

**EMPOWER**

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## **EMPOWER – Support of patient empowerment by an intelligent self-management pathway for patients**

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The research leading to these results has received funding from the European Community's Seventh Framework Programme (FP7/2007-2013) under grant agreement No 288209, EMPOWER Project

## The need for Patient Empowerment



- | Up to the 20<sup>th</sup> century the primary cause of illness were acute diseases and patients were mainly inexperienced and passive recipients of medical care.
  
- | Chronic diseases are now the biggest cause of death and disability worldwide and account for an estimated 86% of deaths and 77% of the disease burden in the European Region [ENOPE, 2012]
  - | By example diabetes [IDF]
    - | **371 million** people have diabetes in 2012; by 2030 this will have risen to **552 million**
    - | Diabetes caused **4.8 million deaths** in 2012
    - | The number of people with diabetes is increasing in every country and it is estimated that **the worldwide diabetes prevalence will rise from 8.2% in 2012 to 9.9 in 2030**
    - | Diabetes caused at least **USD 465 billion dollars** in healthcare expenditures in 2011; **11% of total healthcare expenditures** in adults (20-79 years)
  
- ⇒ the healthcare needs of patients have been shifting from predominantly acute care to care for chronic diseases
  
- ⇒ We must realise that each of us is the primary healthcare provider for ourselves
  
- ⇒ healthcare can be delivered more efficiently and with lower costs if patients are full partners in the process – towards a patient-centric care

## What is Patient Empowerment?



- | “a philosophy of health care that proceeds from the perspective that optimal outcomes of health care interventions are achieved when patients become active participants in the health care process.” [Monteagudo & Moreno, 2007]
  
  - | There are different ways strengthening Patient Empowerment
    - | e.g. ensuring participation of patients and citizen in decision-making processes, strengthening health literacy, providing self-management support, fostering patient-physician relationship
  
  - | An empowered activated patient can be described by several characteristics [ENOPE, 2012]:
    - | He understands his health condition and its effect on his body.
    - | He feels able to participate in decision-making with his healthcare professionals.
    - | He actively seeks out, evaluates and makes use of information.
    - | He feels able to make informed choices about treatment.
    - | He is able to challenge and ask questions of the healthcare professionals providing their care.
    - | He takes responsibility for his health and actively seeks care only when necessary.
    - | He understands the need to make necessary changes to his lifestyle for managing their conditions.
- => information & decision making, self-control & self-management, behaviour changes**

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## What does Self-Management mean?



- | Self-management is seen as a key competence for Patient Empowerment and emphasises that persons with chronic diseases has the central role in managing their health.
  
- | All people with chronic conditions self-manage to some extent, although the ability and resources vary across their lifespan and at different stages of the condition.
  - | Patients provide 98% of their own diabetes care. [Anderson & Funnell, 2010]
  
- | **Self-management is what people do to manage their diabetes or other chronic condition and its effects on their physical health, daily activities, social relationships and emotions.** [Diabetes Initiative, 2009]
  - | Deal with illness, such as medication, physical activity, doctor visits, changing diet
  - | Continue the normal daily activities, such as housework, employment, social life, etc.
  - | Manage the changing emotions about by dealing with a chronic condition, such as stress, uncertainty about the future, worry, anxiety, resentment, changed goals and expectations, depression, etc.

## EMPOWER – Support of patient empowerment by an intelligent self-management pathway for patients

- | **Call & Work Programm:** FP7-ICT-2011-7, Objective ICT-2011.5.3a Patient Guidance Services (PGS), Safety and Healthcare record information reuse (STREP)
- | **Duration:** 36 months, February 2012 – January 2015
- | **Budget:** 4.277.000 Euro
- | **Partners:**
  - | Salzburg Research Forschungsgesellschaft m.b.H. (Austria) - Coordinator
  - | Helmholtz Zentrum München (Germany)
  - | GO IN Integrationsmanagement- und Beteiligungs-GmbH (Germany)
  - | Università della Svizzera italiana (Switzerland)
  - | Software Research and Development and Consultancy Ltd. (Turkey)
  - | Intracom Telecom (Greece)
  - | Ministry of Health (Turkey)
- | **2 Pilot Applications**
  - | 1 pilot in Ingolstadt, Germany with a network of GPs and diabetes specialists
  - | 1 pilot in Ankara, Turkey with family doctors and clinicians

## Patient Empowerment as the driving vision for EMPOWER

| Patient empowerment is seen as an essential aspect of patient-centric care and is identified as a main element of change for improved quality and safety in healthcare. **Patient Empowerment engages patients to a greater extent in their healthcare process** so that disease management becomes an integrated part of their daily life

- ⇒ What do patients need to cope better with their chronic diseases as part of their daily life?
- ⇒ and how can that be supported by ICT?



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## Objectives in EMPOWER

### (1) Fostering self-management with adaptive and secure patient pathways

- | by including treatment goals and recommendations from physicians
- | Adapted to the patients skills, requirements and needs
- | Including disease-relevant information material and hints (EMPOWER Tips) as an intergrated part of the EMPOWER features

### (2) Supporting behaviour changes with personalised action plans

- | by including services for personalised, long-term self-management goals realised by short-term activities

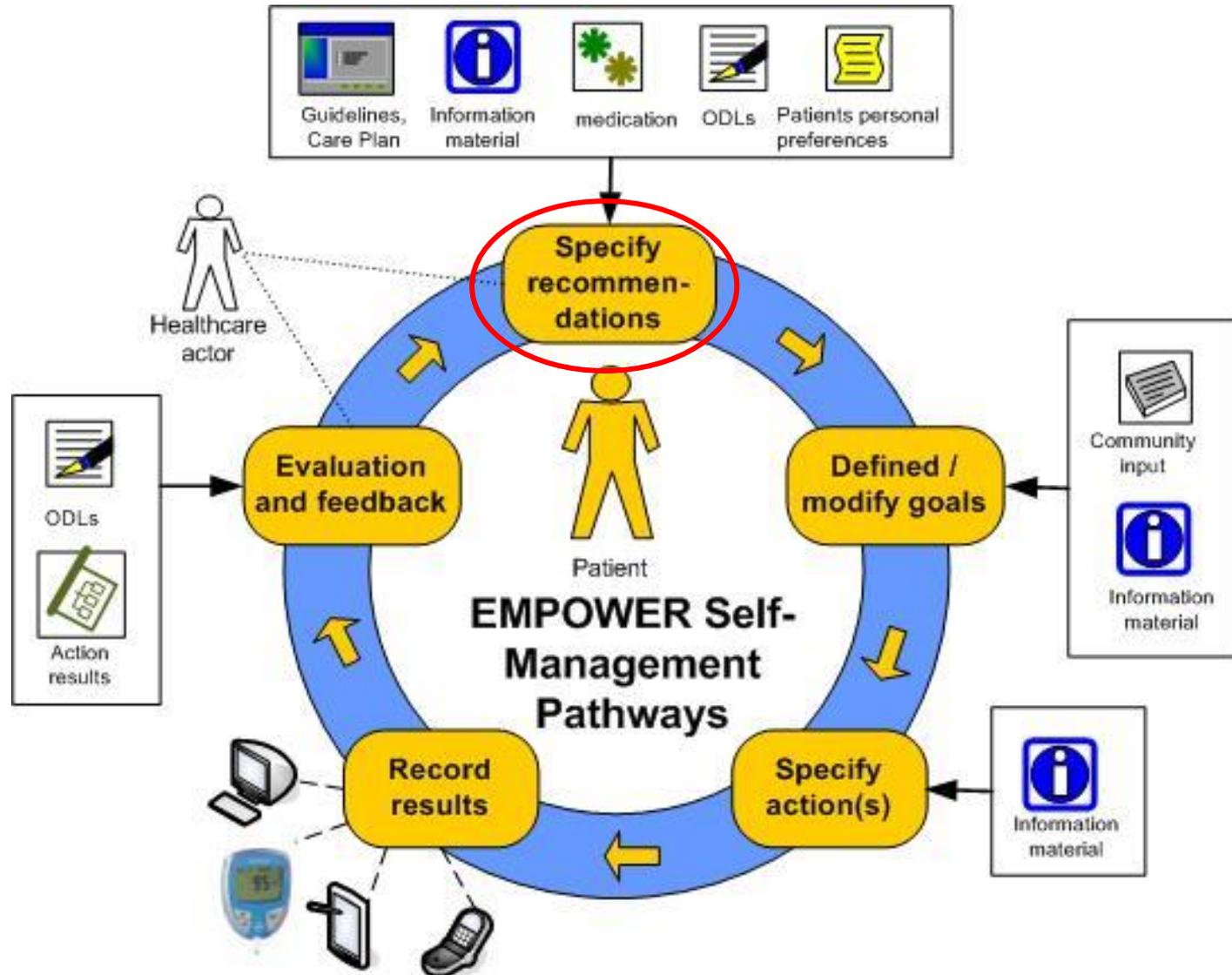
### (3) Facilitating self-control by collecting patterns of daily living

- | Services for Observations of Daily Living (ODLs) about vital, physical and mental parameters and about physical and lifestyle activities based on openEHR archetypes

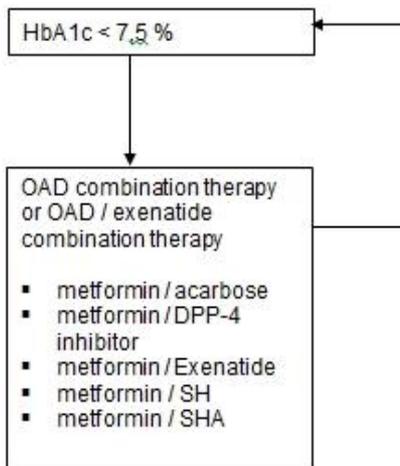
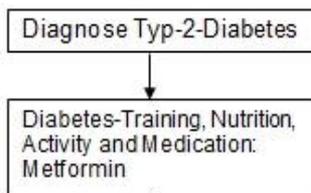
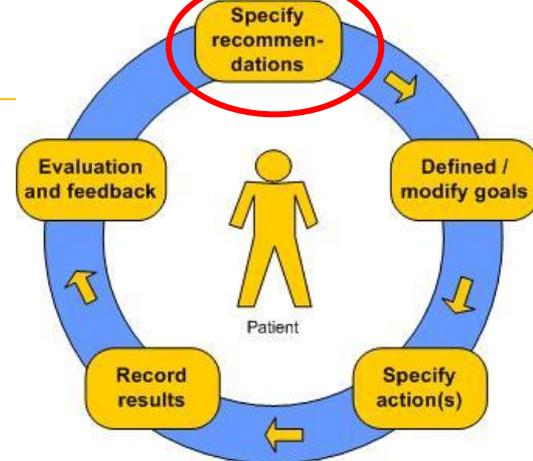
### (4) Semantic interoperability with existing Personal Health Applications

- | by supporting semantic interoperability based on established standards such as HL7 IHE profiles (XPHR), ISO/CEN13606 information models

# EMPOWER approach - supporting (self-)management of diabetes patients



# Specify recommendations



Intensification of insulin th

- MDI (basal/bolus)
- Premixed insulin
- Combination with contraindication/in

## ➤ the recommendations for self-management goals

- | Checking blood sugar and blood pressure daily
- | Checking weight once a week (preferably always at the same time, e.g. in the mornings)
- | Reducing 5 kg within the next three months
- | Doing some moderate exercises on a regular basis
- | To stop smoking
- | Checking the eating behaviour and changing it to a diabetes-compliant nutrition.
- | A date for the next consultation in 3 months

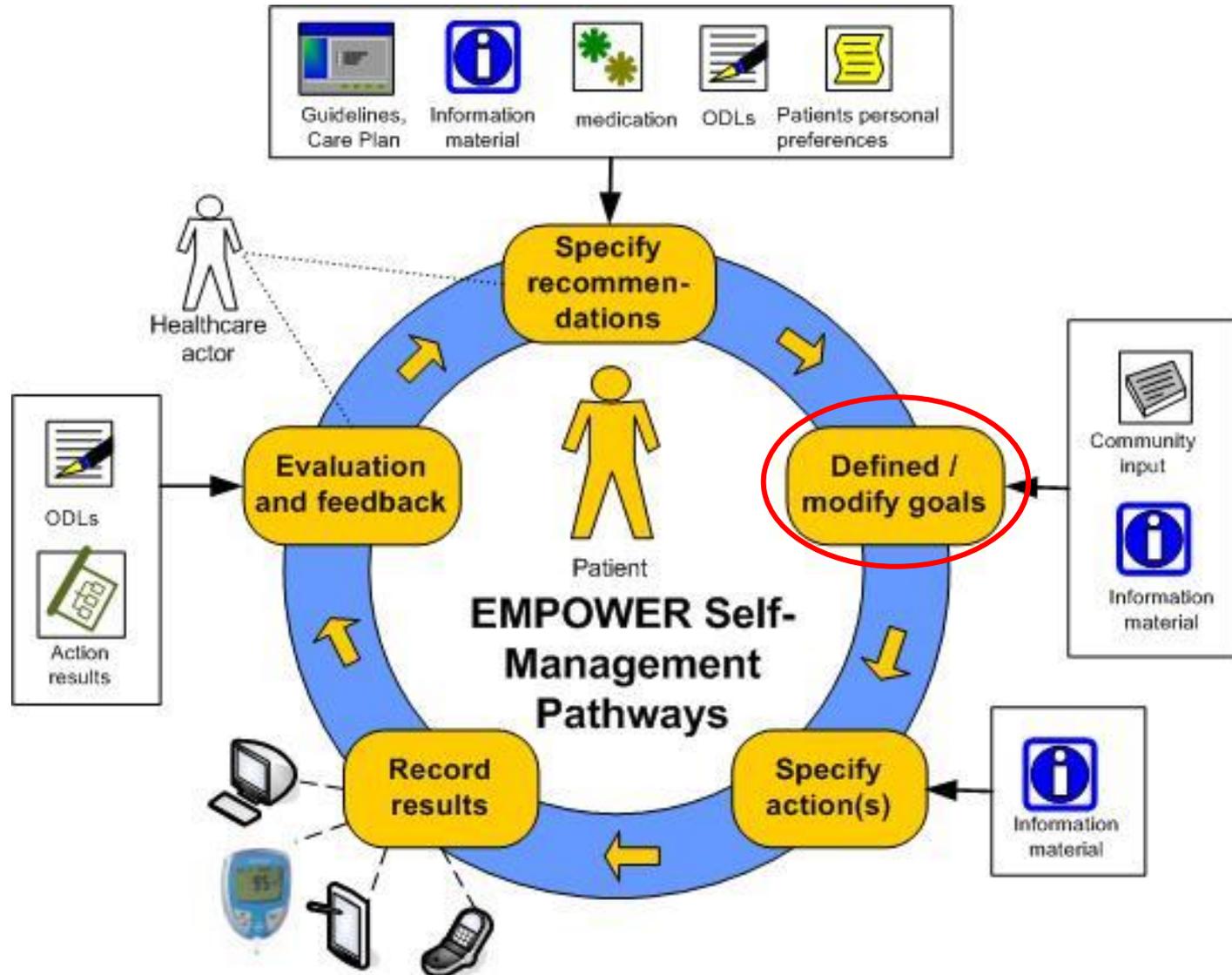
## ➤ the medication list

Medications:

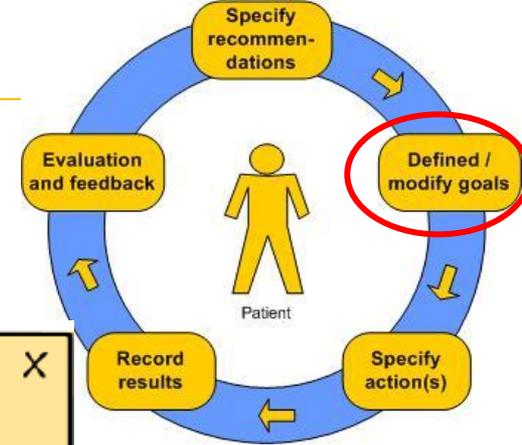
08.02.2012

Ramipril 2.5 mg      1 x 1, at morning  
 Eplerenon 25 mg    1 x 1, at morning  
 Simvastatin 40 mg   1 x 1, at evening  
 ASS 100            1 x 1, at lunchtime  
 Carvedilol 12.5 mg   1 x 1, at morning  
 Metformin 500 : 1 x 500 mg at night, 1 week 2 x 500 mg at night, after 7 days 2 x 1000 mg

# EMPOWER approach - supporting (self-)management of diabetes patients



# Define / modify long-term goals



Specify a Self-Management Goal - Step #1

1 Step #1
 2 Step #2

Choose a treatment goal for specifying your own, m

Date ▼	Doctor ▼	Treatment Goal
2012-02-08	Dr. Paul Schmid	Take Metformin - D 1 week 2 x 500 mg
2012-02-08	Dr. Paul Schmid	Reduce 5 kg in the
2012-02-08	Dr. Paul Schmid	Measure and recor
2012-02-08	Dr. Paul Schmid	Check weight once
2012-02-08	Dr. Paul Schmid	Do some moderate
2012-02-08	Dr. Paul Schmid	Check and change

For defining your own self-management goal you mig  
to look at additional information. For opening Help c

**EMPOWER Tip**

Ad the beginning select a treatment goal you can eas  
You can select none, one or more treatment goals

Specify a Self-Management Goal - Step #2

1 Step #1
 2 Step #2
X

**Specify a goal**

Sport - 3 times a week

**Description**

**B** **Z** **U** **abc** **style** **≡** **≡** **↶** **↷** **🗑️** **😊**

Jogging, biking, stationary bike  
30 min each time

**Rewards**

**B** **Z** **U** **abc** **style** **≡** **≡** **↶** **↷** **🗑️** **😊**

If I achieve this goal I will bye the new digital camera

**Comment**

**B** **Z** **U** **abc** **style** **≡** **≡** **↶** **↷** **🗑️** **😊**

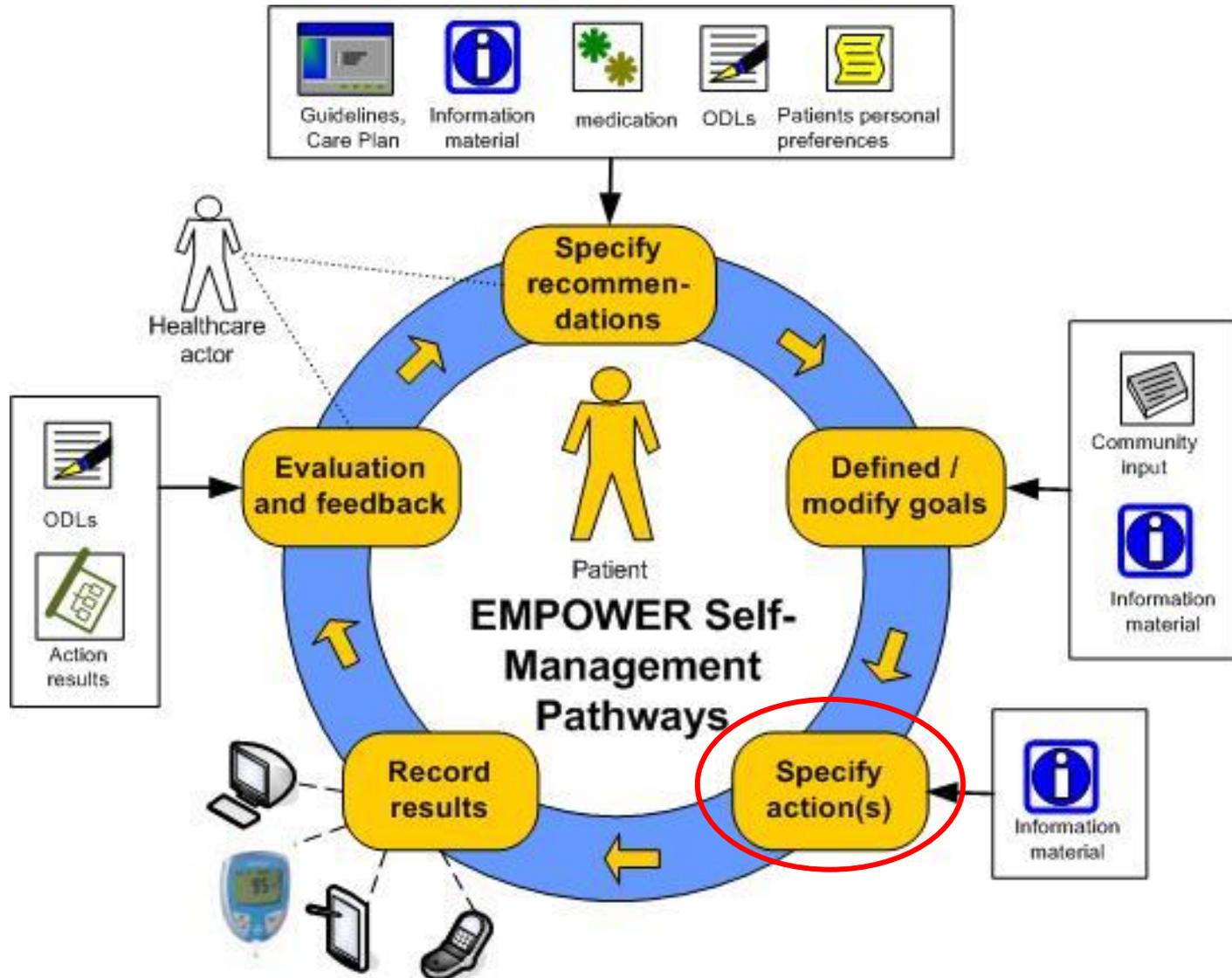
**EMPOWER Tip**

If it is difficult for you, look for options or alternatives.

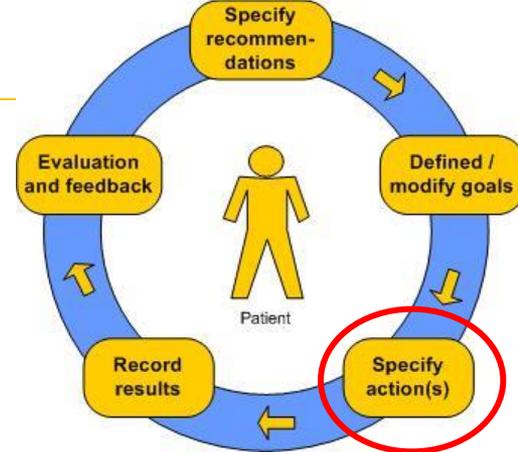
- you can share your goals with the family, friends, health professionals or use the Internet or
- you could break down a goal in smaller sub-goals with a higher likelihood to be achieved

Back
Save

# EMPOWER approach - supporting (self-)management of diabetes patients



# Specify short-term actions



Specify an Action - Step #1

① Step #1   ② Step #2   ③ Step #3   ④ Step #4

Choose an activity

Select an activity category  
 Medication   **Monitoring**   Food

My personal goals

Date	My goals
2012-02-25	To take his medic
2012-02-25	To measure and
2012-02-25	To measure and
2012-02-25	To check his weig
2012-02-25	To change his ea
2012-02-25	Some sport - 3 ti

Description

EMPOWER Tip  
 Make a specific plan what you are doing.  
 • Exactly what I'm going to do?  
 • How much will I do?

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Specify an Action - Step #1

① Step #1   ② Step #2   ③ Step #3   ④ Step #4

Choose an activity

Select an activity category  
 Medication   **Monitoring**

For specifying activities information materials. For

Configure Reminder

① Step #1   ② Step #2   ③ Step #3   ④ Step #4   ⑤ Step #5

Activity: Measure blood sugar level

From    Repeat

To

Reminder

Remind me in advance of

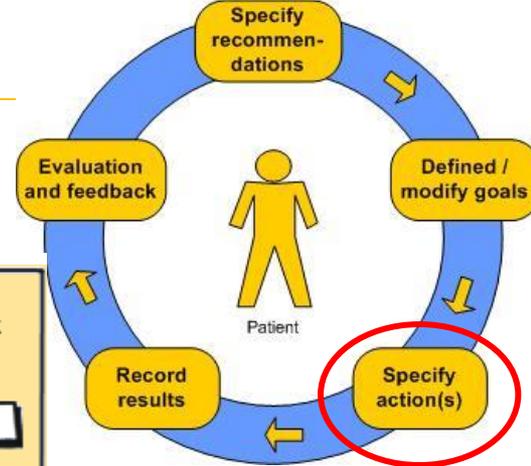
Remind me via  
 E-Mail  
 SMS  
 EMPOWER dashboard

Remind also

EMPOWER Tip  
 Make a specific plan what you are doing. Ask yourself:  
 • When will I do this?  
 • How often will I do the activity?

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# Specify short-term actions



Weekly Planning

**EMPOWER**  Home | Settings | Help | Logout

Action Plan

Goals | **Action Plan** | Diaries | Charts | Diabetes Passport | Community | Health Record | Contacts

< February 27 - March 5, 2012 > Status Weekly Planning completed work in progress

	MON 27.2.	TUE 28.2.	WED 29.2.	THU 1.3.	FRI 2.3.	SAT 4.3.	SON 5.3.
7:00	bloodsugar blood pressu medication	bloodsugar	bloodsugar	bloodsugar	bloodsugar	bloodsugar	bloodsugar blood pressure medication check weight
8:00							
9:00							
10:00							
11:00							
12:00							
13:00							
14:00							
15:00							
16:00							
17:00							
18:00	jogging						

You have specified all your activities for this week.  
 You did a great Job!  
 Now have a final look how certain you are to complete all these activities in this week.

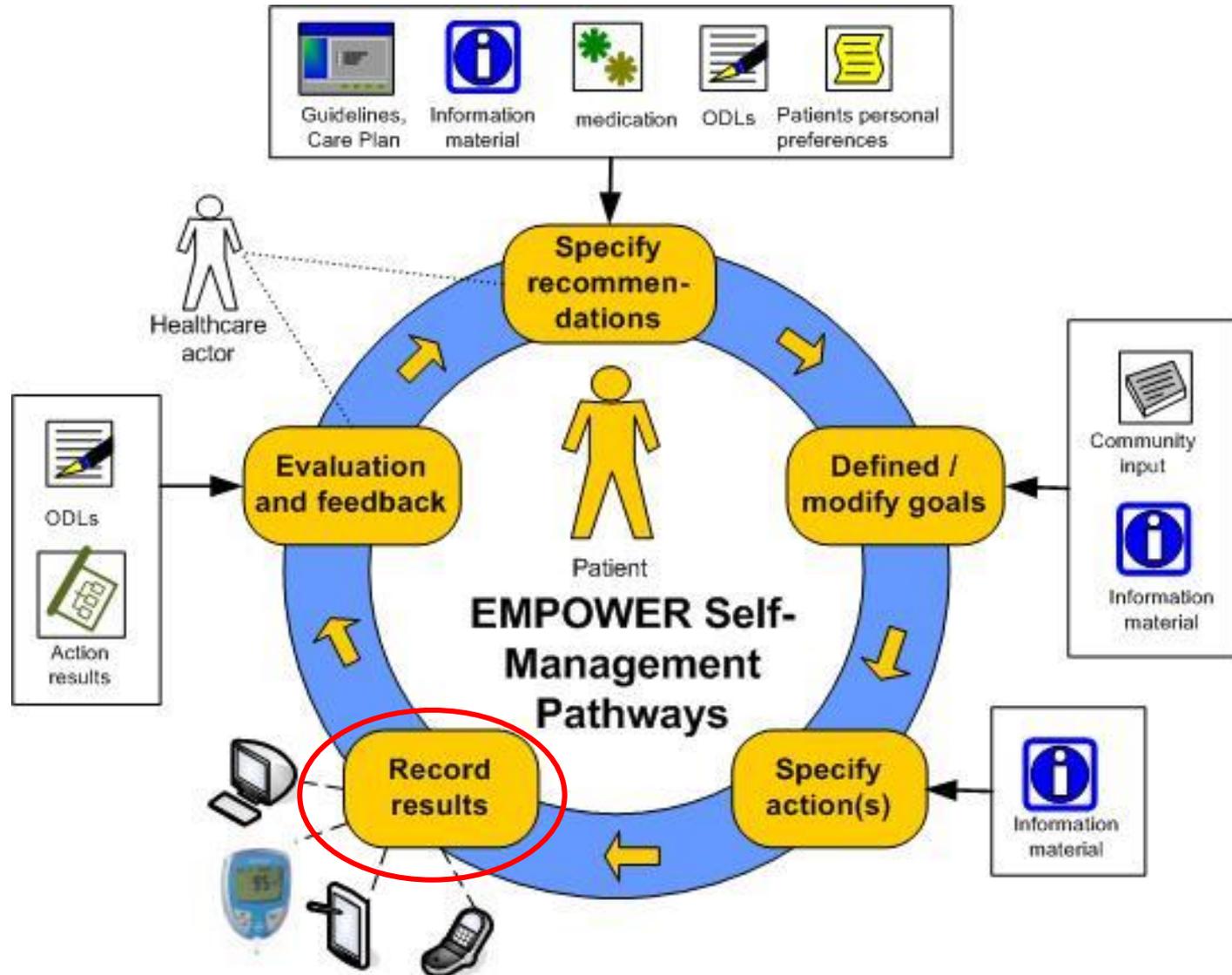
- strongly certain
- certain
- neutral
- uncertain
- strongly uncertain

**EMPOWER Tip**

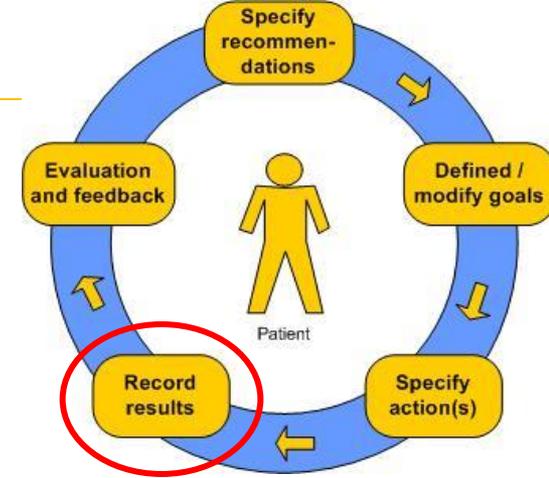
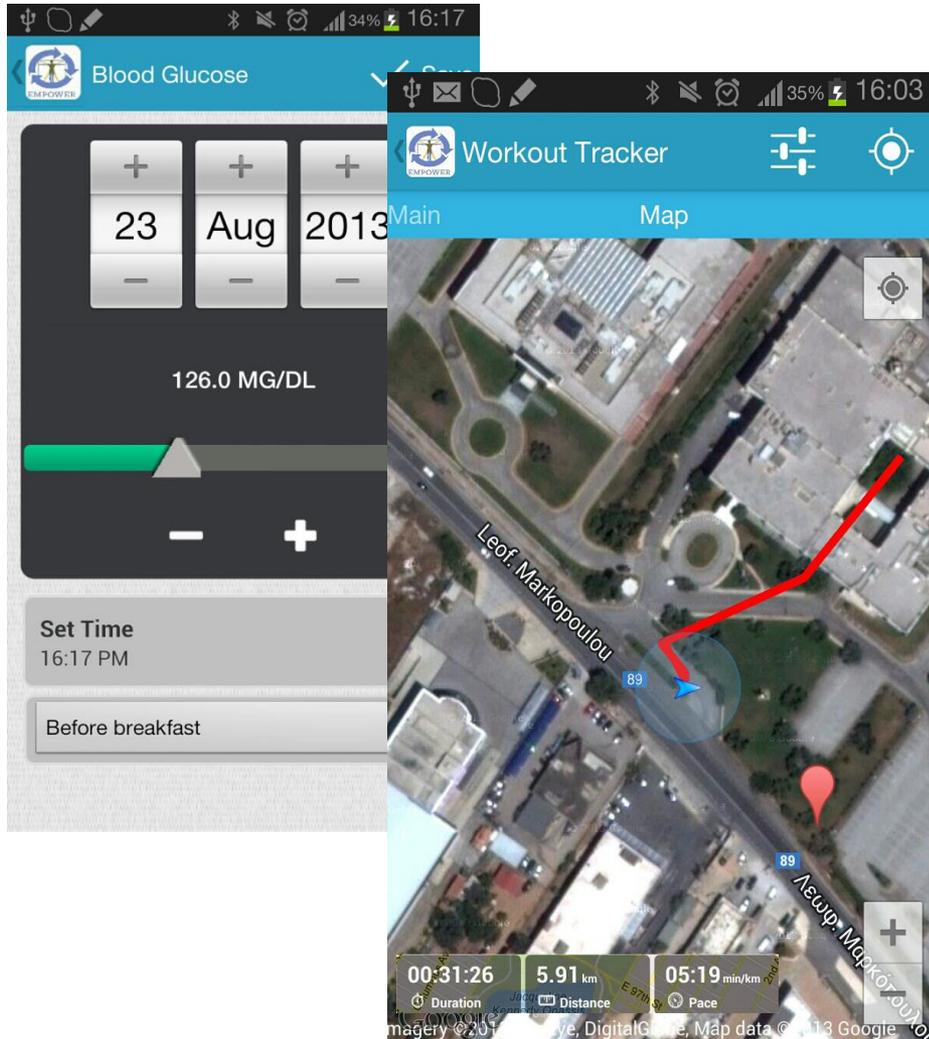
You don't know whether you will be able to fulfill all planned activities in this week.  
 Maybe this is not a yet a realistic plan.  
 Have again a look at your activities and ask yourself why you are not yet certain.

**Finish**

# EMPOWER approach - supporting (self-)management of diabetes patients



## Record results (web + mobile)



- | Blood Glucose
- | Blood Pressure
- | Body Weight
- | Meals
- | Physical Activities
- | Medication
- | Mood
- | Problems
- | Sleep
- | Stress

# EMPOWER approach - supporting (self-)management of diabetes patients



# Evaluation & feedback

Action Plan - Weekly Review, Step 1

## Check last week (Step 1)

February

Day

SUN 26.2.

MON 27.2.

TUE 28.2.

WED 29.2.

THU 1.3.

Action Plan - Weekly Review, Step 2

## Check diaries (Step 2)

February 26 - March 3, 2012

Overview Food

- Diary
- Food
- Mood
- Personal Notes
- Sleep
- Stress

### EMPOWER Tip

Check whether you...  
If you want to edit...  
appropriate tab.

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### EMPOWER Tip

The more the results are complete the better will be the feedback from EMPOWER for you. So, have a look at still missing results and insert them.

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## Overall Performance (Step 3)

February 26 - March 3, 2012

Overall Performance

**80%**

last week: 75%

### Achieved goals

### EMPOWER Tip

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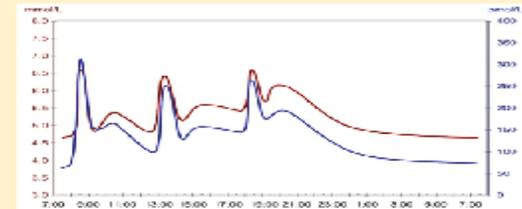
Action Plan - Weekly Review, Step 3

## Detailed Performance (Step 4)

February 26 - March 3, 2012

Select chart

Blood sugar



### Goals Diabetes Treatment

- Blood sugar: ★★★★★ 7/7
- Blood pressure: ★★★★★ 5/7 **90%**
- Medication: ★★★★★ 7/7

### EMPOWER Tip

Activate the EMPOWER feature "Reminder" to not forget an activity

### Sport - 4 times a week

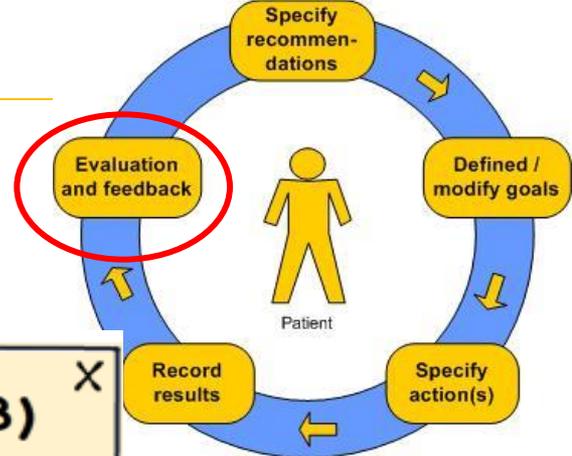
- Jogging: ★★☆☆ 2/4 **50%**

### EMPOWER Tip

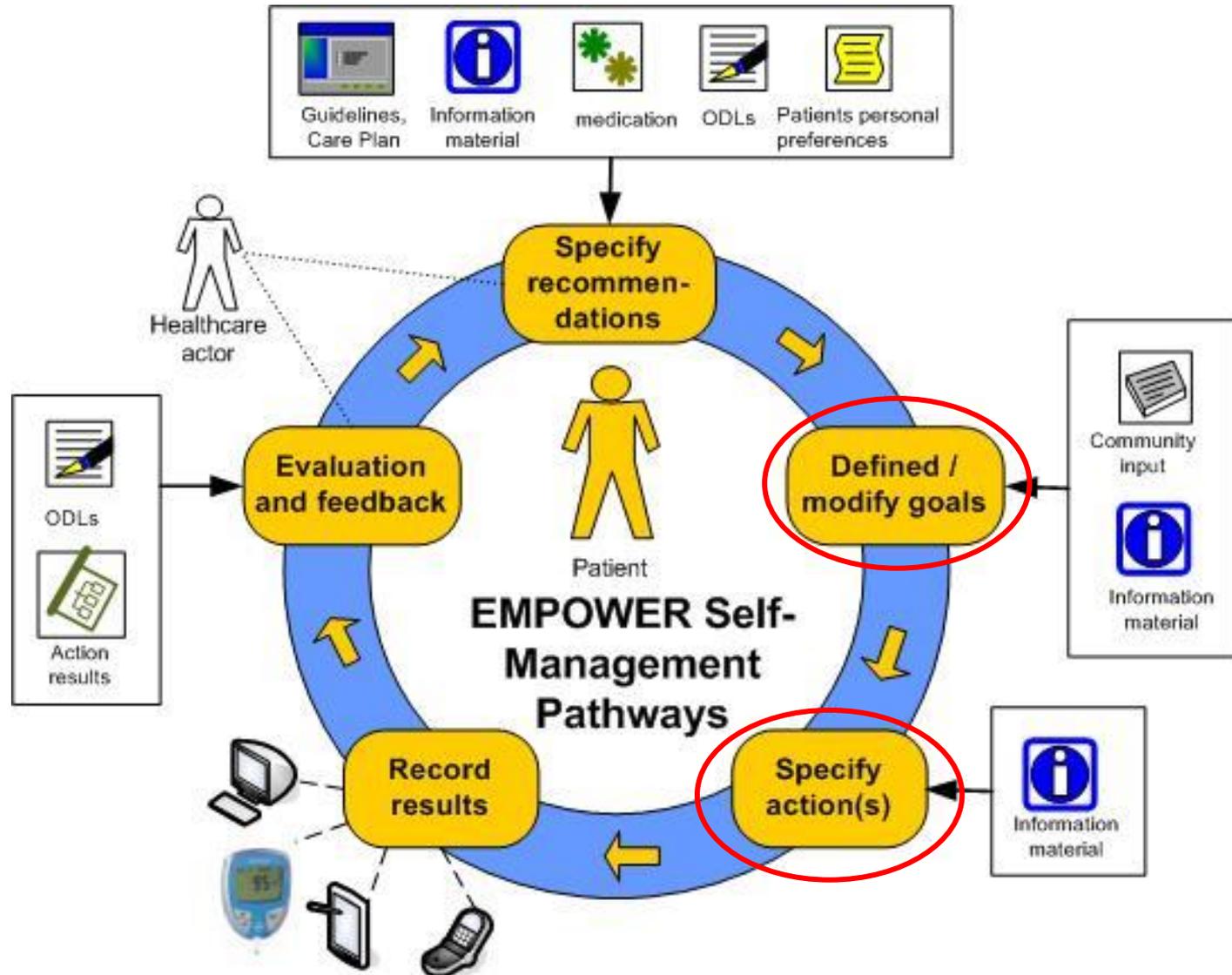
Invite a friend who goes jogging with you together

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# EMPOWER approach - supporting (self-)management of diabetes patients



## Some remarks and lessons learned

- | **EMPOWER support behaviour changes until new, diabetes-compliant habits become second nature**, e.g.
  - | for newly diagnosed Type 1+2 diabetes patients
  - | for elderly diabetics who have to change their medication from pills to insulin
  
- | **Incorporating motivation in several ways is essential** because behaviour changes are often a huge challenge for diabetes patients, e.g.
  - | detailed feedback and hints as part of the Weekly Review
  - | diaries for raising awareness
  - | feedback and motivation from groups – e.g. self-help groups or forums for exchanging experiences with other patients sharing similar situations
  
- | **It is crucial to involve the end users** (diabetes patients, doctors, dieticians, etc.) **from the beginning into the project.**
  - | For requirement specifications, early feedback for the prototype
  
- | **The EMPOWER approach is not restricted to diabetes** because chronic diseases often needs self-control and behaviour changes.

And finally...

**We cannot empower patients!**

**We only can provide a framework  
(tools, services, etc.) that makes it easier  
for patients to empower themselves.**

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## Contact

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## Literature

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