

Ontario Physicians Supporting Patient Self-Care

by OMA Health Policy Department

What Is Patient Self-Care?

Patient self-care refers to the “personal and medical care performed by the patient, usually in collaboration with, and after instruction by, a health care professional.”¹ It involves the physician and/or health care team performing an evaluation of the patient’s need for assistance and the ability of the patient to undertake a higher level of self-care. It may include patient identification and evaluation of symptoms, medications, and treatments, and/or it may involve an array of preventive self-care activities designed to avoid or slow disease or chronic conditions.

At times it may be helpful to include other members of the patient’s circle of care, such as their family members, friends, or community resources, so that the patient can more fully benefit from self-care strategies.¹

The physician-patient relationship is the foundation of medical practice. Many of Ontario’s physicians successfully collaborate with their patients, viewing them as partners to meet agreed-upon health goals. The physician plays a key role in educating and facilitating patients’ active participation in their own care. Patients share valuable information with physicians in terms of what motivates them and the treatments they think may be most effective for them.

Self-care is often referred to in the literature as self-management or collaborative care with a focus on the “empowered” or “activated” patient.

The patient is an active participant in health care and is involved in problem-solving and decision-making about treatment options.

Why Patient Self-Care Makes Sense

The concept of patient self-care is not new. Most chronic care patients are already involved in some sort of self-care activity and benefit from the self-care support that physicians provide. However, the reality is that more people in Ontario are living with chronic, long-term health conditions.²

Without patient self-care, Ontario’s current health care system will likely be under significant pressure to perform, and may simply not be able to manage patients’ multiple needs over a sustained period of time. Many researchers argue that without self-care, health systems around the world will collapse

due to the rising number of elderly patients and others who will experience incidents of chronic illness, often with comorbid or multiple morbidities. As a result, researchers such as those at the Deloitte Centre for Health Solutions in the United States recommend that more physicians “move from treating episodic illness to working in partnership with patients and other providers to create shared decision-making strategies to tackle chronic conditions.”²

A second reason Ontario physicians support patient self-care is that they recognize that many patients are already involved with some form of self-care, due to the ongoing nature of chronic illness. Supporting self-care ensures that physicians can continue to monitor and oversee the health needs of their patients while supporting them in their day-to-day health care activities.

The American Association of Family

Physicians estimates “that between 95% and 99% of chronic illness care is delivered by the person who has the illness. On a day-to-day basis, the patient is in charge of his or her own health and the daily decisions they make have a significant impact on patient outcomes and quality of life.”³

For example, it is estimated that the average patient with diabetes has only six hours of face-to-face contact with their health provider per year.² During the remaining several hundreds of hours the patient is responsible for their own care. Supporting diabetic patients to make self-care decisions that have a positive impact on their health is of significant benefit to patients over the long term, a concept already well-accepted by Ontario physicians.

Thirdly, while physicians have the necessary and valuable knowledge and expertise to diagnose and prescribe treatments, patients have important information to share about their lives in terms of what is most important to them and what motivates them.³ Physicians who encourage patients to share that information with them have hope for better overall treatment outcomes. An article from *The Journal of the American Medical Association* notes that the fact that patients are the primary providers of their own care is “inescapable.” “Patients are in control. ... Each day, patients decide what food to eat, whether they will exercise, and to what extent they will consume prescribed medications... (Therefore)... the question is not whether patients with chronic conditions manage their illness, but how well they manage.”⁴

In the literature, empowered patients are often described as:

- Having the ability to understand their health condition and the impact it will have on them both mentally and physically.
- Being able to make informed choices about treatments.
- Feeling comfortable to ask questions about their condition and their care.
- Seeking out additional information when necessary.
- Monitoring their condition and care in between visits with their physician or other health care providers.

- Recognizing and managing minor ailments and knowing when to consult with their physician,
- Understanding the need to make lifestyle changes that will benefit them in the long term, and adhering with treatment choices, and
- Participating in joint decision-making with their physician or other health care providers.⁵

How Ontario Physicians Enhance Their Care By Supporting Improved Self-Care

Researchers indicate that outdated approaches to patient care may overlook the patient’s personal preferences and create dependency on the physician, while self-care takes into account the solutions a patient is more likely to adhere to and benefit from because they are a better fit for the patient’s lifestyle.

For example, a patient with arthritis may need a hip replacement. While one patient may want to have the surgery right away, another patient may worry that the surgery may not completely relieve pain or restore mobility, and may instead choose to manage pain with medication and/or weight loss.⁶ “In such cases, there are multiple, reasonable treatment options, each with their own risks and benefits, and the ‘correct’ path forward... (can be)... guided by a patient’s unique needs and circumstances.”⁶

Ontario physicians go beyond the functions of treatment and diagnosis to include steps such as:

- Acknowledging the patient’s feelings and ideas.
- Providing information to the patient about their condition(s) and possible treatments.
- Helping the patient to set achievable treatment goals.
- Assisting the patient to integrate treatments into their everyday life and functioning.
- Designing a collaborative course of action where both the patient and the physician are responsible for the health outcome.
- Directing patients toward additional resources for information and/or support between physician visits.⁷

The literature about self-care acknowledges the work that physicians do in illness prevention. As a regular part of practice, many physicians encourage people to take responsibility for keeping themselves and their families fit, both mentally and physically, by eating well, getting enough sleep, reducing stress, exercising regularly, and avoiding foreseeable health hazards such as excess alcohol consumption, drug use, and smoking. Self-care models help to articulate the behaviours that physicians can adopt to motivate and sustain patient engagement toward improved self-care.

In an article relating to patient self-management of chronic disease, *The Journal of the American Medical Association* describes the move along the care continuum from outdated care models to a collaborative self-care model (see table on p. 17).⁴

Advantages Or Benefits Attributed To Patient Self-Care

In addition to the empowered patient, some of the literature notes that self-care can also translate into the empowered physician as well. Most physicians join the health profession to help patients and their families achieve better health and improved quality of life. Improved capacity for self-care helps to achieve these aims, thus, “By improving their skills to support patient and family engagement, health care professionals improve their work satisfaction and their own quality of life as well.”⁸

As well, many studies show that improved patient self-care can increase the rates of patient commitment to prescribed medications and treatments, improved maintenance of good physical health, and encourage more effective interactions between patients and physicians.⁹ When physicians support patients to improve their self-care, health outcomes are no longer their sole responsibility. Instead, it is a joint process where physicians and patients partner together to improve patient health.³

In terms of patient benefits, many researchers assert that patients who are active in their own self-care expe-

rience a better overall quality of life. Helping people to care for the health of their families and themselves results in more engaged individuals who:

- Are happier.
- Are more confident about when and what to do to monitor their own and their family's health and illnesses.
- Know when to consult a physician or other health care professional.
- Understand more about illness prevention and self-treatment of minor ailments.

- Are more compliant with recommendations for self-care and self-medication.
- Are likely to be less dependent on physicians when faced with long-term conditions.
- Are better prepared to discuss their health care goals with physicians and other health care professionals.¹⁰

In terms of benefits to the health care system as a whole, researchers have found that patient and family

empowerment have had positive outcomes such as improved quality and safety and a better patient experience. For example, the *Journal of Ambulatory Care Management* in the United Kingdom reports that an 11-country survey conducted in 2011 found that patients engaging in their own care report "higher-quality care, fewer errors, and more positive views of the health system."⁸

Patient self-care also may free up physician time to address more complex

Comparison Of Traditional And Collaborative Care In Chronic Illness

(Source: *The Journal of the American Medical Association*)

Issue	Traditional Care	Collaborative Care
What is the relationship between the patient and the physician?	Physicians are the experts who tell patients what to do. Patients are passive.	Shared expertise with active patients. Physicians are experts about the disease and patients are experts about their lives.
Who is the principle caregiver and problem-solver? Who is responsible for outcomes?	The physician.	The patient and physician are the principle caregivers; they share responsibility for solving problems and for outcomes.
What is the goal?	Compliance with instructions. Non-compliance is a personal deficit of the patient.	The patient sets goals and the physician helps the patient make informed choices. Lack of goal achievement is a problem to be solved by modifying strategies.
How is behaviour changed?	External motivation.	Internal motivation. Patients gain understanding and confidence to accomplish new behaviours.
How are problems identified?	By the physician, e.g., changing unhealthy behaviours.	By the patient, e.g., pain or inability to function; and by the physician.
How are problems solved?	Physicians solve problems for patients.	Physicians teach problem-solving skills and help patients in solving problems.

issues. This may help to increase the capacity of the health care system as a whole to address the growing number of chronic diseases that are now the biggest cause of death and disability worldwide, including cardiovascular diseases, cancer, diabetes, obesity, arthritis, musculoskeletal disorders and chronic respiratory diseases.⁵

Many studies have shown that improved patient self-care reduces the cost of health care. For example, Judith Hibbard of the University of Oregon developed a “patient activation measure” that scores the degree to which a patient considers himself a manager of his health and care. She conducted a study of the “relationship between patients’ activation scores and their health care costs at Fairview Health Services, a large health care delivery system in Minnesota. In an analysis of more than 30,000 patients, they found that those with the lowest activation scores, that is, people with the least skills and confidence to actively engage in their own health care, incurred costs that averaged 8% to 21% higher than patients with the highest activation levels, even after adjusting for health status and other factors...As well... patient activation scores were shown to be significant predictors of health care costs.”⁶

The Physician-Patient Conversation About Self-Care

Not every patient will be capable of, or interested in, improving their level of self-care. A report produced by the Accenture Consulting Group refers to patients who are in the “zone of dependence,”¹¹ and patients who are in the “zone of empowerment.”

In the zone of dependence, patients often completely rely on physicians and other health care workers for their health care and advice. They place a high degree of trust in their physicians and do not look for alternative sources of information on their own. They tend to listen to their physicians about their health issues, rather than try to engage in any sort of problem solving, trusting the physician’s opinion even if it is contrary to their own. To this patient, health outcomes are the responsibility of the

physician and the patient does not get involved.¹¹

In the zone of empowerment are patients who are most likely to succeed in self-care. In addition to relying upon the physician and trusting their advice and expertise, patients in this zone are informed about their medical condition(s) having sought information from a variety of sources, such as the Internet, other health care providers, other patients with similar conditions, etc. They believe this information is helpful to have in addition to the information they receive from their physicians. They rely on the physician as the medical expert and trust the advice given, but they believe that they share the responsibility for positive health outcomes together with the physician. It is a partnership.¹¹ “It is in this zone that the best healthcare outcomes can be achieved.”¹¹

Given the different views and capabilities of various patients, how can physicians encourage patients to move along the care continuum to where they are empowered patients with joint responsibility for their care?

Research recommends that physicians open a dialogue with their patients that allows the patient to participate in the conversation and provide information as someone who is an expert in their own lives.⁸ This is an approach that many Ontario physicians are familiar with. Physicians can think about how they communicate with their patients based on some basic communications principles:¹⁰

1. *Everyone wants to be heard and understood* — Does the physician tell the patient what to do and expect the patient to follow directions? Or does the physician ask the patient’s point of view and acknowledge it as valid input into the goal-setting process?
2. *People want to feel cared about* — Does the physician stop whatever else he or she is doing during the conversation, or does the physician allow interruptions, take phone calls, text or send emails?
3. *It is not what you say, but how you say it* — Does the physician choose words and inflection carefully, or is he

or she dismissive and/or directive?

4. *Utilize non-verbal communication* — Does the physician seem distracted or sit with arms crossed, or does the physician make eye contact, nod affirmatively when the patient is speaking, sit with an open posture (arms not crossed)?

In terms of what is actually said, an article from the American Academy of Family Physicians, entitled *Helping Patients Take Charge of Their Chronic Illnesses*, provides a few examples of how a physician can modify the physician-patient conversation to involve their patients³ (see table, p. 19).

Advising Patients On Self-Care: The Five A’s

The Physician Resource Guide to Patient Self-Management Support, from the American Medical Association (AMA), recommends constructing the patient self-care conversation around five A’s: Assess, Advise, Agree, Assist, and Arrange.

The AMA indicates that it may not be possible to address all five A’s in one patient consultation, and that the discussion can pick up where left off at the next appointment.¹²

1. Assess

The physician asks the patient about their health behaviours, for example:

- “Most of the patients I work with have trouble (taking medications regularly, living with pain, adhering to an exercise program, etc.). What trouble are you having?”
- “Of all that I have asked you to do, what is the hardest?”
- “Are there additional challenges that are making it difficult for you to stick to your health care plan (for example, vision or hearing impairment, mobility issues, etc.)?”
- “Is there anything you have been thinking about doing to improve your health? Have you tried anything?”
- “How important on a scale of 1 to 10 is it for you to quit smoking, control your blood sugar, lose weight, exercise more, etc.?”
- “Why is it a 4 and not a 1?” (Try to get the patient to tell you why change would be a positive thing for them.)

Physician-Patient Conversations: Old Model Versus New Model

(Source: American Academy of Family Physicians)

Patient Says	Physician's Response (old model)	Physician's Response (new model)
"I hate this exercise plan."	"Then try walking after dinner every night with your husband for 10 minutes."	"What do you hate about it? What would help you do better at it?"
"I don't think I can quit smoking."	"Smoking is the leading cause of preventable death..."	"Why do you think that? What has happened in the past when you tried to quit? What concerns you most when you think about trying to quit?"
"I haven't been able to test my blood sugar four times a day."	"It's hard at first, but just keep trying. You really need to keep track of it."	"What is preventing you from doing that? Do you know what the numbers mean?"

2. Advise

The physician advises the patient about their condition, using plain speech as much as possible rather than talking in acronyms and medical jargon.

- Physicians could first ask the patient what they know about their condition so that the physician gains a sense of how familiar the patient is with their disease(s) and to see where clarification may be needed.
- Have a brief key message or take-away for each diagnosis or symptom.
- Ask the patient to repeat back what you have said so that you know they have understood. This "closing the loop" or "teach back" method is a proven technique to improve health literacy.

3. Agree

The physician and the patient collaborate to develop a specific action plan, taking into account the attitudes and preferences of the patient. The plan should state:

- *What* — What are the tasks the patient is responsible for before your next consultation?

- *When* — When during the day will the patient perform these tasks?
- *How often* — Specify a reasonable number of times the tasks should be completed.
- *Where* — Designate a location where the patient can perform these tasks.
- *Why* — Why is the patient doing these tasks? Why is it important to them?
- *Problem-Solving* — Help the patient to work through some of the challenges that could prevent them from completing their tasks.
- *Confidence Level* — Check the patient's level of confidence in actually following through with the plan, on a scale of 1 to 10. If the confidence level is below a 7, perhaps the plan needs to be adjusted so that the patient can achieve their goals and feel a sense of accomplishment.

4. Assist

Teach the patient basic problem-solving skills so that they can work through their issues on their own, for example:

- Identify the problem.
- Brainstorm some solutions.
- Choose the best solution that will

work for them.

- Try it.
- Find resources to support your choice, for example a self-help book, a support group, a website, etc.
- If it doesn't work, identify why not.
- Decide if another solution would work better.
- Consult physician, other health care provider, community resource, peers, etc., for solutions.

5. Arrange

Arrange for followup purposes with the patient.

- Use phone, email, or staff the patient is familiar with to followup with the patient to see if the plan is working. If not, schedule a followup appointment.
- Also, provide the patient with a list of additional resources, self-help organizations, support groups, community programs, etc., that may help them to improve their self-care.

Other Factors That Promote Patient Self-Care

In addition to having a co-operative and supportive conversation with the

patient, there are other factors that can contribute to improved patient self-care.

Education

Ontario physicians know that in order for patients to actively participate in their care and to make decisions regarding their health, they need to have a good understanding of their disease(s). The World Health Organization notes that, “Skills in education...are indispensable for effective promotion of self-care. Access to information, the quality of the information and the ability to interpret and apply information are important elements of the self-care promotion process.”¹³

There are many opportunities for empowered patients to take the technical skills they learn from their medical team and apply them in their everyday lives. For example:

- Providing a diabetic patient with information about diet, exercise, and medications, along with the technical skills to monitor their blood glucose and inject insulin can help the patient to maintain or improve their level of health in between physician visits.
- Patients with hypertension who self-monitor their blood pressure and self-administer antihypertensive medication are often successful in lowering their blood pressure levels and improving their health as well.¹⁴
- Self-dialysis is a procedure that is currently being done by patients in their homes. Performing the procedure at home gives the patient both the comfort of a familiar, safe place and the convenience of care while knowing that their physician is available for advice and/or assistance if necessary.
- The same can be said for patients with some cancers who self-administer chemotherapy medications. The patients also benefit from avoiding contact with other sick people at a time when their immune system may already be compromised and from having to travel to a medical facility when they are not feeling their best.

Much has been written about how to deliver patient education in a man-

ner that has the greatest impact on the patient. In addition to the traditional forms of education that offer information and technical skills, patient-centred education attempts to teach patients more general skills that will help them to reinforce changes in their lives. Patients are taught problem-solving and goal-setting skills and learn to answer questions like:

- “How is this disease going to affect me?”
- “What will be the most effective treatments for me?”
- “How can I fit those treatments into my everyday life?”⁴

The sources of this education can be the physician, other health care professionals, support groups, other patients with similar conditions, etc.

These self-management skills complement traditional education by supporting patient efforts to live the best possible quality of life with their chronic condition.⁴ “Evidence from controlled clinical trials suggests that...programs teaching self-management skills are more effective than information-only patient education in improving clinical outcomes...”⁴

As well, patient confidence is increased when patients succeed in solving a self-identified problem and carrying out a treatment behaviour that helps them to achieve a self-directed goal.⁴

The table on p. 21, published in an article in *The Journal of the American Medical Association*, compares the differences between traditional patient education and patient-centred or self-management education.⁴

Start Small

Research shows that taking small steps or beginning with the less serious aspects of an illness can help patients develop the skills that they need to address larger issues over time.³

Research done in the United Kingdom indicates that promoting individual responsibility for minor ailments leads to increased confidence by patients who try self-care measures. Furthermore, “Data reveal 84% of those who have experience with self-care feel confident in managing new

episodes.”...“In short, it (self-care of minor ailments) puts the patient back in control.”²

Interprofessional Teams To Support The Patient

Patients suffering from chronic conditions can often benefit from the experience and self-care approaches recommended by other allied health care practitioners, including nurses, physiotherapists, dietitians, diabetic educators, psychologists, etc. Physicians who practise in a multidisciplinary team or who collaborate externally with other health care providers can help to co-ordinate their patients’ care with other professionals to empower their patients to practise self-care in other areas of their treatment.

Co-ordinated care plans can be an important tool for physicians and patients to manage numerous medical therapies from various health professionals within the patient’s circle of care. Without a strong communication link between care providers, negative consequences such as poor health outcomes, errors in treatment, increased readmissions to hospitals, and dissatisfied patients may result.¹⁵

Additional Resources For Patient Use

In order to more fully support patients in their self-care regimes, additional research or tools may help patients make and maintain positive changes in their lives.

For example, the Institute for Health care Improvement has developed a toolkit with specific activities for patients with chronic illnesses. “This includes providing a visit summary with goals and action plans to guide patients and families when they leave the clinic, and refers patients to relevant health community programs.”¹¹ Tools or supports highlighted by the Institute may include:

- Individual coaching with the physician or other health care provider,
- Telephone support and online programs, and
- “Communication platforms to exchange information (e.g., health information exchanges), enable self-

Comparison Of Traditional Patient Education And Self-Management Education

(Source: *The Journal of the American Medical Association*)

Question	Traditional Patient Education	Self-Management Education
What is taught?	Information and technical skills about the disease.	Skills on how to act on problems.
How are problems formulated?	Problems reflect inadequate control of the disease.	The patient identifies problems he or she experiences that may or may not be related to the disease.
What is the relation of the education to the disease?	Education is disease-specific and teaches information and technical skills related to the disease.	Education provides problem-solving skills that are relevant to the consequences of chronic conditions in general.
What is the theory underlying the education?	Disease-specific knowledge; creates behaviour change which in turn produces better clinical outcomes.	Greater patient confidence in his or her capacity to make life-improving changes (self-efficacy); yields better clinical outcomes.
What is the goal?	Compliance with the behaviour; changes are taught to the patient to improve clinical outcomes.	Increased self-efficacy to improve clinical outcomes.
Who is the educator?	A health professional.	A health professional, peer leader, or other patients, often in group settings.

monitoring (e.g., patient portals) and provide research support (e.g., medical libraries for patients)."¹¹

Other resources may include:

- A list of courses for patients when they have been newly diagnosed with diseases such as diabetes, heart disease, etc., and/or more generic courses such as pain management, stress management, meditation, exercise classes, and so on.⁵
- Pamphlets or booklets about specific medical conditions.
- Information about home care and/or hospice care in the area.

- Names of health websites or magazines so the patient can do their own research.
- Support groups for the patient and for their family members and/or caregivers.
- A copy of their file or diagnosis so that the patient can share it with other health care providers in their circle of care.
- Information about advanced care planning and designating a substitute decision maker.
- A list of symptoms and corresponding direction about who to contact,

for example:

- If you have a flu that prevents you from taking your medication, contact your family physician.
- If you experience a fever, contact the transplant nurse.
- If the voices in your head get worse, contact your doctor.
- If your weight increases by more than three pounds in three days, double your diuretic. If no weight loss is experienced, contact the congestive heart failure nurse on your family health team, or your family physician.⁵

Family And/Or Caregiver Participation

The reality of chronic disease(s), multiple morbidities, long-term illness, and health issues related to aging and frailty is that at some point patients with these conditions may not be able to adequately perform self-care activities on their own. In preparation for this possibility, physicians engage with patients' families or other formal/informal caregivers to involve these individuals in self-management activities when patients are no longer able to care for themselves.

Families and/or caregivers can become involved by being invited by health care providers to participate in meetings between the patient and the health care provider to be educated about the patient's health, to provide input into goal setting, or to suggest ways in which they can help the patient. As well, families can participate in "family networks in local communities where family members have the opportunity to share knowledge, experiences and worries with other family members."⁵

As family members and/or caregiv-

ers often know the patient best, they can serve as an effective early-warning system to physicians about a patient's physical and mental well-being. For example, up to 50% of persons with chronic health conditions suffer from concurrent depressive symptoms. Depression may affect self-care abilities through reduced patient activity levels, limited self-efficacy, inadequate communication with physicians and/or other health care providers, and non-compliance with medication regimes.¹⁶ Family members and/or caregivers who are involved with patients suffering from chronic conditions can be educated about the signs of oncoming depression and alert the physician if concerns develop.

Conclusion

In his article, *Shared Decision Making – The Pinnacle of Patient-Centered Care*, Dr. Michael Barry suggests that physicians view the health care experience through the patient's eyes so that they may become more responsive to patients' needs and, thereby, become better clinicians.¹⁷ Dr. Barry's recommendation to ask patients, "What mat-

ters to you?" as well as "What is the matter?" has been repeated in many different articles and lectures about patient self-care.¹⁷

Ontario physicians favour supported decision-making where the patient and the physician work together to identify health issues, set goals, and develop solutions. This relationship can lead to better patient health and greater satisfaction for both the patient and the physician. Having a conversation with patients in a supportive and collaborative manner, along with providing patient education, resources and tools, and inviting families and/or caregivers to engage as well may help to empower patients so that they can truly benefit from self-care. While some patients may never make the leap from dependent patient to self-care partner, involving those who are willing to participate in supported decision-making can add significant value to the patient-physician relationship and to the overall patient experience. ■

For more information, contact Katherin Platt, OMA Health Policy Department, at katherin.platt@oma.org.



Update On OMA Initiative To Strengthen Care For Patients With Chronic Disease

The OMA is committed to improving the health of people with chronic diseases. An important part of this work is through papers like "Ontario Physicians Supporting Patient Self-Care." But we know that chronic illness is complex and we need to take an integrated approach in order to make meaningful change. Check-Up Ontario is a multi-faceted initiative that is bringing together evidence, clinical expertise, and the lived experience of patients and their caregivers.

The OMA has been to six communities across the province, seeking input at community meetings. The knowledge gained through this process will be combined with the results of an academic literature review, a citizen panel and an expert round-table undertaken by McMaster Health Forum, as well as an OMA member survey to guide patient-first recommendations to strengthen care for people with chronic diseases.

References

- Mosby's medical dictionary [Internet]. 8th ed. St. Louis, MO: Mosby/Elsevier; c2009. Self-care [definition]. [about 1 screen]. Available at: <http://medical-dictionary.thefreedictionary.com/self-care>. Accessed: 2016 Feb 22.
- Richards S. Self-care – a nursing essential. *Practice Nurse*. 2012 Jul 20;42:26-30.
- Funnell MM. Helping patients take charge of their chronic illnesses. *Fam Pract Manag*. 2000 Mar;7(3):47-51. Available at: <http://www.aafp.org/fpm/2000/0300/p47.html>. Accessed: 2016 Feb 22.
- Bodenheimer T, Lorig K, Holman H, Grumbach K. Patient self-management of chronic disease in primary care. *JAMA*. 2002 Nov 20;288(19):2469-75.
- The European Network on Patient Empowerment. Patient empowerment – living with chronic disease: a series of short discussion topics on different aspects of self management and patient empowerment for the 1st European Conference on Patient Empowerment. Copenhagen, Denmark: The European Network on Patient Empowerment; 2012 Apr 11-12. Available at: http://www.enope.eu/media/39886/a_series_of_short_discussion_topics_on_different.pdf. Accessed: 2016 Feb 22.
- James J. Health policy brief: patient engagement. Bethesda, MD: Health Affairs; 2013 Feb 14. Available at: http://healthaffairs.org/healthpolicybriefs/brief_pdfs/healthpolicybrief_86.pdf. Accessed: 2016 Feb 22.
- McWilliam CL. Patients, persons or partners? Involving those with chronic disease in their care. *Chronic Illn*. 2009 Dec;5(4):277-92.
- Edgman-Levitan S, Brady C, Howitt P. Patient and family engagement: partnering with patients, families, and communities for health: a global imperative: report of the Patient and Family Engagement Working Group. World Innovation Summit for Health (WISH); 2013 Dec 10-11; Doha, Qatar: The Qatar Foundation; 2013. Available at: <http://www.wish-qatar.org/app/media/387>. Accessed: 2016 Feb 22.
- Greaves CJ, Campbell JL. Supporting self-care in general practice. *Br J Gen Pract*. 2007 Oct;57(543):814-21. Available at: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2151815/>. Accessed: 2016 Feb 22.
- Self Care Forum – helping people take care of themselves [Internet]. London, England: Self Care Forum; c2016. Interviews with the Self Care Forum board; [about 11 screens]. Available at: <http://www.selfcareforum.org/about-us/interviews/>. Accessed: 2016 Feb 22.
- Accenture Management Consulting Innovation Centre. The empowered patient: the changing doctor-patient relationship in the era of 'self-service' health-care. Singapore: Accenture Management Consulting Innovation Centre; 2011. Available at: <http://www.cas-uk.com/SiteCollectionDocuments/PDF/Accenture-Change-Traditional-Doctor-Patient-Relationship.pdf>. Accessed: 2016 Feb 22.
- Bradley K, Gadon M, Irmeter C, Meyer M, Schwartzberg J. Physician resource guide to patient self-management support. Chicago, IL: American Medical Association; 2012. Available at: <http://selfmanagementalliance.org/wp-content/uploads/2013/09/phys-resource-guide.pdf>. Accessed: 2016 Feb 22.
- World Health Organization, Regional Office for South-East Asia. Self-care in the context of primary health care - report of the regional consultation in Bangkok, Thailand, 7-9 January 2009. New Delhi, India: World Health Organization; 2009. Available at: http://www.searo.who.int/entity/primary_health_care/documents/sea_hsd_320.pdf. Accessed: 2016 Feb 22.
- McManus RJ, Mant J, Haque MS, Bray EP, Bryan S, Greenfield SM, et al. Effect of self-monitoring and medication self-titration on systolic blood pressure in hypertensive patients at high risk of cardiovascular disease: the TASMINE-SR randomized clinical trial. *JAMA*. 2014 Aug 27;312(8):799-808.
- Health Quality Ontario; Institute for Clinical Evaluative Sciences. Quality monitor: 2012 report on Ontario's health system. Toronto, ON: Queen's Printer for Ontario; 2012. Available at: <http://www.hqontario.ca/portals/0/Documents/pr/qmonitor-full-report-2012-en.pdf>. Accessed: 2016 Feb 22.
- Bayliss EA, Bosworth HB, Noel PH, Wolff JL, Damush TM, Mciver L. Supporting self-management for patients with complex medical needs: recommendations of a working group. *Chronic Illn*. 2007 Jun;3(2):167-75.
- Barry MJ, Edgman-Levitan S. Shared decision making--pinnacle of patient-centered care. *N Engl J Med*. 2012 Mar 1;366(9):780-1.