. A quick practice assessment will help you determine what self-management support currently exists in your practice.

For Patients And Families

- *The California Health Foundation* Helping Patients Manage Their Chronic Conditions.
- The Connection to Health Patient Self-Management Support System provides patient-focused tips and resources for patients wishing to address a number of health behaviors (also available in Spanish). (Note: you can access the site without specifying a State or residence or linking to a practice, just select "Other/None" for the State.)

Tools For Specific Chronic Conditions

Asthma

- The American Lung Association: Asthma Action Plan. (Also available in Spanish.)
- The National Heart, Lung, and Blood Institute provides a similar Asthma Action Plan in print or online formats. (Also available in Spanish.)

Chronic Obstructive Pulmonary Disease (COPD)

- The American Lung Association: COPD Action/Management Plan for patients.

Depression

- Community Health Association of Mountain/Plains States (CHAMPS): Depression Self-Management Goals worksheet. (Also available in Spanish.)

Diabetes

- Community Health Association of Mountain/Plains States (CHAMPS): Diabetes Goal Setting tool. (Also available in Spanish.)
- The Diabetes Initiative (a Robert Wood Johnson Foundation program): its Goal Setting Resources page includes goal setting, action planning, and self-management support tools (many available in Spanish).
- National Institute of Diabetes and Digestive and Kidney Diseases: 4 Steps to Manage Your Diabetes for Life includes tips and tracking tools. (Also available in Spanish.)
- Agency for Healthcare Research and Quality: Diabetes Planned Visit Notebook includes the Diabetes Self-Management Goals Worksheet.

Heart Disease

- Community Health Association of Mountain/Plains States (CHAMPS): CVD Self-Management Goals Contract. (Also available in Spanish.)
- Community Health Association of Mountain/Plains States (CHAMPS): Hypertension Goal Contract.

Overweight/Obesity

- United States Department of Agriculture: ChooseMyPlate.gov provides several online and print tools for healthy meal planning (some available in Spanish).
- National Institute on Aging: physical activity goal-setting and monitoring tools in Exercise & Physical Activity: Your Everyday Guide from the National Institute on Aging (Chapter 7). (Also available in Spanish.)

Acronyms List

AAPA: American Academy of PAs

ABFM: American Board of Family Medicine

ABMS: American Board of Medical Specialties

ABP: American Board of Pediatrics

AHRQ: Agency for Healthcare Research and Quality

CAHPS: Consumer Assessment of Healthcare Providers and Systems

EHR: electronic health record

HIPAA: Health Insurance Portability and Accountability Act

IHI: Institute for Healthcare Improvement

MOC: Maintenance of Certification

NCCPA: National Commission on Certification of Physician Assistants

NCQA: National Committee on Quality Assurance

PCMH: Patient-Centered Medical Home

PI-CME: Performance Improvement-Continuing Medical Education

PDSA: “Plan-Do-Study-Act”

QI: quality improvement

SMS: self-management support

Symbols Used

 Additional optional resources

 Required information

SELF MANAGEMENT GOAL WORKSHEET FOR PATIENTS

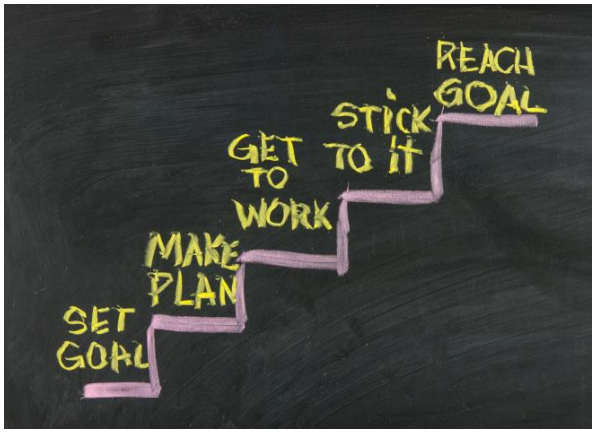
The ***Take Charge of Your Health*** **patient worksheet** on the next two pages was developed through a collaborative process that included patients, clinicians, and care coordinators from primary care practices in the State Networks of Colorado Ambulatory Practices and Partners (SNOCAP) practice-based research network (PBRN). The worksheet is designed to help patients set a personal wellness goal and then share it with his or her health care team. The development of the worksheet was supported through an AHRQ grant (Implementing Networks' Self-management Tools Through Engaging Patients and Practices (INSTTEPP); grant #1R18HS022491) and the Meta-LARC PBRN consortium.

Take Charge of Your Health

Set a Personal Wellness Goal!

What is a goal? A goal is:

1) Something ***you*** want and think you can do
2) Something with clear steps
3) Something that makes you want to *get to work* and stick to it
4) Something that will make your health and quality of life better



Step 1: Set a Personal Wellness Goal Here:

My goal for better health and better quality of life is:

This goal is important to me because:

Now is the time to take control and make changes for a healthier *you*!

Step 2: My **next step** in reaching this goal is to share it with my doctor or the health care team at [the Clinic].

Example Goals

I will eat one more green vegetable, such as broccoli, spinach, or lettuce per day. I will share my plan with my spouse or partner, who will ask me how it is going at least once a week.

For the next two weeks, I will walk in my neighborhood for 30 minutes on Monday, Wednesday, and Friday. If the weather is too cold, then I will walk in the mall. I will share my plan with my best friend, who will join me on my walks.

I will work on reducing my stress level. I will do relaxation exercises for 20 minutes each day when I get home from work. I will share my plan with my children, who will ask me how it is going daily.

SHARED DECISION-MAKING CHECKLIST

Use this checklist to make sure you and your care team are incorporating elements of the SHARE* Approach with your patients.

☐ **Step 1: *S*eek your patient's participation**

- I invited my patient to participate in the decision-making process.
- I explained the importance of my patient's role in the decision-making process.
- I discussed the essential issues about my patient's condition.

☐ **Step 2: *H*elp your patient explore and compare treatment options**

- I presented all of the reasonable treatment/intervention options to my patient.
- I discussed the risks and benefits of each option with my patient.
- I asked my patient to review relevant decision tools (booklets/videos/Web sites).
- I asked my patient to teach back what was discussed.
- My patient demonstrated an understanding of the options.

☐ **Step 3: *A*ssess your patient's values and preferences**

- I encouraged my patient to talk about what matters most to him or her.
- I listened actively to my patient and asked open-ended questions.
- I asked my patient how his or her decision might impact their daily life.
- I acknowledged and agreed with my patient on what matters most to him or her.

☐ **Step 4: *R*each a decision with your patient**

- I asked my patient what option he or she preferred.
- I asked my patient if he or she needed additional information or wanted to consult others before making a decision.
- My patient and I agreed on the decision.

☐ **Step 5: *E*valuate your patient's decision**

- My patient and I made plans to review their decision in the future.
- I worked with my patient to help them manage barriers to implementing their decision.

*Source: Adapted from The SHARE Approach—Essential Steps of Shared Decision Making: Expanded Reference Guide with Sample Conversation Starters: Workshop Curriculum: Tool 2. July 2014. Agency for Healthcare Research and Quality, Rockville, MD. http://www.ahrq.gov/professionals/education/curriculum-tools/shareddecisionmaking/tools/tool-2/index.html