A broad approach to chronic disease management (in a rural setting)

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S&RH, Women’s Health Nurse- Pap Test Provider
Haemodialysis Nurse
Bairnsdale Regional Health Service

Also Women’s Health (Sexual & Reproductive Health Nurse) and Renal Dialysis Nurse

So have a broad scope of experience and advanced qualifications in many areas of Chronic Disease care and management
Bairnsdale Regional Health Service is the major health care provider for a region that expands 28,000 square kilometres with rural and very remote townships nestled within rugged mountains to the north and rivers meandering southward to the lakes system and ninety mile beach.
To develop community approach

- Identify need & review available programs
- Re-define health, especially in the context of chronic illness
- Review levels of prevention (& risk factors)
- Underpinning philosophies
- Identify skill capacity and/or address gap
- Implement training or program
Re-defining Health

.............. not merely the absence of disease or infirmity. (WHO)

Well being = Wholeness... is not the same as being happy or living without pain, frustration or handicaps. (De Vries)

Inextricable link between mind, body, spirit and culture.

More important elements of healthiness being balance & potential and being given an opportunity to personalise.

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I have been employed in Community Health at Bairnsdale Regional Health Service since 1999, and although I had a very broad experience and background, I didn’t have a solid academic background in primary health care and health promotion. I guess instinct and intuition can be great to coin ideas and theories; however, practice needs to be evidence based. Initially I struggled to identify an clear concise pathway to approach what I saw as the emerging health needs in our community. Since then I have set to learn as much as I can and inturn return that knowledge back to the community, in the form of commitment and program development.

Considerable portion of my time is devoted to chronic disease management, specifically addressing the issues of respiratory health. Regardless of the disease process, the approach is frequently the same
Challenges to a comprehensive definition.

• Need to acknowledge the dynamic nature of being healthy
  - health is not static, is ever changing.
• Important health indicators are functionality & QoL
• Health is a resource.

Health is relative.

If health is dynamic, never static, then can it be considered that a person with a chronic illness or injury, which is well managed, with the person continuing to carry out daily living and social activities to be defined as unhealthy or healthy?
Focal or perceptual shift.

• Focus varies from the body (disease) to individual experience (illness) and society (sickness). (Altschuler, J.)

• Societal attitudes have an impact on our preparedness to seek a diagnosis and readiness to adopt a sick role.

• Health Professionals & Families play an important role in determining, or re-defining, beliefs & expectations about health & illness.

Disease is the biological abnormality or pathology.
Illness the subjective or emotional experience associated with body and functional changes.
Sickness denotes the social & functional consequences that follow the disease or illness.
We live in a world defined by wellness
Wellness not wellbeing
Wellness an achieved state / wellbeing a sense of being
Chronic illnesses can be disabling, isolating and demeaning, disabling physical, social and emotional self. Our world is predominately defined by ‘health’, so this can create a situation where the person with the disease feels the need to ‘accommodate’ other members in the family.

Also affects how other of the family view/perceive what is wanted or needed. (Altschuler, J. (1997) Working with Chronic Illness – A Family Approach.)
Common Risk Factors

- Unbalanced nutritional intake
- Inadequate physical activity
  - Recreational
  - Aerobic and Strength training
- Tobacco use

Other equally significant factors
- Self Esteem & Mental Health
- Cultural Pride & Respect
- Education & Employment
Quality of life is defined as the degree with which the person enjoys the important possibilities of life.
Models of Chronic Illness Care

- **Nursing Practice Model** - focuses on how nurses can assist people with chronic illnesses in promoting their own health through the development of self-management skills.

- **Shifting Perspectives Model** - living with chronic illness as a state of being that has elements of both illness and wellness, perspective representative of beliefs, perceptions, expectations, attitudes & experiences.
Theories of chronic illness care

• Parse's Theory – suggests that illness must be viewed from the person’s perspective rather than Health Professional attaching negative or positive connotations to person’s illness experience.
Primary Health Care as a strategy for organising health care

An integrated balance in providing programs and activities for:
- Treatment of illness (Secondary Prevention)
- Rehabilitation from injury and illness and Health Education (Tertiary Prevention)
- Disease prevention & Health Promotion (Primary Prevention)

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Sadly this seems to be the nature of approach as we struggle to support the health needs of those with established chronic illnesses.

The importance is to strategically make the ‘shift’ to increase efforts and resources to the primary prevention of identified common risk factors to chronic diseases and consequential negative health changes.
No need to reiterate the unacceptable enormity of the chronic illness in mainstream and more so in Indigenous Peoples.

Only to say that management and health promotion addressing chronic illness is a relative new service need requiring reorientation and redevelopment of systems and frameworks. Previously health system was based an acute model, underpinned by biomedical of health.

With the increasing ageing population and incidence of chronic illness, current models of health care will not be financially sustainable nor ultimately result in the best health outcomes.
Hub and Spoke Model
Inner circle
Middle Circle addresses workforce skill and capacity building or the health capacity and delivery systems
Outer circle addresses community group and individual services and programs
The outer perimeter focuses on research and evaluation.
**Why the BRHS program works:**

Social Model of Health

- Empowering
- Client focused goal setting
- Skill building
- Goal setting
  - Incremental
  - Inspired to be realistic
  - Success orientated
- Nurtures Confidence and Hope

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How the BRHS programs work:

Partners in care - clients own it

- Create no-blame/non-judgemental environment
  Not retrospective lifestyle evaluation

- Negotiation

- Equipment used is affordable.
  • Clients purchase own.
  • Continue program at home
Pulmonary Rehabilitation, Better Health Self-Management (CDSM) Courses and ChIPS

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What is Pulmonary Rehabilitation?

- A multidimensional continuum of services directed to persons with pulmonary disease, and their families,
- Involves an interdisciplinary team of specialists,
- With a goal of achieving & maintaining the individual’s maximum level of independence & functioning in the community.

Pulmonary rehabilitation may be defined as a multidimensional continuum of services directed to persons with pulmonary disease and their families, usually by an interdisciplinary team of specialists, with the goal of achieving and maintaining the individual's maximum level of independence and functioning in the community (Fishman, A. 1994).

The original model of pulmonary rehabilitation was introduced United States of America in 1974 by Thomas Petty, then in Daw Park Repatriation Hospital, South Australia by Dr Peter Frith in the early 1990's. The Austin and Repatriation Medical in Melbourne started a program in 1991, home visits and exercise diary commenced in Ballarat in 1998, and the program commencing in Bairnsdale in June 2001.

management component as recommended in the Global Initiative for Obstructive Lung Diseases (GOLD) standards
Aims

- Increasing knowledge and understanding about their condition,
- Nurturing an increased confidence and skill to better [self-] manage their condition,
- And therefore supporting an improvement in their quality of life.
Program Objectives

• Reduce the impact of deconditioning, while increase 6MWT

• Reduce sense of breathlessness, while QOL increases.

• Reduce frequency of admissions, while increase primary care visits.

• Reduce length of stay in hospital.

Multiple randomised control trails assessing the effects of Pulmonary Rehabilitation programs show:

* Reduce the impact of deconditioning and sense of breathlessness

* reduce the frequency of admissions and

* reduce the length of stay when admitted to hospital
Distance walked is on the ‘y’ axis, with the differences giving an indication of improved functional or exercise capacity.
WALKED THE BEACHES
FOR MILES AT LOW TIDE, BUSH
WALKING IN NATURE PARKS.
EVERYTHING WAS A 30 MINUTE WALK TODAY.
THE FIRST 500M STRAIGHT UP.
WITH LOTS OF HUFFS & PUFFS :)
Pulmonary Rehabilitation Toolkit
CHECKLIST
www.pulmonaryrehab.com.au

This summary card and checklist highlights the key features of a pulmonary rehabilitation program. Comprehensive, evidence-based information on how to establish a pulmonary rehabilitation program is available at the Pulmonary Rehabilitation Toolkit website: www.pulmonaryrehab.com.au

A pulmonary rehabilitation program should be considered for any patient who has underlying chronic lung disease and who is limited by dyspnea.

Pulmonary rehabilitation programs require a health professional who has the expertise to conduct an exercise program and who is trained in cardiopulmonary resuscitation. For the educational component of the program, a multidisciplinary team of health professionals may be involved.

Implementing the Program

STEP 1.1 Patient assessment
Better Health Self-Management Courses

- DVA Grant May 2004-May 2006 ($22,000)
- Addressing better health of Veterans with Chronic Illnesses
- BHSM leadership training of 6 Health Professionals & 10 Veteran Peer Leaders from across East & Far East Gippsland
- Facilitation of 5 courses
- Direct impact to 81 people
BHSM Course

• Using the Stanford Lorig Model
• Rather than disease specific information, addresses the common issues experienced by people living with a chronic illness.
• Increases skill and confidence to better manage health changes.
• Breaks down sense of isolation

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# Health Education Impact Report

**Organisation:** Barnsdale Regional Health Service  
**Course ID:** [ID]  
**Start date:** 07/03/2007  
**Course Leader 1:**  
**Course Leader 2:**  
**Course Type:** Chronic Disease Self-Management Course  
**Number of course participants:** [Number]  
**Number of valid NPLs:** 14 (Baseline)  
**Non-completers:** [Number]  

## How does your group compare with other groups in Australia at the start of the course?

<table>
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<th>Baseline Scores</th>
<th>Year group score (Pr)</th>
<th>National average score (Pr)</th>
<th>Year group as a percentage of the national average</th>
<th>Compared to your group score</th>
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**How much did your group and each individual participant improve?**

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<th>Compared to your group score</th>
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*Note: Numbers in the table represent the percentage of participants who achieved the improvements compared to the national average.*
Chronic Illness Peer Support Education, Recreation & Socialisation

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About ChIPS

Developed in 1992
At the Centre for Adolescent Health at the Royal Children’s Hospital, Melb.

Generally Melbourne & Metropolitan based with over 300 participants

No known other rural groups in Victoria

CHIPS was developed in 1992 at the Centre for Adolescent Health attached to the Royal Children’s Hospital in Melbourne.

It is generally based around Melbourne, with over 300 participants with a wide range of different conditions.

In our group, young people manage conditions such as diabetes, asthma, chron’s disease, muscular dystrophy, immune differences and leukaemia.

There are no other known rural groups at this stage.
The philosophy of ChIPS refers to the feelings of the young people in the group. This is based on the concept that all young people who live with a chronic illness will experience similar life-style and emotional concerns. So therefore, to be able to get together and socialise helps them to overcome a feeling of isolation.

ChIPS encourages people not to categorise the person to the illness, just considers each young person as having a ‘chronic illness’ with similar experiences. This philosophy unites a group because everyone feels the same.
Some expected benefits of ChIPS

- Improve (adolescent) adjustment to life with a chronic illness, with better self-management of condition
- Increased independence & sense of control over health status.
- Develop a range of personal abilities.
- Become more active in the local community.

Those who developed the concept of ChIPS anticipated these benefits.

Improve adjustment to life with a chronic illness.
- Develop a range of personal abilities. Including self-management & leadership
- Increase sense of control over health status.
- Become more active in the local community.

We have seen these benefits developing in our own group.

We would now like to share with you some of the specific issues of supporting a young person with a chronic illness, whether that be carer or health professional.
Actual Achievements.

- More accepting of chronic illness and able to talk about it [with others].
- Being able to share on ‘common ground’ with no judgements.
- Developing close friendships and ability to express ‘inner’ feelings.
- Increased involvement in organisation of activities, peer driven.
Tobacco Control, Smoking Cessation and Health Promotion.

Most difficult to evaluate in view of the accumulative and delayed outcome effect of activities.
Asthma Education

Emergency Asthma Management in Sports (& camping), Schools and Childcare.

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Asthma Training

- National Asthma Community Grants 2005, DH&A with Asthma Australia ($10,000)

- 6 x Registered Nurses (Div 1) attended Introductory Course in Asthma Education (Lung Health Promotion Centre at the Alfred)

- 11 x Football Trainers/Coaches & 14 Fitness Trainers gained accreditation in 21386 VIC - Course in Emergency Asthma Management
Asthma Education

• Individual and carer asthma management consultations

• Emergency Asthma Management training for
  - Schools Staff,
  - Childcare Workers,

• Integration of EAM and Respiratory device use in to TAFE Cert. IV in Health (Nursing) Aged Care, Disability and Child Care
Recommendation.

1. Commissioning of a federal bureaucratic department devoted to chronic illness management and the subsequent development of a National Chronic Disease Strategy, supported by funding commensurate to the severity of the problem.
Recommendation.

2. Policy, and subsequent funding, to differentiate between the uniqueness of chronic illness management in rural and remote Australia, compared with urban and metropolitan centres.