



# Self-Management Support and Education

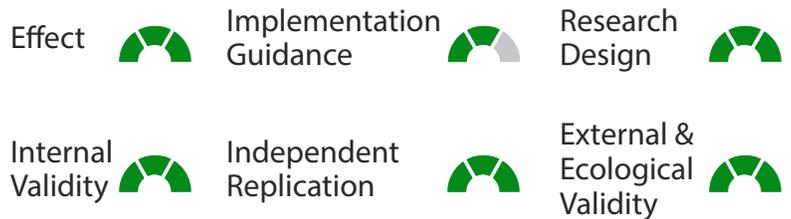
**Self-management** involves focusing on an individual’s role in managing chronic disease. This term is often associated with self-care and includes an array of activities needed to effectively manage one or more chronic conditions.<sup>1</sup> Self-management support and education is defined as assistance provided by clinicians and public health practitioners to enhance an individual’s self-efficacy in managing one or more chronic conditions. This assistance can include activities such as patient education, support for lifestyle modifications, and support to help individuals develop the skills needed for effective chronic disease management.<sup>1,2</sup>

## Summary

Self-management support and education provided to patients by clinicians and public health practitioners is an effective strategy for improving patient knowledge and self-efficacy, lowering blood pressure, and increasing medication adherence.

**Stories From the Field:**  
ThedaCare (Wisconsin).

## Evidence of Effectiveness



**Legend:** Well supported/Supported  Promising/Emerging  Unsupported/Harmful 

## Evidence of Impact



**Legend:** Supported  Moderate  Insufficient 



## Evidence of Effectiveness

The evidence base for implementing self-management support and education for people with chronic disease, including those with hypertension, in health care systems and practices is very strong. Studies demonstrate internal and external validity, and there has been independent replication with positive results. Several studies have been conducted and show the positive effect of self-management support and education in improving blood pressure control. However, limited implementation guidance is available to help health care systems and practices adopt this strategy.

## Evidence of Impact

### Health Impact

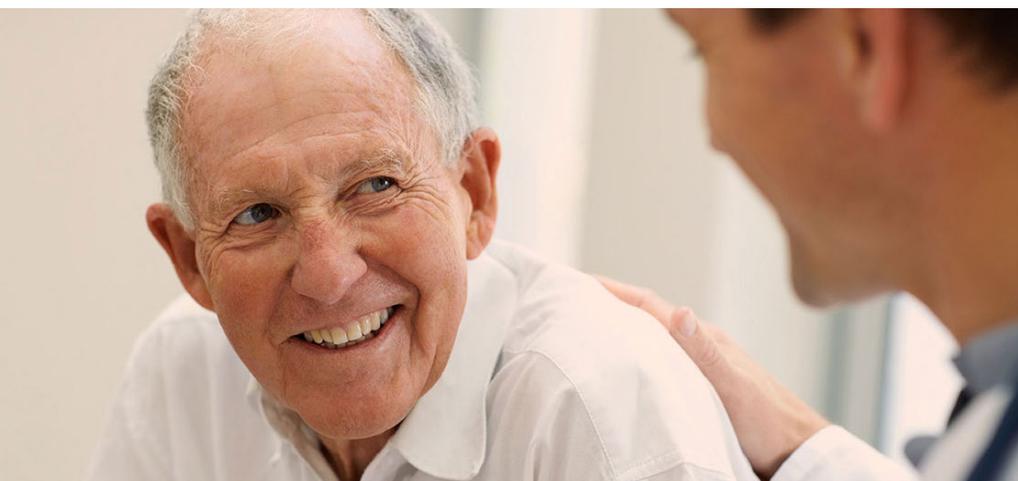
Self-management support and education has been linked specifically to positive cardiovascular outcomes, including lowered blood pressure, increased hypertension-related knowledge, and enhanced competence in hypertension self-management behaviors.<sup>1-4</sup> Research has also shown that self-management support and education can improve medication adherence, self-efficacy, self-rated health, cognitive symptom management, frequency of aerobic exercise, and depression.<sup>5</sup>

### Health Disparity Impact

Self-management programs have been effective among both white and African American participants, but studies note the need to further test programs among other racial and ethnic populations. Certain components of self-management support and education may be more important in rural and low-income settings, where health care resources may be limited, but this issue has not been looked at in-depth and deserves further exploration.<sup>6</sup>

### Economic Impact

The costs of chronic disease self-management programs vary depending on the strategy and program components used. Hypertension self-management education programs that use strategies beyond SMBP can be cost-effective.<sup>7</sup> Chronic disease self-management programs can potentially be cost-saving. For example, one self-management education program was estimated to save health systems \$394 per participant per year, and it has been estimated that health systems could save \$3.9 billion nationally if 5% of adults with one or more chronic conditions were reached.<sup>8</sup> More research that uses actual cost data rather than modeled estimates is needed to confirm these findings.



*Self-management support and education has been linked specifically to positive cardiovascular outcomes.*

# Stories from the Field

## Self-Management Education



### Self-Management Education at ThedaCare

ThedaCare health care system serves 100,357 adult patients in northeast Wisconsin. ThedaCare is a 2013 Million Hearts® Hypertension Control Champion that has successfully implemented a self-management program to help adults with hypertension learn self-management skills. Patients in the ThedaCare Physicians program are given educational materials on nutrition, exercise, hypertension medication, health problems associated with hypertension, and smoking cessation. When they complete the program, patients receive a free home blood pressure monitor. After implementing the program, ThedaCare reported steady improvement among patients with uncomplicated hypertension. From 2012 to 2013, the blood pressure control rate among ThedaCare patients increased by 1.4% (81.6% to 83.0%), which equates to 23,136 of ThedaCare's 27,879 patients with high blood pressure having this condition under control. ThedaCare's success is attributed to having strong leadership support and a provider champion for the program.

For more information:

Website: [www.thedacare.org](http://www.thedacare.org)

Phone: 920-831-180



## Four Considerations for Implementation

### 1 Settings

Self-management support and education has been implemented in several community and clinical settings, including YMCAs, federally qualified health centers (FQHCs), and managed care health systems.

### 2 Policy and Law-Related Considerations

In 2016, the Centers for Medicare & Medicaid Services (CMS) finalized regulations for the Cardiac Rehabilitation Incentive Payment Model, which reimburses for cardiac rehabilitation services, including self-management support and education, in selected geographic areas. This regulation covers beneficiaries hospitalized for a heart attack or bypass surgery. More information about this regulation can be found on CMS's [Cardiac Rehabilitation Incentive Payment Model website](#).

### 3 Implementation Guidance

Health departments can link patients to self-management programs in their communities. One tool developed to help patients find self-management educational programs in their communities is a CDC resource called [Learn More. Feel Better.](#)<sup>9</sup>

### 4 Resources

Self-management support and education for chronic disease is widely supported by federal and nonfederal initiatives, including [CDC's Million Hearts Initiative](#).<sup>10</sup>



## References

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