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.
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

ℹ️ 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: Seek 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: Help 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: Assess 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: Reach 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: Evaluate 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.