Department of Health
North Metropolitan Health Service
Public Health and Ambulatory Care
GOVERNMENT OF WESTERN AUSTRALIA

Chronic Condition Self-Management

Karen Bischoff
CCSM Program Coordinator
NMHS

Public Health and
Ambulatory Care (PH&AC)
September 2013

Delivering a **Healthy WA**

Acknowledgement of Country

I respectfully acknowledge the past and present traditional owners of the land in which we are meeting, the Noongar people. It is a privilege to be standing on Noongar country.

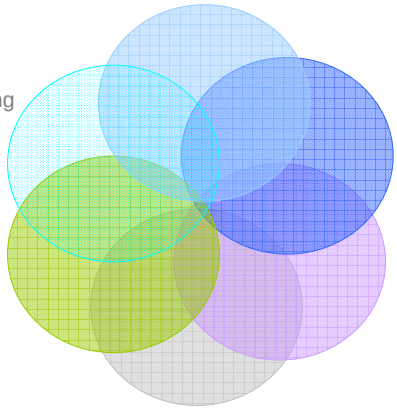
I also acknowledge the contributions of Aboriginal Australians and non-Aboriginal Australians to the health and well being of all people in this country in which we live and share together - Australia.

Department of Health
North Metropolitan Health Service
Public Health and Ambulatory Care
GOVERNMENT OF WESTERN AUSTRALIA

Understand the role of Self-management Support in the delivery of chronic care

Understand the **Policy** context for delivering chronic care

Understand the **Consumer** and **Community** perspective living with a chronic condition



Understand the **Health System** context for delivering chronic care

Gain an overview of the **skills consumers** require to self-manage their conditions

Gain an overview of **Health Providers skills** required by to deliver Self-management Support to consumers

Identify how you can improve your delivery of Self-management Support in **your work place**

Department of Health
North Metropolitan Health Service
Public Health and Ambulatory Care

Invitation to participate in embedding CCSM Support process

Government of Western Australia
Department of Health
North Metropolitan Health Service

NMHS EMBEDDING CCSM SUPPORT Package

EMBEDDING GUIDELINES

GUIDELINES for Embedding Self-Management Support
North Metro Health Service (NMHS) 2013-2015

CCSM Assessment Tools
- Organisation
- Practice
- Individual
- Person-Centred Care

CCSM Glossary (A5)

For HEALTH PROVIDERS

CCSM Support Health Providers Toolkit:
Skills Training, Resources, Tools
- Person Centred Care
- Supporting Behaviour Change
- Organisation/System Change

For CONSUMERS

CCSM Consumer Toolkit
- Self Management pamphlet
- CCSM Information Sheets
- Living Well Notebook
- DVD Self –Managing your LTC
- etc

PROMOTIONAL Toolkit

CCSM Promotional Kit
- Pamphlets, Flyers
- Info. Sheets, Guidelines
- Banners, Posters
- Presentations
- Online modules etc

CONDITION-SPECIFIC Resources

COPD

Better Living with COPD
- Aust. Lung Foundation

HEART FAILURE

Living well with Heart Failure
- Aust. Heart Foundation

COPD Online Learning
Australian Lung Foundation

CDSM Online Modules
Heart Research Centre

PLUS
DIABETES, CANCER, RENAL, PAIN, ARTHRITIS
CCSM resources
etc.

NMHS CCSM : K.Bischoff v: 2.4.13

Contact: Karen.Bischoff@health.wa.gov.au

Department of Health
North Metropolitan Health Service
Public Health and Ambulatory Care

Chronic Condition

… 'any ongoing or recurring health issue that has a significant impact on the lives of a person and/or their family, or other carers.

eg chronic pain, asthma, arthritis, coronary vascular disease, cancer, anxiety, depression, diabetes, alcohol and drug dependency'.

World Health Organisation

Department of Health
North Metropolitan Health Service
Public Health and Ambulatory Care

Terminology Variations

Consumer = patient = person = client
may include family, carers, guardians

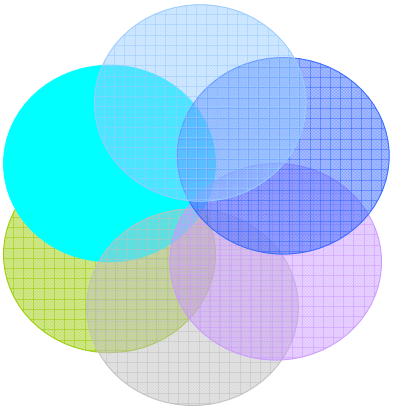
Health Provider = clinician = health professional = HP
may include family, carers, guardians and healthcare organisations + consumers + carers

Chronic condition = Chronic disease =
Long term health condition

Chronic Disease Management ; Chronic Care Models
Self Care; Wellness

Department of Health
North Metropolitan Health Service
Public Health and Ambulatory Care

the **Consumer** and **Community** perspective living with a chronic condition



Department of Health
North Metropolitan Health Service
Public Health and Ambulatory Care

Chronic Condition Characteristics

Include:

- Complex causes
- Multiple risk factors
- Long latency periods
- Prolonged course of illness
- Functional impairment or disability.

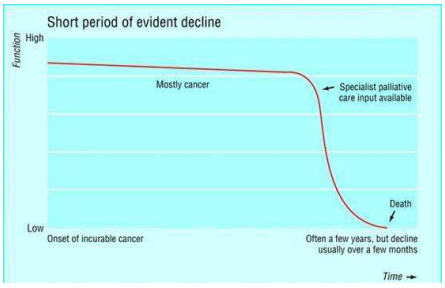
Department of Health
North Metropolitan Health Service
Public Health and Ambulatory Care

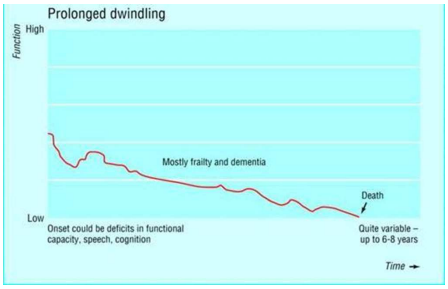
Chronic vs Acute Conditions

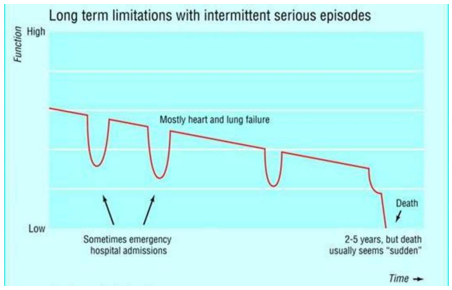
	CHRONIC	ACUTE
Beginning	Gradual	Rapid
Cause	Many	Usually one
Duration	Indefinite	Short
Diagnosis	Often uncertain in early stages	Commonly accurate
Treatment	Cure rare, so CARE	Common CURE
Role of Client	Partnership HP + Client	Follow orders

Department of Health
North Metropolitan Health Service
Public Health and Ambulatory Care

Possible Condition Life Courses

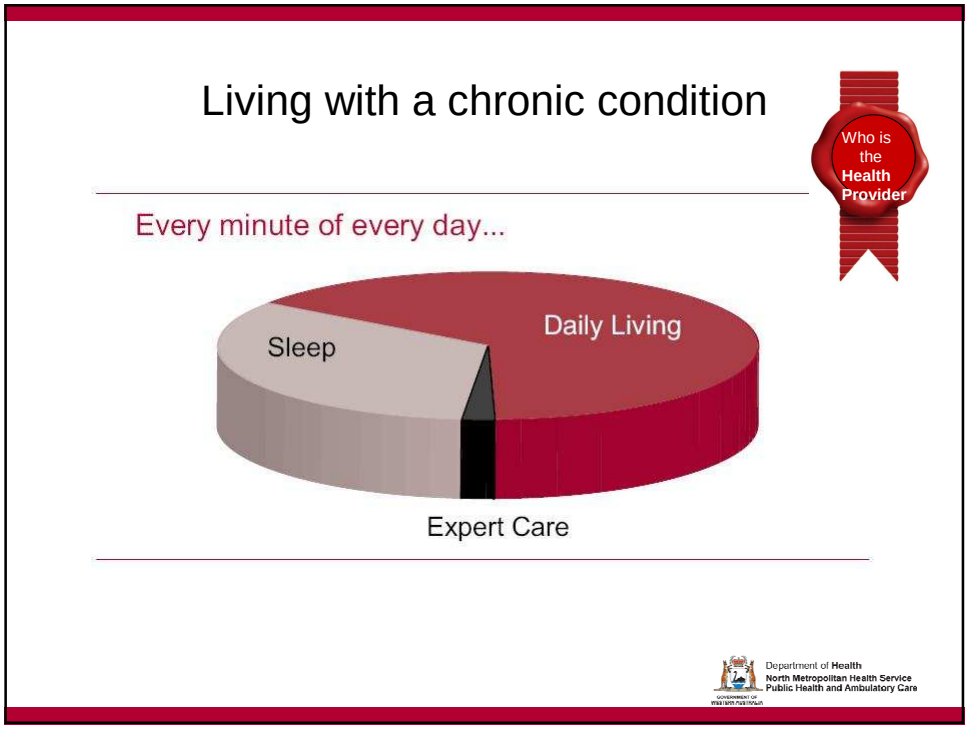


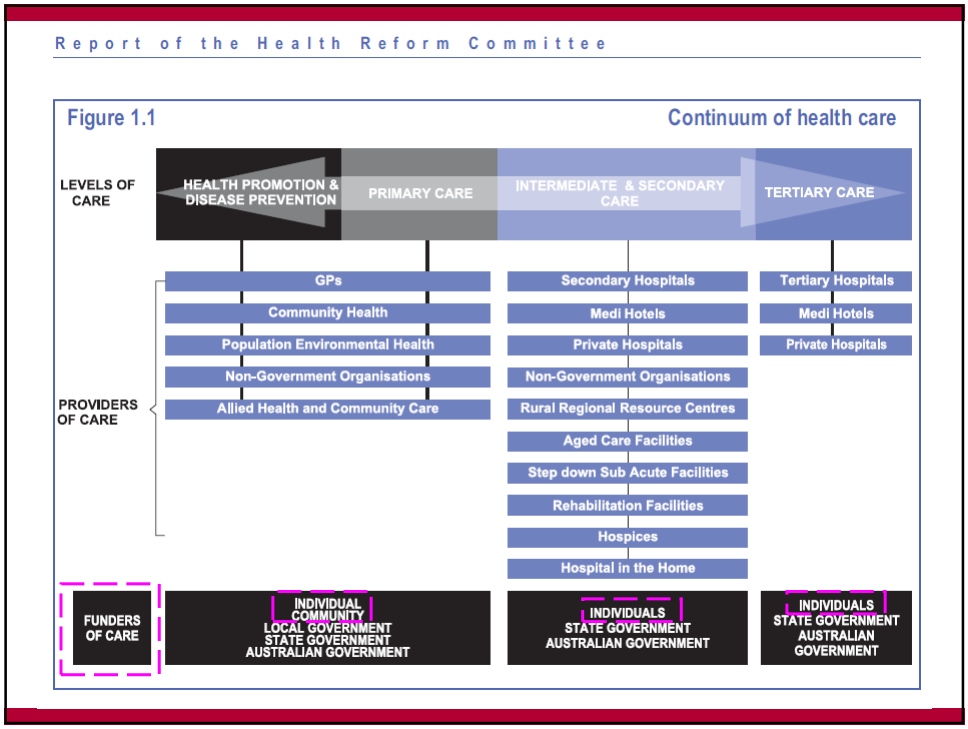


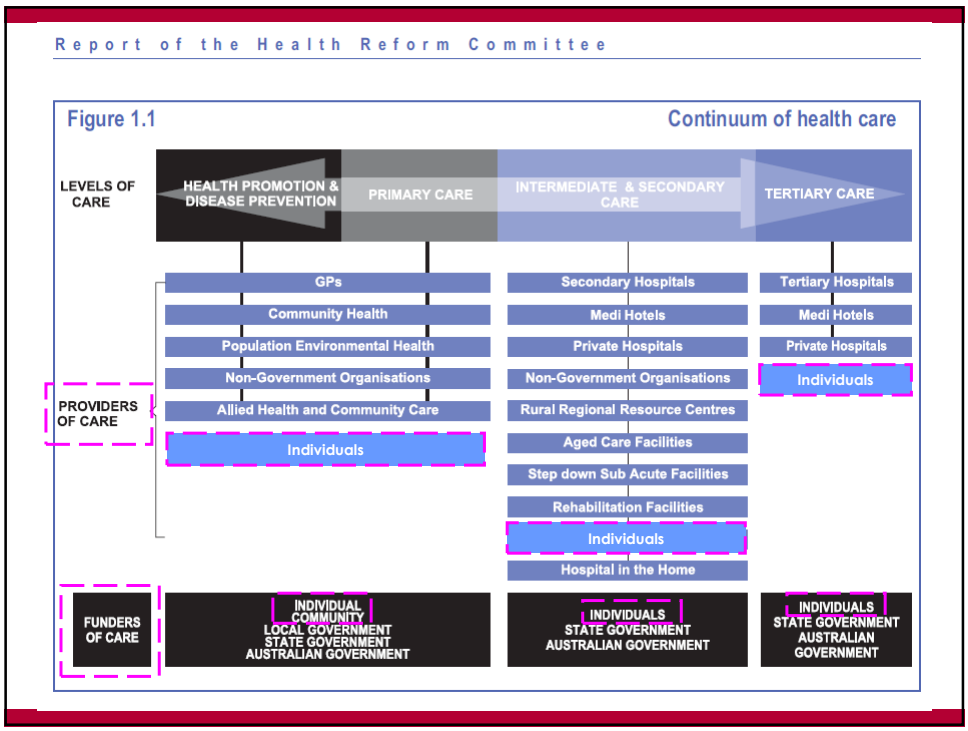


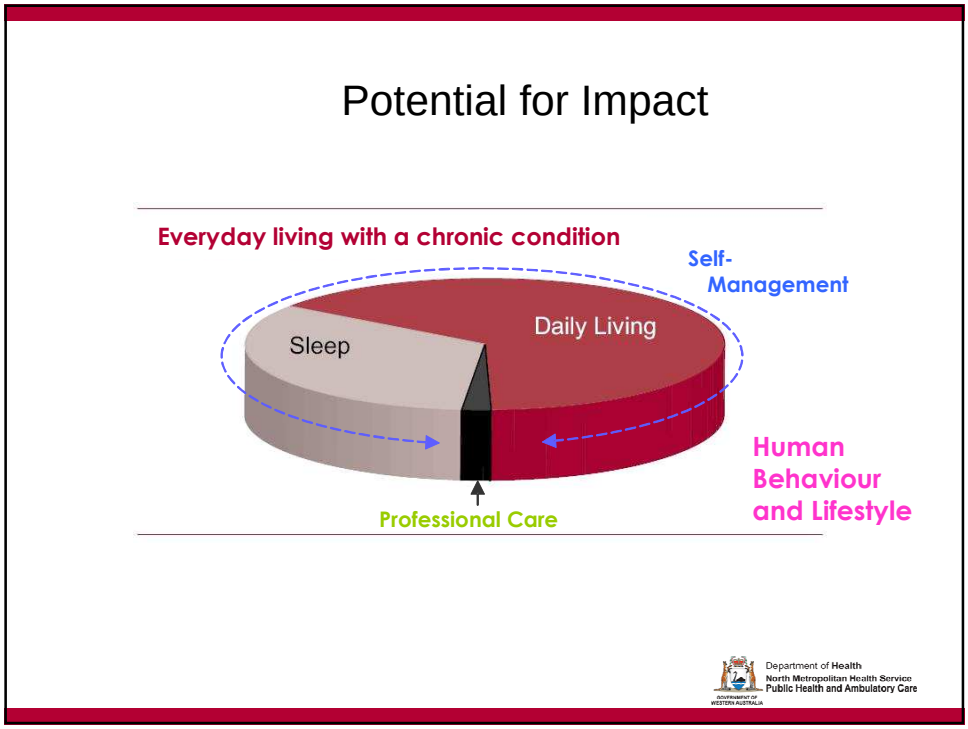
Living well with a chronic condition

Department of Health
North Metropolitan Health Service
Public Health and Ambulatory Care


Living with a chronic condition
Who is the Health Provider
Every minute of every day...
Sleep
Daily Living
Expert Care
Department of Health
North Metropolitan Health Service
Public Health and Ambulatory Care


Report of the Health Reform Committee
Figure 1.1
Continuum of health care
LEVELS OF CARE
HEALTH PROMOTION & DISEASE PREVENTION
PRIMARY CARE
INTERMEDIATE & SECONDARY CARE
TERTIARY CARE
PROVIDERS OF CARE
GPs
Community Health
Population Environmental Health
Non-Government Organisations
Allied Health and Community Care
Secondary Hospitals
Medi Hotels
Private Hospitals
Non-Government Organisations
Rural Regional Resource Centres
Aged Care Facilities
Step down Sub Acute Facilities
Rehabilitation Facilities
Hospices
Hospital in the Home
Tertiary Hospitals
Medi Hotels
Private Hospitals
FUNDERS OF CARE
INDIVIDUAL
COMMUNITY
LOCAL GOVERNMENT
STATE GOVERNMENT
AUSTRALIAN GOVERNMENT
INDIVIDUALS
STATE GOVERNMENT
AUSTRALIAN GOVERNMENT
INDIVIDUALS
STATE GOVERNMENT
AUSTRALIAN GOVERNMENT


Report of the Health Reform Committee
Figure 1.1
Continuum of health care
LEVELS OF CARE
HEALTH PROMOTION & DISEASE PREVENTION
PRIMARY CARE
INTERMEDIATE & SECONDARY CARE
TERTIARY CARE
PROVIDERS OF CARE
GPs
Community Health
Population Environmental Health
Non-Government Organisations
Allied Health and Community Care
Individuals
Secondary Hospitals
Medi Hotels
Private Hospitals
Non-Government Organisations
Rural Regional Resource Centres
Aged Care Facilities
Step down Sub Acute Facilities
Rehabilitation Facilities
Individuals
Hospital in the Home
Tertiary Hospitals
Medi Hotels
Private Hospitals
Individuals
FUNDERS OF CARE
INDIVIDUAL
COMMUNITY
LOCAL GOVERNMENT
STATE GOVERNMENT
AUSTRALIAN GOVERNMENT
INDIVIDUALS
STATE GOVERNMENT
AUSTRALIAN GOVERNMENT
INDIVIDUALS
STATE GOVERNMENT
AUSTRALIAN GOVERNMENT


Potential for Impact
Everyday living with a chronic condition
Self-Management
Sleep
Daily Living
Professional Care
Human Behaviour and Lifestyle
Department of Health
North Metropolitan Health Service
Public Health and Ambulatory Care

What is the consumer's health AGENDA?

- PROBLEM
- Patient's agenda
- Understanding
- Feelings
- Fears
- Expectations
- Diagnosis

... Keeping healthy at home and in the community…

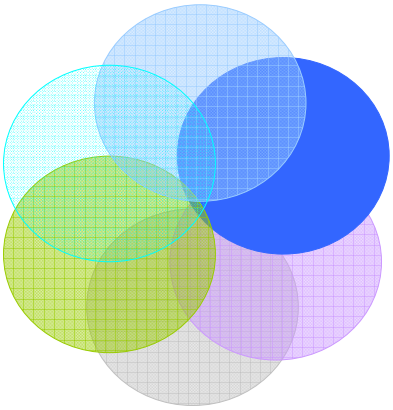
= *Quality of Life*

Department of Health
North Metropolitan Health Service
Public Health and Ambulatory Care

People living with chronic conditions are health providers in their own right.

Each has their own individual agendas/ needs/ culture which influence their decisions about their health.

Department of Health
North Metropolitan Health Service
Public Health and Ambulatory Care



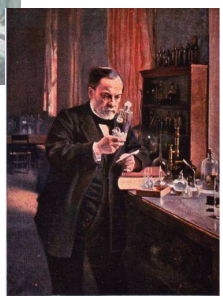
the **Health System** context for delivering chronic care

Department of Health
North Metropolitan Health Service
Public Health and Ambulatory Care

Health System Reforms

1800's

Improvements in Public Health



1842	Anaesthesia
1867	Antiseptic Surgery
1876	Bacteria
1892	Diphtheria antitoxin
1895	X-rays
1898	Viruses
1896	Radiation
1899	Aspirin
1872	Chloroform used in surgery in WA

Department of Health
North Metropolitan Health Service
Public Health and Ambulatory Care

Department of Health
North Metropolitan Health Service
Public Health and Ambulatory Care

Health System Reforms

1800's

Improvements in Public Health

1900's

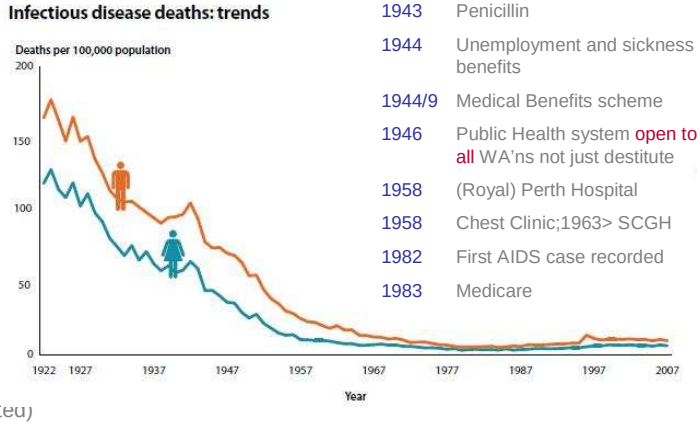
Infectious Diseases: Many became preventable and cures found

Department of Health
North Metropolitan Health Service
Public Health and Ambulatory Care

1900's

VACCINES developed for:

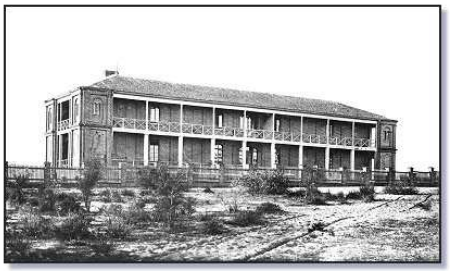
- Diphtheria
- Whooping cough
- Tuberculosis
- Tetanus
- Yellow fever
- Typhus
- Influenza
- Polio
- Rubella
- Measles
- Chicken pox
- Mumps
- Pneumonia
- Hepatitis A and B
- Meningitis
- (Smallpox eradicated)
- (Leukemia-fighting drug)



1899	Women vote
1914	World War I
1929	The Great Depression
1939	World War II
1943	Penicillin
1944	Unemployment and sickness benefits
1944/9	Medical Benefits scheme
1946	Public Health system open to all WA'ns not just destitute
1958	(Royal) Perth Hospital
1958	Chest Clinic;1963> SCGH
1982	First AIDS case recorded
1983	Medicare

Department of Health
North Metropolitan Health Service
Public Health and Ambulatory Care

Historic foundations



1855 : Convict built Colonial Hospital, later renamed the Perth Public Hospital, the Perth Hospital and, in 1946, the Royal Perth Hospital.

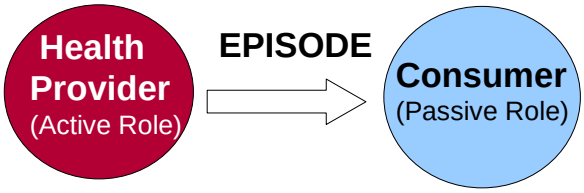
Royal Perth Hospital Opening 1948

Department of Health
North Metropolitan Health Service
Public Health and Ambulatory Care

'CURE'

Reactive, Episodic, Didactic

- Instructions, medications, treatments

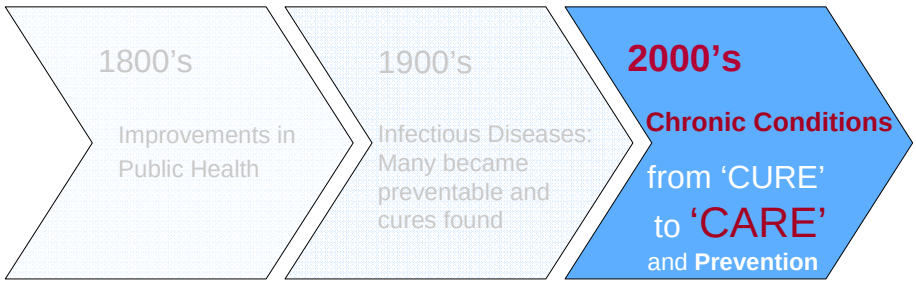


'The Consultation'

or Partnership approach

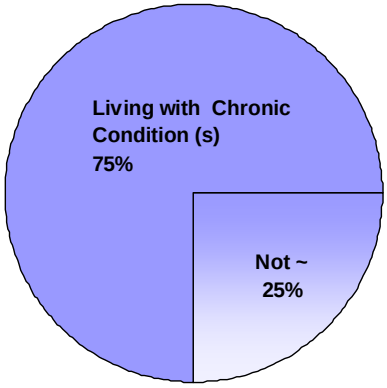
Department of Health
North Metropolitan Health Service
Public Health and Ambulatory Care

Health System Reforms



Department of Health
North Metropolitan Health Service
Public Health and Ambulatory Care

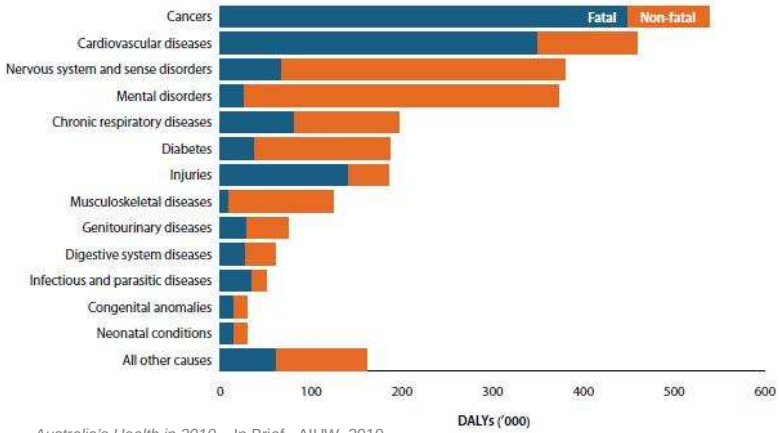
AUSTRALIANS WITH CHRONIC CONDITION(S):
Australian Institute of Health Welfare (AIHW) , 2006



Department of Health
North Metropolitan Health Service
Public Health and Ambulatory Care

Living Longer with a Condition

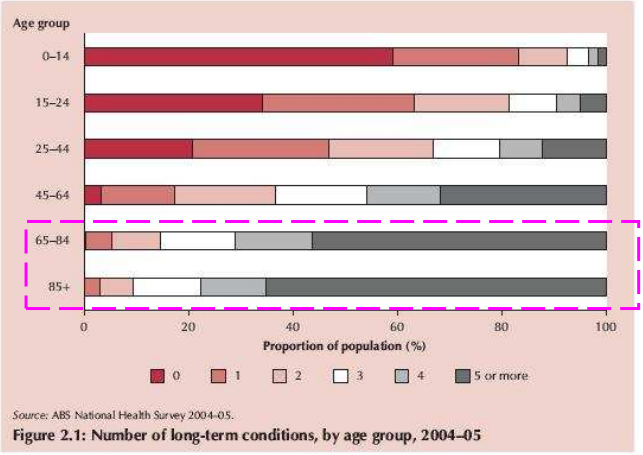
Projected fatal and non-fatal burden of major disease groups, 2010



Australia's Health in 2010 – In Brief , AIHW, 2010

Department of Health
North Metropolitan Health Service
Public Health and Ambulatory Care

High Co-morbidity of Chronic Conditions



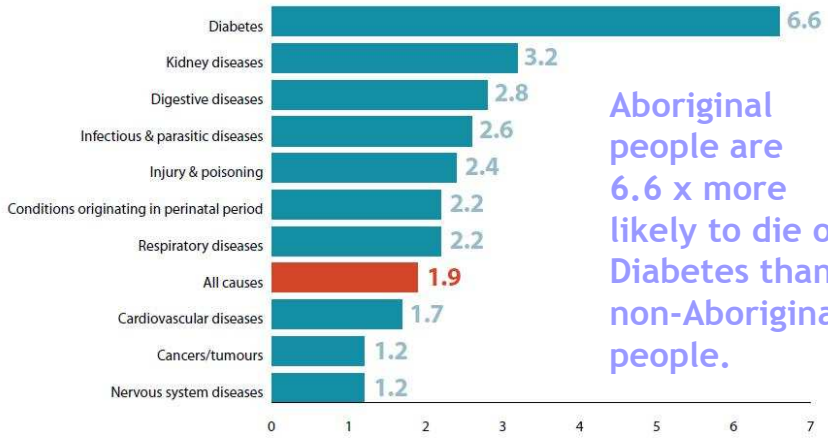
Source: ABS National Health Survey 2004-05.

Figure 2.1: Number of long-term conditions, by age group, 2004–05

Department of Health
North Metropolitan Health Service
Public Health and Ambulatory Care

Inequity in Health Status

Death rates: ratio of Indigenous to non-Indigenous



Aboriginal people are 6.6 x more likely to die of Diabetes than non-Aboriginal people.

Australia's Health in 2010 – In Brief , AIHW, 2010

Department of Health
North Metropolitan Health Service
Public Health and Ambulatory Care

CHRONIC CONDITIONS and link to Preventable Risk Factors

Table: Relationships between selected chronic diseases and determinants

Chronic conditions	Determinants						
	Tobacco	Physical inactivity	Alcohol misuse	Nutrition	Obesity	Hypertension	Dislipidemia
Ischaemic heart disease	✓	✓	✓	✓	✓	✓	✓
Stroke	✓	✓	✓	✓	✓	✓	✓
Type 2 diabetes		✓	✓	✓	✓	✓	
Arthritis	✓	✓			✓		
Osteoporosis	✓	✓	✓	✓			
Lung cancer	✓						
Colorectal cancer		✓	✓	✓	✓		
COPD	✓						
Asthma	✓						
Depression		✓	✓		✓		
Oral health	✓		✓	✓			

Source: Australian Institute of Health and Welfare (AIHW) 2002. Chronic diseases and associated risk factors in Australia, 2001.

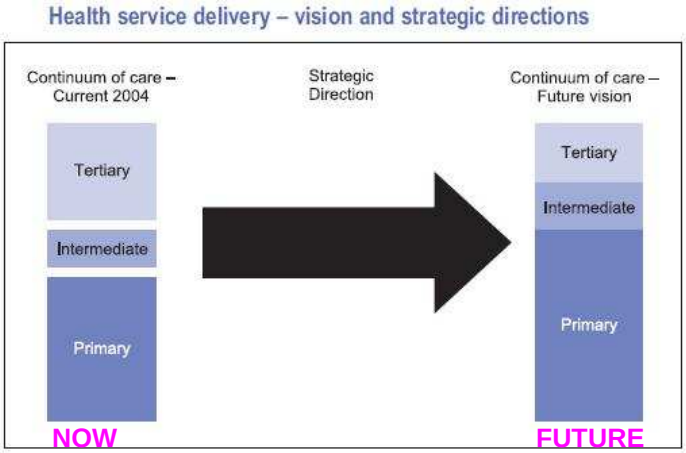
Department of Health
North Metropolitan Health Service
Public Health and Ambulatory Care

Fiona Stanley Hospital

Episodic versus Longitudinal Care

Department of Health
North Metropolitan Health Service
Public Health and Ambulatory Care

Reid Report : A Healthier Future for Western Australians (2004)



Department of Health
North Metropolitan Health Service
Public Health and Ambulatory Care

What is the health system AGENDA?

- PROVISION of HEALTH CARE
- FUNDING, RESOURCES
- REGULATION, REFORM
- WORKFORCE SAFETY, QUALITY
- EQUITY, ACCESS…
- RESEARCH

Healthier, longer, better quality of life for all

The Mission:

- Improving, promoting, protecting
- Caring for those who need it most
- Making the best use of funds and resources

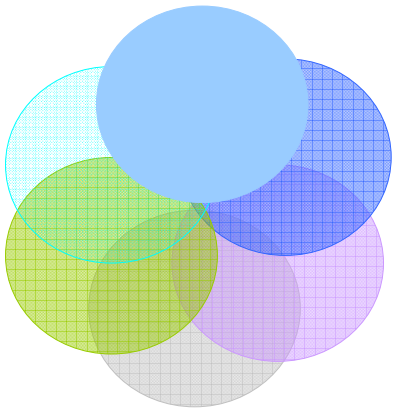
= Managing limited resources

Department of Health
North Metropolitan Health Service
Public Health and Ambulatory Care

- From systems of episodic 'cure'
- To coordinated, multidisciplinary services of ongoing 'care'
- In partnership with consumers.

Department of Health
North Metropolitan Health Service
Public Health and Ambulatory Care

the **Policy** context for delivering chronic care



Department of Health
North Metropolitan Health Service
Public Health and Ambulatory Care

- Evidence shows embedding Chronic Condition Self-Management requires *more than* just education of health providers and consumers alone.
- A multi-level, multi-component, system-wide approach, across the continuum of care is required.

Department of Health
North Metropolitan Health Service
Public Health and Ambulatory Care

CONTEXT **LEVEL**

- Chronic **Care** Models
- Chronic **Care** Pyramid
- Balance of **Care**
  Professional Care vs. Self Management

INTERNATIONAL

- National Chronic Disease Strategy

NATIONAL

- WA Health Models of **Care**
- WA CC/CCSM Frameworks++
- Health Services (NMHS)

STATE / AHS

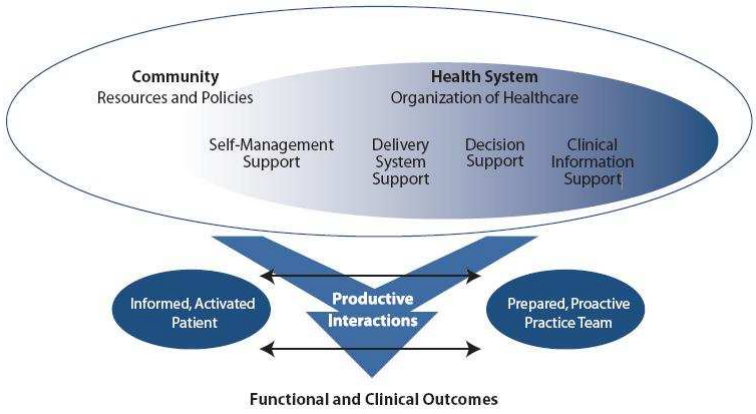
- NGOs, Local Governments…
- Communities

COMMUNITY

Department of Health
North Metropolitan Health Service
Public Health and Ambulatory Care

The Chronic Care Model (CCI

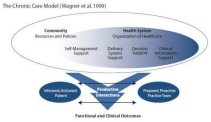
The Chronic Care Model (Wagner et al. 1999)



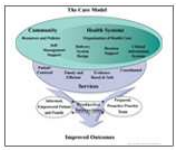
Department of Health
North Metropolitan Health Service
Public Health and Ambulatory Care

CCM around the World

Original WAGNER



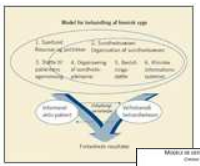
USA



CANADA

HOLLAND

GERMANY



DENMARK

FINLAND

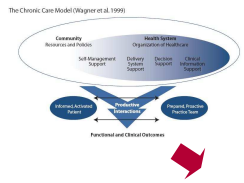
RUSSIA

QUEBEC

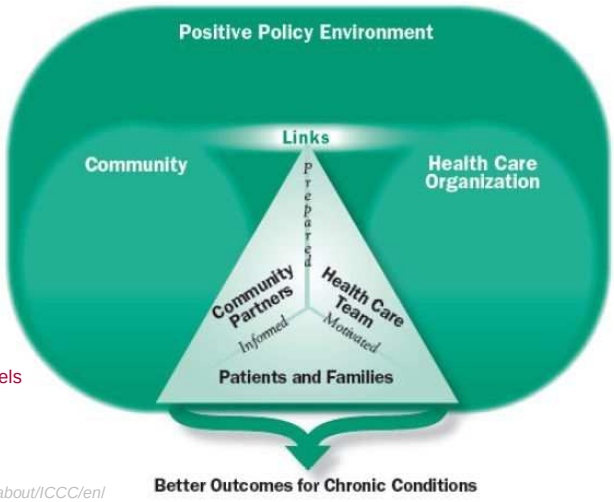
Washington USA

Department of Health
North Metropolitan Health Service
Public Health and Ambulatory Care

ICCCF



INNOVATIVE CARE FOR
CHRONIC CONDITIONS FRAMEWORK (ICCCF),
World Health Organisation (WHO) 2002



ICCCF is basis for WA Health Models of Care

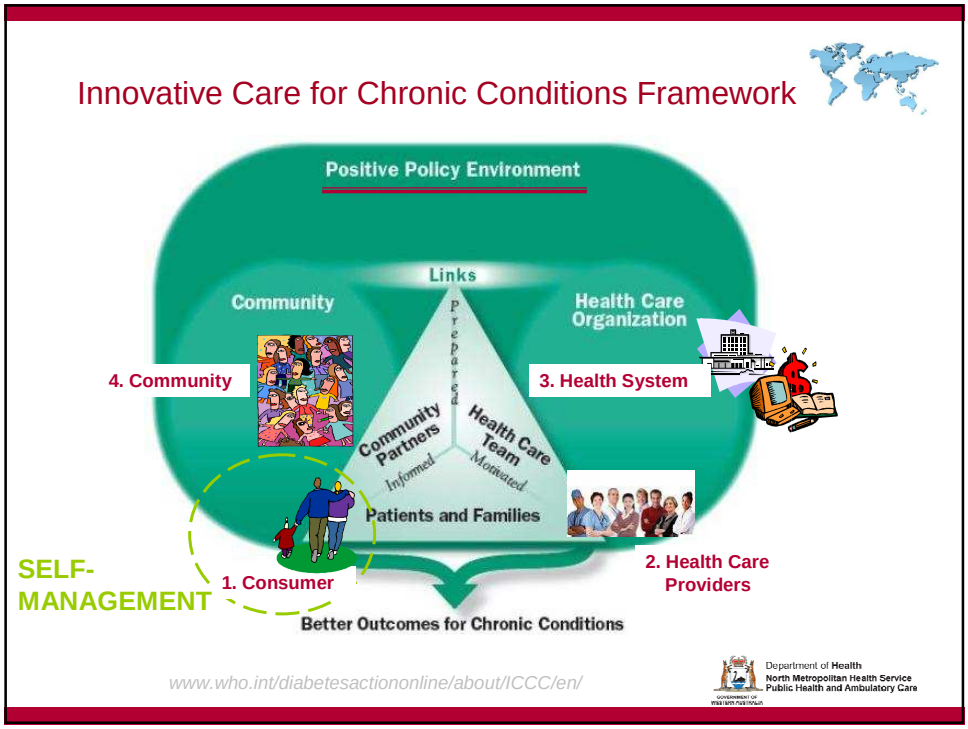
Source:www.who.int/diabetesactiononline/about/ICCC/en/

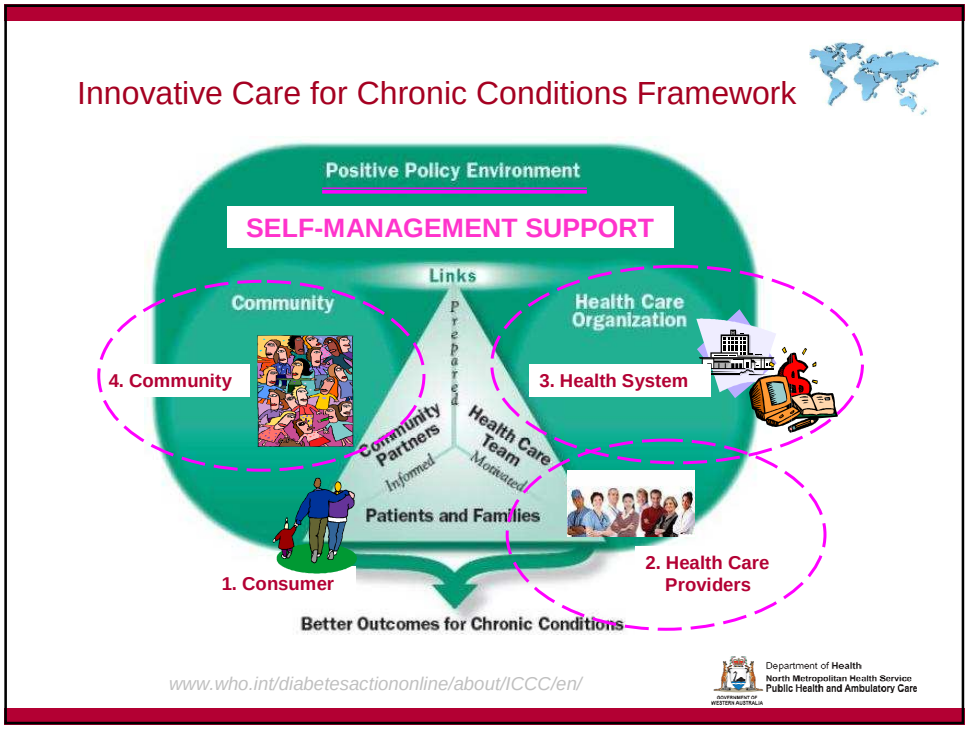
Definitions

Self-management is 'the active participation by people in their own health care'.

Self-management support is what health providers, organisations and the community does to assist people living with chronic conditions to better 'self manage'.

Department of Health
North Metropolitan Health Service
Public Health and Ambulatory Care


Innovative Care for Chronic Conditions Framework
Positive Policy Environment
Links
Community
Health Care Organization
4. Community
3. Health System
Prepared
Community Partners
Informed
Health Care Team
Motivated
Patients and Families
SELF-MANAGEMENT
1. Consumer
2. Health Care Providers
Better Outcomes for Chronic Conditions
www.who.int/diabetesactiononline/about/ICCC/en/
Department of Health
North Metropolitan Health Service
Public Health and Ambulatory Care


Innovative Care for Chronic Conditions Framework
Positive Policy Environment
SELF-MANAGEMENT SUPPORT
Links
Community
Health Care Organization
4. Community
3. Health System
Prepared
Community Partners
Informed
Health Care Team
Motivated
Patients and Families
1. Consumer
2. Health Care Providers
Better Outcomes for Chronic Conditions
www.who.int/diabetesactiononline/about/ICCC/en/
Department of Health
North Metropolitan Health Service
Public Health and Ambulatory Care

Definitions Continued

The **self-management approach** emphasises the consumer's central role in managing their health anywhere along the care continuum;

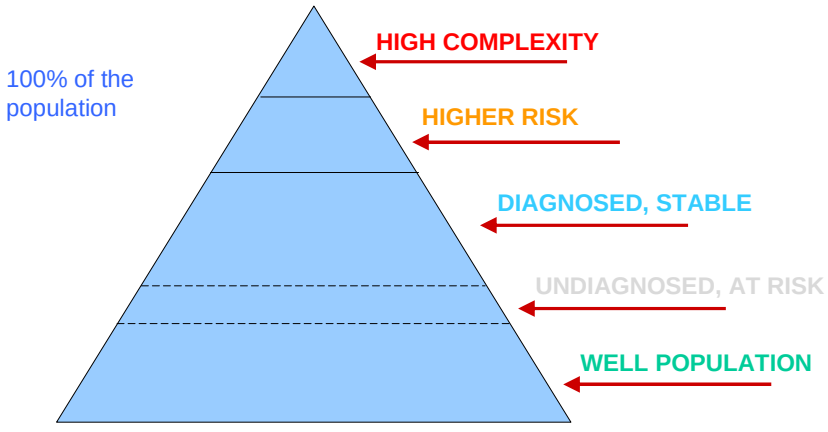
Self-management programs and services offer consumers the knowledge, skills and resources to help them better manage their health.

Self-management is 'the active participation by people in their own health care'.

Self-management support is what health providers, organisations and the community does to assist people living with chronic conditions to better 'self manage'.

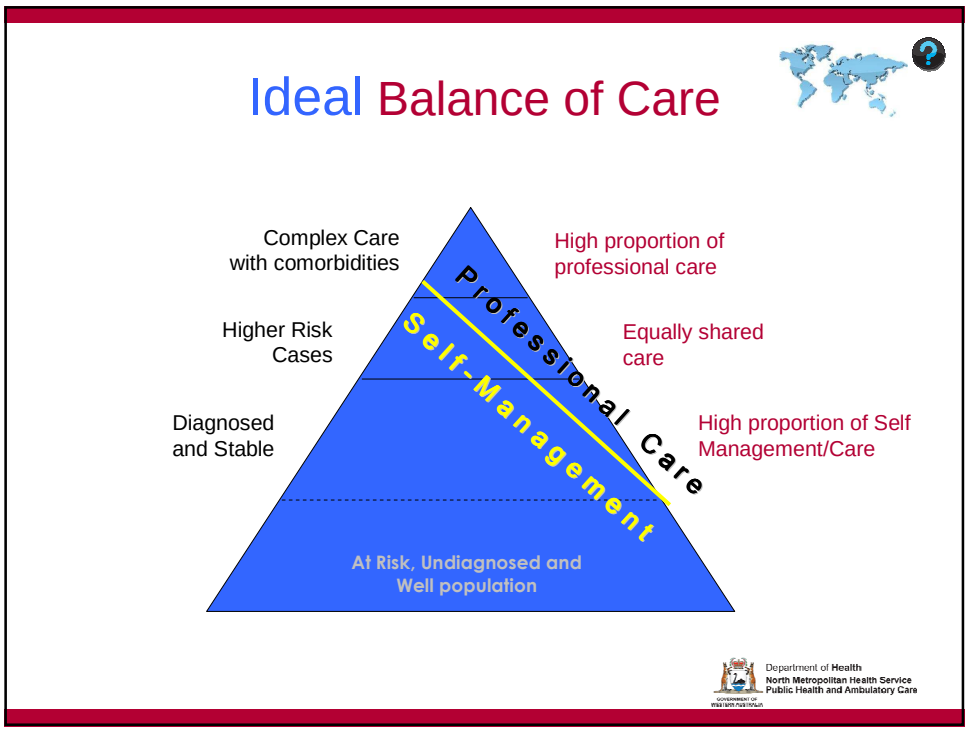
Department of Health
North Metropolitan Health Service
Public Health and Ambulatory Care

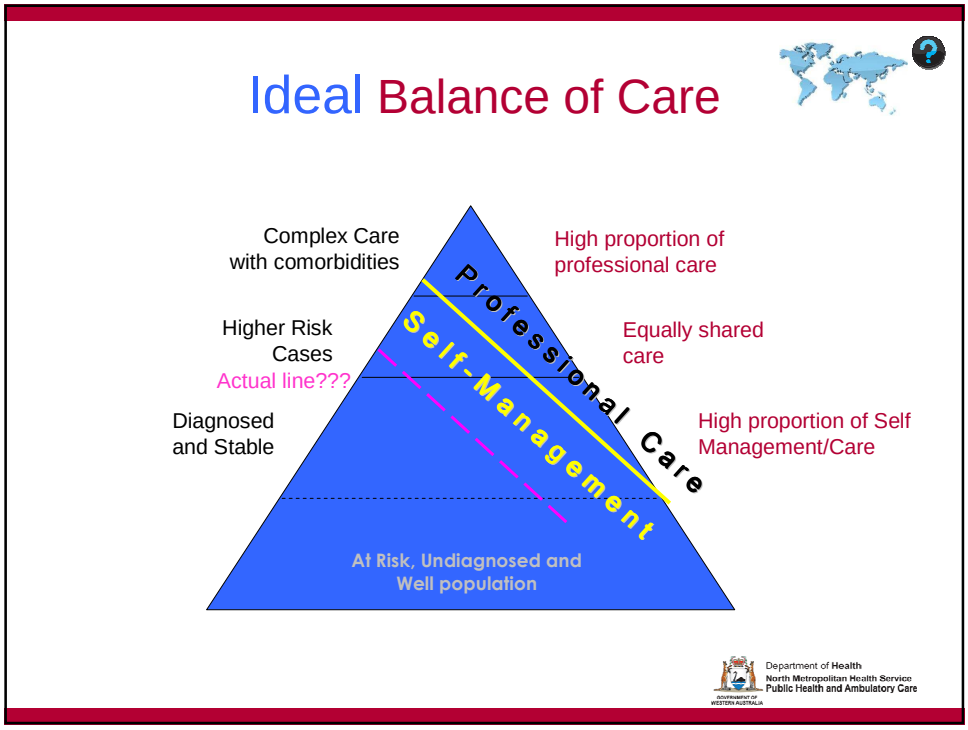
Chronic Condition Pyramid



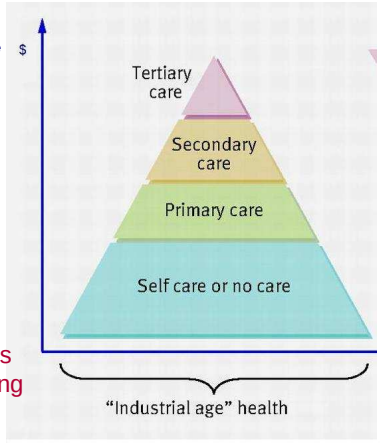
Based on: UK Department of Health (2005) Improving chronic disease management [Kaiser Permanente Care Management Institute, California, USA]

Department of Health
North Metropolitan Health Service
Public Health and Ambulatory Care


Ideal Balance of Care
Complex Care with comorbidities
Higher Risk Cases
Diagnosed and Stable
High proportion of professional care
Equally shared care
High proportion of Self Management/Care
Professional Care
Self-Management
At Risk, Undiagnosed and Well population
Department of Health
North Metropolitan Health Service
Public Health and Ambulatory Care


Ideal Balance of Care
Complex Care with comorbidities
Higher Risk Cases
Actual line???
Diagnosed and Stable
High proportion of professional care
Equally shared care
High proportion of Self Management/Care
Professional Care
Self-Management
At Risk, Undiagnosed and Well population
Department of Health
North Metropolitan Health Service
Public Health and Ambulatory Care

Paradigm Shift required

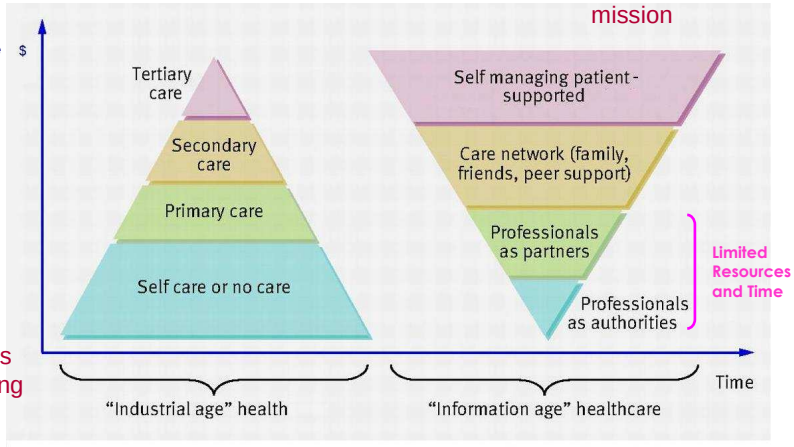


Reference: Adoption, non-adoption, and abandonment of a personal electronic health record: case study of HealthSpace. BMJ 2010; 341:c5814
*Figure adapted from Ferguson T. Consumer health informatics. Healthcare Forum J 1995;Jan-Feb:28-33. Adapted by NMHS CCSM 2013.

Department of Health
North Metropolitan Health Service
Public Health and Ambulatory Care

Paradigm Shift required

2000's mission



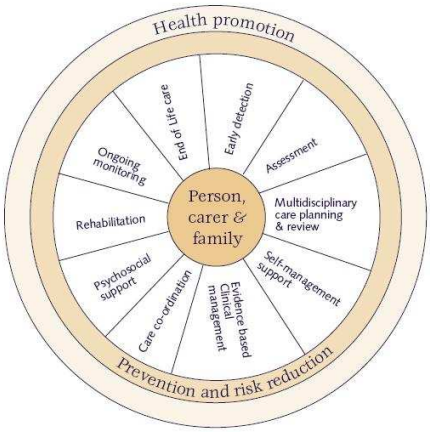
Reference: Adoption, non-adoption, and abandonment of a personal electronic health record: case study of HealthSpace. BMJ 2010; 341:c5814
*Figure adapted from Ferguson T. Consumer health informatics. Healthcare Forum J 1995;Jan-Feb:28-33. Adapted by NMHS CCSM 2013.

Department of Health
North Metropolitan Health Service
Public Health and Ambulatory Care

CONTEXT	LEVEL
▪ Chronic **Care** Models ▪ Chronic **Care** Pyramid ▪ Balance of **Care** Professional Care vs. Self Management	 INTERNATIONAL
▪ National Chronic Disease Strategy	 NATIONAL
▪ WA Health Models of **Care** ▪ WA CC/CCSM Frameworks++ ▪ Area Health Services (NMHS)	  STATE / AHS
▪ NGOs, Local Governments… ▪ Communities	 COMMUNITY

Department of Health
North Metropolitan Health Service
Public Health and Ambulatory Care

National Chronic Disease Strategy

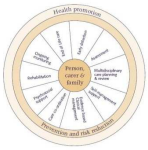


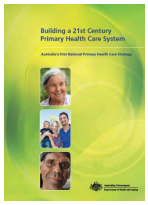
ACTION AREAS:

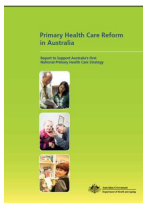
1. Prevention across the continuum
2. Early detection and treatment
3. Integration and continuity of prevention and care
4. Self Management

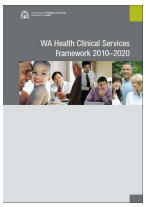
Department of Health
North Metropolitan Health Service
Public Health and Ambulatory Care

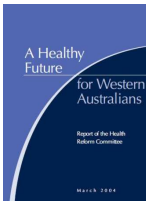
Strategic Documents …

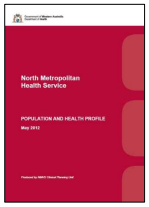


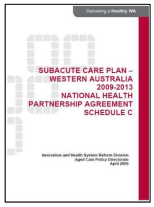


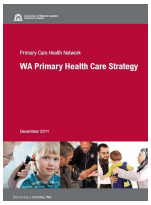


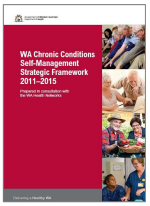


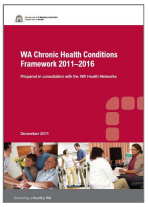


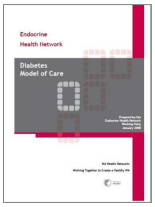


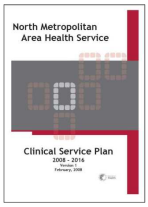










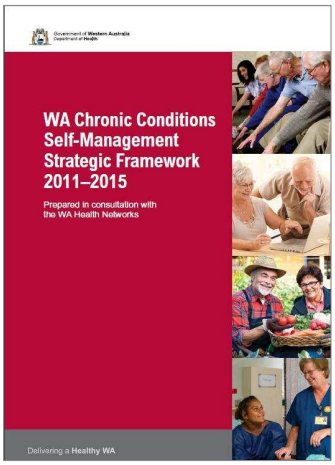


Evidence shows ….

a multi-level, multi-component, system-wide approach, across the continuum of care is required.

Department of Health
North Metropolitan Health Service
Public Health and Ambulatory Care
GOVERNMENT OF WESTERN AUSTRALIA

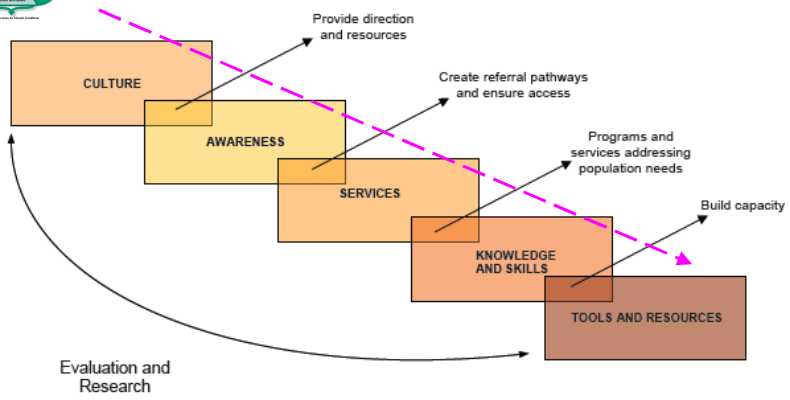
WA Chronic Conditions Self-Management (CCSM) Strategic Framework 2011-2015



Department of Health
North Metropolitan Health Service
Public Health and Ambulatory Care

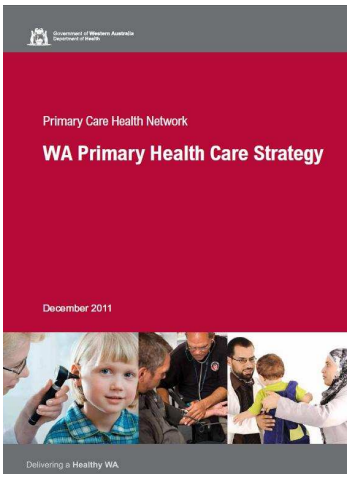
WA Chronic Conditions Self-Management Strategic Framework 2011-2015

Multi-level, multi-component, system-wide, across the care continuum approach

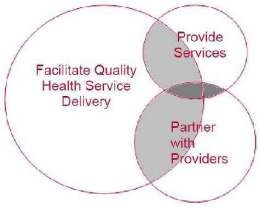


Department of Health
North Metropolitan Health Service
Public Health and Ambulatory Care

WA Primary Health Care Strategy

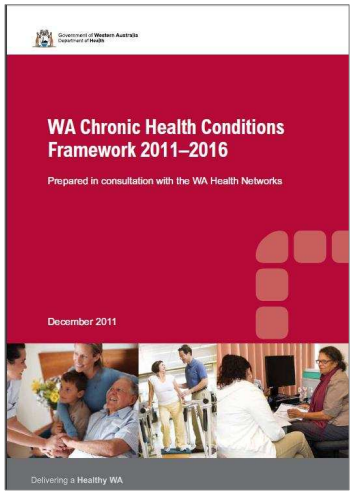


Principle 1: Partnership
Principle 2: Health literacy and Self-Management
Principle 3: System design
Principle 4: Awareness
Principle 5: Social determinants of health
Principle 6: Implementation through consultation & engagement



Department of Health
North Metropolitan Health Service
Public Health and Ambulatory Care

WA Chronic Health Conditions Framework 2011-2016



Guiding Principles:

Principle 1: Integration and service coordination

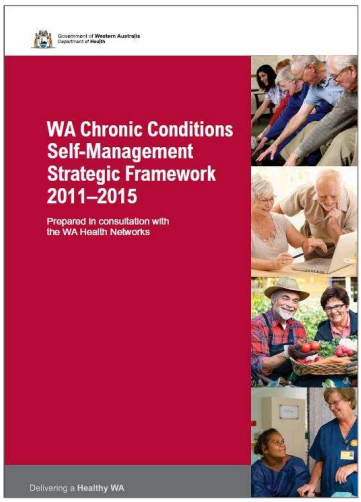
Principle 2: Interdisciplinary care planning and case management

Principle 3: Evidence-based and consumer-centred care

Principle 4: Health literacy and Self-Management for chronic health conditions

Department of Health
North Metropolitan Health Service
Public Health and Ambulatory Care

WA Chronic Conditions Self-Management Strategic Framework 2011-2015

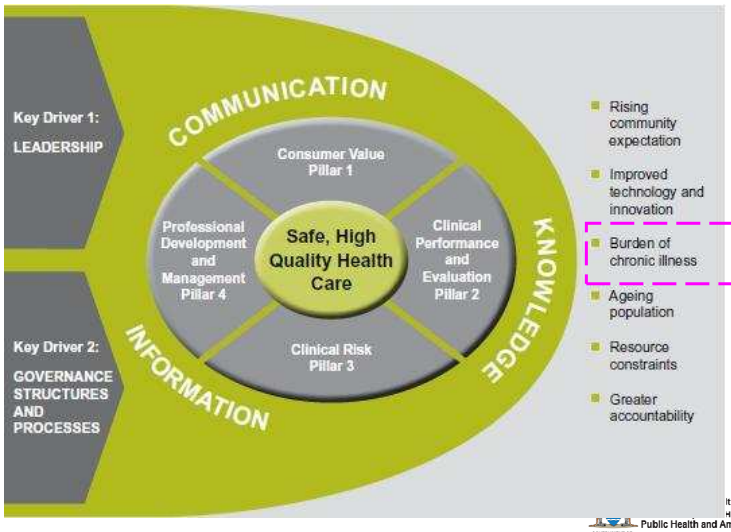


CCSM PRINCIPLES :

- Holistic practice
- Person-centred approach
- Partnership with HP
- Participation by client, carers
- Shared responsibility 4 outcomes
- Client empowerment and enhanced capacity
- Co-ordination of care
- Quality Information
- An ongoing, lifelong approach to health and self care.

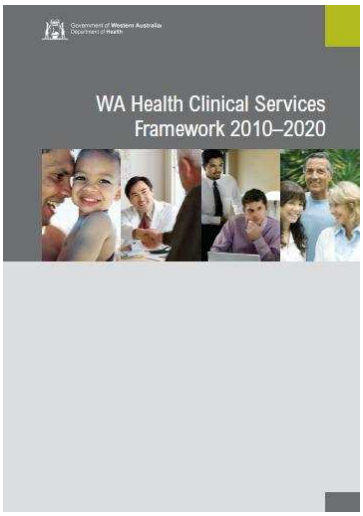
Department of Health
North Metropolitan Health Service
Public Health and Ambulatory Care

WA Strategic Framework for Safety and Quality in Health Care 2008 -2013



Public Health and Ambulatory Care

WA Health Clinical Services



Focus areas include:

- Safety and Quality
  - Client-centred approach
- Address / Redistribute Demand
  - Inpatient
  - Outpatient
  - Emergency Department
- Clinical Services Redesign
- Transitional & Referral pathways
- FINE / OPI
- Sub-acute care services
- Ambulatory care services
- Activity based measures etc

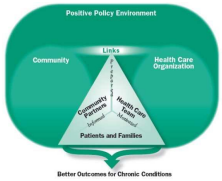
Department of Health
North Metropolitan Health Service
Public Health and Ambulatory Care

WA Health Models of Care

Key Focus Areas:

1. Prevention & Promotion
2. Early Detection & Intervention
3. Integration & Continuity of Care
4. Self-Management

Based on ICCCF and NATIONAL CHRONIC DISEASE STRATEGY GUIDELINES



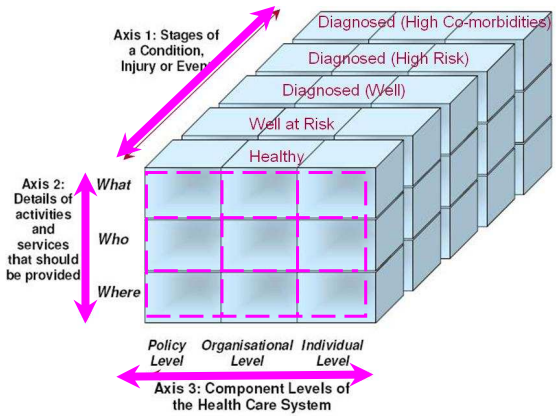
Department of Health
North Metropolitan Health Service
Public Health and Ambulatory Care

WA Health Models of Care

- Abdominal Aortic Aneurysm (PDF 882KB)
- Acute Coronary Syndromes (PDF 786KB)
- Asthma (PDF 2.8MB)
- Burn Injury (PDF 700KB)
- Cancer (PDF 494KB)
  - Breast Cancer (PDF 317KB)
  - Colorectal Cancer (PDF 236KB)
  - Gynaecologic (PDF 533KB)
  - Haematology (PDF 324KB)
  - Head and neck (PDF 260KB)
  - Integrated Primary Care and Cancer Services (PDF 422KB)
  - Neuro-Oncology (PDF 449KB)
  - Psycho-Oncology (PDF 2.41MB)
  - Thoracic (PDF 552KB)
  - Thyroid Cancer (PDF 922KB)
  - Upper Gastro-intestinal cancer (PDF 288KB)
- Chronic Conditions Self-Management Strategic Framework (PDF 1.05MB)
- Chronic Health Conditions Framework (PDF 1.43MB)
- Chronic Kidney Disease (PDF 1MB)
- Chronic Lung Conditions Model of Care (PDF 800KB)
- Chronic Obstructive Pulmonary Disease (PDF 1.37MB)
- Coeliac Disease (PDF 337KB)
- Colonoscopy Services Model of Care (PDF 229KB)
- Cystic Fibrosis (PDF 548KB)
- Diabetes (PDF 585KB)
  - Type 2 Diabetes in Children and Adolescents Model of Care and Clinical Practice Guideline for WA (PDF 1.23MB)
- Elective Joint Replacement Service Model of Care (PDF 1.29MB)
- Epilepsy (PDF 1.11MB)
- Falls (PDF 304KB)
- Fetal Alcohol Spectrum Disorder Model of Care (PDF 1.06MB)
- Familial Hypercholesterolaemia (PDF 645KB)
- Framework for the Care of Neonates (PDF 499KB)
- Framework for WA Non-major Trauma (PDF 250KB)
- Framework for the Treatment of Nicotine Addiction (PDF 303KB)
- Heart Failure (PDF 534KB)
- Hepatitis C (PDF 436KB)
- High Risk Foot (PDF 1.57MB)
- HIV (PDF 491KB)
- Home Enteral Nutrition (PDF 375KB)
- Inflammatory Arthritis (PDF 793KB)
- Improving maternity services framework (PDF 1.27MB)
- Morbid Obesity (PDF 440KB)
- Motor Neurone Disease (PDF 306KB)
- Older Person (PDF 488KB)
  - Amputee Services and Rehabilitation (PDF 511KB)
  - Delirium (PDF 737KB)
  - Dementia (PDF 1.24MB)
  - Geriatric Evaluation and Management (PDF 532KB)
  - Orthogeriatric (PDF 199KB)
  - Parkinson's Disease (PDF 647KB)
  - Rehabilitation and Restorative Care (PDF 523KB)
- Osteoporosis (PDF 1.59MB)
- Otitis Media Model of Care (PDF 490KB)
- Paediatric Chronic Diseases Transition Framework (PDF 400KB)
- Palliative Care (PDF 533KB)
  - Paediatric and Adolescent Palliative Care Model of Care (PDF 394KB)
  - Rural Palliative Care (PDF 413KB)
- Pathway for Renal Palliative Care Services in Western Australia (PDF)
- Sexually Transmitted Infections (PDF 429KB)
- Sleep Disorders Model of Care (PDF 669KB)
- Spinal Pain (PDF 500KB)
- Stroke (PDF 1.47MB)
- WA Child and Youth Health Framework (PDF 1.09MB)
- WA Primary Health Care Strategy (PDF 826KB)

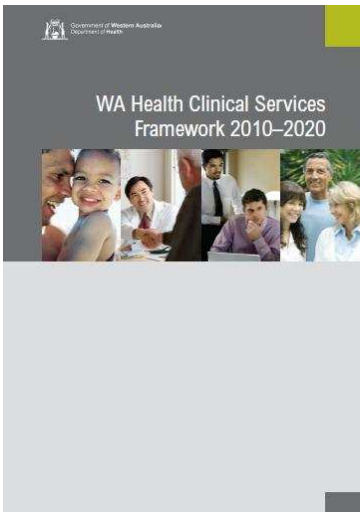
WA Health Models of Care

- ✓ Multi-level
- ✓ Multi-component
- ✓ System-wide
- ✓ Across the continuum



Department of Health
North Metropolitan Health Service
Public Health and Ambulatory Care

WA Health Clinical Services



Focus areas include:

- Safety and Quality
  - Client-centred approach
- Address / Redistribute Demand
  - Inpatient
  - Outpatient
  - Emergency Department
- Clinical Services Redesign
- Transitional & Referral pathways
- FINE / OPI
- Sub-acute care services
- Ambulatory care services
- Activity based measures etc

Department of Health
North Metropolitan Health Service
Public Health and Ambulatory Care

Safety and Quality Accreditation

NSQHS Mandatory Accreditation Standard

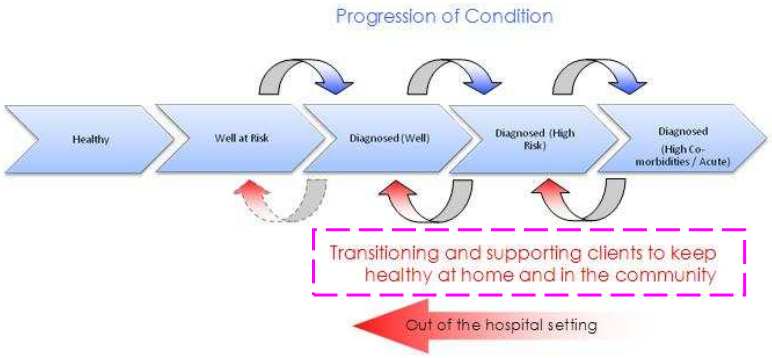
2.6.1 Clinical leaders, senior managers and the workforce access training on

patient-centred care and the **engagement of individuals in their care** [=Self-Management Support).

Department of Health
North Metropolitan Health Service
Public Health and Ambulatory Care

NMHS Public Health & Ambulatory Care

… To provide connected, person-centred health care



Department of Health
North Metropolitan Health Service
Public Health and Ambulatory Care

CONTEXT — LEVEL

- Chronic **Care** Models
- Chronic **Care** Pyramid
- Balance of **Care**
  Professional Care vs. Self Management

INTERNATIONAL

- National Chronic Disease Strategy

NATIONAL

- WA Health Models of **Care**
- WA CC/CCSM Frameworks++
- Area Health Services (NMHS)

STATE / AHS

- NGOs, Local Governments…
- Communities

COMMUNITY

Department of Health
North Metropolitan Health Service
Public Health and Ambulatory Care

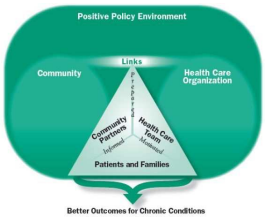
Local Governments, NGOs, Carers, Families and the Community

- Public Health Plans
- Programs & Services
- Peak bodies
- Medicare Locals
- Support Groups
- Promotion/Prevention
- Schools, Centres
- Planning, Parks
- Environment factors
- Resources, Directories
- Media etc

Department of Health
North Metropolitan Health Service
Public Health and Ambulatory Care

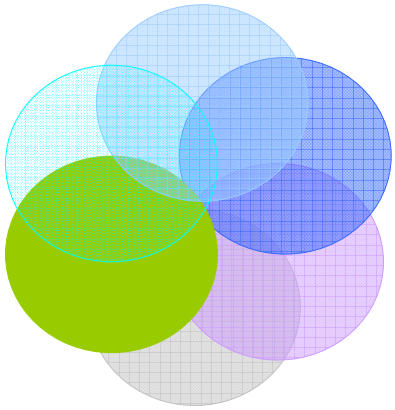
To move from 'cure' model to the 'care model, WA is implementing reforms for:

A multi-level, multi-component, system-wide approach, across the continuum of care



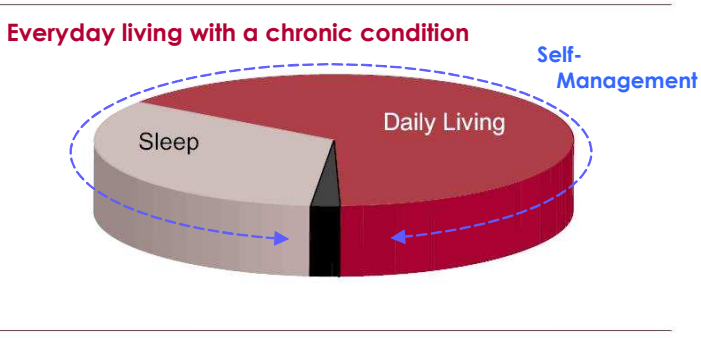
Department of Health
North Metropolitan Health Service
Public Health and Ambulatory Care

An overview of the **skills** **consumers** require to self-manage their conditions



Department of Health
North Metropolitan Health Service
Public Health and Ambulatory Care

Living Well with a chronic condition



Department of Health
North Metropolitan Health Service
Public Health and Ambulatory Care

'Self-Managers'

- ✓ Have knowledge of their condition
- ✓ Follow care plan as agreed with their health providers
- ✓ Actively share in decision-making with health providers
- ✓ Monitor and manage signs and symptoms of their condition
- ✓ Manage the impact of the condition on their physical, emotional and social life
- ✓ Adopt lifestyles that promote health
- ✓ Have confidence to access support services.

Ref: Flinders Health Behaviour and Health Research Unit.

Department of Health
North Metropolitan Health Service
Public Health and Ambulatory Care

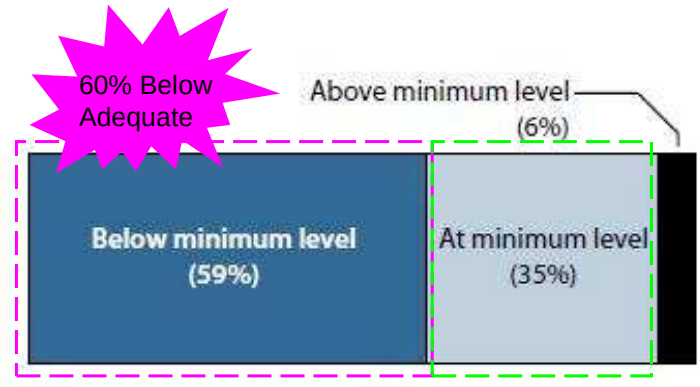
Barriers to active Self-Managing

- Persistent depressive symptoms
- Physical functioning
- Self-efficacy
- Financial constraints
- Patient-clinician communication
- Disease burden
- Medication adherence
- Overwhelmed by 1 condition
- Knowledge about conditions
- Medication knowledge
- Social activity
- Count of diseases (no scale)
- HEALTH LITERACY
- Weight problems
- Difficulty exercising
- Fatigue
- Low family support
- Pain

Barriers to accessing
self-management support resources
Lack of awareness
Physical symptoms
Transportation problems
And cost/lack of insurance coverage

Department of Health
North Metropolitan Health Service
Public Health and Ambulatory Care

HEALTH LITERACY in Australia



Source: Adult Literacy and Life Skills Survey (ALLS), 2006

Department of Health
North Metropolitan Health Service
Public Health and Ambulatory Care

Health Literacy is key

- The ability to ACCESS and USE basic health information and services
- To make INFORMED DECISIONS and
- To MAINTAIN AND ENHANCE their health.

- Understand medication and dosage instructions
- Prepare for meetings with their health providers
- Communicate preferences & partner with their health providers
- Find out health information
- Navigate the health system etc.

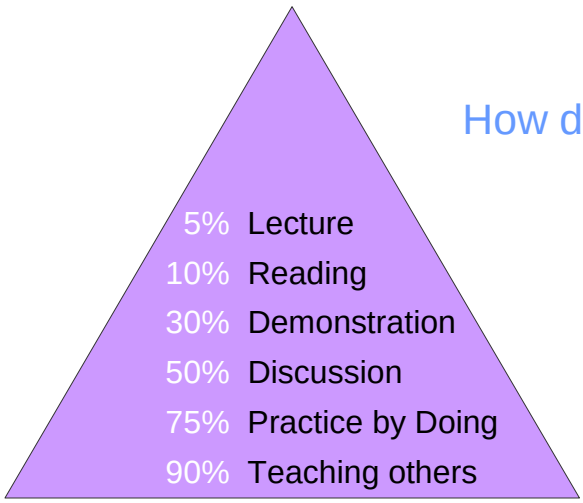
Source: Adult Literacy and Life Skills Survey (ALLS), 2006

Department of Health
North Metropolitan Health Service
Public Health and Ambulatory Care

General Client-Centred Skills

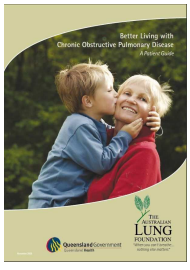
Adult Learning

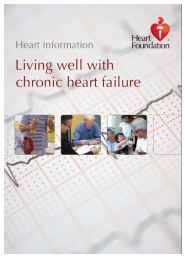
How do we learn?



Department of Health
North Metropolitan Health Service
Public Health and Ambulatory Care

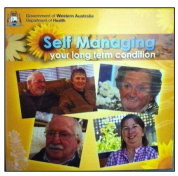
Living Well Program and Resources

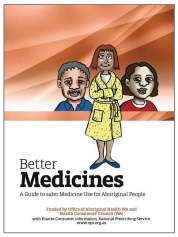




medicare local
PERTH SOUTH COASTAL
Connecting health to meet local needs

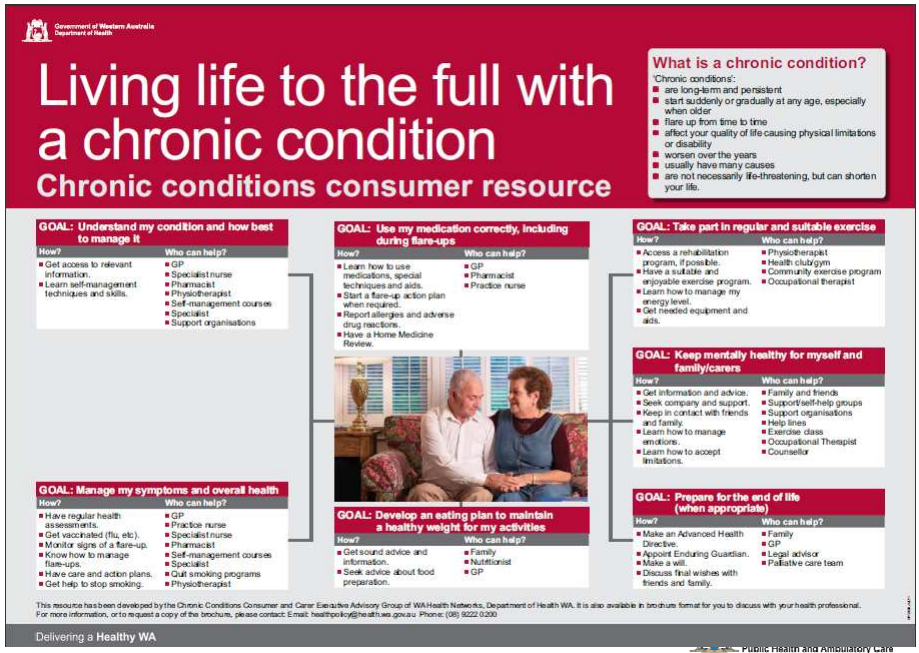
Generic **'Living Well with a Chronic Condition'** programs – FREE. 2 hours over 6 weeks





Self Managing DVD and other resources, Info sheets etc

Department of Health
North Metropolitan Health Service
Public Health and Ambulatory Care



Source: http://www.healthnetworks.health.wa.gov.au/home/Chronic.cfm

What is the consumer's health AGENDA?

- PROBLEM
- Patient's agenda
- Understanding
- Feelings
- Fears
- Expectations
- Diagnosis

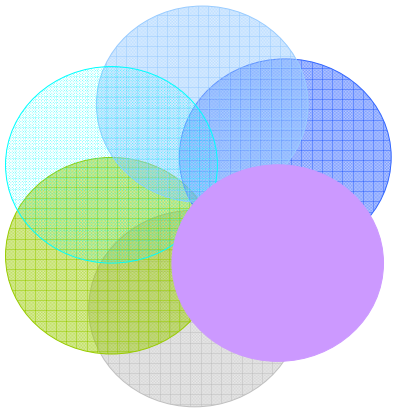
... Keeping healthy at home and in the community…

= *Quality of Life*

Department of Health
North Metropolitan Health Service
Public Health and Ambulatory Care

- Support consumers to build their capacity to self manage* by asking them what they can do
- Support consumers with a range/choice of self-management support approaches
- If time-limited, refer to services that can offer CCSM support
- Health literacy is important

Department of Health
North Metropolitan Health Service
Public Health and Ambulatory Care



an overview of **Health Providers skills** required by to deliver Self-management Support to consumers

Department of Health
North Metropolitan Health Service
Public Health and Ambulatory Care

Principles of Self Management Support

1. Holistic practice
2. Person-centred approach
3. Partnership between the client and health provider
4. Participation of the client, family and carers
5. Shared Responsibility for care outcomes
6. Building Self Confidence & Skills to sustain new behaviours
7. Co-ordination of support
8. Information: Accurate, understandable, timely & appropriate
9. An ongoing, lifelong approach health & self care.

Department of Health
North Metropolitan Health Service
Public Health and Ambulatory Care

Approaches

GOAL: Self-management is 'the active participation by people in their own health care'.

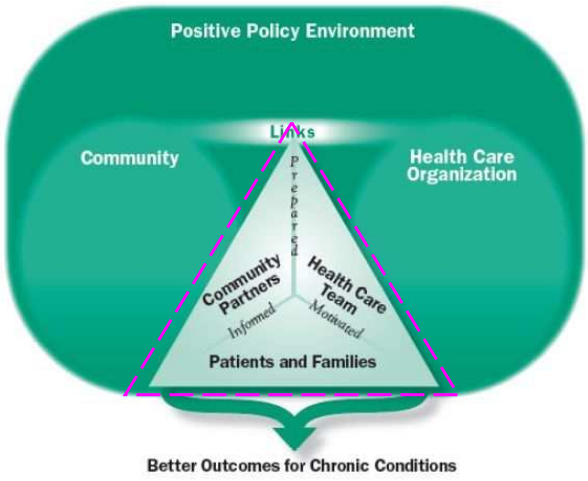
Self-management support is what health providers, organisations and the community does to assist people living with chronic conditions to better 'self manage'.

Self-management programs and services offer consumers the knowledge, skills and resources to help them better manage their health.

The self-management approach emphasises the consumer's central role in managing their health anywhere along the care continuum.

Department of Health
North Metropolitan Health Service
Public Health and Ambulatory Care

A Partnership approach…



- The Consumer/ Patient, Family and Carers

and

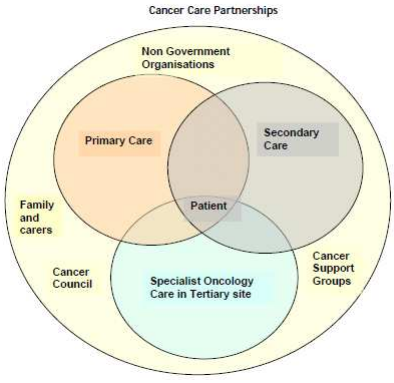
- The Health Care Team

and

- Community Partners

Department of Health
North Metropolitan Health Service
Public Health and Ambulatory Care

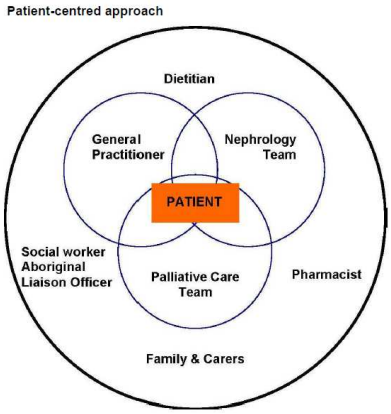
A Partnership approach…
Cancer Model of Care



Are we there yet?

Department of Health
North Metropolitan Health Service
Public Health and Ambulatory Care

A Partnership approach…
CKD Model of Care



Are we there yet?

Department of Health
North Metropolitan Health Service
Public Health and Ambulatory Care

What is the *Traditional* Health Provider AGENDA?

- History
- Examination
- Testing
- Diagnosis
- Treatment
- Discharge

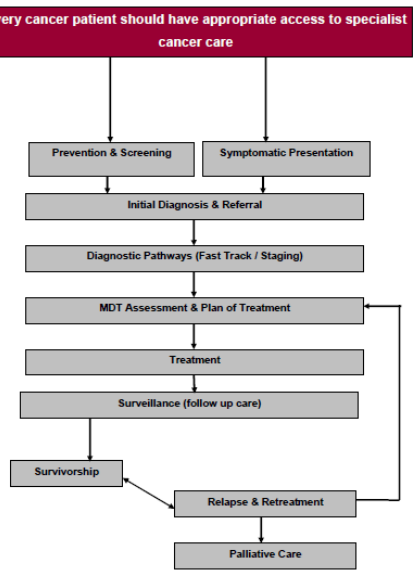
… Delivering evidence-based quality care …

Department of Health
North Metropolitan Health Service
Public Health and Ambulatory Care

Health Provider Agenda

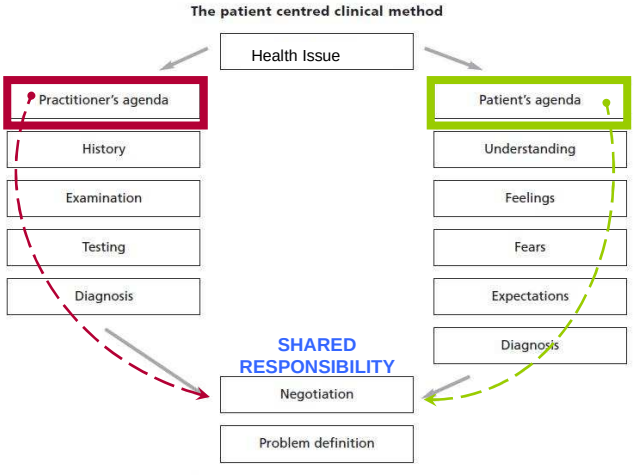
For CANCER

From WA Health Models of Care



Department of Health
North Metropolitan Health Service
Public Health and Ambulatory Care

Reconciling HP and Consumer Agendas



The patient centred model
Source: Levenstein J, et al. A model for the doctor-patient interaction in family medicine. Fam Pract 1986;3:24–30

Partnership approach

Department of Health
North Metropolitan Health Service
Public Health and Ambulatory Care

In additional to clinical skills and knowledge

Self Management Support – HP Core Skills

I. Person-centred skills

II. Behaviour Change skills

III. Organisational / System capabilities

Ref: Capabilities for Supporting Prevention and Chronic Condition Self-Management:Flinders University, South Australia

Department of Health
North Metropolitan Health Service
Public Health and Ambulatory Care

I. General Person-Centred Skills

1. Health promotion approaches
2. Assessment of health risk factors
3. Communication skills, Reflective listening
4. Assessment of self management capacity (strengths and barriers)
5. Care planning
6. Use of peer support
7. Cultural awareness; Ability to understand Health information [Health Literacy]
8. Assessment of coping and support skills [Psychosocial]

Reference: Capabilities for Supporting Prevention and Chronic Condition Self-Management:Flinders University SA

Department of Health
North Metropolitan Health Service
Public Health and Ambulatory Care

Department of Health
North Metropolitan Health Service
Public Health and Ambulatory Care

5 Steps to better health literacy

S peak slowly
T each back
E ncourage questions
P lain language
S how examples

Ref: www.stvincentcharity.com/programs-services/centers-excellence/health-literacy/what-is.aspx

Department of Health
North Metropolitan Health Service
Public Health and Ambulatory Care

II. Behaviour Change Skills

9. Models of health behaviour change
10. Motivational Interviewing (MI) [+ Coaching]
11. Collaborative problem definition
12. Goal setting and goal achievement
13. Structured problem solving
14. Action planning

Reference: Capabilities for Supporting Prevention and Chronic Condition Self-Management:Flinders University SA

Department of Health
North Metropolitan Health Service
Public Health and Ambulatory Care

5 A's

Time-limited BC technique

Assessment: Beliefs, Behaviour, Knowledge

Ask/Advise: Specific Information of Risks + Benefits of Change

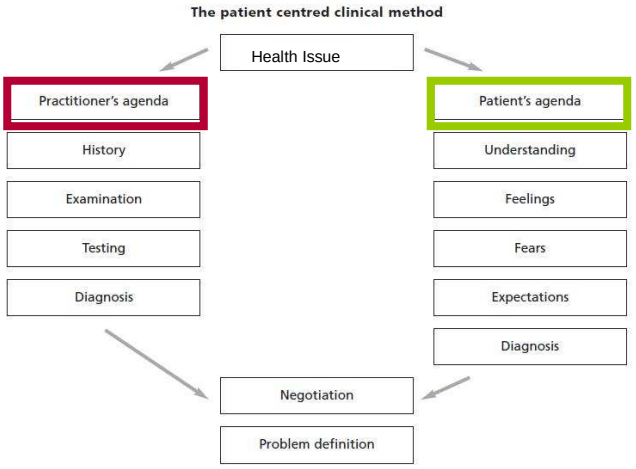
Agreement: Identify Barriers , Problem Solve, Support

Assist: Together set goals, base on confidence level

Arrange: Follow-up, Support

Department of Health
North Metropolitan Health Service
Public Health and Ambulatory Care

Reconciling HP and Consumer Agendas

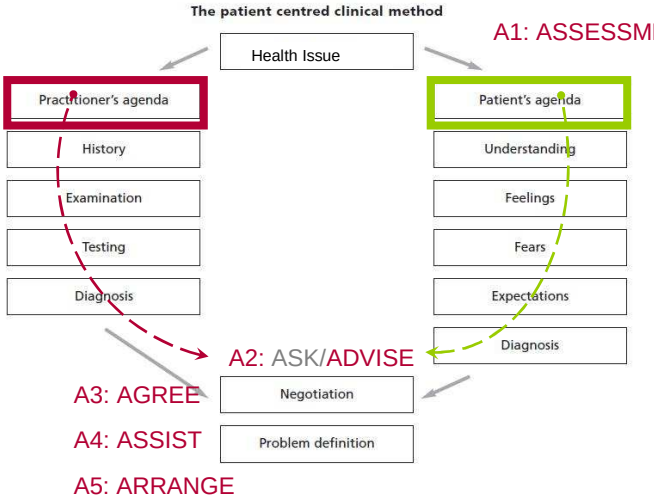


The patient centred model
Source: Levenstein J, et al. A model for the doctor-patient interaction in family medicine. Fam Pract 1986;3:24–30

Partnership approach

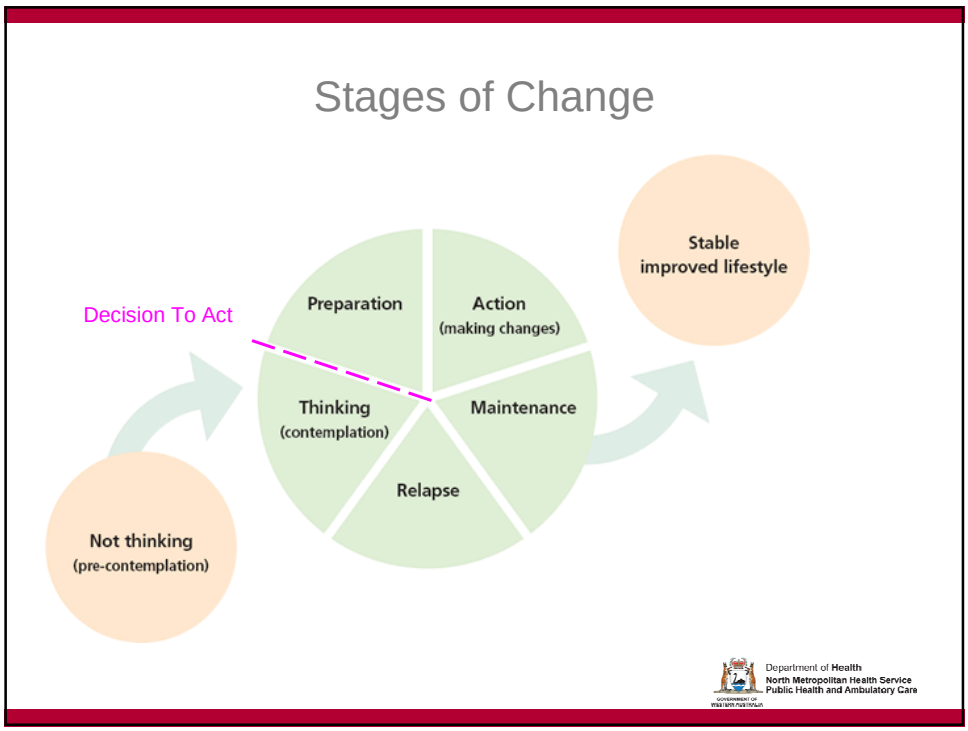
Department of Health
North Metropolitan Health Service
Public Health and Ambulatory Care

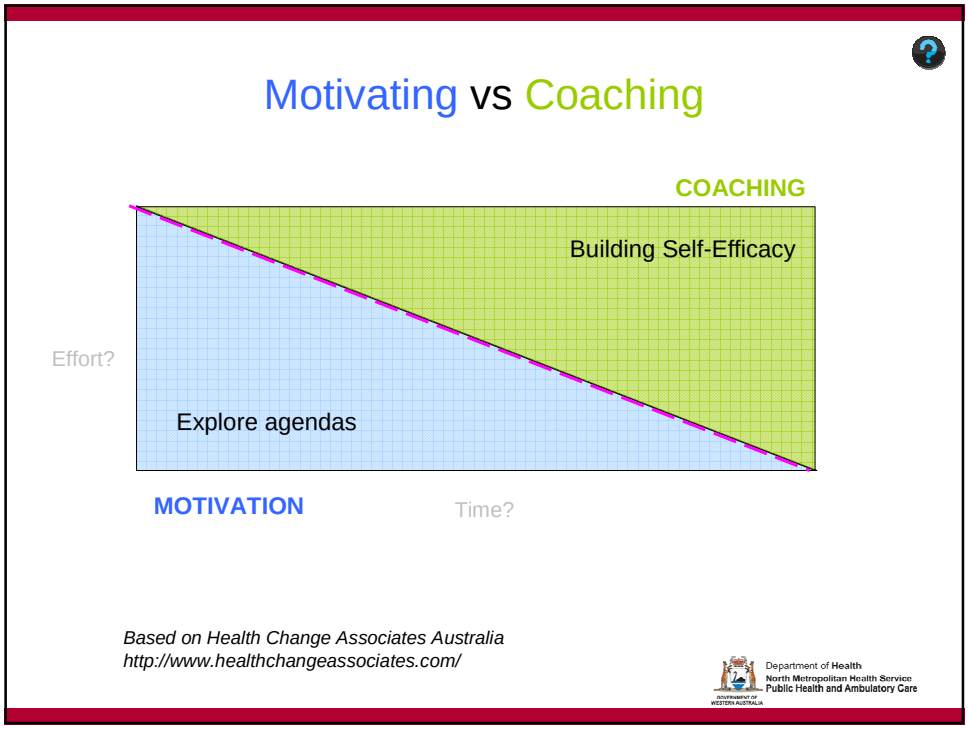
Reconciling HP and Consumer Agendas

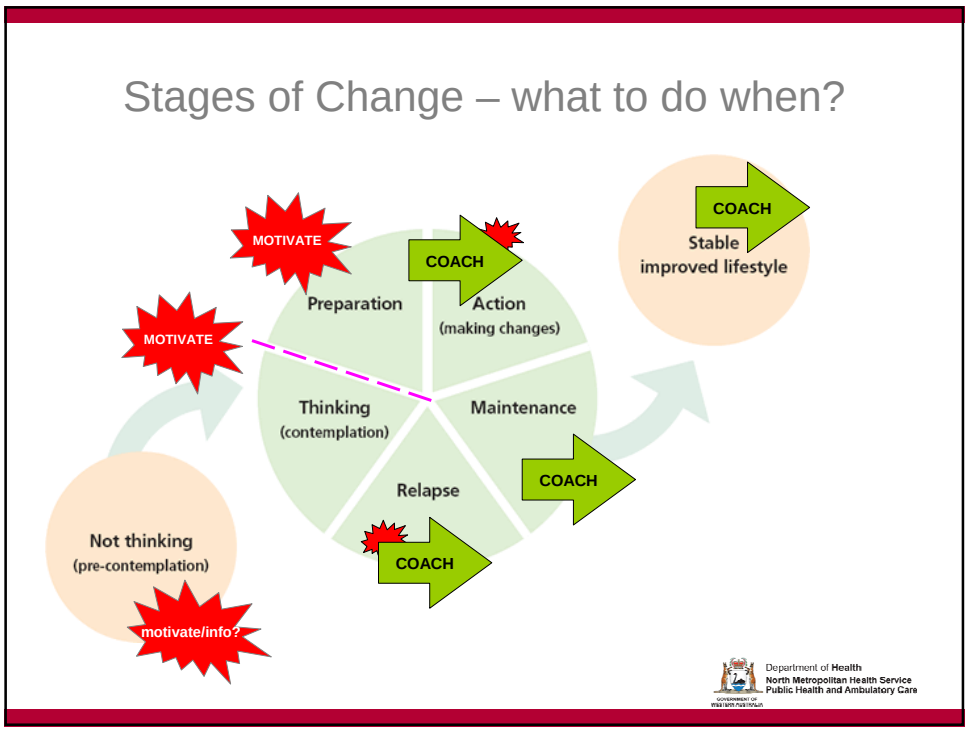


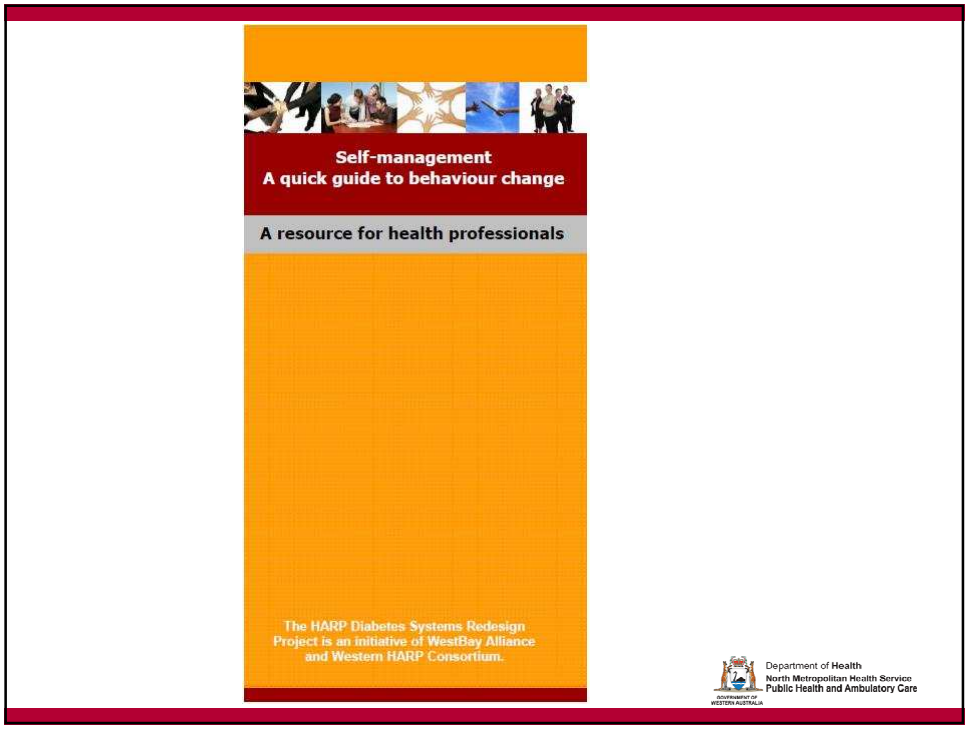
Partnership approach

Department of Health
North Metropolitan Health Service
Public Health and Ambulatory Care


Stages of Change
Stable
improved lifestyle
Decision To Act
Preparation
Action
(making changes)
Thinking
(contemplation)
Maintenance
Relapse
Not thinking
(pre-contemplation)
Department of Health
North Metropolitan Health Service
Public Health and Ambulatory Care


Motivating vs Coaching
COACHING
Building Self-Efficacy
Effort?
Explore agendas
MOTIVATION
Time?
Based on Health Change Associates Australia
http://www.healthchangeassociates.com/
Department of Health
North Metropolitan Health Service
Public Health and Ambulatory Care

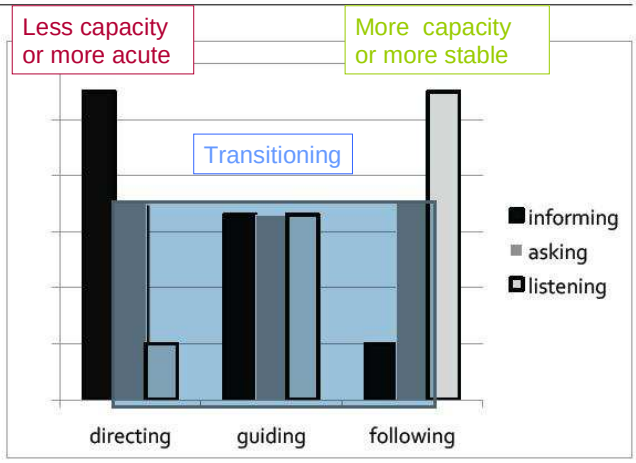

Stages of Change – what to do when?
MOTIVATE
COACH
Preparation
Action
(making changes)
COACH
Stable
improved lifestyle
MOTIVATE
Thinking
(contemplation)
Maintenance
COACH
Relapse
COACH
Not thinking
(pre-contemplation)
motivate/info?
Department of Health
North Metropolitan Health Service
Public Health and Ambulatory Care


Self-management
A quick guide to behaviour change
A resource for health professionals
The HARP Diabetes Systems Redesign Project is an initiative of WestBay Alliance and Western HARP Consortium.
Department of Health
North Metropolitan Health Service
Public Health and Ambulatory Care

Styles and skills

Skills

- Informing
- Asking
- Listening (reflecting)



RICk Principle

Readiness to Change 0 On Scale 0 to 10 7 or above 10

Importance of Change 0 On Scale 0 to 10 7 or above 10

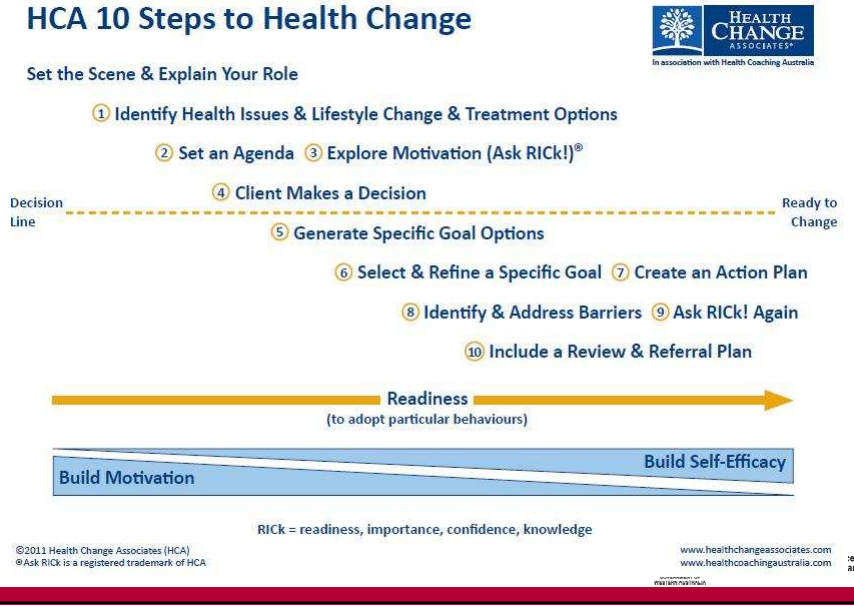
Confidence to Change 0 On Scale 0 to 10 7 or above 10

knowledge

Source: Health Change Australia : Health Coaching

Department of Health
North Metropolitan Health Service
Public Health and Ambulatory Care

Health Coaching Australia



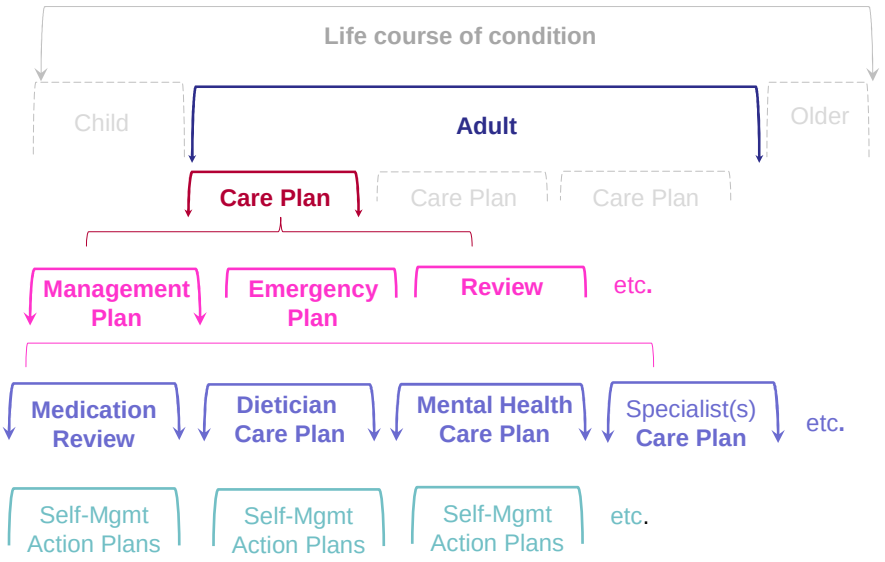
III. Organisational/Systems Capabilities

15. Multidisciplinary teams/ Interprofessional learning and practice
16. Information, assessment and communication management systems
17. Organisational change techniques
18. Evidence-based knowledge and research
19. Quality improvement frameworks
20. Awareness of community resources, referrals.

Reference: Capabilities for Supporting Prevention and Chronic Condition Self-Management:Flinders University SA

Department of Health
North Metropolitan Health Service
Public Health and Ambulatory Care

Health Care Plans: The Case for Coordination



Department of Health
North Metropolitan Health Service
Public Health and Ambulatory Care

KOTTERS 8 STEPS TO CHANGE

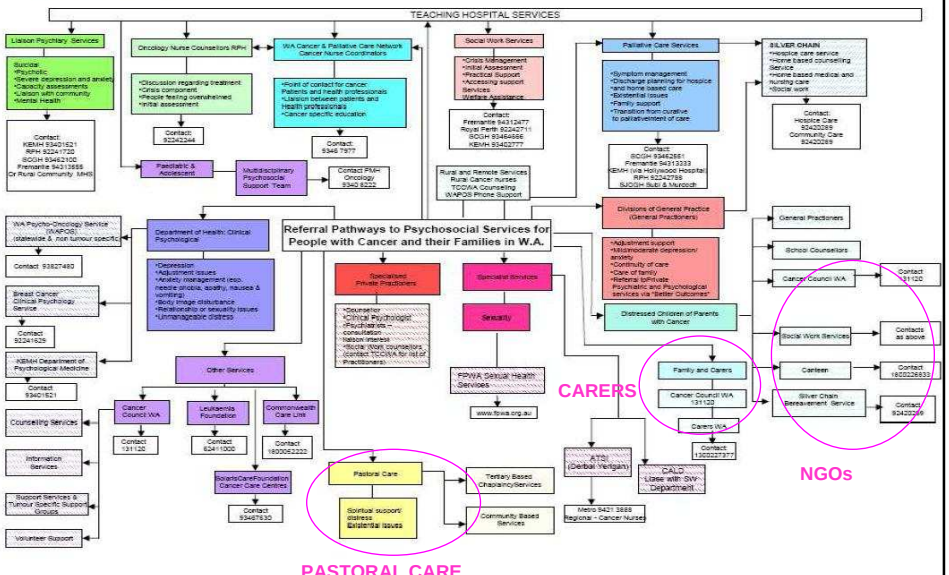
Department of Health
North Metropolitan Health Service
Public Health and Ambulatory Care

Organisational/Systems Capabilities
Awareness of Referral Pathways, Resources

- Refer MOCs
- Patient Journey
- Referral Pathways
- Clinical Pathways
- Websites
- Info& Promotional
- Service Directories
- Community Groups, Peer Support

Department of Health
North Metropolitan Health Service
Public Health and Ambulatory Care

WACPCN "Referral Pathways Document for Psychosocial Care Providers for Cancer Patients and Carers / Families in Western Australia



Ref: Psycho-Oncology Model of Care :
http://www.healthnetworks.health.wa.gov.au/modelsofcare/

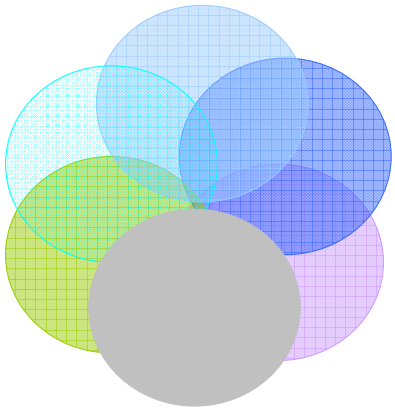
Department of Health
North Metropolitan Health Service
Public Health and Ambulatory Care

CCSM Support skills

- Marry HP and Consumer agendas
- Person-centred, Behaviour and Lifestyle and Systems change skills
- 5A's: Assess, Advise, Agree, Assist, Arrange
- Stages of Change
- Motivate and/or Coach
- Partnership approach
- Contribute to patient lifelong health

Department of Health
North Metropolitan Health Service
Public Health and Ambulatory Care

Self-management Support in the delivery of chronic care



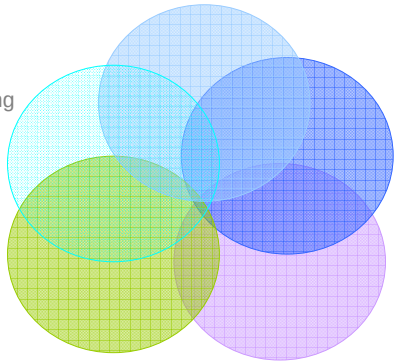
Identify how you can improve your delivery of Self-management Support in your work place

Department of Health
North Metropolitan Health Service
Public Health and Ambulatory Care

Understand the role of Self-management Support in the delivery of chronic care

Understand the **Policy** context for delivering chronic care

Understand the **Consumer** and **Community** perspective living with a chronic condition



Understand the **Health System** context for delivering chronic care

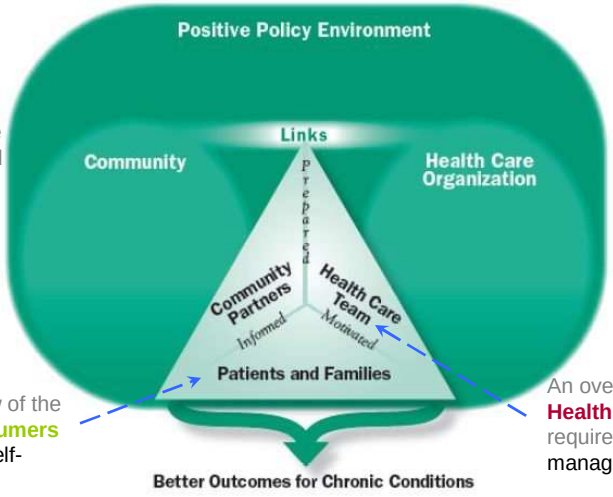
Gain an overview of the **skills consumers** require to self-manage their conditions

Gain an overview of **Health Providers skills** required by to deliver Self-management Support to consumers

Department of Health
North Metropolitan Health Service
Public Health and Ambulatory Care

CHRONIC CARE (ICCCF)

Understand the **Policy** context



Understand the **Consumer** and **Community** role

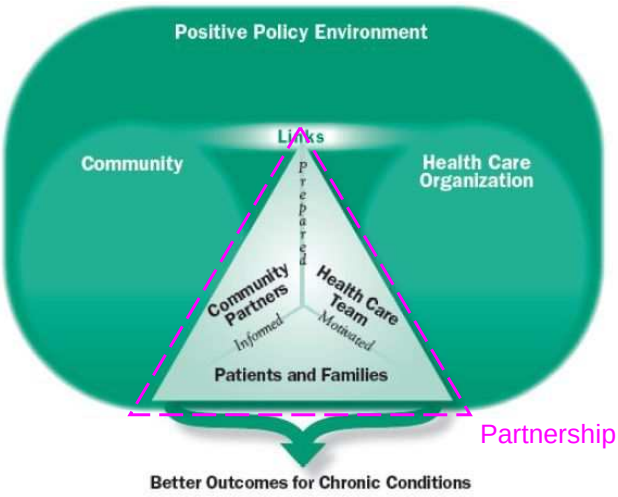
Understand the **Health System** context

An overview of the **skills consumers** require to self-manage

An overview of the **Health Providers skills** required for Self-management Support

Department of Health
North Metropolitan Health Service
Public Health and Ambulatory Care

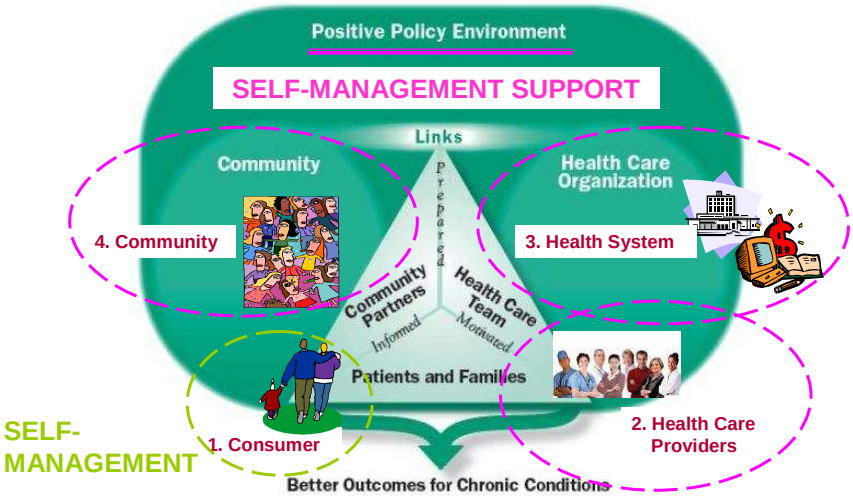
CHRONIC CARE (ICCCF)



Partnership Approach

Department of Health
North Metropolitan Health Service
Public Health and Ambulatory Care

Innovative Care for Chronic Conditions Framework

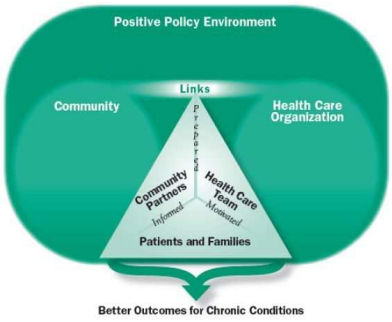


www.who.int/diabetesactiononline/about/ICCC/en/

Department of Health
North Metropolitan Health Service
Public Health and Ambulatory Care

Chronic Care

A multi-level, multi-component, system-wide approach, across the continuum of care

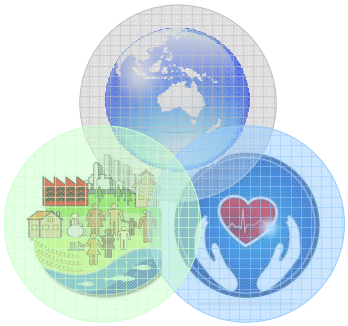


Department of Health
North Metropolitan Health Service
Public Health and Ambulatory Care

Reconciling health agendas

SYSTEM/ORGANISATIONAL LEVEL:
Managing limited resources

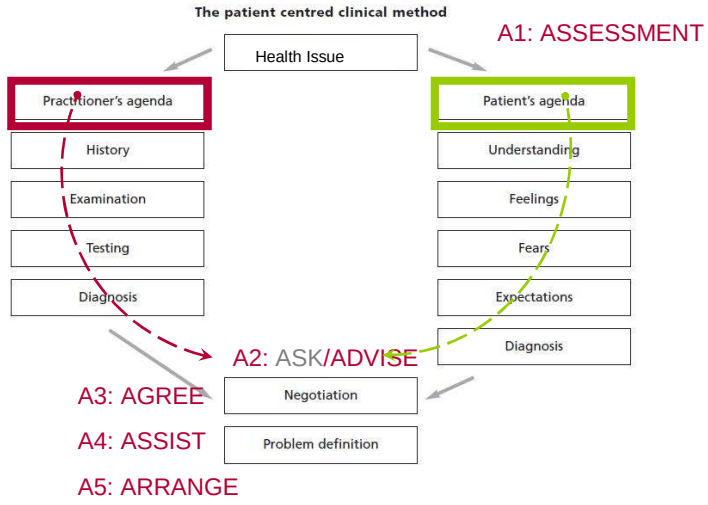
CONSUMER LEVEL:
Quality of Life



PRACTICE/SERVICE LEVEL:
Delivering evidence-based quality care

Department of Health
North Metropolitan Health Service
Public Health and Ambulatory Care

Reconciling HP and Consumer Agendas



Partnership approach

Department of Health
North Metropolitan Health Service
Public Health and Ambulatory Care

CCSM Support in the Hospital Setting

	Time-limited Self-management Support Approach
A	Use Person-Centred and Self-Management Support Principles to empower 'Self Managers'
B	Focus on Health Literacy, Motivational & Health Coaching approach 'Marriage' of Consumer and Health Provider agendas
C	Assessments / Self-Management Capacity using RICk* **R**eadiness/**I**mportance/**C**onfidence/**k**nowledge
D	Use the 5 A's or Brief Intervention **A**ssessment, **A**dvise, **A**gree, **A**ssist, **A**rrange
E	Referral as appropriate; Living Well programs
F	Ensure effective entry/exit handover along patient journey

Department of Health
North Metropolitan Health Service
Public Health and Ambulatory Care

DISCUSSION / REFLECTION

How can you influence your work practice…

Department of Health
North Metropolitan Health Service
Public Health and Ambulatory Care

Thank You . . .

Department of Health
North Metropolitan Health Service
Public Health and Ambulatory Care