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A Collaborative Approach to a Chronic Care Problem: Evaluative Results from the Atlantic Healthcare Collaboration

October 21, 2015
12:00-1:00pm ET
Welcome and thank you for joining us. Bienvenue et merci de vous joindre à nous.
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WHO’S ON THE CALL TODAY

MEGHAN ROSSITER
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MICHAEL VALLIS
Health psychologist, Nova Scotia Health Authority. Associate Professor, Dalhousie University

DONNA MACAUSLAND
Primary Health Care Program Development Lead with Community Health of Health PEI
SERIES OBJECTIVES

1. Demonstrate solutions...
2. Profile team experience and lessons learned...
3. Assess strategies for disruptive change...
SESSION OBJECTIVES

1. Share challenges to providing self-management support
2. Review case examples
3. Strategies for making disruptive changes to improve chronic care for patients and families
4. Strategies for teaching self-care skills and engaging patients and families in healthcare redesign and delivery
Atlantic Canada faces persistent challenges...
Atlantic Canada faces persistent challenges...

What if... we could work together to deliver higher quality chronic disease management and care that:

- centres around patients & families?
- is driven by a diverse network?
- is sustainable?
“Chronic disease is Canada’s most prominent healthcare problem, costing more than $80 billion each year and causing increased use of emergency departments, extended hospital stays, reduced quality of life and increased mortality rates.”

So What?

“There is much interest in implementing SMS programs in Canada. However, many programs are being implemented in isolation, often by disease-specific organizations or local public health or community based organizations.”

The Care Model

Community
- Resources and Policies
  - Self-Management Support

Health Systems
- Organization of Health Care
  - Delivery System Design
  - Decision Support
  - Clinical Information Systems

Services
- Patient-Centered
- Timely and Efficient
- Evidence-Based & Safe
- Coordinated

Improved Outcomes

© 2002 The MacColl Center for HealthCare Innovation, Group Health Research Institute
“Overcoming these deficiencies will require nothing less than a transformation of health care, from a system that is essentially reactive - responding mainly when a person is sick - to one that is proactive and focused on keeping a person as healthy as possible.”

Source: http://www.improvingchroniccare.org/index.php?p=The_Chronic_Care_Model&s=2
Issues Related To Supporting Health Behaviour Change

Michael Vallis, PhD R Psych
Lead, Behaviour Change Institute
I think, I probably should, stop smoking

- What are the typical clinician responses to statements such as this?

- If you had to wager $1000 of your own money, would you predict this person will be successful or unsuccessful?

- If the person were unsuccessful what is the most likely word that they would use to describe this unsuccessful outcome?

- How many times can a person have a failure experience before they conclude that they are incapable – the opposite of self-efficacy
Perspectives in Practice

Are Behavioural Interventions Doomed to Fail? Challenges to Self-Management Support in Chronic Diseases

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ABSTRACT

Self-management and self-management support are concepts very familiar to those of us in diabetes care. These concepts require openness to understanding the behaviours of persons with diabetes broadly, not only behaviours restricted to the biomedical perspective. Understanding the importance of health behaviour change and working within the Expanded Chronic Care Model define the context within which self-management support should occur. The purpose of this perspective is to identify a potential limitation in existing self-management support initiatives. This potential limitation reflects provider issues, not patient issues; that is, true self-management support might require changes by healthcare providers. Specifically, although behavioural interventions within the context of academic research studies are evidence based, behaviour change interventions implemented in general practice settings might prove less effective unless healthcare providers are able to shift from a practice based on the biomedical model to a practice based on the self-management support model.

The purpose of this article is to facilitate effective self-management support by encouraging providers to switch from a model of care based on the expert clinician encountering the uninformed help seeker (the biomedical model) to one guided by collaboration grounded in the principles of description, prediction and choice. Key to understanding the value of making this shift are patient-centered communication principles and the tenets of complexity theory.

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Context: A Tale of Two Cities

- Some outcomes are directly produced by the behaviour of the healthcare provider
  - What are the implications for the role of the patient in these situations?
    - A more passive, compliant patient is not inappropriate

- Some outcomes are directly related to the choices that a patient makes outside of the clinic office
  - What are the implications for the role of the clinician in these situations?
    - A more collaborative, accepting clinician is not inappropriate
Complexity

- Complex systems
  - Fuzzy boundaries
  - Internalized rules
  - Adaptive systems embedded in other systems
  - Tension/paradox natural not resolvable
  - Interaction leads to continually emerging novel behaviour

- Plsek & Greenhalgh. BMJ. 2003;323:625-628
Why Reductionism Is Challenging – The Case of Obesity: We Can Run But We Can’t Hide
Context

Now what do you say?

Provider: “I recommend that you start....”

Patient: “Well, I don’t think I could do that. You see....”
Why Don’t Recommendations Work?

• Whose idea is it to change, usually?
  • Provider
• Who does the work of change?
  • The individual
• Typically, how excited by the work of change is the individual
  • Low
• Remember, change is hard
Interpersonal Connectedness - How We Maintain Connection

• Circumplex model\(^1\)
  • People can be categorised along two independent dimensions
    • Dominance
    • Agreeableness/sociability
• Interpersonal complementarity\(^2\)
  • Dominance evokes submission
  • Friendliness evokes friendliness

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Medical Competencies

• Medical practice is based on scientific rigour
  • Evidence-based
  • Best practice guidelines influenced
  • Knowledge is deterministic using reductionism – e.g., RCTs

• Clinical interactions are based on
  • Recommendations
  • Education

The Expert Clinician with the Uninformed Help-Seeker
Medical Competencies

• Telling and teaching works well when:
  • The outcomes are directly controllable by the HCP
  • The patient is ready to change
Most patients want to hear what their provider thinks, they just don’t want to lose control.

Motivation often increases when people have the time to realize no choice is a choice.

If it is not your job to make people change you can begin with understanding current behaviour.

**Predict**
*If things stay the same, what is likely to happen?*

**Describe**
*How did you get to where you are?*

**Choice**
*Negotiate choices to achieve different outcomes*
Outcomes are dependent on how good you are.

Getting Your Head Around Self-Management

Where We’ve Been

Choice

Prediction

Description

Where We Need to Be

Are you ok with what happens next?

What is most likely to happen next?

How did you get to where you are?
Change Skills

1. Relationship skills - establishing a change based relationship using motivational communication
2. Motivational skills - getting to the behaviour
3. Behaviour change skills - making sustainable changes
4. Emotion management skills - helping to maintain the behaviour

Supporting Realistic Behaviour Change

Atlantic Healthcare Collaboration
Webinar October 21, 2015
Problem & Aim

• “One of the hardest things for a health clinician to do is to effect patient lifestyle behavior change.”
  (Practicing Clinician, 2014)

• Health PEI is focusing on reducing the risks for chronic disease by supporting self-managed care:
  - engaged and activated patients
  - disrupting typical behaviour of clinicians with patients from directive → guidance & support.
Intervention

• Training program to equip clinicians with strategies/skills to support their patients in making lifestyle behaviour changes (based on behavior change theory)

• Persistently checking the readiness of patients to make changes and supporting those changes, however small and whenever the opportunity presents.
# Measurement Plan

## Facilitators

Front line health providers responsible for training peers in behaviour change techniques

- Satisfaction with the training experience
- Acquisition of knowledge and skills
- Self-efficacy toward training and teaching content
- Attitude toward training content

## Participants

Front line health providers implementing behaviour change techniques with clients

- Satisfaction with the training experience
- Acquisition of knowledge and skills
- Self-efficacy to implement training content
- Attitude toward training content
- Improved system and provider practices

## Clients & Patients

Clients and patients of Health PEI

- Lifestyle behaviour change
- Self-efficacy
- Experience of client centred care

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Health PEI

One Island Health System
Evaluation – Outcome & Process

- **Delivery**
  - implemented as planned
  - participant satisfaction

- **Fidelity/Quality**
  - Participant confidence
  - Use of skills in practice

- **Context** – conducive environment

- **Benefit to Patients** – attitude, cognitions and behaviour
Key Results to Date

• 9 peer facilitators and 130 participants trained to date (60 scheduled)

• Participants were able to identify two changes they would make to their practice….
  - “identify and be curious about barriers to change”
  - “instead of giving guidelines for healthy living, encourage patient involvement in discussion and allow their choices to be heard and accepted”

• Staff are beginning to ask for the training
Practicing Clinicians Perspective

• Helps guide and define the patient visit
• Gets to the key health issues – identify and name ‘the elephant in the room’ without shame and blame
• Helps build (versus damage) the relationship
• Builds on previous patient accomplishments no matter how small
Clinicians Perspective (cont’d)

• Fits well with other learned competencies (specific disease care, i.e. hypertension)
• Should be integrated into basic training of all clinicians
• Can be used in all conversations – with family, friends, colleagues and patients
• Patients take ownership for managing their health:

“My nurse is a partner on my journey!”

(Practicing Patient, 2014)
Key Learnings

- Support from leadership and management is key
  - Expectation that this training will spread to all clinical areas within HPEI.
  - Supportive managers help run interference
  - Gives health care providers permission to ‘do something that’s not traditional’.
  - Change is never easy.
Thank you!

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Questions and Discussion

Please submit your question using the chat box on the bottom of your screen.
Upcoming Webinars


- **November 18, 2015** – Data Boot Camp: How to Get Your Data Into Shape! *Part 2: Enhancing Data Quality for Improvement*

- **November 25, 2015** – A Collaborative Approach to a Chronic Care Problem in Canada: Evaluative Results from the Atlantic Healthcare Collaboration – *Part 2*

- **December 11, 2015** – A Collaborative Approach to a Chronic Care Problem in Canada: Evaluative Results from the Atlantic Healthcare Collaboration – *Part 3*


* Part of the Chronic Care Series
Thank you!

Merci!