

Implementing Self- Management in Communities

Taking Charge of Our Health

Partnership Development Initiative
Building the Self-Management
Community

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Engaging Diverse Patient Populations in Self-Management

Jamie Read

Family Physician

Sherbourne Health Centre

Toronto ON

Introduction



- Graduated 1992
- CCFP(EM)
- Academic teaching hospitals
- Community 2003
- Medical Director 2005-09
- QIIP

Sherbourne Health Centre

- Downtown SE
Toronto
- Focus on three
marginalized
communities: LGBT,
homeless,
newcomers
- Primary health care

Sherbourne Health Centre

- Programs and services include:
 - ✓ FHT/Primary Care
 - ✓ Mental Health
 - ✓ Health Bus
 - ✓ Infirmary
 - ✓ LGBT specialized
 - ✓ SOY
 - ✓ DM, HCV
- Staff ~110



So Why Self-Management



- Clear gap in care
- Current model not working
- Barriers galore
- Improved model of care

Clear Gap in Care

- Good blood glucose control can reduce the risk of complications, yet only 58% of DM pts are tested for HbA1C and of those < 50% are at or better than target
- Screening 50-75 yr olds w FOBT will reduce mortality from colorectal cancer by 15-33%, yet < 17% were screened in 2004/05

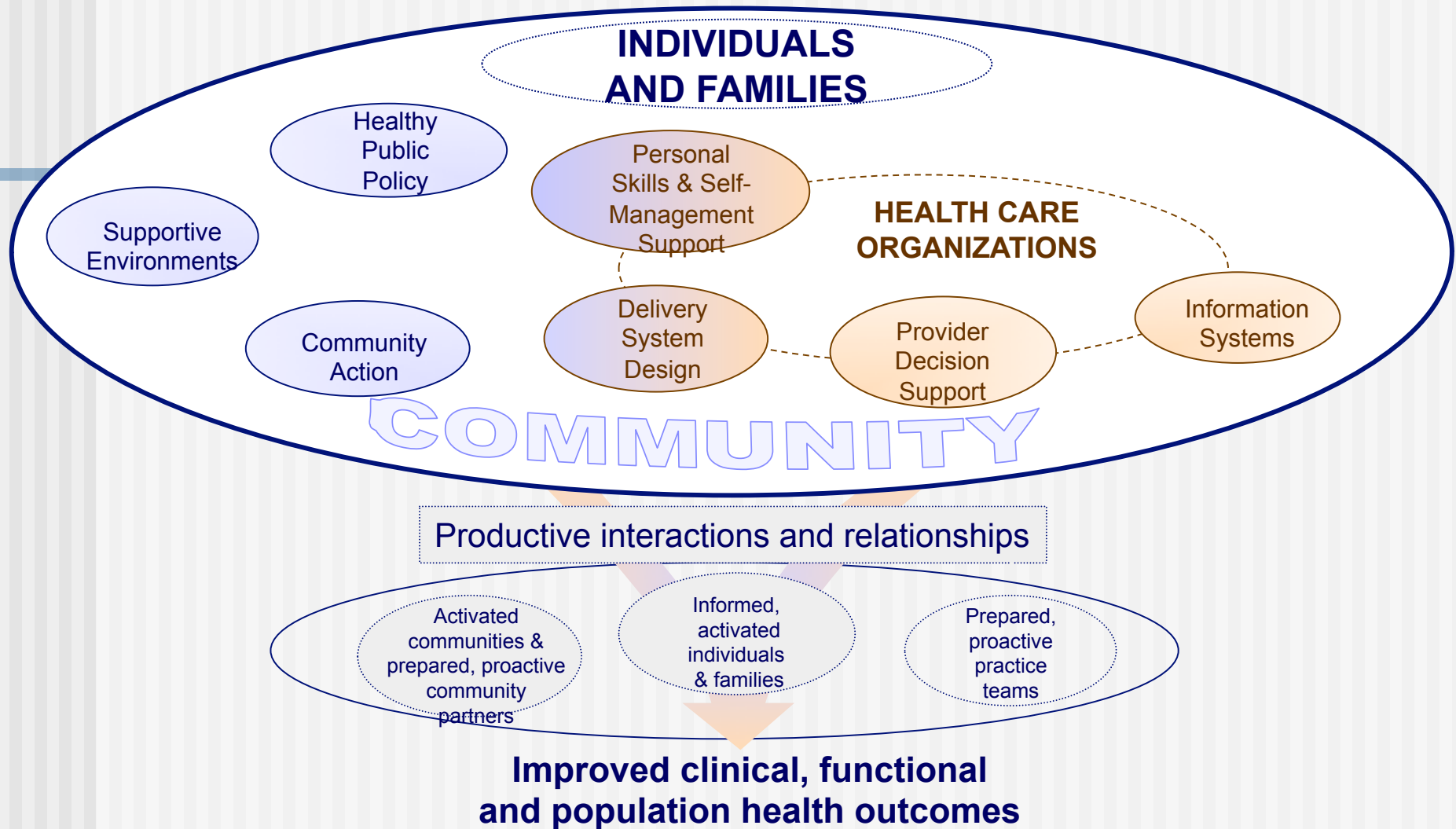
Current Model Not Working

- ❑ Current model:
 - Focused on acute illness not chronic
 - Reactive rather than proactive
 - Symptom focus and not person focus
 - Health promotion and disease prevention not priorities

Barriers to Care

- Poverty
- Lack of stable housing
- Lack of stable income
- Lack of food security
- Language and cultural barriers
- Gender identity, sexual orientation
- Substance use
- Trauma
- Serious mental illness
- Multiple co-morbidities
- Judgments
- Mistrust of the system

Ontario's CDPM Framework



Ontario's CDPM Framework

- Framework identifies a number of elements that have been found to improve chronic care delivery
- Each element is interconnected and mutually dependent (and therefore necessary)
- These elements support the productive interactions and relationships between patient, provider and community which lead to improved health outcomes

What characterizes an “informed, activated individual”?

**Informed,
Activated
Individual**

They have the motivation, information, skills, and confidence necessary to effectively make decisions about their health and manage it.

Informed, Activated Individual

■ Self-Management Supports

- Client centered, part of the care team
- Engaged in decision making
- Empowered to be self-managers
- Support services organized for clients
- Shared guidelines
- Follow up

■ Personal Skills

- Effective support services
- Population health strategies
- Collaboration between health care and community organizations

East Toronto Hepatitis C Program

- Partnership of three health centres
- Focuses on people with chronic HCV, primarily those with active or past substance use
- Provides access to primary and specialized health care, treatment, mental health and social supports
- Built around a weekly group that is peer driven and focuses on education and capacity building

East Toronto Hepatitis C Program

Sherbourne Health Centre

- 250+ patients
- Very few have accessed any specific HCV care
- Very few receiving appropriate care
- Many lead chaotic lives
- 18 enrolled in current group (2nd group)
- Most actively using
- Concurrent mental health, e.g. schizophrenia, depression, PTSD
- Almost all are marginally housed, on social assistance

East Toronto Hepatitis C Program

Sherbourne Health Centre

- 24 week group
- Facilitated by peer HCV worker and case manager
- 2 hour session
- Peer driven
- Highly interactive
- Curriculum covers
 - HCV 101
 - Treatment
 - Healthy liver
 - Harm reduction
 - Mental health
 - Housing issues
 - CAM therapies
 - Action planning

East Toronto Hepatitis C Program

Sherbourne Health Centre

- During and outside group access to:
 - PCP
 - HCV RN
 - Other RNs
 - MHW
 - CRW
 - Dietitian
 - Housing worker
 - Internist +/- Psychiatrist
- All have accessed PCP and HCV RN
- Majority have accessed MHW +/- CRW
- Majority have seen either Internist +/- Psychiatrist
- 1 has completed treatment, 1 is on treatment, and several are pre-treatment

East Toronto Hepatitis C Program Sherbourne Health Centre

- Outcomes not formally evaluated yet...
- But...
 - Most are receiving evidence based care
 - Weekly attendance is high
 - Substance use and mental health is more stable in most
 - More actively engaged in managing their health

Gender Journeys

- A unique 8 week group to support transgender clients
- Focused on education, peer support, community building, empowering clients to take control
- Background:
 - SHC has 500+ trans clients
 - Marked difficulty in accessing culturally competent care
 - SHC primary care providers couldn't keep up

Gender Journeys

- Facilitated by two out trans people
- Offered three times/yr
- Sessions cover:
 - Hormones, surgery
 - Gender
 - Transphobia
 - Social inclusion
 - Etc.
- Outcomes:
 - Evaluation of first 100 participants 97% agreed that they “received information and support they needed to make informed decisions about their personal gender journeys or transitioning process”

Gender Journeys

“It has allowed me to forge communications with others and become more sure of myself along my path”

“It has allowed me to realize that it (gender change) is a journey, I felt a lot of pressure to “just fix it” to be done with it. The group helped me to realize that I don’t have to fix it. I can just be. No hurry.”

More...

- DM program incorporates many self-Rx components incl. cues/reminders embedded in flow sheet, goal setting, educational classes, community kitchen
- 18 staff incl. several from partner agencies trained as Master Trainers/Leaders in Stanford CDSMP
 - Groups for newcomers, urban health populations
- Smoking cessation group
- QIIP Collaborative focused on QI/ON CDPM

Approach for Success

- Acceptance, suspend judgments
- Patience, engagement takes time
- Trauma informed
- Emphasizes partnership, collaboration
- Person centered, driven
 - Person determines goals, pace, outcomes
 - Person involved in decision making
- Culturally competent
- Social determinants of health

Challenges

- Provider centeredness
- Leadership engagement
- Patients as partners at all levels of the system
 - One on one care
 - Organizational
 - System/Policy

Final Words...

Thank You

Email: jamie.read@qiip.ca