
Serious and Continuing Illness Policy and Practice Study (SCIPPS) Phase Two

Evaluation of Chronic Disease Initiatives in Sydney West

Justin McNab and the SCIPPS team

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The Menzies Centre for Health Policy (MCHP) is committed to promoting, through research and scholarship, the development of policy for the care of people with chronic conditions.

SCIPPS is a five-year NHMRC funded research program designed to develop patient-centred policy and health system interventions that improve the care and management of individuals with chronic illness.

SCIPPS has a long-term objective to:

- describe current chronic disease management strategies (phase one)
- evaluate new interventions designed to enhance the quality of life for people with these conditions (phase two)

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SCIPPS Phase Two is evaluating three chronic disease management initiatives, two within SWAHS and one through a GP Network

Blue Mountains GP Network (BMGPN) Chronic Disease Self-Management (CDSM) Project

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BMGPN CDSM Project funded by the Australian Government Department of Health and Ageing through the Chronic Disease Self-Management/Lifestyle and Risk Modification Grants program

Aim of the BMGPN CDSM Project :

to identify, connect and promote local chronic disease self-management initiatives and support groups to consumers, GPs, and allied health professionals.

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In order to address this aim, the BMGPN CDSM Project:

- developed a number of objectives aimed at increasing awareness of self-management initiatives and support groups in the local area
- implemented 'Moving On', a generic self-management course developed by Arthritis NSW and designed to increase people's knowledge and skills to enable them to self-manage.

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Evaluation team: Justin McNab and Ann Mehaffey

The two aims of the SCIPPS evaluation of the BMGPN CDSM Project were to:

- Qualitatively evaluate changes in the local setting pre and post project implementation; and
- Qualitatively evaluate the 'Moving On' program.

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The SCIPPS evaluation employed qualitative methods for data collection supplemented by small-scale surveys and evaluation forms generated by the project itself.

- Fourteen semi-structured individual interviews with BMGPN and project staff, consumer reference and professional working group members, local GPs, and leaders of the Moving On program

Surveys:

- GP and Practice Nurse survey
- Consumer Awareness survey conducted at the beginning of the Consumer Information Session November 2009

Evaluation forms:

- Moving On Evaluation
- Evaluation of the Consumer Information Session

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Findings of the BMGPN CDSM Project: Awareness Raising

- The activities of the project generally, and in particular running Moving On, have played a significant role in increasing awareness of health professionals, consumers and members of the local community
- Raising awareness is a continuing process that requires input on an ongoing basis
- The terms 'self-management' and 'chronic disease' are not necessarily recognised or understood by consumers and members of the public, even if some may be practicing self-management techniques. Consideration should be given to this when future promotional activities are being planned

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Findings of the BMGPN CDSM Project: Consumer Representation

- CRG formed from pre-existing consumer rep group in BMGPN
- Project objective that CRG form and oversee implementation of project
- A permanent CRG would make a substantial contribution to the capacity building undertaken by the project and to the sustainability of local chronic disease self-management initiatives
- CRG is continuing to work on funding applications within the BMGPN to establish the CRG on an ongoing basis

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Findings of the BMGPN CDSM Project: GPs and Self-Management

GP and Practice Nurse survey (19 respondents, 29% response rate)

One on one self-management

- All carried out some form of individualised assessment of their patients' self-management education needs
- Assessments were not standardised and did not consistently include "most self-management components" (12)
- Assessments were standardised, fairly comprehensive, documented and taking account of patients' personal context (3)
- Assessments were an integral part of planned care and resulted in systemic documented reassessment (4)

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Findings of the BMGPN CDSM Project: GPs and Self-Management

Extent of patient involvement

- All respondents indicated that some patient involvement occurred
- Involvement was passive with only occasional patient input (6)
- Involvement was central to:
 - decisions about self-management goals (9)
 - an integral part of the system of care (4)
- Patients with chronic conditions had self-management plans:
 - “most” (2); “many” (3); “few” (10); “none” (4)

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Findings of the BMGPN CDSM Project: GPs and Self-Management

- Responses about social support and links to community resources - all people surveyed took account of these issues to some extent, the majority were not able to engage in extensive assessment of needs or systematic and coordinated referral to social or community resources
- Overall while most respondents did engage in one-to-one self-management practices only a minority were able to engage in the most comprehensive one-to-one self-management approaches due to time and other constraints

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BMGPN CDSM Project: Policy Implications

- good model for consultation/consumer input (invested in process and valued from the beginning of the project, sustainability beyond specific project)
- limited GP time and numbers (survey results) – capacity of primary care sector to carry out care planning and complex assessments
- multidisciplinary teams, communication, working across boundaries etc

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Health Service Research and Evaluations: Policy Implications

- Many diverse initiatives and projects in integrated and coordinated care but few are evaluated or known beyond immediate life of project
- Short funding periods, ad hoc or limited funding, no sustainability, no systematic collection or standardisation of evaluation data

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