FRCOG CPHS Rural Medication and Chronic Disease Self Management Support Project

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Franklin Regional Council of Governments

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Cooperative Public Health Service

- 10 Town Health District (LBOH)
- Sanitarian and Nursing Services
- Nursing
  - Communicable Disease Surveillance, Response and Reporting
  - Prevention Activities (flu vaccine/EDS, lyme disease prevention campaign)
- Community Health and Wellness
  - Rural Medication Management and Chronic Disease Self Management Program (CBAC Funded Project)
"Self-management” a promising approach to improving outcomes and reducing health care costs associated with chronic conditions, whereby individuals, in collaboration with nurses and other health-care professionals, assume greater responsibility for health care decisions.

Chronic health conditions are defined as diseases of long duration and generally slow progression e.g. heart disease, some cancers, stroke, diabetes, arthritis, respiratory illnesses.
Chronic Care Model

Community Resources and Policies
- Self-Management Support
- Delivery System Design
- Decision Support
- Clinical Information Systems

Health System Health Care Organization

Informed, Activated Patient
- Productive Interactions

Prepared, Proactive Practice Team

Functional and Clinical Outcomes
Evidence-based recommendations for nurses providing self-management support of Adults

* Strategies and interventions that enhance an individual's ability to manage their chronic health condition

* Major Outcomes Considered
  * Patient health outcomes
  * Health care costs
  * Patient confidence and role in health care
CPhS Project Focus Areas

* Knowledge and Skill Development
  * Health information
  * What are my numbers? What can I do to improve?
  
* Medication Reconciliation
  * Med card, med calendar, File of Life

* Collaborative Nurse/Client Intervention
  * Reinforcement/Problem Solving

* Use of Evidence Based Tools
  * Stanford CDSMP (Developing an Action Plan, Decision Making)
  * Zone Tools
GOAL is increased confidence in the ability to affect positive change.

PURPOSE is to help clients become informed and take an active role in treatment.

Client centered interventions involve gaining improved coping skills and support needed to help individuals:
- prevent and minimize their admissions to hospital
- continue their lives at home
- maintain and enjoy good health, their families and friends.
Five A’s Behavioral Approach

Personal Action Plan

Assess
Advise
Agree
Assist
Arrange
Assess

* Obtain clinical data
* Conduct Medication Review
* Discuss client's experiences with self-management
  * Administer and review 6 item questionnaire
* Identify Stressors / Barriers
* Identify Existing Strengths and Supports
Advise

* Identify Needs
* Provide Information (reducing sodium, steps to lowering blood pressure, cholesterol)
* Discuss Potential Referrals
  * Medical providers
  * Mental Health resources
  * Social Services
  * Home Care Services
* Decide what should happen next
  * I will....
* Goal Setting
  * What? Specific, Measurable, Attainable, Realistic, Time-bound (SMART)
* Action Planning
  * How? Steps to achieve goals.
Select Useful Strategies and Tools
- Symptom Monitoring Logs, Diaries, Zone tools
- Medication Sorters, File of Life
- Home Monitoring Devices

Practice Problem Solving

Link with Relevant Services
- Medical, Home Care, Social Services, Assistance Programs, Transportation
Arrange

- Contact to providers (sometimes from nursing office)
- Involve trusted family members
- Coordinate as agreed with other service providers (physicians, case managers, social workers)
- Follow up as appropriate
Stanford CDSM 6-item Questionnaire: Assessment and Evaluation

- Measure of Efficacy / Confidence to manage
  - Fatigue
  - Pain
  - Emotional Distress
  - Other Symptoms
  - Other Tasks/Activities
  - Non-Pharm Approaches

- Great Tool to Identify Client Issues of Concern

- Assist Program Evaluation
Based on 39 Respondents
Established Mean = 5.17, standard deviation 2.22

CPHS Nursing Program:
How confident are rural elders that they can manage their chronic disease?
How confident are you that you can keep **fatigue** caused by your health condition from interfering with the things you want to do?
How confident are you that you can keep the physical discomfort or pain caused by your health condition from interfering with the things you want to do?
How confident are you that you can keep the emotional distress caused by your health condition from interfering with the things you want to do?
How confident are you that you can do things other than just taking medication to reduce how much your health condition affects your everyday life?
How confident are you that you can keep any other symptoms or health condition you have from interfering with the things you want to do?
CDSMP 6 item at 6 months

- Fatigue
- Pain
- Emotional distress
- Other symptoms
- Different tasks
- Non-pharmaceutical

pre test
post test
How is CPHS Nurse /Town Nurse Service important to you?

Strongly Disagree (1) - Strongly Agree (5)

11 Respondents
How important are these items or services offered by the Nurse?

Strongly Disagree (1) - Strongly Agree (5)

11 Respondents
Expanded services in existing Deerfield and Conway Wellness Clinics

Established New monthly walk-in wellness clinics
- Shelburne Falls Senior Center
- Charlemont Federated Church

Special wellness events: Gill, Leyden

Linkage with members of BFMC Readmission Collaborative

Developed collaboration with GCC, UMASS and Elms Colleges
CHPS Nursing moving forward

- Renew Program and Evaluation Plans
- Continue responsiveness to identified community needs -- especially BFMC CHNA
- Pursue grant funds where possible
- Ensure alignment with big picture of accountable care
- Stay current with evidence-based CDSM interventions
- Strengthen collaboration and partnerships – build on relationships with Community Health Center, Readmission Collaborative, Life Path, Inc.
References

* Wagner EH. Chronic disease management: what will it take to improve care for chronic illness? Eff Clin Pract. 1998;1:2-4. (The Chronic Care Model image first appeared in its current format in this article)