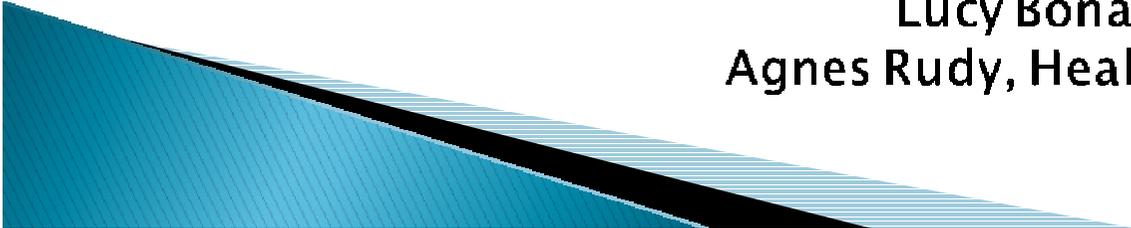


Interdisciplinary Approach to Chronic Disease Management Programming

Lucy Bonanno, Executive Director
Agnes Rudy, Health Promotion Specialist

AFHTO

October 6, 2010



Objectives

- ▶ Overview of Interdisciplinary Model of Care
- ▶ Implementation of Interdisciplinary Chronic Disease Prevention and Management programs within Summerville FHT
- ▶ Barriers and Future Considerations

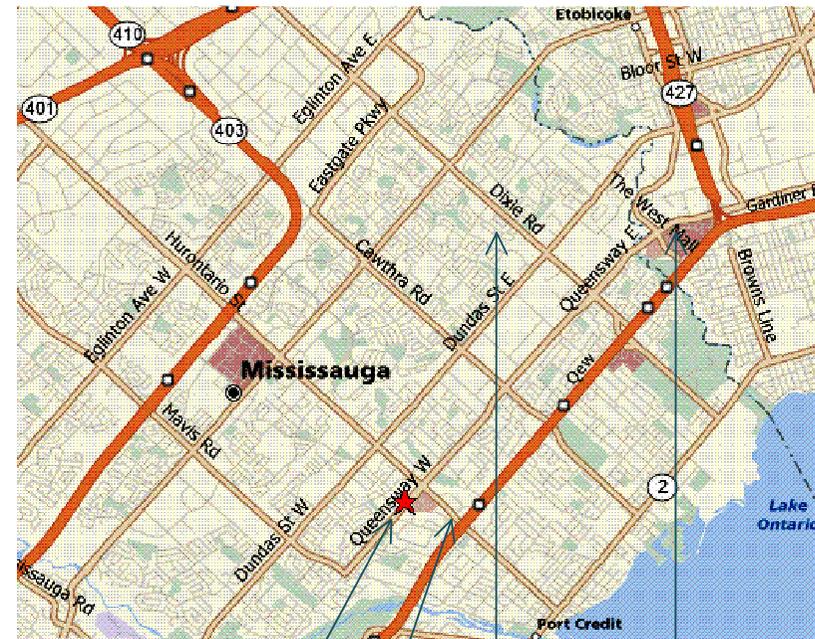


Photo: Google Images

Summerville Family Health Team

- ▶ 5 sites (1 teaching site)
- ▶ 40 000– 50 000 patients
- ▶ 31 physicians, 10 residents and 36 allied health staff (Clinical Pharmacist, Social Worker, Registered Nurses, Nurse Practitioners, Child and Teen Psychologist, Health Promotion Specialist)
- ▶ Biggest FHT in our LHIN (Mississauga Halton LHIN)

Summerville FHT Locations



Harborn

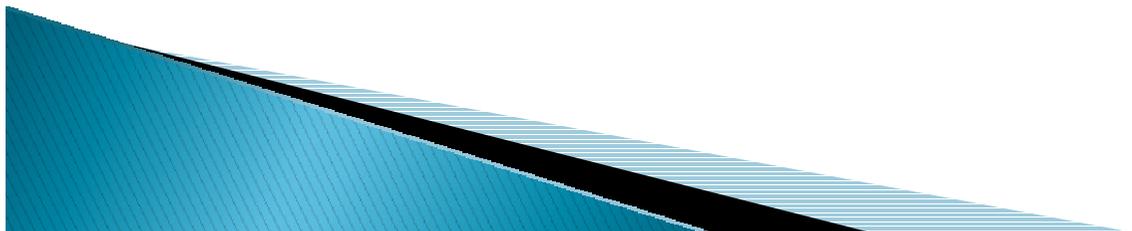
Central & Trillium Summerville Family Medicine Teaching Unit

Apple Hills

Etobicoke

In 2002, Commissioner Roy J. Romanow challenged us to move towards “teamwork and interdisciplinary collaboration.”

In his final report, *Building on Values: The Future of Health Care in Canada*.

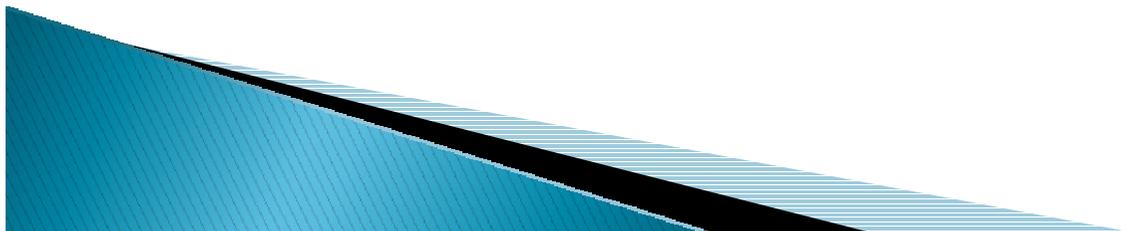


Building an Interdisciplinary Team

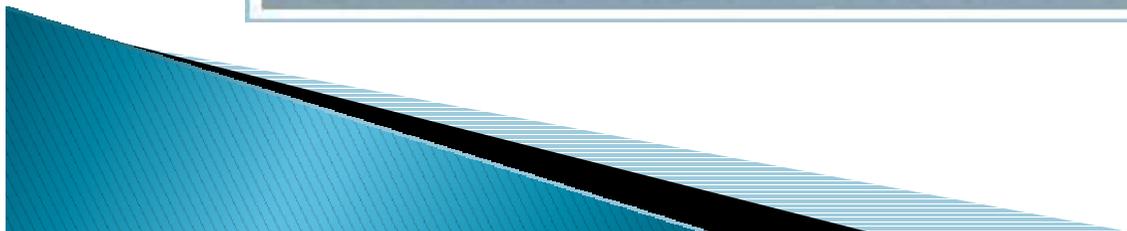
- ▶ Unbelievable bit of photojournalism.
Real life events.

Polar Bear: I come in Peace....don't make
assumptions....

Norbert Rosing's striking images of a wild polar
bear coming upon sled dogs in the wilds of
Canada ' s Hudson Bay.



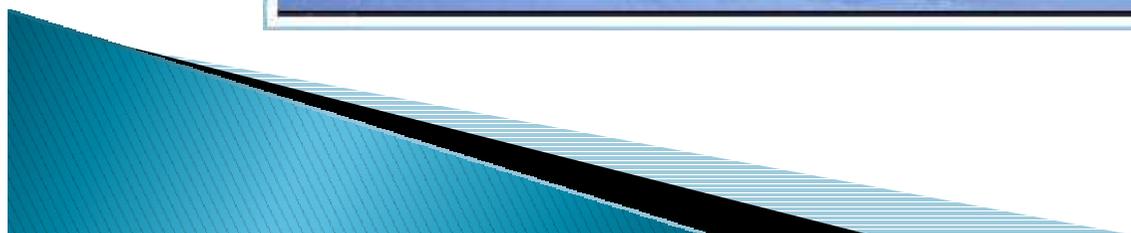
Can't We Just Get Along?



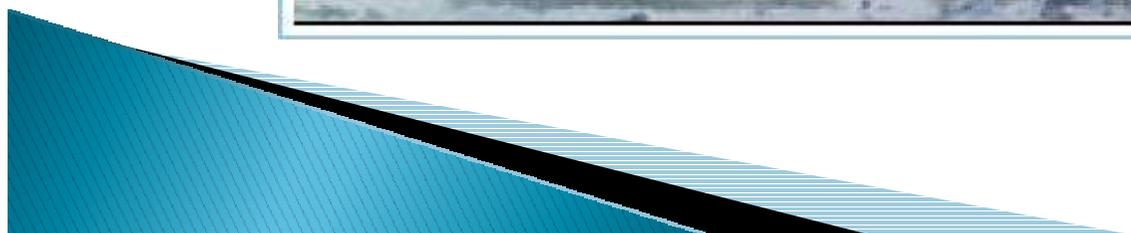
Is This The End?



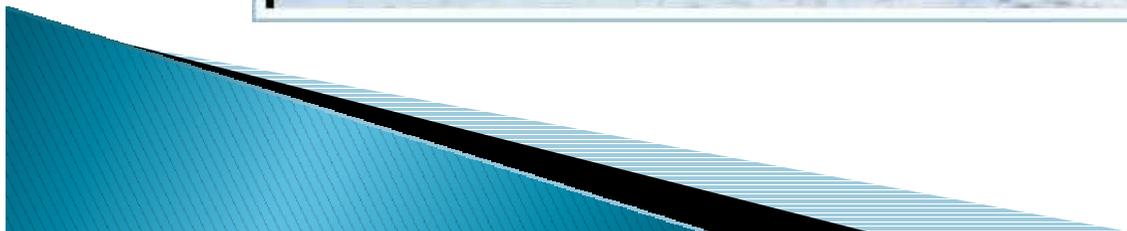
The Fight is on...or is it...?



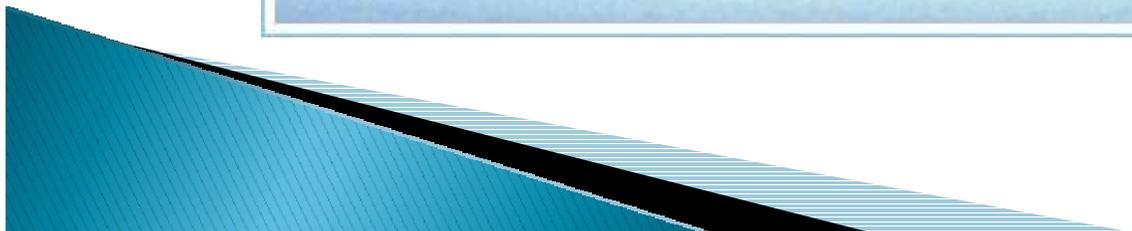
What...are we friends now!



It's hard to believe that this polar bear only needed to hug someone!

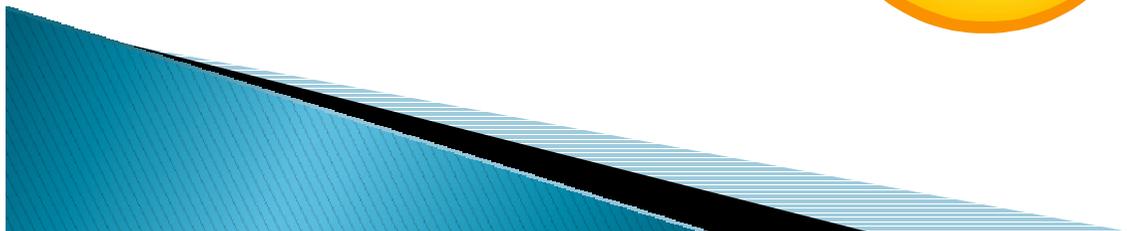


The Polar Bear returned every night that week to play with the dogs.



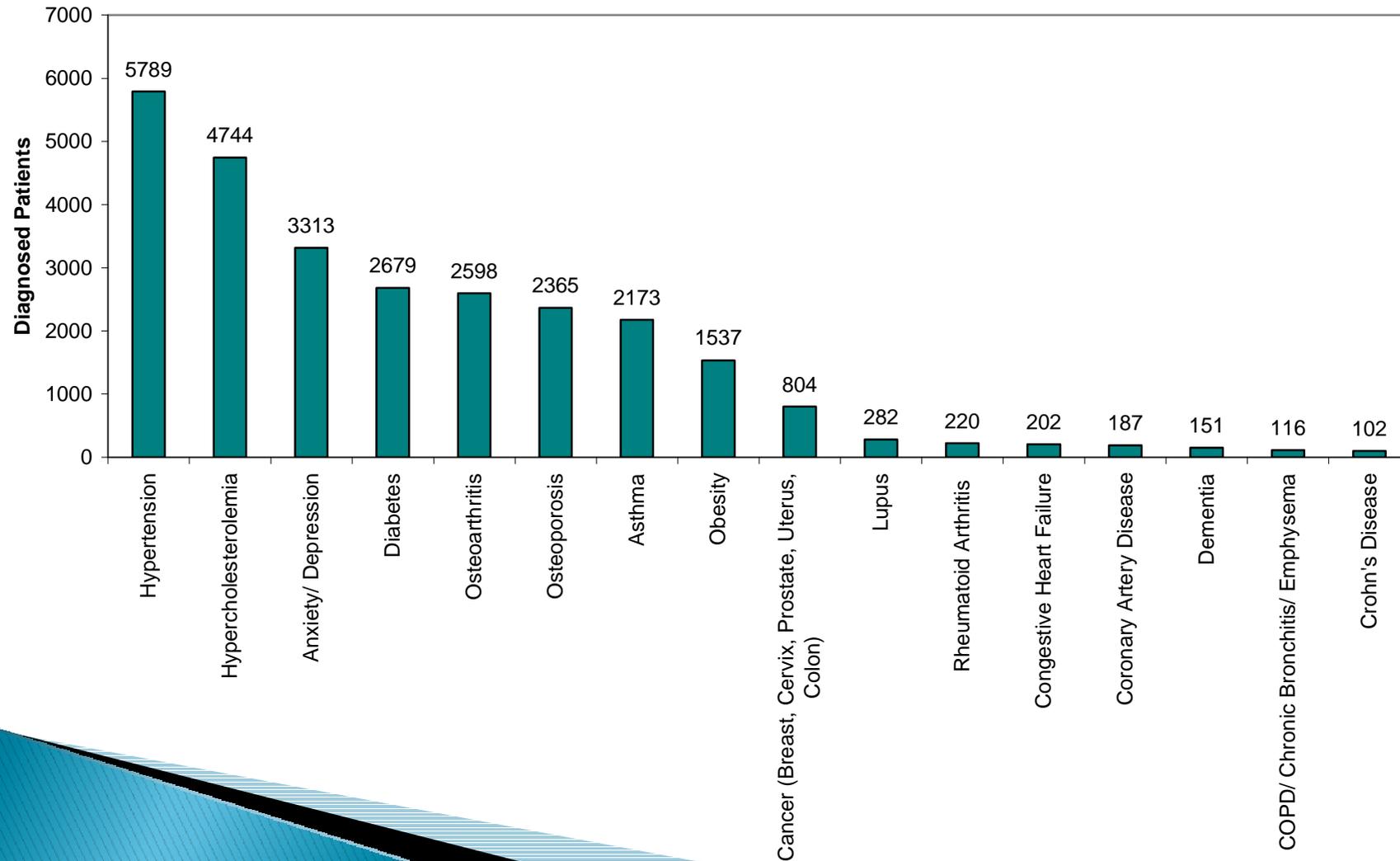
It's true....

NEVER
make
ASSUMPTIONS !



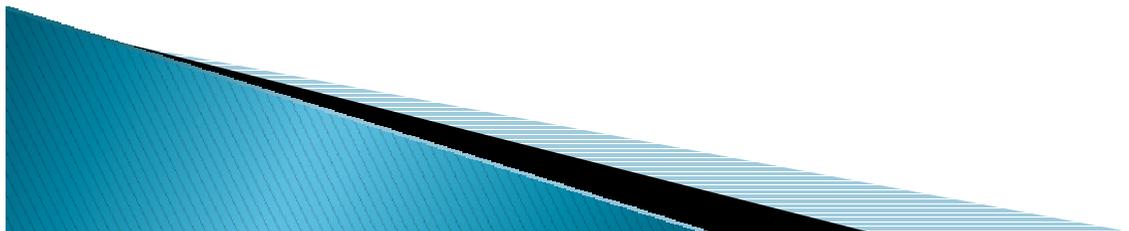
What is happening at Summerville FHT?

Chronic Disease Prevalence at Summerville FHT



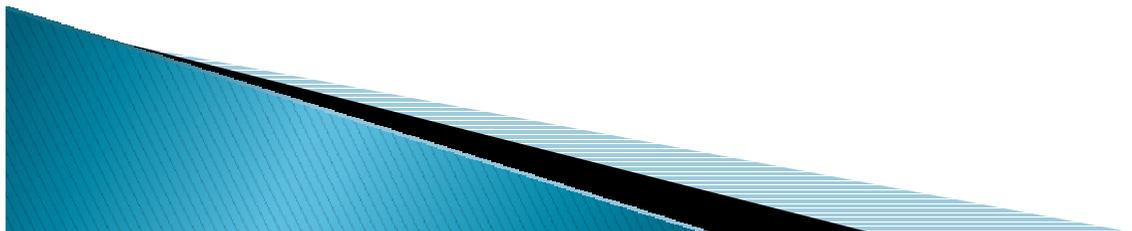
Chronic Disease Programming

- ▶ Use Ontario's Chronic Disease Prevention and Management Framework
- ▶ Inventory EMR for prevalence
- ▶ Formed a Chronic Disease Management Steering Committee
- ▶ Pilot program in one site before implementing FHT wide
- ▶ Develop program plan and patient care maps for each program



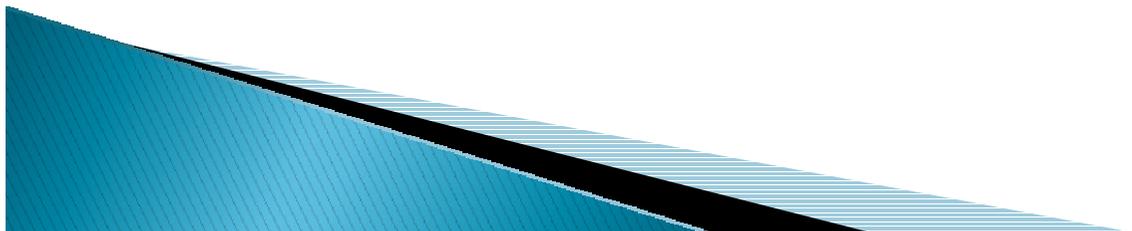
Chronic Disease Programming

- ▶ Use The Health Communication Unit (THCU) Online Health Program Planner
- ▶ A sub-committee (dietitian, health promotion specialists and pharmacists) from the Chronic Disease Steering committee are involved in the program planning with consultation from various physicians (champion physicians for each program)



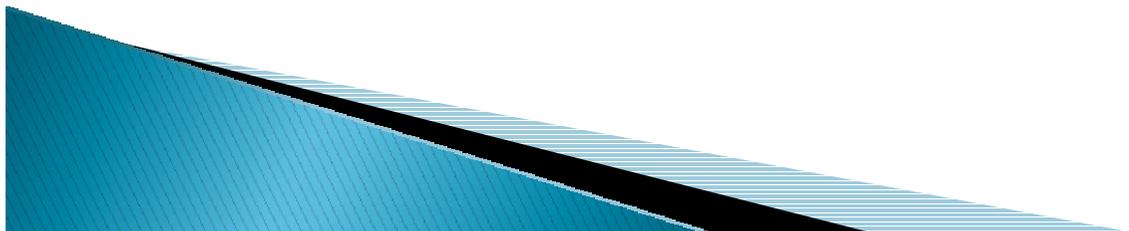
Chronic Disease Programming Evaluation

- ▶ Collect patient satisfaction evaluation for each program and collect data from EMR for evaluation
- ▶ Program Evaluation – Spring 2011 using PHAC PERT (Program Evaluation and Reporting Tool)



Chronic Disease Management Steering Committee

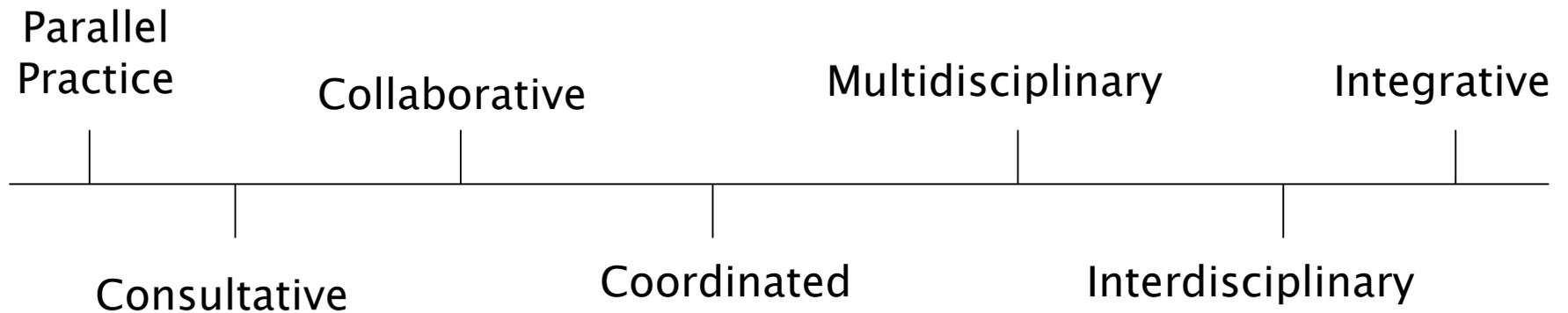
- ▶ Formed in October 2009
- ▶ Composition: 3 Physicians, 1–2 Allied Health representative from each site (Social Worker, Health Promotion Specialist, Nurse, Nurse Practitioner, Pharmacist)
- ▶ Executive Director
- ▶ Formal meetings every 5 weeks
- ▶ Ability to share ideas/ suggestions between sites



Interdisciplinary vs. Multidisciplinary

- ▶ **Multidisciplinary** – several participants representing several disciplines work on the same project on a limited and transient basis, the members of a multidisciplinary team work in a co-ordinated fashion
- ▶ **Interdisciplinary** – deeper degree of collaboration among team members, an integration of knowledge and expertise of several disciplines to develop solutions to complex problems in a flexible and open-minded way, characterized by ownership of common goals and a shared decision-making process, members must open territorial boundaries to provide more flexibility in professional responsibilities in order to meet patients' needs

Theoretical Models

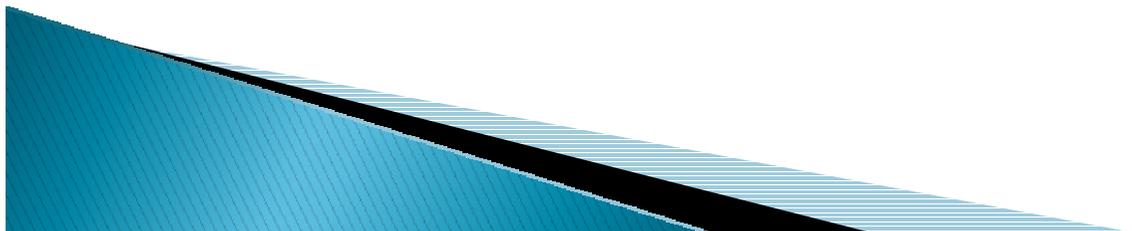


Boon et al. "From Parallel Practice to Integrative Health Care: A Conceptual Framework"

Key Components of the Interdisciplinary Model of Care

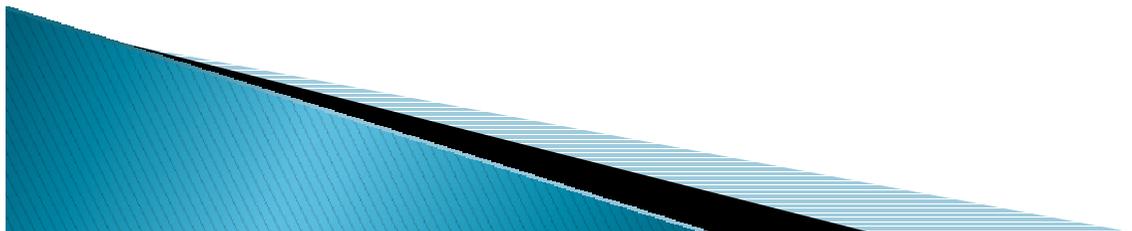
- ▶ A multi-faceted strategy to ensure quality of care and patient/ community responsibility for health (patient-centered)
- ▶ Ongoing assessment to ensure that future work builds on lessons learned

Patients have access to the right service, provided at the right time, in the right place and by the right health professional



Communication

- ▶ FHT Newsletter sent out weekly
- ▶ FHT general staff meetings
- ▶ FHO meetings
- ▶ Chronic Disease Management Steering Committee
- ▶ Site meetings
- ▶ Patient Newsletter

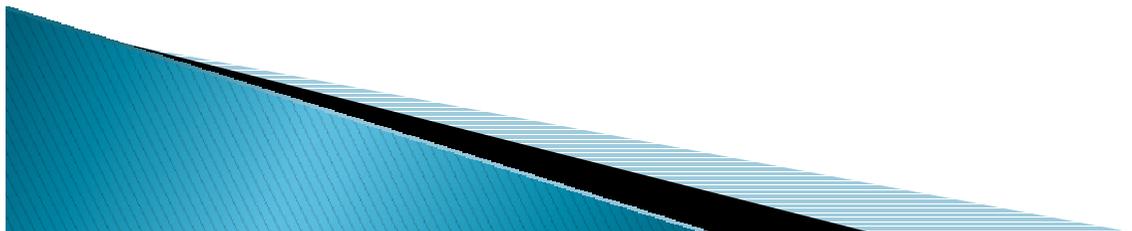


Similar to other FHTs

- ▶ Participated in QIIP (3 waves)
- ▶ Now 4 sites are part of Learning Communities with 7 action groups
- ▶ Memory Clinic now implemented – Dr. Lee’s model
- ▶ PRIISME COPD program
- ▶ Osteoporosis Canada Breakthrough Program
- ▶ Stanford Chronic Disease Self-Management program
- ▶ Diabetes Outreach Education Program,
 - Dr. Wong, University of Toronto

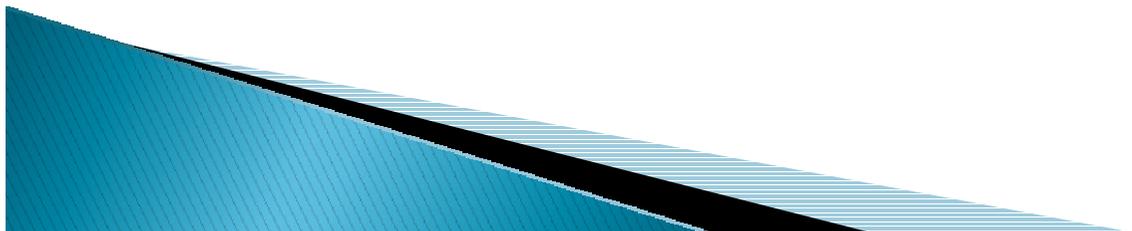


- ▶ Zyban Study Smoking Cessation with CAMH
- ▶ Smoking Cessation counselling (one on one with social worker, health promotion specialist)
 - Working on a group smoking cessation program with health promotion specialist and pharmacist



Summerville FHT programs

- ▶ Arthritis program
- ▶ Manage Your Mood: Anxiety/ Depression Group
- ▶ Heart Smart – educational cardiovascular risk reduction program with clinical follow up
 - Patient self-management, Behaviour change
- ▶ Workshops: Breast Health

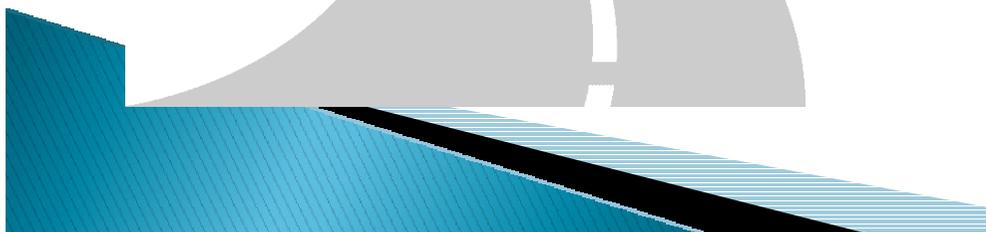


CDM Poster

- Updated monthly
- In each examination room across all Summerville FHT sites
- Space available to write in additional workshops and education sessions for patients

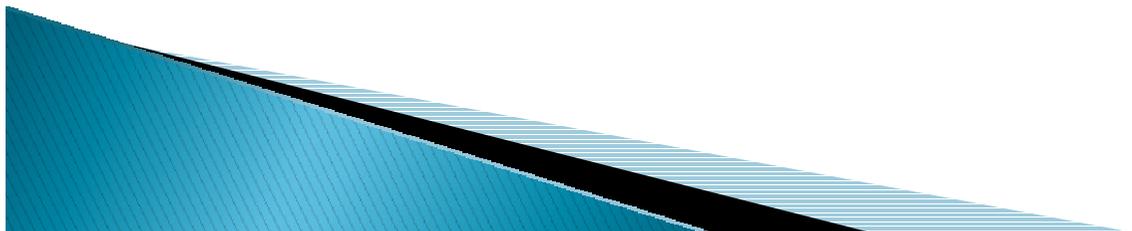
PROGRAMS AT SUMMERVILLE		Date
	HeartSmart Series A Blood Pressure & Cholesterol Education Program	Oct. 13 5-7 pm Central site
	Want to <i>Quit Smoking</i> ? Ask about the STOP Program	
	Experiencing Anxiety or Depression? Join the Manage Your Mood workshop. [4 wk program]	
	Memory Clinic Comprehensive Interdisciplinary Assessment of Memory Disorders and Dementia	Oct. 25 Central site
	Maximize Your Health Take charge of your chronic condition and feel better!	Oct. 7-Nov.11 3-5:30 pm Central site
	Better Bones, Better Body Osteopenia and Osteoporosis Workshop	
	Healthy You Program Stop Dieting! A healthy eating and active living approach to weight management.	Oct. 20-Dec.1 4-6 pm Central site
	Referrals: Phone Note to Saleha Abdur Rehman	

Your Road to Health and Wellness



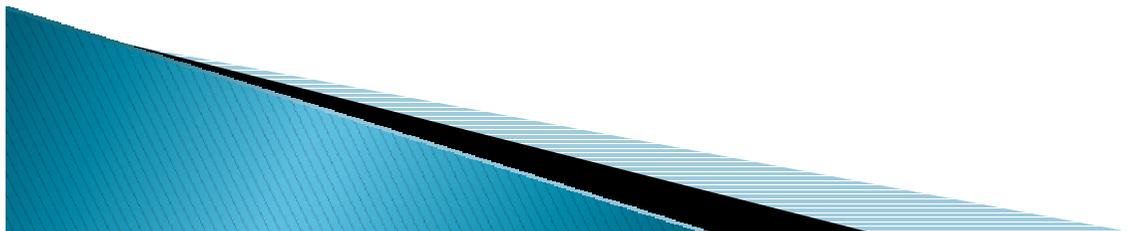
Diabetes

- ▶ 3 sites that continue their work from QIIP, 2 are continuing with Learning Communities
- ▶ 1 site who has collaborated with DMC
 - DMC holds a full day clinic 1–2 times per month
- ▶ 1 site doing group visits with nurse and nurse practitioner
 - ▶ dietitian, pharmacist and social worker present various subjects at different visits
- ▶ 1 site with a diabetic clinic
- ▶ Diabetes Outreach Education program

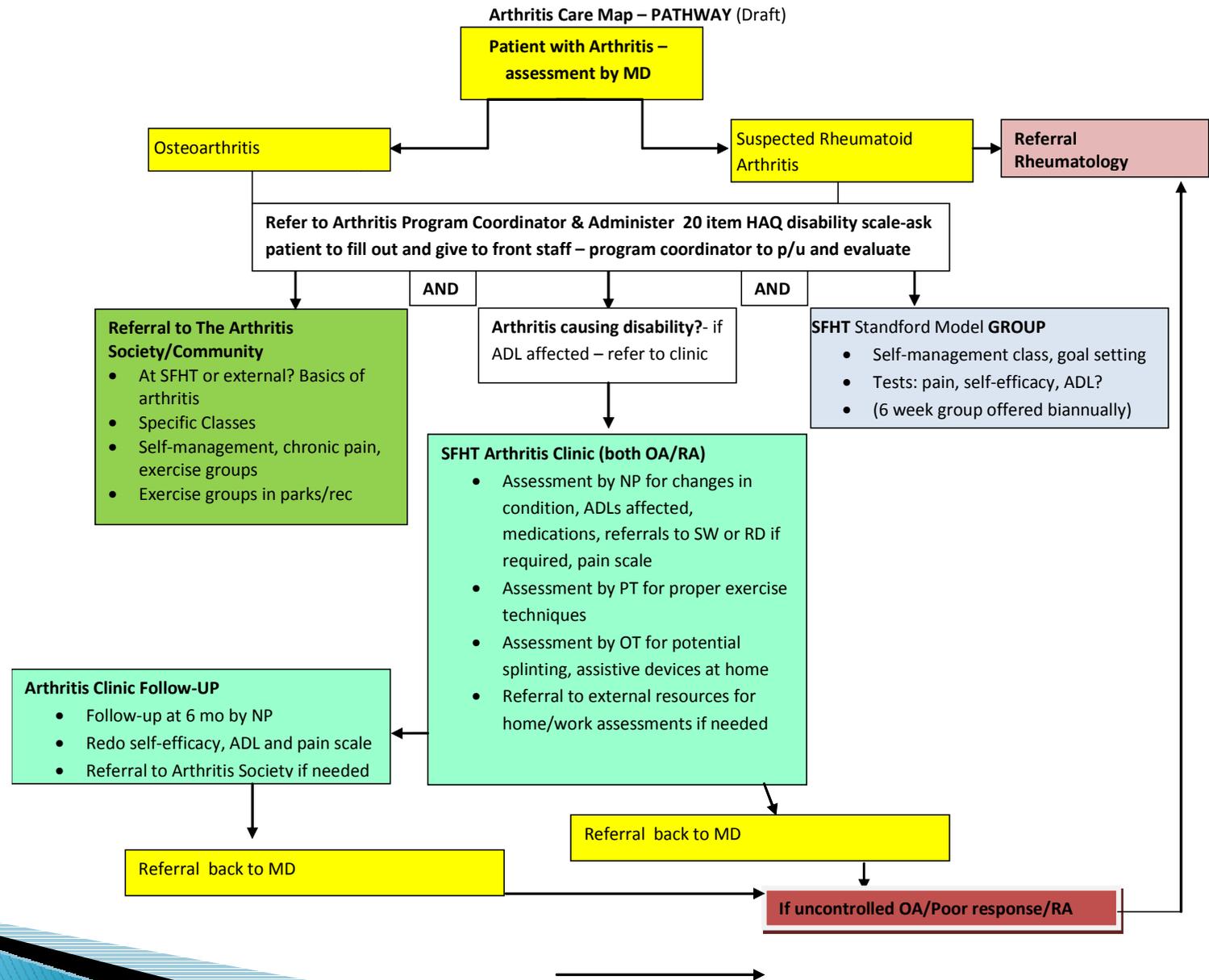


S.A.P. Summerville Arthritis Program

- ▶ Streamline referrals to Rheumatologists (LHIN wide strategy)
- ▶ Arthritis clinic day
- ▶ Self-management component – Stanford Chronic Disease Self-Management or can attend The Arthritis Society Self-Management program

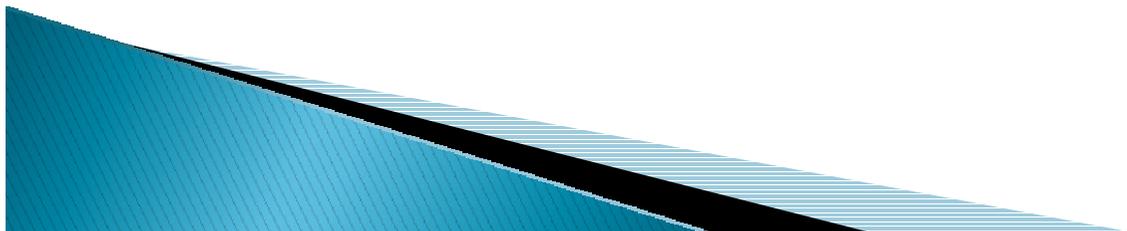


S.A.P. Logic Model



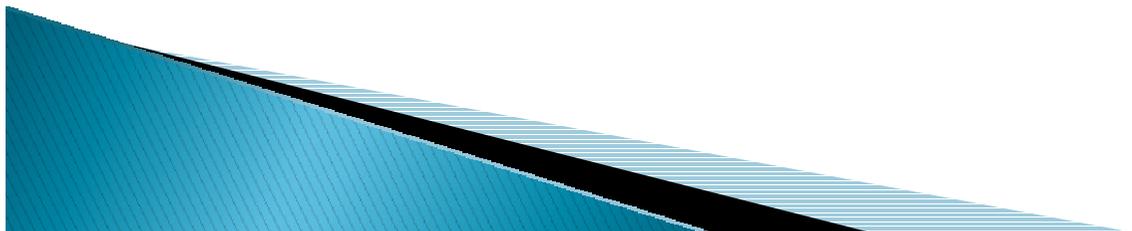
Heart Smart

- ▶ Originally started spring 2009 with separate education and follow up sessions for Hypertension and Hyperlipidemia started by SFHT dietitian and pharmacist
- ▶ Decided to combine the education sessions together into “Heart Smart” March 2010 with overview of cardiovascular risk factors
- ▶ Goal setting and patient self-management after education session by health promotion specialists using motivational interviewing
- ▶ Separate follow up for Hypertension and Hyperlipidemia with pharmacist, RN or NP and dietitian



Heart Smart

- ▶ Record attendance in EMR and have physician follow up with patient
 - What goals they set to focus on
 - What new information they learned
 - What additional support do they need at this time (Social Worker referral to address stress management, Smoking Cessation program referral)
- ▶ If patient did not attend – follow up if would like to participate in next group session or prefer one on one consultation with allied health staff



Collaborating with Pharmaceutical companies

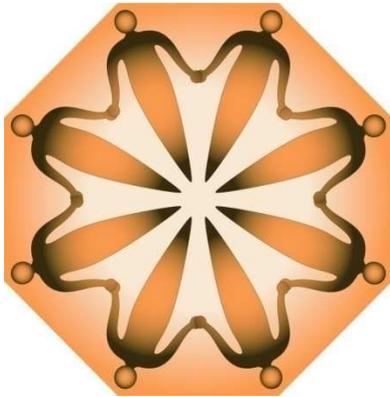


- ▶ Careful how we collaborate with various pharmaceutical companies (our involvement in the project, expectations, funding)
 - Limited on staff resources

Photo: Google Images

Successes

- ▶ Role clarification
- ▶ Role valuing
- ▶ Development of trusting relationships
- ▶ Power sharing



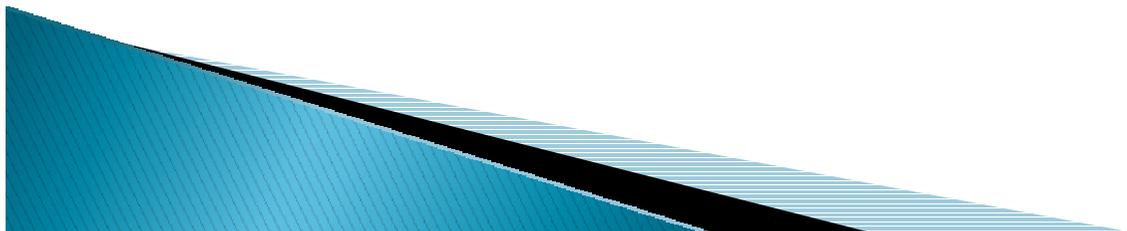
Summerville FHT Memory
Clinic Logo



Photo: Google Images

Future Consideration

- ▶ Staff for chronic disease prevention and management programming
- ▶ IT staff to assist with indicators (coding and collection) in EMR
- ▶ Develop a website to share program information with our patients
- ▶ More collaboration among FHT's to work together and share resources and tools



Thank You

