

IMPLEMENTING SELF MANAGEMENT SUPPORT - HOW ARE WE DOING IT!

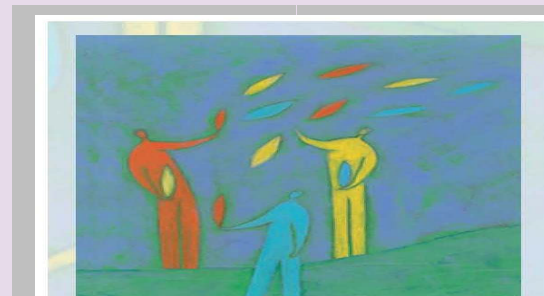
Member agencies in the BNPCA Chronic Disease Collaborative are implementing a range of strategies to provide self management support to clients. Our March workshop highlighted the significant effort and innovative approaches of local agencies in this area. The workshop provided the opportunity for managers and practitioners to share ideas and strategies to progress system and practice changes needed to embed self management support into care delivery processes. Key themes from the workshop are summarised below.

Monitoring and evaluation the BNPCA streamlined referral process has been a main focus of the collaborative for the first half of 2010. An evaluation framework has been developed and we have started working with it. If you know of any students who may want to take on components of the work (great thesis material) we would love to hear from them.

Service Access plays a key role in ensuring people with chronic conditions are directed to the right programs. As a sub group of the BNPCA Collaborative, Service Access workers in the catchment have been meeting to discuss current practice in this area of work and share learnings.

SELF MANAGEMENT WORKSHOP - KEY THEMES

Local practitioners and managers embraced the opportunity to share learnings and discuss strategies for promoting self management support within their agencies at our March workshop. Consistent themes that emerged through the discussions were:



Self-management support is the care and encouragement provided to people with chronic conditions and their families to help them understand their central role in managing their illness, make informed decisions about care, and engage in healthy behaviors.

Download this great tool kit from
http://www.improvingchroniccare.org/index.php?p=Self-Management_Support&s=39

Embedding self management support into care delivery processes **requires a change in practice and systems.**

Changes in practice and systems should focus on; provision of **holistic care** for clients and on breaking down allied health **silos.**

Plan for change over **2-4 years** rather than 6-12 months and focus on the model and how to **adapt structures** rather than undertake major restructure.

Organisational support, defining and communicating the vision, involving staff in planning and decision making, providing appropriate training and identify champions are all important in assisting the **change process.**

Engage all stakeholders particularly consumers and general practice.

The use of **tool templates and validated tools;** (that staff have been involved in developing) and providing ongoing support and opportunities for staff to practice skills were seen as important enablers.

IMPLEMENTING SELF MANAGEMENT – ROLE MODELS OFTEN MISSING!

The “Implementing self management” workshop highlighted how agencies have invested heavily in training programs to build staff skills and expended significant time and effort to implement system changes to provide self management support. Many of these changes focus on supporting clients with behavior changes through developing goal setting and problem solving skills.

Self efficacy is your believe in your ability to perform a task and self efficacy is a strong predictor of behavior change. See strategies for building self efficacy in box opposite.

Health coaching and similar approaches that use goal setting are effective strategies for helping people succeed with behavior changes (performance accomplishment). These approaches usually also involve the use of verbal persuasion and helping work through strategies to deal with feelings.

But what about role modeling – are opportunities created for clients to meet with or at least hear about how people in similar situations to them have made changes or developed skills to manage their condition.

Linking clients with peers through support programs and community organisations can provide clients with the opportunity to experience positive role models.

The evidence for the effectiveness of peer support is growing. You can access a many key references providing evidence for peer support from the PEERS for PROGRESS website:

http://www.peersforprogress.org/learn_science.php

HOW TO BUILD SELF EFFICACY

- Promote performance accomplishment
- Use verbal persuasion
- Role modeling
- Identifying feelings and helping work through strategies to deal with feelings.

Albert Bandura – source
<http://www.des.emory.edu/mfp/BanEncy.html>

The word 'peer' — which means 'one of equals' — is important. It differentiates this type of support from other rehabilitation services provided by professional health-based organisations. Peers are not health professionals or medical experts. They are volunteers who have been diagnosed with the same or a similar illness, and who are willing to share their time and experiences to offer hope, encouragement and a positive role model to others.

Source:
<http://www.chronicillness.org.au/peersupport/index.html>

BENEFITS OF PEER SUPPORT

Social support has been positively linked to increases in:

- life expectancy
- self-efficacy
- medication adherence
- self-reported health status.

People receiving peer support often report:

- increased knowledge of their disease
- better self-care skills
- fewer emergency room visits.

Source:

www.peersforprogress.org/learn_science.php

Building Peer Support Programs to Manage Chronic Disease: Seven Models for Success

- Peer coaches
- Support groups
- Community workers
- Telephone based peer support
- Email and Web based peer support
- Peer led face to face group programs
- Professional led groups with peer exchange

You can find out more about these models on the Californian Health Care Foundation website: <http://www.chcf.org/publications/2006/12/building-peer-support-programs-to-manage-chronic-disease-seven-models-for-success>

PEER SUPPORT PROGRAMS - GETTING STARTED

The Chronic Inness Alliance Peer Support Network has developed a “Best Practice Framework for Peer Support” this great resource sets out some of the guiding principles behind development and operation of peer support programs.

The getting started section of the resource discusses; the pros and cons’ of different approaches, strategies for identifying needs in a population group and planning a program that will be sustainable.

The framework has been specifically written with peer support for people with chronic illness in mind and has some great advice.

“We would emphasise that the final arbiters in what constitutes effective peer support are always the peers themselves, so we encourage you to continue to seek feedback and listen to what they tell you they find useful, and what else they may need”.

The framework along with a myriad of other references and resources can be accessed from the Peer Support Network website: <http://www.chronicillness.org.au/peersupport/resources.html>

You can also find an extensive list and links to condition specific organisations offering peer support on the Peer Support Network website.

Parent Consultants Help Children with Special Needs Access Services

This innovate program sponsored by the Agency for Healthcare Quality and Research used trained parent consultants directly in practices to increase both capacity and quality of care for children and youth with special needs. The parent consultants, who themselves are parents or family members of children and youth with special needs, offer families support, connection to other families, and knowledge of resources leading to improved health outcomes. To find out more about how it was implemented and outcomes of this project go to: <http://www.innovations.ahrq.gov/content.aspx?id=2289>

Care co-ordination – still more evidence for its importance

Check out this report highlighting the benefits to consumers and the health care system of care coordination and consumers views on the issue.

<http://www.chcf.org/publications/2008/04/snapshot-living-with-chronic-illness-californians-perspectives-on-cost-and-coordination-of-care>

Thinking about the role of a key worker?

This study which reports on chronic pain patients' perceptions of their communication with their Nurse Care Managers in a pain self-management trial and patients' perceptions of the communication they experienced in primary care. Patients reported feeling supported, encouraged, and listened to by their Nurse Care Managers whereas they tended to be dissatisfied with their primary care physicians. Read more at:

<http://www.medscape.com/viewarticle/718542>

Personal Health Records Motivate Consumers to Improve Their Health

A study conducted by the California HealthCare Foundation found Americans who have access to their health information through personal health records (PHRs) report that they know more about their health, ask more questions, and take better care of themselves than when their health information was less accessible to them in paper records.

Read more at:

<http://www.chcf.org/publications/2010/04/consumers-and-health-information-technology-a-national-survey>

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