

# The 2004 (or 2005) AAAGP Travel Scholarship

A visit to sunny Adelaide,  
May 2005

# Highlights

- ◆ Observing another academic department
- ◆ Meetings with individuals providing different perspectives on “self management” – research and education
- ◆ Progress on Sharing Health Care research
- ◆ GPCE conference in Sydney
- ◆ Forging “closer links”
- ◆ Greedy Goose – TV appearance

**ENTRANCE**

Flinders  
Human Behaviour  
& Health  
Research Unit



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# Another Academic Department.....

## ◆ Similarities

- In a converted nurses' residence
- Consistently looking for funds
- Diverse undergraduate, postgraduate and research activities

## ◆ Opportunities

- Fabulous journal article system
- Endnote functioning library covering self management, hypochondriasis, chronic pain, measurement theory
- Enormously welcoming

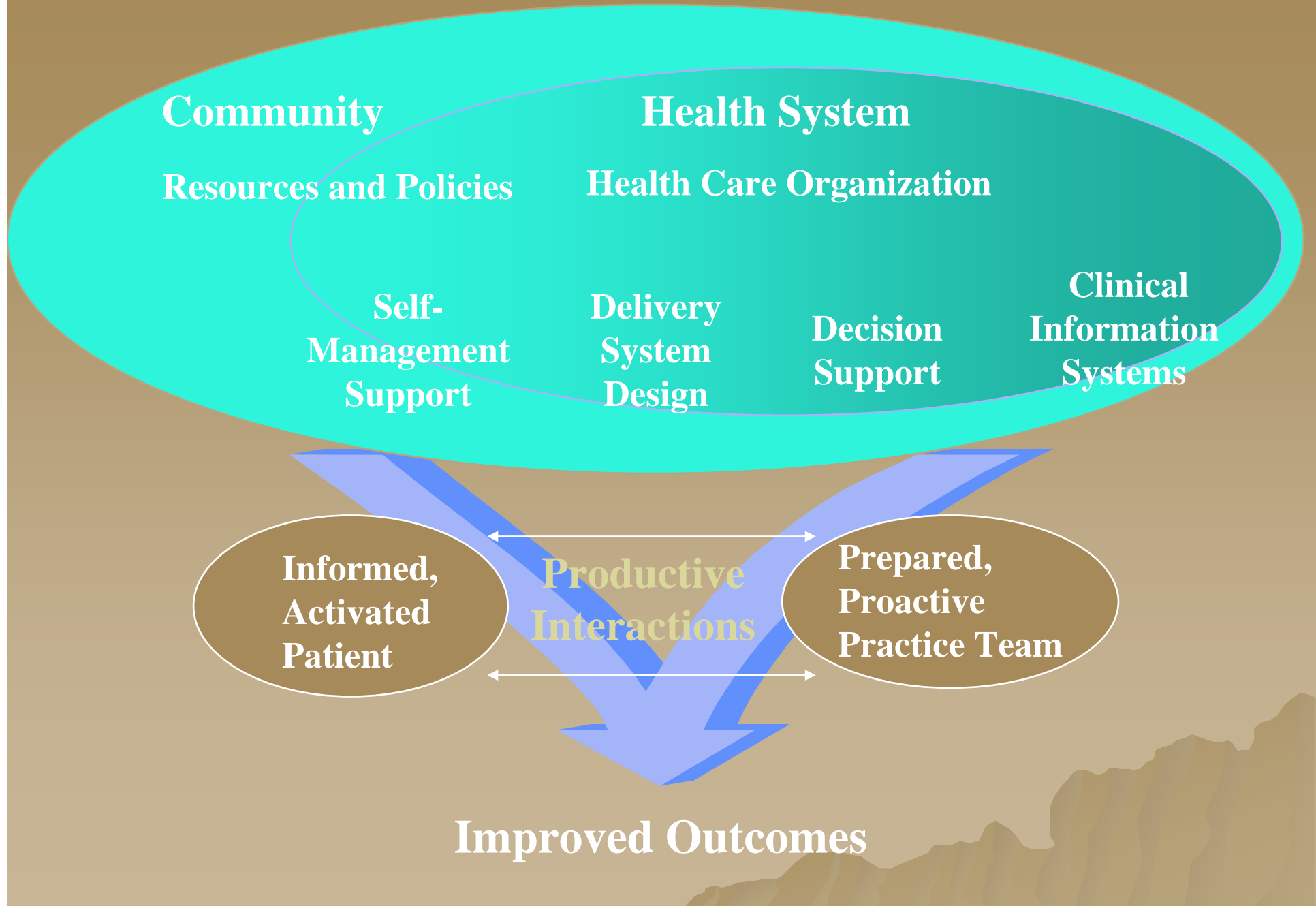
# Individuals

- ◆ Malcolm Battersby – psychiatrist – developer of tool to measure self management functioning Partners In Health Scale = my ideas on analysing PIH data
- ◆ Rene Pols – psychiatrist - education of medical students about self management (MJA paper)
- ◆ John Lawrence – researcher (psychologist) about working with Divisions to implement Primary Health Care Teams – chronic disease management (and PIH)
- ◆ Peter Harvey – researcher (teacher) – analysis of Sharing Health Care data – add PIH data to SA data for collaborative papers
- ◆ Liz Farmer – AssPro at Flinders GP dept – update on their department and her role as Clinical Director of Collaboratives Project (I am on National Evaluation Panel)
- ◆ Liz is also PHCRED coordinator for Flinders Uni – strategies to research “Research Capacity of Registrars”, supporting studies, writing clubs, internet resources
- ◆ Staff at Flinders Human Behaviour and Health Research Unit

# Partners in Health (Sharing Health Care)

- ◆ Wagner model
- ◆ Measuring Self Management  
Functioning as the outcome measure  
of an educational intervention
- ◆ Relationships of interest – health  
status, stage of change, relationship  
with GP (CPCQ)

# Chronic Care Model





# The new frontier of self management

- ◆ The five domains of self management identified by Battersby and colleagues are that clients:
  - know their condition and various treatment options,
  - negotiate a care plan,
  - engage a plan of care,
  - monitor and manage the symptoms and signs of the condition(s), and
  - manage the impact of the condition on physical functioning, emotions and interpersonal relationships.



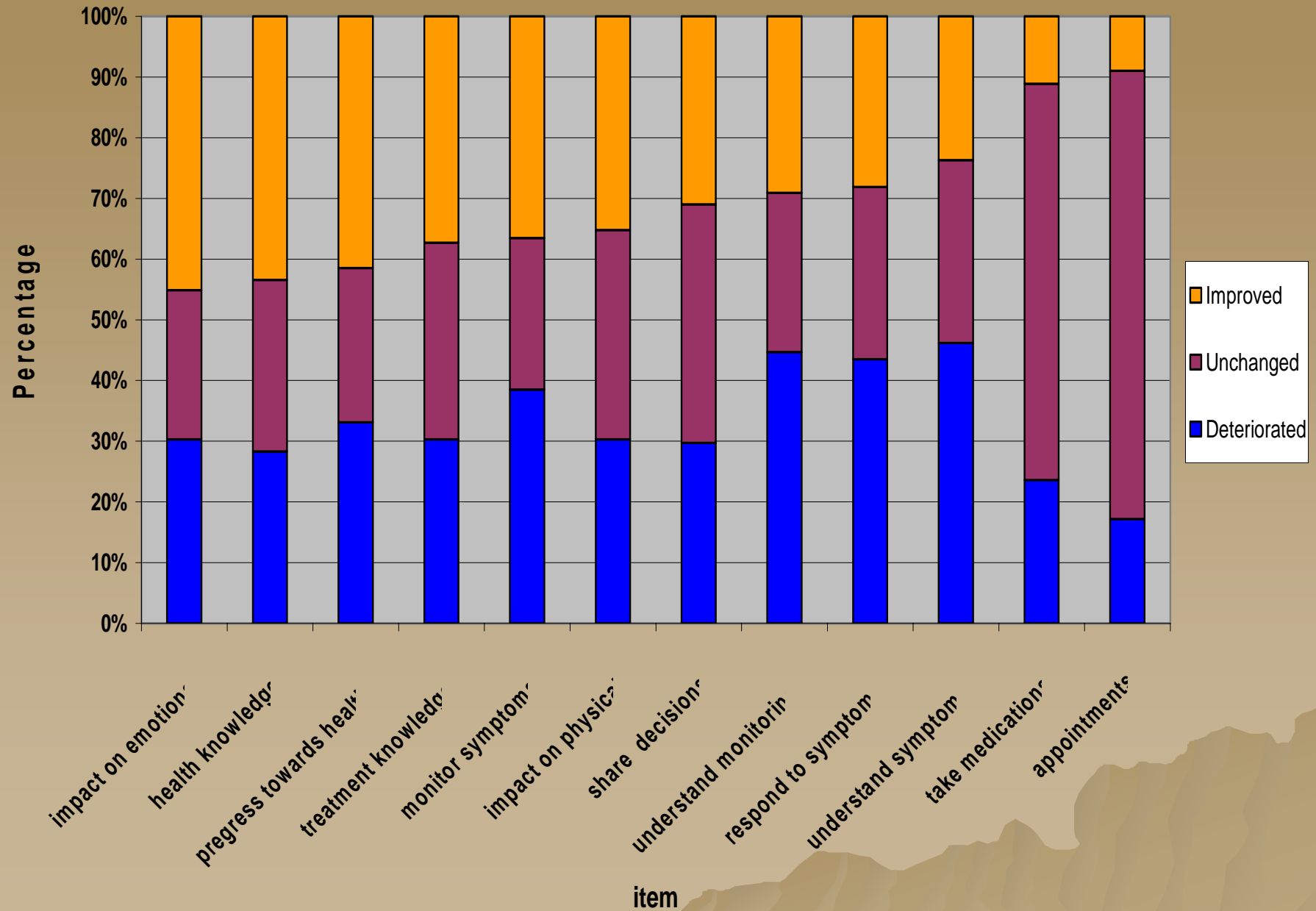
# ACT Health partners

Disease group	Number	%	Range of years	Mean no of years	#(% impact
Diabetes	57	22	1-20	7.4	17(7)
Arthritis	195	76	1-63	14.6	97(38)
Respiratory	58	23	1-75	23.6	13(5)
Cardiovascular	178	69	1-60	13.5	30(12)
Renal	17	7	1-37	8.1	3(1)
Depression	70	27	1-80	14.3	12(5)
Osteoporosis	37	14	1-25	7.8	4(1)
Other disease	179	70	1-76	15.8	82(32)

# Baseline ACT PIH 2003

<b>PIH and C&amp;R question</b>	<b>Mean PIH (ranking)</b>	<b>Mean C&amp;R (ranking)</b>
0=best – 8=worst		
Ability to attend appointments	0.36 (1)	0.31 (2)
Ability to share in decision-making	0.42 (2)	0.26 (1)
Ability to arrange appointments	1.19 (3)	0.87 (3)
Ability to take medications	1.28 (4)	1.02 (6)
Ability to monitor	1.34 (5)	0.90 (4)
Understanding of what action to take if necessary	1.34 (6)	0.94 (5)
Knowledge of illness	1.97 (7)	1.19 (8)
Adopting healthy habits	2.06 (8)	2.19 (10)
Knowledge of treatment	2.07 (9)	1.06 (7)
Ability to take action if necessary	2.34 (10)	2.33 (11)
Social and emotional well-being	2.64 (11)	2.74 (12)
Understanding need for monitoring	2.87 (12)	1.44 (9)

# Individual change in PIH scores



# New domain scoring

## Disease knowledge factor

1. My knowledge about my health condition is: extensive to poor
2. My knowledge about the treatment of my health condition is: extensive to poor
6. I understand why I need to check and write down my symptoms: always to never
8. I understand what to do when my symptoms are worse: always to never

## Disease management factor (all always to never)

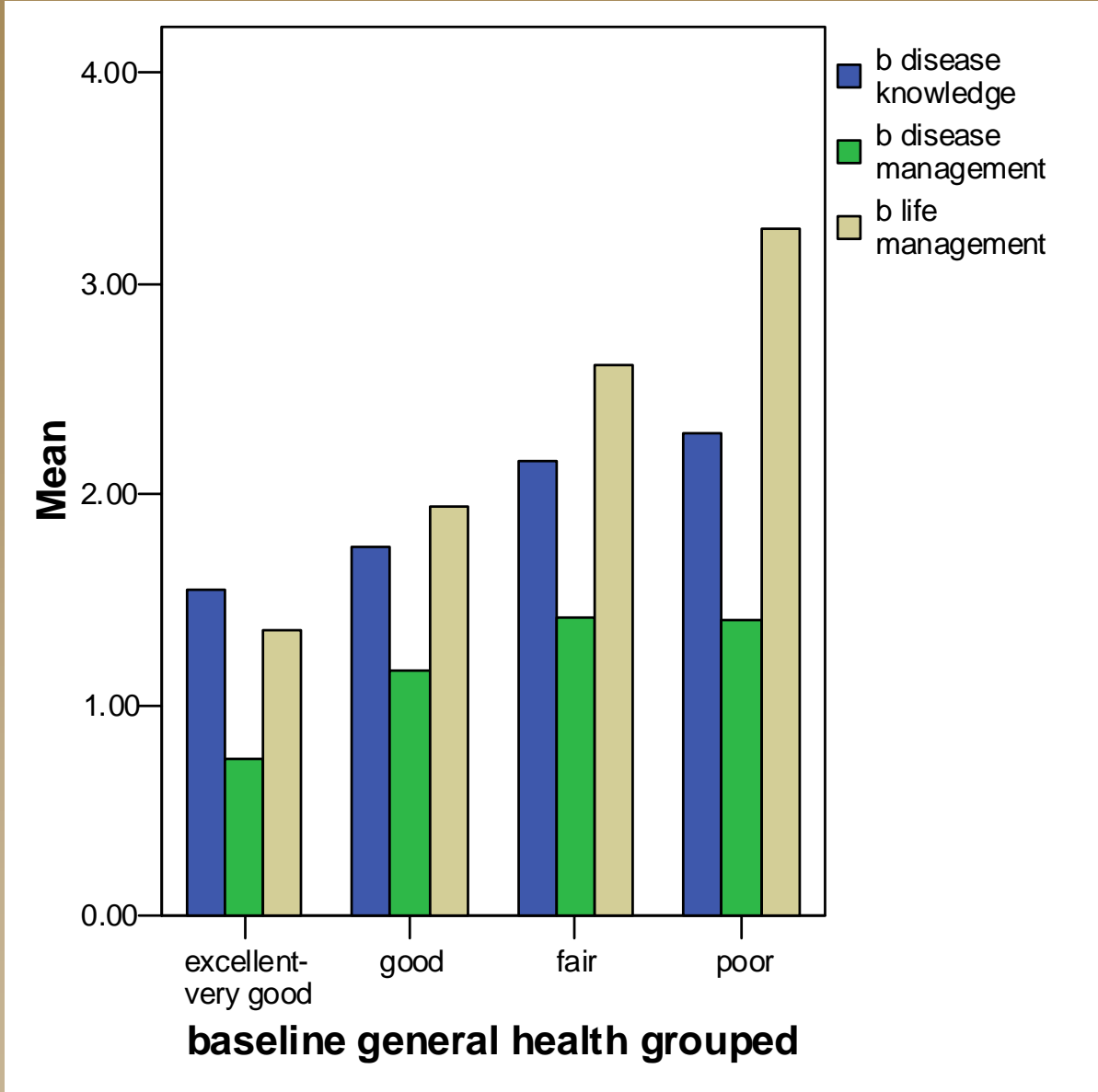
3. I take my medications as asked by my doctor
5. I arrange appointments and attend appointments as asked by my HSP
7. I check and write down my symptoms; also N/A
9. I do the right things when my symptoms are worse

## Life management factor

4. I share in decisions made about my health condition: always to never
10. How I manage the impact of my health conditions on my physical activities is:  
very good to very poor
11. How I manage the effects of my health condition on my emotional and social life is:  
very good to very poor
12. My progress towards living a healthy life is: very good to very poor.

## Other associations (for content validity)

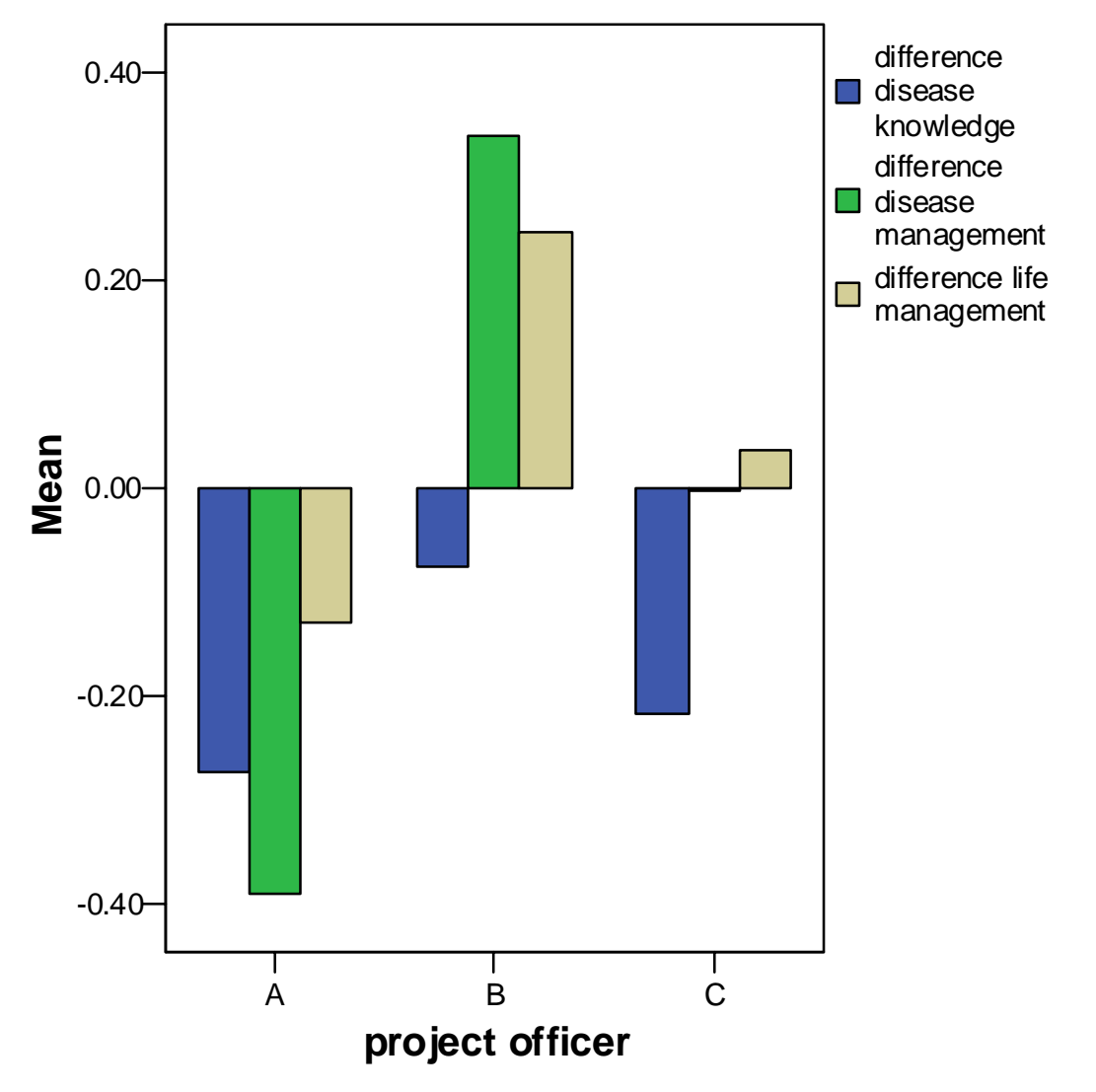
- ◆ All 3 domains worse with increasing mental distress
- ◆ Only life management decreased with poor social support
- ◆ All domains worse with poor health

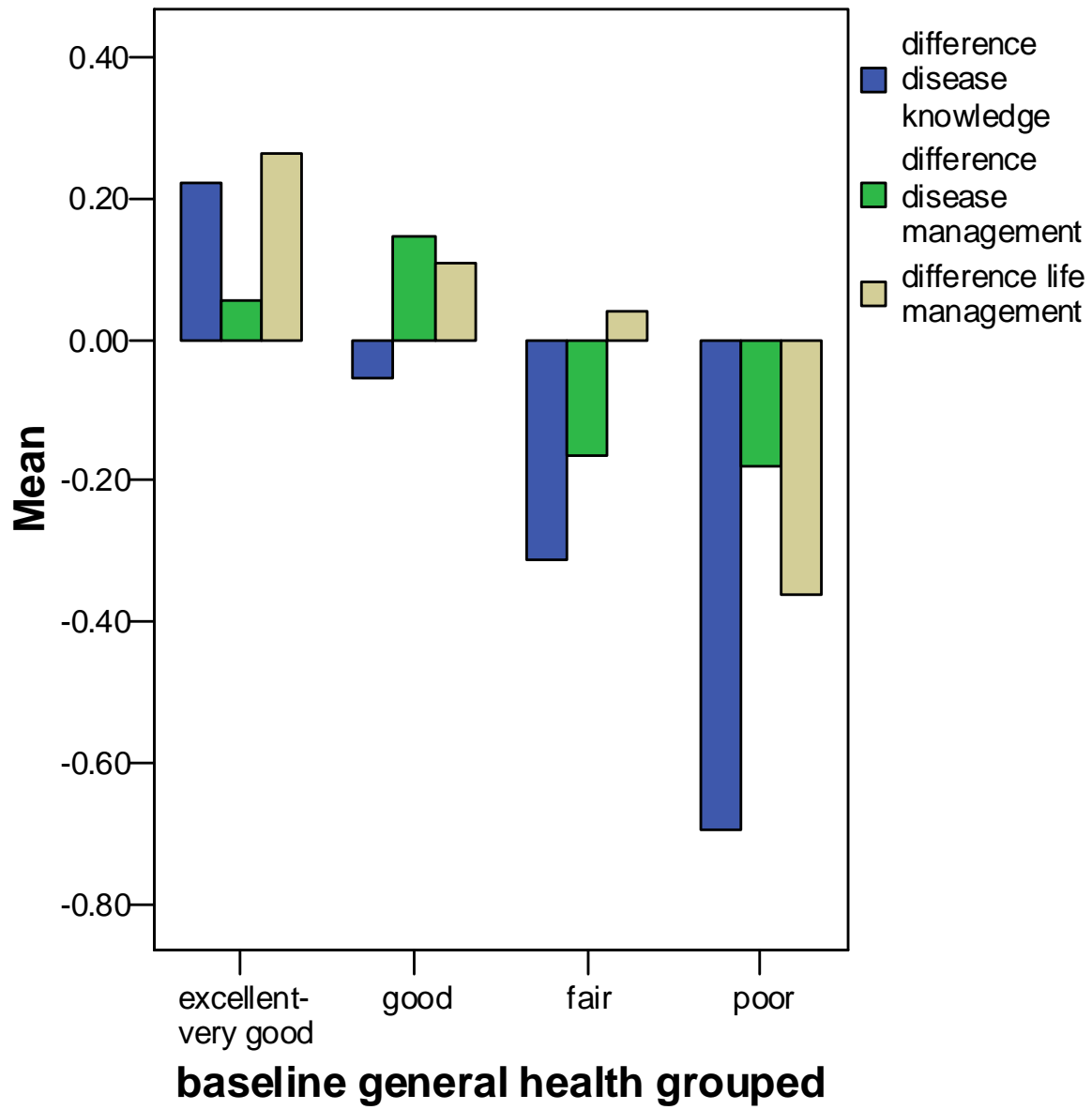


# What affects improved self management?

- ◆ Stage of change – all can improve
- ◆ The case worker ( 1 of 3) – there were differences
- ◆ Severity of health - yes
- ◆ Relationship with providers - yes







# Forging closer links

- ◆ FHB&RU – joined their ongoing Industry Reference Group for the Graduate Diploma in Chronic Disease Management – had input into assessment tasks
- ◆ NHMRC submission for research into self management in general practice – Justin Bilby and John Lawrence
- ◆ Population norms for PIH in ACT – new study

