

Provider Perspectives on Self-Management: A new approach still anchored in an old model of health care

Dr. Clare Liddy May 12, 2009

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Overview

- Project team and background
- Environmental Scan results
- Questions



Project Team

A collaboration between family medicine researchers and health region:

- Dr Clare Liddy and Dr Sharon Johnston
CT Lamont Centre Primary Health Care Research Centre ,
University of Ottawa
- Ms Karen Patzer, Senior planner
Champlain Local Health Integration Network



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A knowledge exchange and networking partnership

- **Research team + Local health region Policy makers + Community providers**
- *To build a foundation of knowledge and community support to improve chronic disease care*



Health region characteristics

- Champlain Local health integration network (one of 14 in Ontario)
- Total population of 1.2 million
 - Urban and rural, francophone and aboriginal population
- Health care expenditures about \$ 4 billion/yr
- Priority area –Chronic disease management and prevention



Community Connection Strategy

- Identifying Stakeholders:
 - Partnering with local health authority and groups, identifying leaders, forming an Advisory Board.
- Community Networking:
 - Meetings with identified groups, presenting to local associations, creating promotional project material.
- Knowledge Exchange:
 - Literature review and policy briefs
 - Workshop
 - Environmental scan



Environmental scan-objective

- Current state assessment of self management

What's working? What's not? Why?

- Identify examples of community excellence and of gaps in support
- Identify and understand barriers for patients and providers SMS



Definition of Self-Management

“The tasks that individuals must undertake to live well with one or more chronic conditions.

These tasks include having the confidence to deal with medical management, role management and emotional management of their conditions.”

The US Institute of Medicine 2004



Self management-Key components

- Delivered in multipronged fashion, motivational counselling, education, group and individual
 - Patient centered
 - Goal setting
 - Action plans
 - Problem solving
 - Follow-up



Methods

- Over 80 identified providers of self management programs
 - Networks/Organizations, Hospitals, CHCs, FHTs, Family physicians, Community Resource Centres, Patients).
 - Semi-structure interviews stratified by region, type of program (n=34)
- Thematic analysis ongoing and data collection continued until theme saturation reached.
- Significant findings presented for validation in follow-up interviews.
- Triangulation was used to validate findings by comparing with workshop group work and feedback.

Date Of Completion: November 2008



Results- Types of programs

- Few specific SM programs exist but many deliver some components.
 - 40+ education programs
 - Other types of CDSM include support groups (group and one-one one), counselling, prevention, peer educators, e-health records, exercise classes.
 - 6 Stanford certified self-management training programs
 - At least 25 Diabetes programs across Champlain LHIN
- There are organizations that specifically target Aboriginal and Francophone populations.



Main findings

- Defining self management
- Patient co-morbidity
- Silos of care
- Burden of self management
- Main barriers-financial, transport



Defining self management

- Confusion regarding patient education and self-management.
- Most programmes primarily offered education for patients,
- Lacking were action planning, problem solving, skill-building, and motivation components.



Patient Co-morbidity:

- 50% or more patients have co-morbidities
- felt ill-equipped to deal with co-morbid patients.

- *“I may be able to identify a condition but it is getting the resources that is hard.”*



Silos of Care and integration

- Limited provider knowledge of neighbouring programs
- Own programs lacked community reach.
- need for better program integration to enable better referrals.

“I work in isolation and am too cocooned”



Patient and provider barriers

- Transportation
- Cost
 - *“Money is an unfortunate factor in patient self-management.”*
 - *“a one hundred dollar day”*
- *“There is no maintenance program and 75% relapse”*

More sustainable programs and funding.



Burden of self management

- Not convinced of the effect
- Burden for providers.

“Self-management is a significant undertaking and commitment that many patients are unable to do”.



Self-Management

Patient Education

Purpose

To manage life with disease

To change behaviors

To increase skills and self-confidence

To increase knowledge

To problem solve and make decisions

To use specific tools

Kate Lorig



Conclusions

- Engaging and understanding the perspectives of the providers related to SMS programs is a critical first step.
- Key themes supported by the literature review and community feedback.
- A new approach was desired, but was anchored in old model of revolving doors for patients.



Conclusions

- The perceived commitment of self-management begs for:
 - Long term strategy
 - Skill-building and support for providers and patients
 - Align resources that providers offer with patients wants and needs.



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