

Integrated Chronic Disease Management Newsletter

Spring 2007

No 3

Special points of interest:

Local Training Opportunities.

Don't miss the chance to attend Flinders Chronic Care and Better Health Self Management Training in Campaspe. See Page 3 for full details

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A word from the Project Coordinator

Welcome to the spring ICDM newsletter. There has been much activity in the ICDM project over the past couple of months, including the completion of the mapping process for CDM work in Campaspe, and the organisation of two very exciting training opportunities to be delivered locally, in the Flinders Model of Chronic Disease Self Management Workshop and the Better Health Self Management Leader Training Course. I urge anyone interested to take the opportunity to register for these workshops as we are very fortunate to have the availability of PCP funding to reduce the prices and to have them delivered locally. Should you require a copy of the mapping report, further information on the training opportunities or would like to be added to the mailing list please contact me Monday to Wednesday on ☎ 5857 0243 or ✉ droberts@kyhealth.org.au.

Project Update—Chronic Disease Mapping

The mapping process of Campaspe PCP member agencies and various data sources has now been completed. The mapping process reviewed Ambulatory Care Sensitive Condition data, Service Coordination Care Planning data, General Practitioner Care Planning data, and review of a range of relevant local reports. Integrated Chronic Disease Management project presentations were made to all PCP member agencies and relevant affiliates, and mapping of agency priority areas, service delivery models, health promotion and care planning activities as well as workforce development needs was conducted.

Based on the findings of the mapping process a range of opportunities for further work in the area of chronic disease care in Campaspe were identified and five key recommendations made:

1. Adopt Diabetes as the key focus for ongoing ICDM work.
2. Build capacity for the delivery of Self-Management programs through workforce development.
3. Build capacity for comprehensive and client centred care planning through workforce development based on three care planning levels, commencing in the order listed below;
 - Service specific care planning
 - Intra-agency care planning
 - Inter-agency care planning including GP's
4. Establish and strengthen relationships with Regional HARP CDM Program for capacity building and consultancy support for future program planning both in Community based agencies and with yet to be established local HARP CDM Program.
5. Develop required PPPS to support a pilot Diabetes project to embed Self-management Programs and Care Planning into the core work of member agencies and which is complimentary to the work being proposed via the Diabetes Self Management Guidelines and subsequent funding, as well as HARP-CDM work.

The Way Forward Chronic Disease Self-Management in Australia - National Conference 2007

The Way Forward: Chronic Disease Self Management in Australia Conference 2007 provided a forum where representatives from government, health, community and private sectors involved in chronic disease self-management could discuss and exchange information and initiatives relating to the operationalisation of chronic disease self-management programs across Australia. The conference was a great success, with highlights for delegates including:

- Keynote speaker, Prof. Anne Rogers—UK Expert Patient Program.
- Exposure to Australia's leading researchers, program developers and innovators in chronic disease management.
- Insight into policy and program initiatives in chronic disease management from leading state government policy makers.
- Engagement in debate with Norman Swan (ABC Health Report) on how to best operationalised chronic disease self-management within the Australian health care system.
- Innovative workshops that focused on 'practical' ways to develop, implement and evaluate self-management within the local Australian setting.

The full workshop and conference program schedule is now available for review via the conference website <http://www.mcmconferences.com/crd/program.html>

DHS Self-Management Mapping September - November 2007

The Department of Human Services has endorsed the Chronic Care (Wagner) Model approach for developing models to support clients with chronic disease. Self-management is one element of the model, and has been identified as a key component of routine health care. Self management promotes the concept of consumers being actively engaged in

their own health care, and aims to optimise people's capacity to manage the risk or impact of chronic illnesses over the lifespan and along the care continuum.

Mapping of self-management activities within PCP catchments will provide greater understanding of the current service system and assist to build capacity within the sector. The

mapping process will occur from September to November, and all PCP member agencies will be contacted to participate. It is anticipated that DHS will provide analysis and local feedback against Statewide data in January 2008 which can then be used locally to inform future planning and service support relating to self-management.

Flinders Model of Chronic Disease Self-Management Workshop

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The date has been set for the Flinders Model of Chronic Disease Self-Management Workshop to be conducted by Flinders University (Human Behaviour and Health Research Unit).

This course is suitable for health professionals working with people with any chronic conditions including diabetes, asthma, arthritis, depression, cardiovascular disease, cancer etc. The 2 day workshop is designed to improve the knowledge and skills of health professionals to better support people with chronic conditions using a generic self-management approach.

The workshop enables participants to:

- Understand a structural framework for better chronic condition management.
- Understand the theory and evidence for self-management.
- Develop understanding and skills in the

use of the Flinders Model.

- Apply the Flinders Model.
- Gain a 'Certificate of Competence – Flinders Model'
- Gain skills in collaborative problem definition, goal setting, care planning, motivational techniques, and outcome measurement.

WHEN:

17-18 October 2007 - 8.30am-4.30pm

Echuca Harness Racing Club, Simmie Street ECHUCA SOUTH

Cost \$595 (reduced to **\$200** with Campaspe PCP funding)

Registration closes Friday 5th October.

Please contact **Di Roberts Ph 58570243** or [✉ droboterts@kyhealth.org.au](mailto:droboterts@kyhealth.org.au) for further information and registration forms.

Self-management has been identified in the National Chronic Disease Strategy as a key component of routine health care

Better Health Self-Management Leader Training Course

The date for the Better Health Self Management (BHSM) Leader training Course (Stanford University model) to be conducted by Arthritis Victoria has been set!

The BHSM leader training course for health professionals is an internationally recognised standardised course that trains participants to co-lead in pairs a six week program for people with chronic conditions such as diabetes, heart disease, arthritis, asthma, bronchitis and more. The model was developed by Stanford University and has been available in Australia since 1994, is known internationally as the Chronic Disease Self Management Program (CDSMP). The course is supported by research findings in Australia and around the world.

Licensing

Organisations considering running a BHSM Program are required by Stanford Univer-

sity to obtain a license. Licenses are negotiated on a sliding scale for smaller agencies, however the Campaspe PCP is currently negotiating with Stanford University to hold a license on behalf of agencies to keep costs down and to which agencies can contribute a small payment to the PCP. The PCP will keep agencies informed of this negotiation process.

WHEN:

13-15 November 2007 9.30am-4.30pm

Kyabram Football Club Rooms, Unwin Street KYABRAM

Cost \$475 (reduced to **\$200** with Campaspe PCP funding)

Registration closes 15th October.

Please contact **Di Roberts Ph 58570243** or [✉ droboterts@kyhealth.org.au](mailto:droboterts@kyhealth.org.au) for further information and registration forms.

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Service Coordination Steering Committee 2007 Meeting Dates (remaining)

- Tuesday 16th October 3:00pm - 4:30pm
Goulburn Valley Health Waranga, Multipurpose Room
- Tuesday 11th December 11am - 5pm
Local Service Coordination Forum and Christmas break-up -
showcasing local initiatives, opportunities and projects
(Venue to be confirmed)



Diabetes Self-Management Guidelines

The **Diabetes Self-Management – Guidelines for providing services to people newly diagnosed with Type 2 diabetes** (DHS March, 2007), have now been released. The guidelines are aimed at Primary Care Partnerships and their member agencies (in particular community health services, rural health services, and Divisions of General Practice) to support provision of planned, managed, integrated and proactive care for people with chronic disease.

Care for people with chronic disease, such as diabetes, usually involves multiple health care providers in multiple settings. To provide this care within an integrated system, health care providers must work collaboratively to coordinate and plan care and services. This requires commitment from healthcare providers and agencies to work together to achieve shared goals.

The guidelines will support PCP's and relevant member agencies to implement new diabetes self-management funding in the context of a chronic disease management approach across the service system, and are also intended to support other agencies in their work with people who have chronic diseases.

The guidelines can be accessed at:

<http://www.health.vic.gov.au/communityhealth/publications/diabetes.htm>