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

The tsunamis are coming

Whatever happened to our sexual relations? I don’t know. I don’t even think we got a Christmas card from them this year.

"I think you’ll be interested in the next patient. He’s nearly two years old and accompanied by his parents."
*Total number of deaths per year will rise to 55 million by 2030 if "business as usual" continues.

*A According to WHO

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

*Cos there's another tsunami!

*Obesity Trends* Among U.S. Adults

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

Prevalence of overweight people in the Anglosphere

United States
New Zealand
Australia
United Kingdom
Canada
Ireland

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

*“Diabetes” 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

IF U.S. LAND WERE DIVIDED LIKE U.S. WEALTH

1% WOULD OWN THIS
9% WOULD OWN THIS
THE REMAINING 90% WOULD OWN THIS
*Richest 10% control more wealth than remaining 90% and income is a determinant of health*

*Our response?*

*Perhaps the final tsunami?*

*Is the answer to give all workers prozac?*
*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!*

[Images of people and a beach scene]
"Some of them treat me like I’m already dead
I know I have cancer … and yes I know my life may be limited…… but I’m living with this ….Not dying with it ….Yet !!!!
Why do they talk as if we are in a church? I’m not even religious!
I’m alive !!!!!! Playing the guitar and listening to the Beatles…..
I don’t want people around me like that"

"They listened …… and created space for us to “be” .. Helped us feel safe to “be”
They cared for us as people. They were interested in us…… And we were interested in them.
They celebrated Ormie’s life and he wasn’t just someone with cancer. They became part of “Team Ormy” and were on our side …
They were there for us in a scary world we did not understand …
They healed our experience with those “ others “

To lose compassion we lose what it is to be human
"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 going .....why would I bother ?

"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!

"I was so shocked to be told I had this ... ( MS)
they seemed to just think it was normal ...that I would not be devastated ....maybe 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 ...

"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?

"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 !
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 

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

Depression is highly associated with:

- oropharyngeal cancer (22%-57%),
- pancreatic cancer (33-300%),
- 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.


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.ihi.org/IHI/Topics/PatientCenteredCare/PatientCenteredCareGeneral/ImprovementStories/DeliveringGreatCareEngagingPatientsandFamiliesasPartners.htm
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).

\[\text{WHO Health Care for Chronic Conditions team (CCH)}\]

http://whqlibdoc.who.int/hq/2002/WHO_NMC_CCH_02.01.pdf

---

**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
  - "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 ēhau ki tēnei
*Kiwai 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?

- Symptoms
- Disease
- Tight Muscles
- Pain
- Stress & Anxiety
- Difficult emotions
- Depression
- Fatigue
- Breathlessness
- Carer stress
- Pain and breathlessness
- Abdominal pain
- Vomiting

*Strengths

- Mind Full or Mindful?
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*

*The sign on your workspace 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*

- Assessment of the patient
- Assessment of the patient
- Assessment of self-management
- Communication
- Use of peer support
- Psychological assessment & support

*Work is a key domain for change: building and managing teams & networks
- Organizational change technologies
- Change management
- Practice-based evidence/quality improvement
- Professional development

*Time to see old landscapes with new eyes*

*Collaboration and teamwork: Nursing as a social force*

*See the possible*
*We can grow our capabilities and confidence

We know we can heal or harm

*Thank you for listening ........and thank you for “being there” for the populations you serve!