Development and external validation of a comprehensive Taxonomy of Self-Management Interventions in chronic conditions: the COMPAR-EU taxonomy

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Background/Importance

The literature on SMIs is increasing exponentially but in a disorganized manner (1). Developing a taxonomy is the first step for providing a common language among researchers, clinicians, and policymakers for research and implementation of services (2). There have been significant contributions to conceptualise self-management; however, these are focused on "self-management support" and have not been externally validated.

Objectives/Aim

To develop and validate a taxonomy of self-management interventions (SMIs) for chronic conditions, identifying the key characteristics of SMIs, to facilitate comparison among them. This study is part of the COMPAR-EU project (https://self-management.eu) which aims to identify and compare the most effective and cost-effective SMIs for adults with chronic conditions.

Methods/Process

Mixed methods approach, including both qualitative and quantitative data. Based on a literature review and using an iterative process, we developed a mapping of key SMI domains, concepts, and elements. The taxonomy was externally reviewed using a two-round modified online Delphi survey among international experts on self-management.

Results/Lessons Learnt

The proposed taxonomy is composed of 132 components, classified in four domains: *intervention characteristics, expected patient (or carer) self-management behaviours, type of outcomes for measuring self-management interventions, and target population characteristics.* There are 25 sub-domains and 103 elements in total. Domains and first-level subdomain components were rated highest by the experts during the Delphi exercise. Four elements were deleted from the mode of support delivery and type of encounter subdomains. Definitions were developed for all components and refined after input from experts.

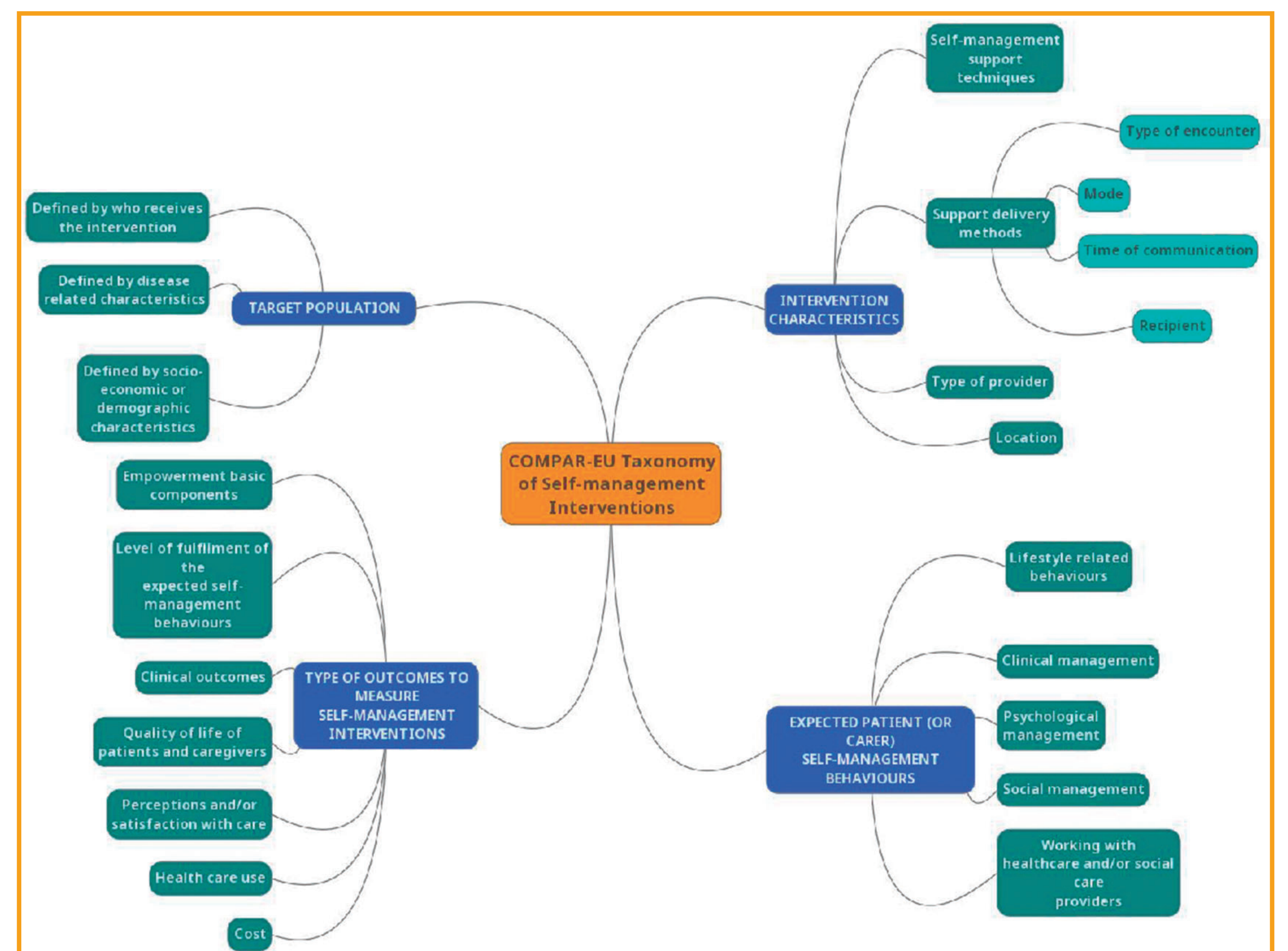### Figure 1. Conceptual mapping of the COMPAR-EU taxonomy

Figure 1. Conceptual mapping of the COMPAR-EU taxonomy

Table 1. Main components of the COMPAR-EU taxonomy

Intervention characteristics	Expected patient (or carer) self-management behaviours	Type of outcomes to measure self-management interventions	Target population
Self-management support techniques	Lifestyle related behaviours	Empowerment basic components	Defined by who receives the intervention
Sharing information	Eating behaviours	Level of fulfilment of the expected self-management behaviours	Patients
Skills training	Doing physical activity	Clinical outcomes	Informal caregivers or family carers
Stress and/or emotional management	Smoking cessation or reduction	Overall satisfaction with self-management interventions	Defined by disease related characteristics
Shared decision-making	Alcohol consume, and other harmful consumptions, cessation or reduction	Health care use	Time since diagnosis
Goal setting and action planning	Healthy sleep behaviours	Cost	Disease severity
Enhancing problem solving skills	Clinical management		Comorbidity and multi-morbidity
Self-monitoring training and feedback	Condition-specific behaviours		Defined by socio-economic or demographic characteristics
Use of prompts and reminders	Self-monitoring		Socioeconomic status
Encourage use of services	Medication use and adherence		Cultural groups
Provision of equipment	Early recognition of symptoms		Health literacy level
Social support	Asking for professional help or emergency care when needed		
Coaching and motivational interviewing	Managing devices		
Support delivery methods	Physical management		
Type of encounter	Psychological management		
Mode	Handling /managing emotions		
Face-to-face interventions	Social management		
Distance or Remote interventions	Fitting in at work		
Time of communication	Social roles		
Recipient	Being able to work		
Type of provider	Working with healthcare and/or social care providers		
Location	Communication with health care and/or social care providers		

Discussion

The comprehensive and externally validated taxonomy we present contributes a common language and framework to the field of self-management. It facilitates comparative effectiveness research and implementing patient-centred care at different levels.

References

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