

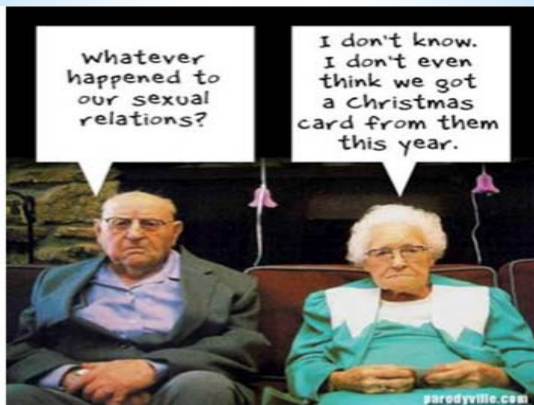


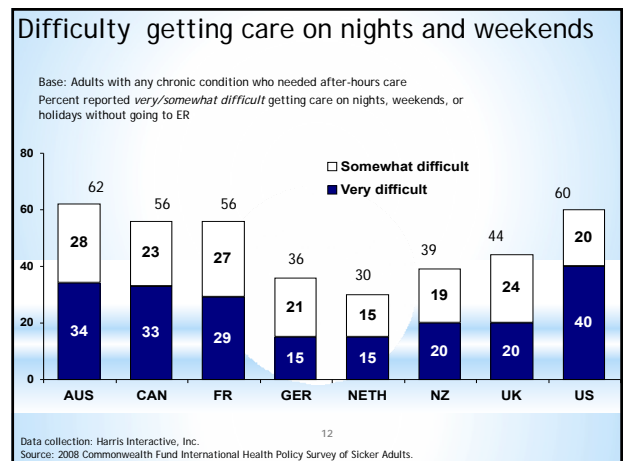
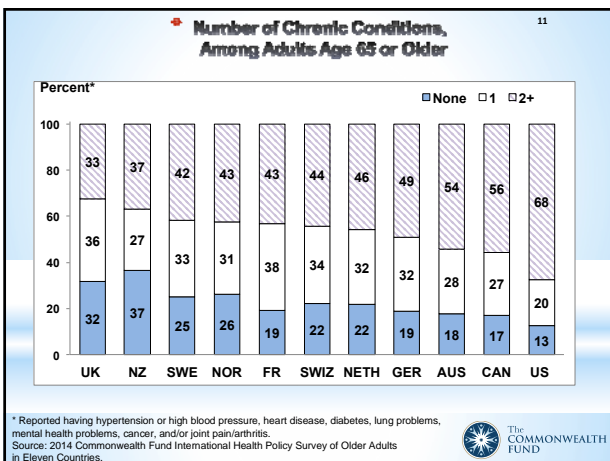
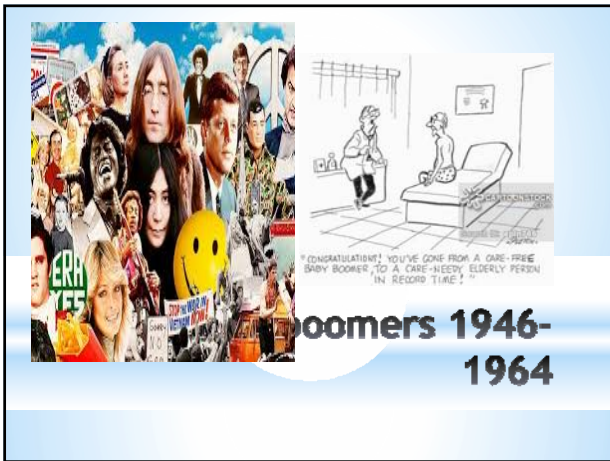
***Hanging ten or “hanging on with our teeth in the sideboard ?”**

Hutia te rito o te harakeke
Kei whea te Komako e Ko
Ki mai kia ahau
He aha te mea nui o te Ao?
Maku e ki atu
He tangata, He Tangata,
He Tangata



***The tsunamis are coming**





*Total number of deaths per year will rise to **55** million by **2030** if "business as usual" continues



www.shutterstock.com - 31296292

***According to WHO**

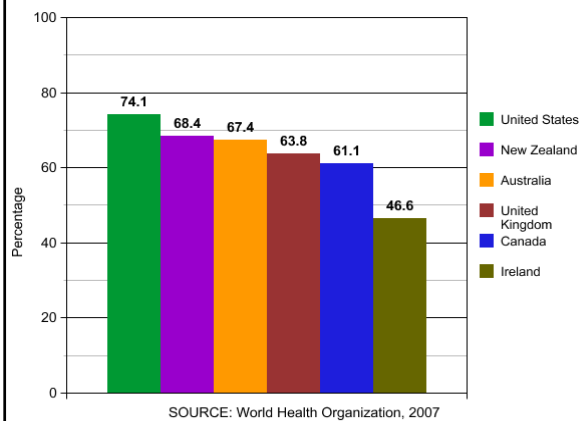
***I do hope you don't need this yet?**



***Cos there's another tsunami**

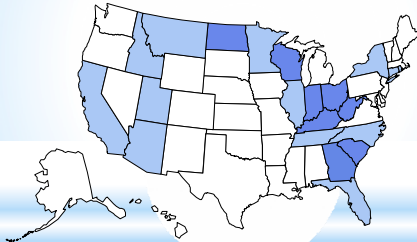


Prevalence of overweight people in the Anglosphere



*** Obesity Trends* Among U.S. Adults
BRFSS, 1985**

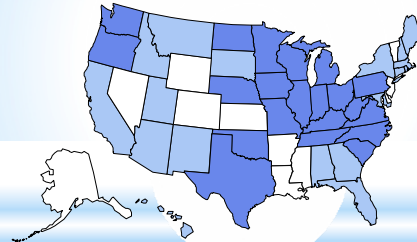
(*BMI ≥30, or ~ 30 lbs. overweight for 5' 4" person)



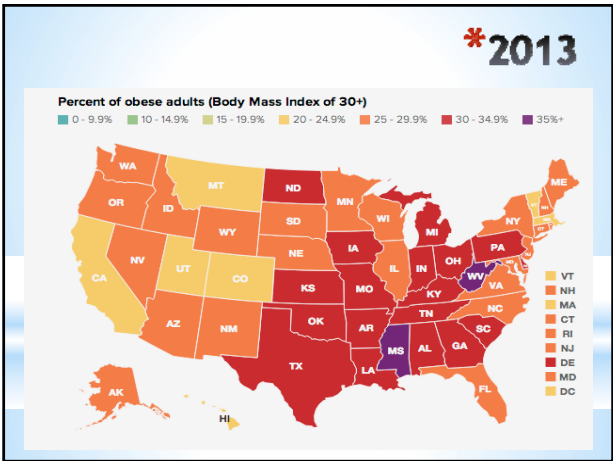
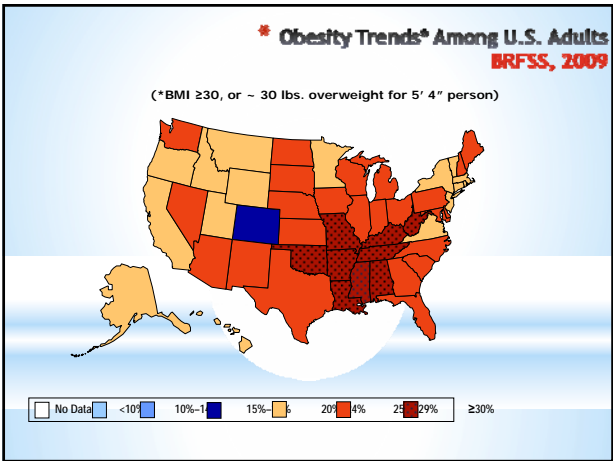
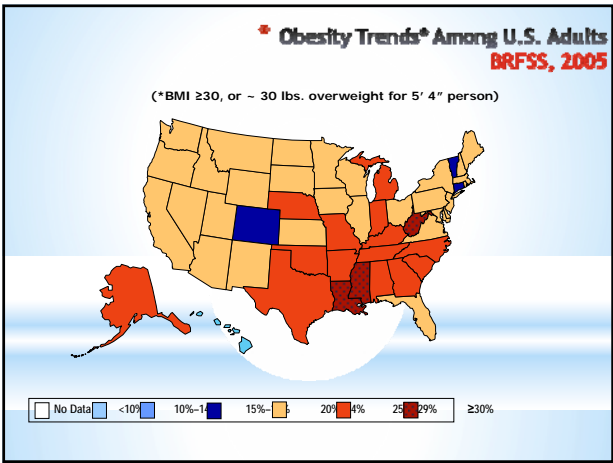
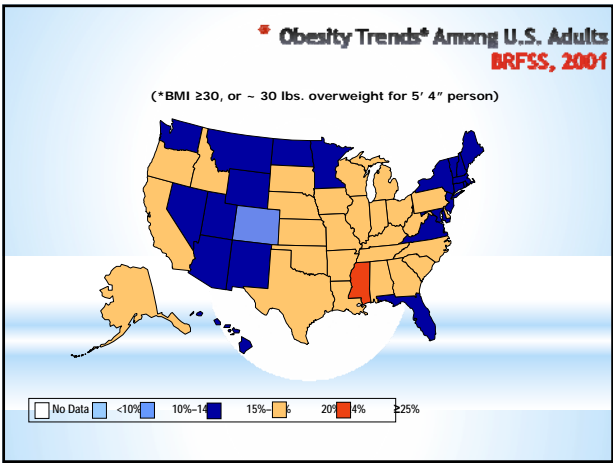
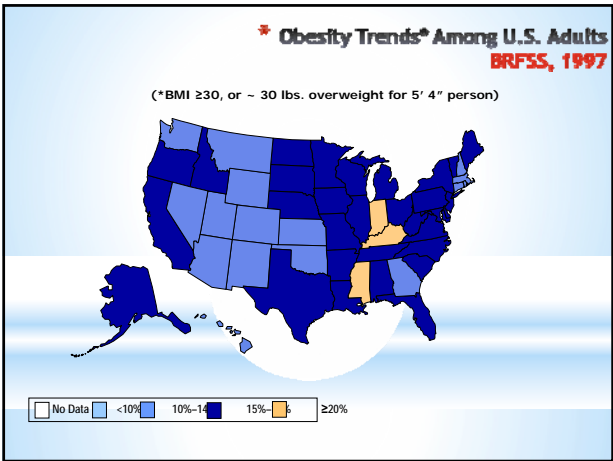
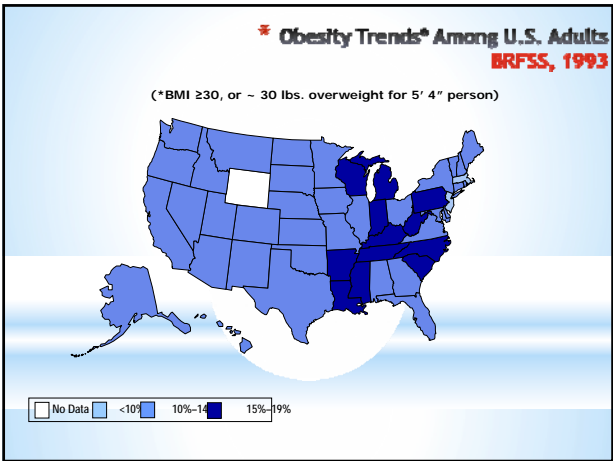
□ No Data □ <10% ■ 10%-14%

*** Obesity Trends* Among U.S. Adults
BRFSS, 1989**

(*BMI ≥30, or ~ 30 lbs. overweight for 5' 4" person)



□ No Data □ <10% ■ 10%-14%



"Sugar tax
off the table"
Health
Minister says,
June 28, 2015



Rhode Street School



***"Diabetesity" is a
public health issue**



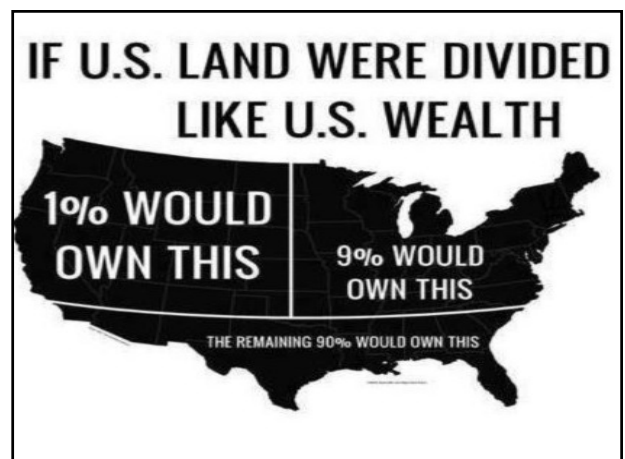
***What we spend in
health we take from
education**

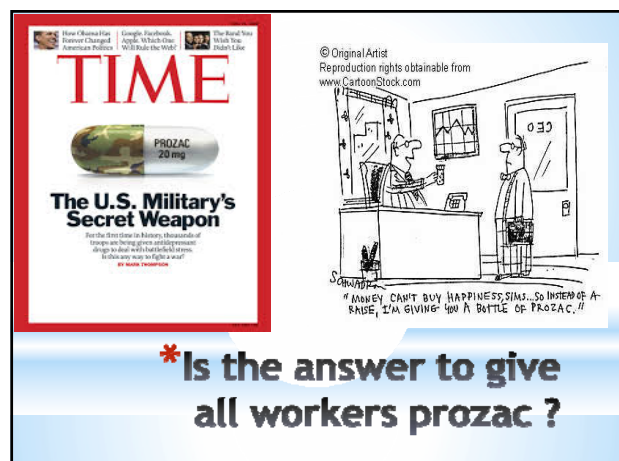
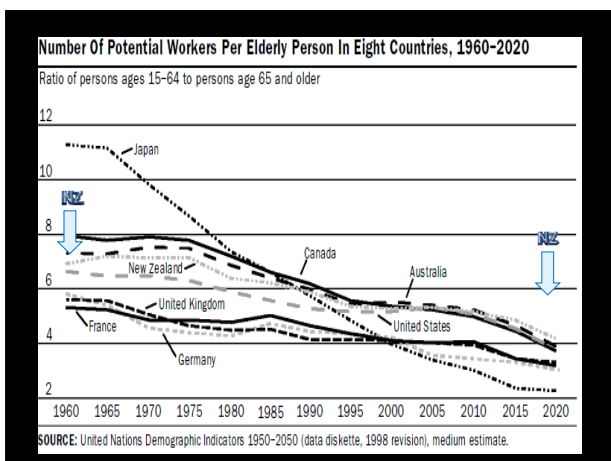
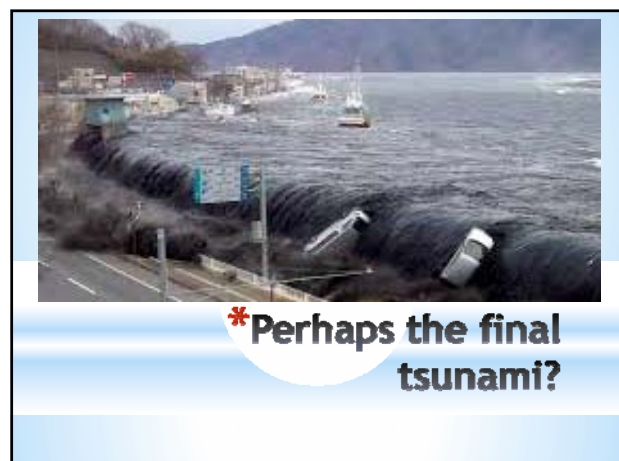
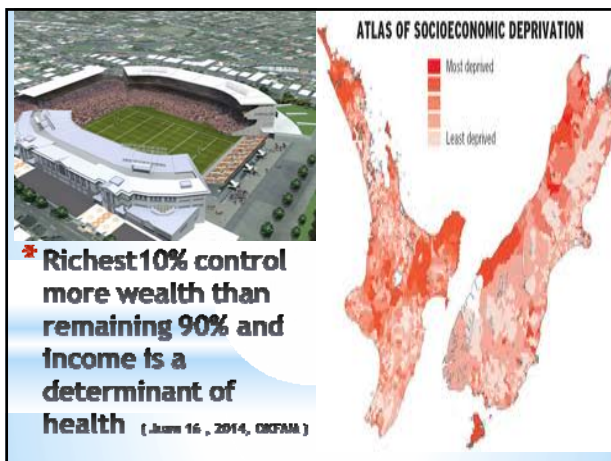


***There is only so
much pie**



***Yet another tsunami...
the burden is not
shared equally**





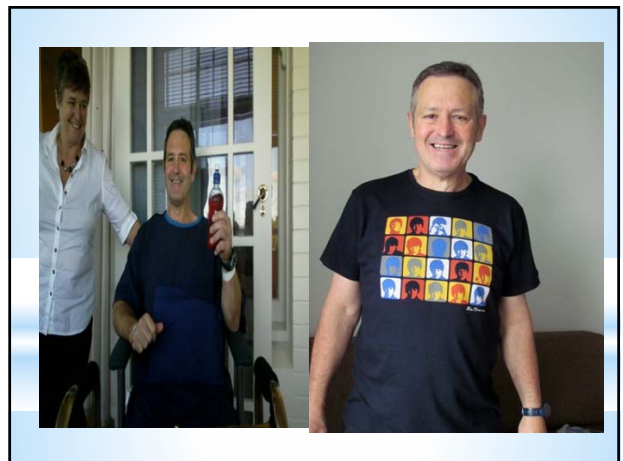
***Are we really here for patients
and their families?**

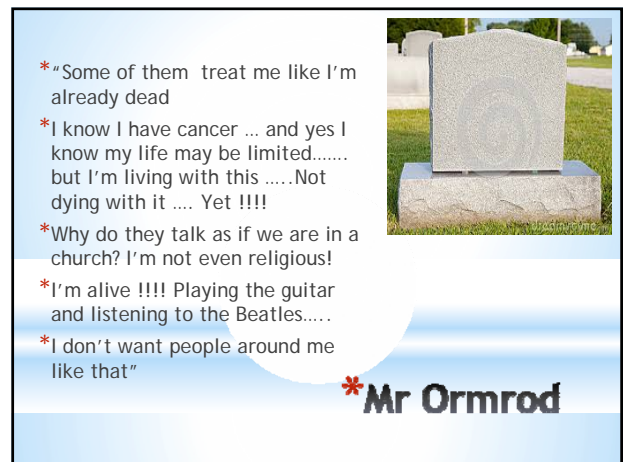
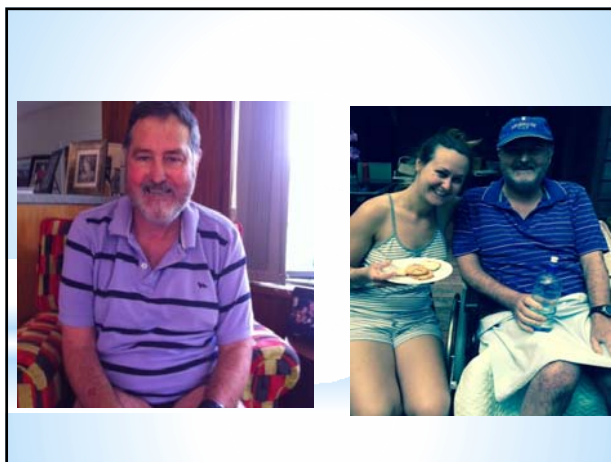
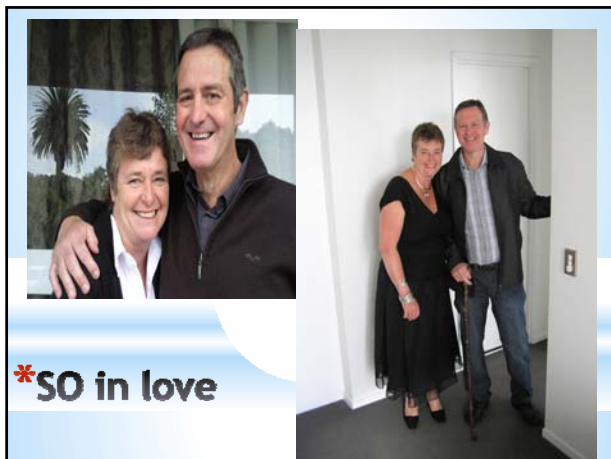
How can I help
(best serve)
you and your
whanau ????

Yeah right.

Tui

***I want you to meet
someone !**





- * Every time I go near them ... all I get is ..
- * "Well Mr Ruhe just what have you been up to ? Your blood glucose is telling us you've been very naughty."
- * I always feel told off
- * How would you feel if someone treated you like that ?
- * It just feels hopeless
- * They never ask me what its been like for me?
- * All my whanau have this so why should I think it can be any different for me ?
- * I just avoid goingwhy would I bother ?



***Mr Ruhe (65 yrs)**

- * " It sucks How would you like never to be able to do the things your friends do ?"
- * I hate the endlessness of it ... my parents always checking to see I am doing the right things
- * I just want to be normal .. I don't want to be different ... I'm not sick !"
- * I don't want this diabetes!



***Mr Knight 16yrs**

- * "I was so shocked to be told I had this ... (MS)
- * they seemed to just think it was normal ...that I would not be devastatedmaybe they deal with this every day ... but it felt like my whole life just simply disappeared ..
- * I might as well have had cancer!!!... I didn't hear a thing after that ...



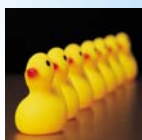
***Mrs Fraser, 62**

- * He says (the doc) that many people living with these things gets depressed .. It's to be expected .
- * But I hate feeling like this ... I don't expect it and I don't want it
- * My mother always taught me to live life and not regret .. How can I live it if I feel like this ?
- * Everything is shrinking ... my world is getting smaller .. Soon I will disappear
- * Why can't they help me?



***Mrs Goldbloom, 76**

- * Why can't they talk to each other ?
- * I just visited my endocrinologist on Monday and he had no idea I had been in hospital with chest pain
- * I'm on a whole bunch of new drugs and now he says not to take them
- * Who do I believe ?
- * Why can they get their ducks in a row ?
- * It costs me big time to get to all these damn appointments and it seems I'm the one who has to carry the burden of letting them all know what is happening !
- * Last Monday was 4 hours all up by the time I got there , waited as usual and then got home ... Half a days work
- * All very well for them !



***Mr Brown , 58**



* <https://www.youtube.com/watch?v=SSauhroFTpk>

Don Berwick



***I fear to become a patient**



***Every day for some is hanging ten.....or even 20 ?**

***3** hours with a health professional in a year

BUT

*** 8,757** hours self-managing with their families

*** This is seldom acknowledged or praised !!!!!**

**Stronger
than you know**



***People with a long-term conditions spend**



***So it's tough !
And there's more !!!!**

- * People post MI have 30% chance of developing depression (Davies et al., 2004)
 - * People living with diabetes 25% chance of developing depression
 - * People living with COPD have a 51% chance of developing depression and a 67% chance of experiencing panic disorder
 - * Estimated that 21.5% of the general pop experience chronic pain and 30-45% of these people experience depression
 - * Those living with stroke 61 % experience depression
- Long term conditions positive practice guide (October, 2008)



***SO the BLACK DOG as well ?..... Oh yeah !!!!!**

Missed anxiety up to 90% (NICE, 2011)

- * 25-50% of all patients with advanced cancer experience significant anxiety symptoms
 - * 2-14% have or develop anxiety disorders (Miovic, M., Block, S, 2007)
 - * Depression is highly associated with:
 - * oropharyngeal cancer (22%-57%),
 - * pancreatic cancer (33%-50%),
 - * breast cancer (1.5%-46%), and
 - * lung cancer (11%-44%) cancers.
- Massie, M , 2004



***And those living with cancer ?**

*During the past month have you been feeling down, depressed or hopeless?

*During the past month have you been bothered by having little interest or pleasure in doing things ?

*Would you like help with this?

***Just ask**

*If we do not assess, screen and offer support

* We structure “ non concordance”

*Severely reduce the likelihood of self- management

*Can cause misery and additional suffering for all involved

*Cheat people out of quality of life

***Why is this so crucial ?**

*Compliant : behaviour matches prescribers advice

*Adherence : behaviour matches *agreed* recommendations

*Concordance : the prescription represents a **shared decision** in which the beliefs and preferences of the patient have been taken into consideration . Bissell, May , Noyce , 2004, Horne, 2006.

**Language Matters ...
the power of words**

*This was Orm “living with” cancer

* “I am not a diabetic .. I happen to be Lizzie who has lived with diabetes for 55 years and done it well”

***Language matters !
They are not their
disease or pathology**

***What people and their families say they want**

- To be listened to, taken seriously, and respected as a care partner
 - To have my family/caregivers treated the same
 - To participate in decision making at the level I choose
- To be always told the truth
 - To have things explained to me fully and clearly
 - To receive an explanation and apology if things go wrong

- To have information communicated to all my care team
 - To have my care documented promptly and accurately
 - To have these records made available to me if requested
- To have coordination among all members of the health care team across settings
- To be supported emotionally as well as physically
- To receive high-quality, safe care

<http://www.ihl.org/IHL/Topics/PatientCenteredCare/PatientCenteredCareGeneral/ImprovementStrategies/DeliveringGreatCarebyPuttingPatientsandFamiliesasPartners.html>

"The First Law of Improvement"

Every system is perfectly designed to achieve exactly the results it gets.

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Why Do We Need To Change?

- *Disease burden has changed towards long-term conditions around the world. Health systems have not.
- *Effective interventions exist for most long-term conditions, yet patients/clients do not receive them.
- *Current health systems are designed to provide episodic, acute health care and fail to address self-management, prevention and follow up.
- *People living with long-term conditions require a different kind of health care (mismatch).

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WHO Health Care for Chronic Conditions team (CCH) http://wqhlidoc.who.int/hq/2002/WHO_NMC_CCH_02_01.pdf

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Triple Aim Primary Care??

• What we have

- Visit based/ brief "encounters"
- Usually built around needs of practice and providers
- Historical craft based roles; often working in silos
- Rigid clinician visit centric payment model/ limited flexibility
- Medically resourced

• What we need

- Population focused/ "continuous relationships"
- Built around/ responsive to needs of patient/ community
- Team "community of practice"
- Empowered for continuous learning with resources, skills, aligned incentives
- Resourced to population needs/ integrative with the community



*Our response

*Ko koe ki tēnā,
Ko āhau ki tēnei
Kīwai o te kete

*You hold that handle
And I'll lift this handle
And together we can carry the kete

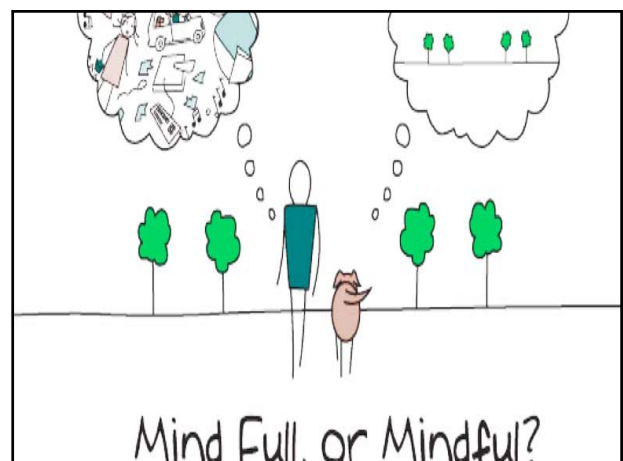
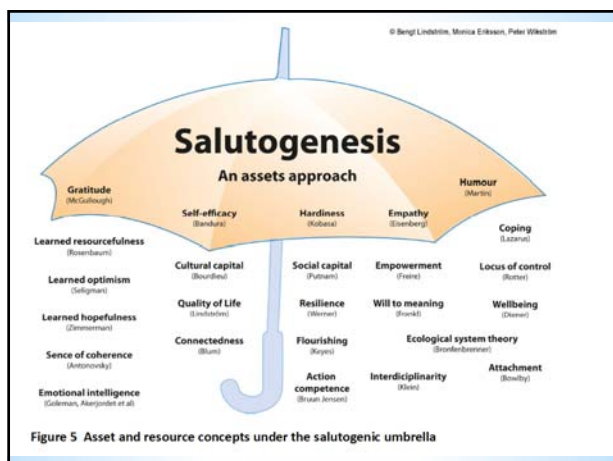
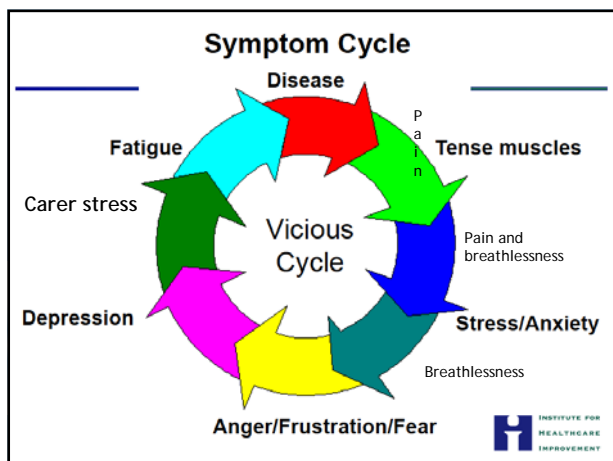
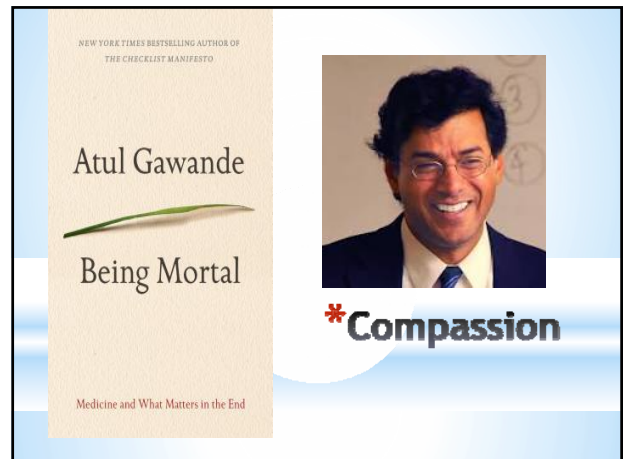


- *Can you believe we have that much power?
- *We are either magic or menace
- *We are either hope generating or spirit breaking
- *We can be the difference
- *We can hang ten with people who live with long-term conditions
- *We are an intervention !!



*Every interaction
heals or harms

***SO.... what capabilities do we need to be useful ?**



Q: 1. What **valued** direction does the client want to move in given their current circumstances / challenges ?

Q: 2: What is getting in their way?

***Two questions we need to know the answers to**

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***The sign on your work space needs to say**

*How will this (ritual , rule, protocol, policy, procedure, intervention etc) help the "patient" and their whanau ?

*Are we doing the right things and are we doing them right ?

*** Primary health care workforce: core skills**



Client-centred skills

- Assessment of risk factors
- Communication skills
- Assessment of self management capabilities
- Use of peer support
- Cultural awareness
- Psychosocial assessment & support



Behaviour change skills

- Models of health behaviour change
- Motivational interviewing
- Collaborative issue definition
- Goal setting & goal achievement
- Structured problem solving & action planning
- (Acceptance, Commitment, Therapy, & Mind addition)



Organization system skills

- Work in multi-disciplinary teams/inter-professional learning & practice
- Understanding of community management systems
- Organizational change techniques
- Evidence based knowledge
- Practice base research/quality improvement framework
- Management of community engagement

Lawn & Battersby 2009



*** Collaboration and teamwork
Nursing as a social force**

***Time to see old landscapes with new eyes**



***See the possible**

***We can grow our capabilities and confidence**

We know we can heal or harm

Postgraduate Certificate in Health Sciences

Working with People Living with Long-Term Conditions-2015



Researchers study the difference

People living with long-term conditions present one of the biggest challenges to health care services in the 21st century. In fact, 60 per cent of people live with long-term conditions and many of these are preventable. Improved health outcomes for these populations depend on effective health care teams. It is recognised that most people live with more than one long-term condition (a multimorbidity) so symptom management and self-management are key components of the courses.

The postgraduate certificate consists of two courses (NURSING 738 and 771) however the courses can be undertaken independently. Both courses are very clinically focused and are applicable to all clinical settings. The content covers risk assessment, intervention and management strategies and includes the 'Flinders' patient self-management training.

This qualification is specifically designed for nurses and health professionals who work with people living with long-term conditions who are interested in:

- Increase their understanding of the populations with long-term conditions in their practice or clinical setting.
- Support individuals and populations to reduce their risk of developing long-term conditions.
- Increase their knowledge of lifestyle interventions and promotion of client self-management for individuals living with long-term conditions.
- Improve health outcomes through collaboration and coordinate quality improvement for people with multimorbidity.

These courses are appropriate for students new to postgraduate study or those at any level of study. Students will be supported through the programme with supervision, mentor support and programme co-ordinator support. The class days include input from expert clinicians and key stakeholders, group work, practical clinical assignments, time to network and learn with other nurses. The programme is run over 2 semesters (1 course each 12 week semester) and consists of six days each semester.

On-campus courses (dependent on student numbers) will be offered in 2015 at The University of Auckland (Grafton Campus, Bay of Plenty and Northland).

NURSING 738 Working with People Living with Long-Term Conditions in Primary Health Care 30 points

Semester One
People living with multiple long-term conditions present one of the biggest challenges to Health Care Service delivery in the 21st century. This clinically applied course adopts a population health approach, analyses the barriers and enablers of person-centred care and focuses on reducing the risk for people with multimorbidity and improving their health outcomes.

NURSING 771 Self-Management for People Living with Long-Term Conditions 30 points

Semester Two
Working with people living with long-term conditions requires using many strategies to support these individuals and their families, not only deal with their conditions, but also mitigate the impact they have on their lives. This course reflects the specialty knowledge and skills inherent in supporting individuals and their families to strengthen their self-management, efficacy and confidence related to living with their long-term conditions. It includes implementation of a self-management quality initiative to improve health outcomes.

Both courses are open to any Registered Health Professional eg. Registered Nurse, Pharmacists, Physiotherapists/Occupational Therapists, Social Workers.

Contacts for information about...
Pathway courses: Ma Connolly m.connolly@auckland.ac.nz or Phone 027 322 2270
Enrolment: Marissa Khoshdel m.khoshdel@auckland.ac.nz
Courses, course sites: www.fitlife.auckland.ac.nz/en



***Thank you for listeningand thank you for “being there” for the populations you serve!**