

# What Did Kate Lorig Teach Us?

**CENTRIC Research Interest Group Meeting**  
**2-12-19**  
**Led by Ann Berger, PhD, APRN, AOCNS, FAAN**

# Objectives for this presentation

- Define concept of self-management and measurement
- List related concepts and measurement
- Examine development of a self-management program and various delivery methods/options
- Identify methods to evaluate self-management programs in persons with chronic conditions
- Discuss above objectives using Pearls of Wisdom learning



# Define concept of self-management and measurement

- Emphasizing patient responsibility, and acting in concert with the provider community, self-management represents a promising strategy for treating chronic conditions—*moving beyond education to teaching individuals to actively identify challenges and solve problems associated with their illness.*
- Self-management also shows potential as an effective paradigm across the prevention spectrum (primary, secondary, and tertiary) by establishing a pattern for health early in life and providing strategies for mitigating illness and managing it in later life. (Grady & Gough, 2014)
- PROMIS 29 profile v2.0; PROMIS Self-Efficacy for Managing Symptoms, and PROMIS Self-Efficacy for Managing Medications & Treatments;
- Self-Efficacy to Manage Chronic Disease Scale (Lorig)



# List related concepts:

- **Self-efficacy** (self-confidence in performing a behavior)
- **Patient Activation** (knowledge, skills and confidence essential to managing one's own health and health care)
- **Self-monitoring** (a person keeps a record of behavior patterns)
- **Adherence/Compliance** (degree to which a patient follows a treatment regimen)
- **Self-care** (actions an individual might take in order to reach optimal physical and mental health, including ADLs)
- **Concepts to consider in addition to the above**
- Anxiety/Depression and Stress



# Examine development of a self-management program and various delivery methods/options

- Mode of Delivery in person, on line, independent
- Components of Program: Learning Center: 1. **Action Plan** and 2. **Interactive Threaded B-Board**
- 1. **Individualized Action Plan**- role of person in development is 1:1 and active, give them control, program uses behavioral science with human components. Motivational Interviewing with listening and support, screening for depression & stress.
- 2. **Discussion group**- goal is self-tailoring, work as a group in interactive threaded B-Board. Expect 2-3 log-ins/week-engaged
- Measured at baseline, 6 weeks and 6 months, 1 year.



# Development of a self-management program and various delivery methods/options, pg 2

- Team Lorig responds to individual posts within 24 hrs.
- Give them attention, prompt them for reinforcement
- Keeps band width low, avoid videos, keep simple-outdate quickly!
- Gives clear guidance, when to start, monitor daily, force people onto Discussion boards
- Goal setting and revisions keep person's role active in setting and revising goals. Action plans are specific and reasonable.
- At each meeting, they speak up on their past success and what the goal is for next week. Keep them positive and achievable



# Identify methods to evaluate self-management programs in persons with chronic conditions

- Distal Goal is OUTCOMES not the BEHAVIOR \*\* (i.e. absenteeism, turnover rate, depression, blood pressure, weight, A1C, symptom severity)
- Proximal goal is what person agrees to do, rate symptoms, frequency of behaviors, etc. Kate hates daily monitoring! Help them succeed!
- Always include global health status, anxiety/depression, stress satisfaction with care
- Attendance 4 of 6 sessions is acceptable; groups are important
- Fidelity- easier online, group leader reads all posts/day and responds
- Secret Sauce is people talking to people on Discussion Board
- Peer to peer support- what works? Come to class in pairs?



# Pearls of Wisdom Learning

- “Wait list control is a useful and scientifically appropriate intervention design method for community based intervention studies.” – Sheri Rowland
- “Don’t try to keep up with technology – it is always changing. Keep it simple. Blogs for patients and caregivers work well.” -Paula Schulz
- “Do not do implementation with outcomes people don't care about.” – Tamara Braley
- “Depression drives non-exercise and non-adherence. Have to take care of depression. Self-management can help lower depression.” - Tamara Braley





# Pearls of Wisdom Learning con't

- “Self-defined goals are the foundation of self-management.” - Windy Alonso
- “When conducting self-management research ---remember to design interventions based on the “voice” of the participant. This refers to being mindful of developing interventions and strategies for chronic disease self-management that reflect the perspective of persons living with the condition. The self-management interventions or strategies not only need to be realistic, the intervention needs to be engaging and meaningful to the participant.” – Sue Barnason



# Closing Statement

- “Be open and agile, do not always follow good advice, always design for translation, think outside the box, but not too far outside, mentors are important (as is being a mentor), place nice, have fun- most of the time” (K. Lorig, Nov. 2018 in Omaha)
- License all programs- T trainers train Master Trainers, Master trainers train Master Leaders (NE DHHS can train Master Leaders in NE), about \$1800/person in Palo Alto. Can not offer Lorig Programs without a license
- Financial Reimbursement- “Prevention of DM” reimbursement funding for training master leaders- call out in Dec. 2018





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