

Welcome to the Self Management Network Newsletter - November 14, 2007

This newsletter has been sent to you because of your interest in chronic care and/or self management.

Topics included in this newsletter:

- Website Project update
- Recent Conferences and link to their presentations
- Evaluation
- Featured Websites
- Quality Improvement
- Articles of Interest
- Conferences
- Change of email address for Janine Bycroft - new address is janine@webmail.org.nz

There are 3 attachments that may be of interest:

1. **Valley Animal Hospital** - "Please treat me like a dog" - a brief reminder of the importance of customer service and treating patients humanely!
2. **Summary of Systematic Review on chronic disease management** - 3 pages
3. **2nd Consumer Voice Summit** - Flyer

Website project update

Firstly, a big thank you to everyone that has sent links, resources and information through. Also a big thank you to the reference groups that have been working hard to quality check everything. We're making progress and hope to have a pilot site online by early December!

Overview

This website is a collaborative project developed by a range of non-profit health organisations working together to identify the most useful resources available for New Zealanders with an emphasis on self-help/self-care resources and tools. There are hundreds of health-related websites; however finding reliable, accurate and evidence-based health information at the right time is difficult for both health professionals and consumers. This website is therefore designed as a portal or gateway to link users through to the most useful websites and resources we can find.

Aim: to provide accurate and reliable health information, tools and resources that support and enable individuals and their families to manage their health and long term health conditions more effectively in partnership with their healthcare providers.

A reminder the key areas we focusing on for now are:

1. Arthritis and gout
2. Respiratory - especially asthma, COPD,
3. Mental health
4. Cardiovascular
5. Diabetes
6. Improving chronic care

Please continue to look out for high quality resources for both consumers and health providers and send the link through to Janine at janine@webmail.org.nz

We'd really appreciate help with any of the following:

1. Copyright free photos, pictures and suitable artwork - eg photos of NZ scenery, holiday snapshots, beach scenes, recreational activities, physical activity,
2. Photos of healthy foods, meals, health equipment, consultations etc.
3. Photos of groups, families, individuals - especially Maori and Pacific families. Please ensure permission is given for these to be published on the internet.

We're keen to identify photos that promote health and wellbeing, and will help the website look appealing, interesting and attract a wide audience.

Recent Conferences & Links to their Presentations

1. The Way Forward - Chronic Disease Self-Management in Australia - July 07

This conference was hosted by the Centre for Rheumatic Diseases in Melbourne <http://www.crd.unimelb.edu.au/> and the presentations are now available online at: <http://www.crd.unimelb.edu.au/news/events.html#slides>
The main conference day involved 15 plenary presentations to about 400 representatives from the government, health, community and private sectors.

Prominent international keynote speaker, Professor Anne Rogers from The University of Manchester set the scene by providing results and implications of the UK national chronic disease self-management program known as the Expert Patients Programme.

[The UK Expert Patients Programme: results and implication from a national evaluation](#)

Professor Anne Rogers

National Primary Care Research & Development Centre, University of Manchester

2. Optimising Quality of Care

This seminar was held by the Quality Improvement Group at the School of Population Health, University of Auckland on Friday 31st August, 2007. Overseas speakers included Assoc Prof Ian Scott and Assoc Prof Caroline Brand.

Presentations are now available on the EPIQ website (scroll down to the section Workshops and Conferences.) <http://www.health.auckland.ac.nz/population-health/epidemiology-biostats/epiq/>

Evaluation

The Centre for Rheumatic Diseases in Melbourne has developed the Health Education Impact Questionnaire - heiQ for measuring the quality and impact of health education in Australia. Readers may find the following information useful and can find more information on their website.

"Evaluation of self-management and health education programs has been hampered by a lack of standardised and comprehensive assessment. The development of the Health Education and Impact Questionnaire (heiQ) arose out of demands from funders, the community sector and researchers for a valid and relevant evaluation and data management system for health education and self-management programs. Its development was funded by the Australian Government Department of Health & Ageing.

Eight key indicators of successful programs were developed through extensive consultation with participants in a wide range of programs, experts in course delivery and policy makers.

THE heiQ™ CORE DIMENSIONS

The 42 items cover 8 dimensions:

1. Positive and active engagement in life
 2. Health directed behaviour
 3. Skill and technique acquisition
 4. Constructive attitudes and approaches
 5. Self monitoring and insight
 6. Health service navigation
 7. Social integration and support
 8. Emotional well-being "
- For further information and articles evaluating the heiQ, visit <http://www.crd.unimelb.edu.au/heiq/>
 - For use and licence information visit <http://www.crd.unimelb.edu.au/heiq/license.html>
 - A shorter version is being developed following feedback that low literacy groups found the questionnaire challenging - see <http://www.crd.unimelb.edu.au/heiq/current.html>
 - It is also being translated into Italian, Greek, Vietnamese, Mandarin, Polish, Spanish and other languages

Related Articles

Osborne RH, Elsworth GR, Whitfield K. The Health Education Impact Questionnaire (heiQ): An outcomes and evaluation measure for patient education and self-management interventions for people with chronic conditions. *Patient Education and Counseling*, 66(2):192-201. Epub 2007 Feb 22

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&dopt=Citation&list_uids=17320338

Nolte S, Elsworth GR, Sinclair AJ, Osborne RH. The extent and breadth of benefits from participating in chronic disease self-management courses: a national patient-reported outcomes survey. *Patient Education and Counseling*, 65(3), 351-360. Epub 2006 Oct 5.

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&dopt=Citation&list_uids=17027221

Featured Websites

RID Study - Recovery via Internet from depression

<http://www.otago.ac.nz/rid/>

The Injury Prevention Research Unit at the Otago University is undertaking a trial [2006-2010] to assess if the internet can be used to deliver self-help therapy programmes to help reduce depression and related problems and improve people's well-being. The programmes are designed to help people manage their depression by providing relevant information and/or working through a number of exercises on the internet.

For further information visit the website or contact rid@ipru.otago.ac.nz.

Dangerous Decibels www.dangerousdecibels.org

An equally important part of promoting self-care is prevention and this website provides some excellent resources and information to encourage everyone to protect their hearing. Established as a "public health partnership for preventing noise -induced hearing loss", this website and project are based on resources developed for a museum in the States. Although not NZ based, there are some useful resources on the website. Have a look and you may like to interest your kids, teenagers and family to view the interactive virtual exhibit sections.

Check out the following:

- [Virtual Exhibit](#) – fun, interactive and educational sections on various topics. To view, click on the Virtual exhibit "Start Here" button, then select the topic on the left.
 - What's that sound?
 - How do we hear ?– some great pictures of the ear. Can click on each bone and part of the ear to read what it does.
 - How loud is too loud?
 - What is sound?
 - Save your ears etc.
- [Types of hearing loss & Decibel chart](#)
- [Teachers Resource Guide](#) – range of resources and downloadable lessons. "Download our free Dangerous Decibels Teacher's Resource Guide! A K-8 curriculum supplement with hands-on science activities about the anatomy and physiology of hearing, the physics of sound, and health-related behaviors for prevention of noise-induced hearing loss."

Quality Improvement



<http://www.ihl.org/IHI/Programs/IMPACTNetwork/>

Part of the Institute for Healthcare Improvement website, this section has a number of resources that may be of interest. There are sections on professional development, innovation communities, audio and web programmes, strategic initiatives etc.

"IMPACT is IHI's membership network where health care organizations come together to achieve dramatic improvement results in clinical outcomes, patient and provider satisfaction, and financial performance."



[View a brief video](#) in which IHI senior leaders discuss how IMPACT can help your organization transform its leadership culture and accelerate change at the front line.

Quality improvement activities associated with organizational capacity in general practice. Amoroso C, Proudfoot J, Bubner T, Swan E, Espinel P, Barton C, Beilby J, Harris M. *Australian Family Physician* January/February 2007, Vol 36. **DISCUSSION** The clinical audit process offered participating GPs and practices an opportunity to reflect on their performance across a number of key areas and to implement change to enhance the practice's capacity for quality chronic disease care. The relationship between need and action was weak, suggesting a need for greater support to overcome barriers. [Click here to download the article](#)

IMPACT BC - <http://www.impactbc.ca/>

IMPACT BC is an initiative of the Healthy Heart Society to help improve patient care for chronic diseases within BC's health care system. The website contains links to a range of resources for improving chronic care and primary health care. The project

has been developed by a collaborative team including the British Columbia Ministry of Health Services, BC Medical Association, College of Physicians and Surgeons in BC, and the Society of General Practitioners of BC.

Their aim is to help primary care practices adopt, adapt, implement and sustain new ideas that improve primary health care for patients who live with chronic conditions and builds on work and learnings gained through a series of collaboratives since 2003.

There are numerous workshop materials and resources about quality improvement and chronic disease management. These materials are organized under these programs and initiatives:

- [Practice Support Program](#)
- [Congestive Heart Failure Collaborative](#)
- [Diabetes Collaborative](#)
- [FHA Enhanced Family Practice](#)
- [NHA Community Collaborative](#)
- [VIHA Community Collaborative](#)

Australian Primary Health Care Research Institute - A systematic review of chronic disease management

Zwar, N. Harris, M. Griffiths, R. et al.

Worldwide chronic disease is on the rise, placing an increasing burden on those affected, their carers and the health system. In Australia many chronic diseases are predominantly managed in primary health care (PHC) and there is a need to understand how to do this more effectively. A systematic review was conducted on chronic disease management in primary health care using the Chronic Care Model (CCM) as the conceptual framework.

For more information see the following webpage:

<http://www.anu.edu.au/aphcri/Domain/ChronicDiseaseMgmt/>

The 3 page summary is also attached or available online at:

http://www.anu.edu.au/aphcri/Domain/ChronicDiseaseMgmt/Approved_3_Zwar.pdf

Reducing obesity and related chronic disease risk in children and youth: a synthesis of evidence with 'best practice' recommendations. [Flynn MA](#), [McNeil DA](#), [Maloff B](#), [Mutasingwa D](#), [Wu M](#), [Ford C](#), [Tough SC](#). *Obes Rev.* 2006 Feb;7 Suppl 1:7-66. [online link](#)

Upcoming Conferences

1. 5th HEALTH SERVICES & POLICY RESEARCH CONFERENCE 2007

02 - 05 December 2007 - Langham Hotel, Auckland.

The theme of the conference is: Listening to the Past, Looking to the Future: how can health services research contribute to assessing fads and fashions in health policy and practice? The conference will explore how research can assist in improving the effectiveness, efficiency, quality and equity of health services and health systems. It will provide a perfect end-of-year opportunity for researchers, policy-makers, managers, and practitioners

from Australia, New Zealand and other countries to get together and reflect upon what we have learned from past experiences in health care and how these lessons might enhance our decision-making in the future.

To find out more visit the website at:

<http://chsrp.fmhs.auckland.ac.nz/health/conference2007/invitation.php>

For programme details see:

<http://chsrp.fmhs.auckland.ac.nz/health/conference2007/program.php>

2. 2nd National Consumers' Summit: Strengthening Consumer Voice

"New Zealand Guideline Group (NZGG), the Office of the Health and Disability Commissioner and other collaborating partners of the initiative to strengthen consumer voice in New Zealand, invite health and disability consumer group representatives to attend the 2nd National Consumers' Summit.

Background

Partners of the initiative recognise that consumers, in New Zealand and around the world, need to have a greater voice and involvement in decision-making, policy development and monitoring of health and disability services. For NZGG, our partnerships with consumers are an essential part of achieving our work in promoting effective health and disability services in New Zealand.

The first [Summit](#) in October 2005 attracted more than 200 representatives from a broad range of consumer groups. Since then the [Planning Group](#) has been developing a proposed constitution for a national consumer entity, including its roles, the principles by which it might work and rules for membership. The 2007 Summit provides an opportunity for consumer organisations to come together to discuss and reach agreement on the establishment of a national consumer organisation to strengthen and enhance the work they do."

For registration information visit the website at:

<http://www.nzgg.org.nz/index.cfm?fuseaction=specialfocus&fusesubaction=docs&documentID=336>

For programme details visit:

http://www.nzgg.org.nz/download/files/071105_Summit_Programme.pdf

Journal Articles

Care of patients with chronic disease: The challenge for general practice. Harris M, Zwar N. *Medical Journal of Australia* 2007; 187(2): 104-107 [Click here to download the article](#)

Quality improvement activities associated with organizational capacity in general practice. Amoroso C, Proudfoot J, Bubner T, Swan E, Espinel P, Barton C, Beilby J, Harris M. *Australian Family Physician* January/February 2007, Vol 36. **DISCUSSION** The clinical audit process offered participating GPs and practices an opportunity to reflect on their performance across a number of key areas and to implement change to enhance the practice's capacity for quality chronic disease care. The relationship between need and action was weak, suggesting a need for greater support to overcome barriers. [Click here to download the article](#)

Do multidisciplinary care plans result in better care for patients with type 2 diabetes? Zwar N, Hermiz O, Comino E, Shortus T, Burns J and Harris M. *Australian Family Physician* 2007, 36:85-9.

Since the introduction of the Enhanced Primary Care package, care plans have become part of Australian general practice. Previous research has focused on barriers to the uptake of care plans. This study examined the effect of multidisciplinary care plans on provision and outcome of care for patients with type 2 diabetes.

METHODS A retrospective before/after medical record audit design was chosen. Subjects of the study were general practitioners practising in Southwest Sydney (New South Wales) and their diabetic patients who had written care plans. Outcome measures were frequency and results of glycosylated haemoglobin, blood pressure, foot, serum lipids, weight, and microalbumin checks.

RESULTS The medical records of 230 patients were audited. Following the care plan, adherence to diabetes guidelines increased. Metabolic control and cardiovascular risk factors improved for patients who had multidisciplinary care implemented.

DISCUSSION Whether the improved diabetes care shown here is attributed to improved teamwork and/or coordination of care needs further research.

[Click here to download the article](#)

Vagholkar S, Hermiz O, Zwar N, Shortus T, Comino E, Harris M. **Multidisciplinary care plans for diabetic patients: what do they contain?** *Australian Family Physician* 2007; 36(4):279-82

Multidisciplinary care plans for diabetes: How are they used? Shortus T, McKenzie S, Kemp L, Proudfoot J, Harris M. *Medical Journal of Australia* 2007; 187(2): 78-81

Abstract

Objective: To understand how multidisciplinary care plans are being used in the management of patients with diabetes, and to explore the role of collaboration in care planning.

Design: Grounded theory interview study.

Setting: Primary care, June 2005 to October 2006.

Participants: Thirty-eight people from three New South Wales Divisions of General Practice: 19 general practitioners, eight diabetes-related allied health providers, two endocrinologists, and nine adults with type 2 diabetes. Sampling was purposeful then theoretical.

Results: GPs use care plans to organise clinical care and help patients access allied health providers. Written plans are used to educate patients about their care and to motivate change. GPs rarely discuss care plans with other providers, and providers are unlikely to change their approach to patients on the basis of care plans. Patients do not expect to participate in care planning.

Conclusions: Care planning may increase evidence-based multidisciplinary care for patients with diabetes, but it rarely results in genuine collaboration between providers and patients. This suggests a difference may exist between Australian policymakers' and providers' definitions of patients with complex needs. Care plans could facilitate patient self-management by including more personalised information. Further research is needed to clarify which patients would benefit from a truly collaborative approach to their care.

[Click here to download the article](#)

Rethinking prevention in primary care - applying the CCM Model to address health risk behaviours 2007

[Milbank Q.](#) 2007;85(1):69-91 [Hung DY](#), [Rundall TG](#), [Tallia AF](#), [Cohen DJ](#), [Halpin HA](#), [Crabtree BF](#)

This study examines the Chronic Care Model (CCM) as a framework for preventing health risk behaviors such as tobacco use, risky drinking, unhealthy dietary patterns, and physical inactivity. Data were obtained from primary care practices participating in a national health promotion initiative sponsored by the Robert Wood Johnson Foundation. Practices owned by a hospital health system and exhibiting a culture of quality improvement were more likely to offer recommended services such as health risk assessment, behavioral counseling, and referral to community-based programs. Practices that had a multispecialty physician staff and staff dietitians, decision support in the form of point-of-care reminders and clinical staff meetings, and clinical information systems such as electronic medical records were also more likely to offer recommended services. Adaptation of the CCM for preventive purposes may offer a useful framework for addressing important health risk behaviours.

Consumer attitudes to general practice intervention for smoking, nutrition, alcohol and physical activity.

Bernard D, Hobbs C, Powell Davies G and Harris MF. *Journal of Health Issues* Autumn 2006; 86: 33-36. <http://www.healthissuescentre.org.au/docs/jabernard%2091.pdf>

1. Impact of providing audiotapes of primary treatment consultations to men with prostate cancer: a multi-site, randomized, controlled trial. [Hack TF](#), [Pickles T](#), [Bultz BD](#), [Ruether JD](#), [Degner LF](#). *Psychooncology*. 2007 Jun; 16(6):543-52 PubMed.

BACKGROUND: The purpose of this investigation was to systematically examine the efficacy of providing men with prostate cancer with an audiotape of their primary treatment consultation. **METHOD:** Participants included 425 men newly diagnosed with prostate cancer and 15 radiation oncologists from 4 cancer centers in Canada. Patients were block randomized to one of four consultation groups: 1. Standard care control--not audio-taped; 2. Audio-taped--no audiotape given; 3. Audio-taped--patient given audiotape; and 4. Audio-taped--patient offered choice of receiving audiotape or not (4 patients declined; 94 accepted). Patient outcomes were measured at 12 weeks post-consultation: perceived degree of information provision; audiotape satisfaction and use; communication satisfaction with oncologist; mood state; and cancer-specific quality of life. **RESULTS:** Patients receiving the consultation audiotape reported having been provided with significantly more disease and treatment information in general ($p=0.04$), and more information about treatment alternatives ($p=0.04$) and treatment side effects ($p=0.01$) in particular, than patients who did not receive the audiotape. Audiotape benefit was not significantly related to patient satisfaction with communication, mood state or quality of life at 12 weeks post-consultation, and was not significantly affected by choice of receiving the audiotape. Patients rated the audiotape intervention positively, with an average score of 83.0 out of 100. **CONCLUSION:** Consultation audiotapes are rated highly by men with prostate cancer, and these audiotapes help to enhance their perception of having been provided with critical disease- and treatment-related information. Copyright 2006 John Wiley & Sons, Ltd.

Planning & Studying Improvement in patient care - the use of theoretical perspectives - Grol Bosch et al - 2007 Milbank Quarterly

RICHARD P.T.M. GROL¹MARIJE C. BOSCH, et al.

A consistent finding in articles on quality improvement in health care is that change is difficult to achieve. According to the research literature, the majority of interventions are targeted at health care professionals. But success in achieving change may be influenced by factors other than those relating to individual professionals, and theories may help explain whether change is possible. This article argues for a more systematic use of theories in planning and evaluating quality-improvement interventions in clinical practice. It demonstrates how different theories can be used to generate testable hypotheses regarding factors that influence the implementation of change, and it shows how different theoretical assumptions lead to different quality-improvement strategies.

Chronic disease self-management education programs: challenges ahead

Joanne E Jordan and Richard H Osborne MJA 2007; 186 (2): 84-87

Important article examining chronic disease self management programmes in Australia and the challenges experienced so far and challenges ahead.

Abstract

□ Chronic disease self-management education programs aim to empower patients through providing information and teaching skills and techniques to improve self-care and doctor–patient interaction, with the ultimate goal of improving quality of life.

□ The recent 2006–07 federal budget allocated an unprecedented \$515 million over 5 years for activation of patient self-management activities, commencing this financial year.

□ Previous attempts in other countries to incorporate self-management education activities into the health care sector have faced setbacks because of inadequate integration into primary care.

□ Engagement of health care professionals and their endorsement of self-management activities is critical to success.

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?db=pubmed&cmd=Retrieve&dopt=AbstractPlus&list_uids=17223770&query_hl=1&itool=pubmed_docsum

Others:

Wilson, P., Kendall, S., Brooks, F. Nurses responses to expert patients: the rhetoric and reality of self management in long term conditions: A grounded theory study. International Journal of Nursing Studies 2006:803-818

Wilson, P., Kendall, S., Brooks, F. The Expert Patient Programme: a paradox of patient empowerment and medical dominance Health and Social Care in the Community 2007

Change of Email address:

Please note change of email address for Janine Bycroft from jby@ihug.co.nz to janine@webmail.org.nz . If you use reply, it may still look like my old email address

but this will be inactivated in due course. Please change in your address books.
Thank you!

What is the Self Management Network?

An informal and voluntary group of people interested in self management principles to prevent disease development and improve the health of people with long-term health conditions. The group includes doctors, nurses, nurse specialists, consumers, managers, psychologists and allied health professionals. We now have over 150 healthcare providers from throughout NZ on the email list and researchers from Australia, Canada and the USA.

PURPOSE:

- To raise awareness of self-management & encourage increased self management support
- Forum for meeting like-minded people
- Identify opportunities to work together collaboratively
- Learn from each other
- Promote system changes that recognise & support the central role of individuals & their families
- Promote healthy public policies for prevention and reduction of long term conditions
- Promote training and research in this area

As one of the 6 key components of the Wagner & WHO Chronic Care Models, self management is increasingly recognised internationally and nationally as an important concept for improving chronic care and preventing disease onset.

Self-management support is defined by Adams and colleagues as "the systematic provision of education and supportive interventions by health care staff to increase patients' skills and confidence in managing their health problems, including regular assessment of progress and problems, goal setting, and problem-solving support." It also refers to the multilevel changes healthcare organisations and systems can implement to facilitate improved patient self-management.

We have your details in our database and as part of our service we send out an electronic newsletter and occasional emails about local events and the website project. Accordingly, we assume that we have your consent to keep sending these emails. If you do not wish to receive emails from us, can you please advise by return email with the word *unsubscribe* in the heading.

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If anyone would like further information about the Self Management Network, you are welcome to contact either:

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