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4. Behavioural support – eg, physical activity, dietary change, coping skills for managing the emotional demands of living with a chronic illness

Analysis of studies considered: theoretical basis, background of providers, program format and intensity, duration of follow-up, characteristics of participants and generalisability of outcomes. Due to heterogeneity of interventions and outcome variables, a narrative synthesis was employed to address the research questions. There were fewer studies of diabetes and CAD SME programs that met the inclusion criteria than for asthma, and overall, few targeted disadvantaged or culturally diverse populations. Participation favoured better educated, Caucasian, females with lower morbidity. Final results and conclusions regarding effectiveness and generalisability will be reported.

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1130
Success of Disease Management Programs In Community Pharmacy - Asthma

Presenter: Prof Carol Armour, Pharmacy Faculty, University of Sydney and community pharmacy specialist in Guild Asthma Program NSW

Background: Many pharmacy-based programs have been developed which have shown improved asthma care. However, to be sustainable these programs should follow national best practice guidelines and take into account the needs of local practitioners.

Aims: To develop a national clinical service (the Pharmacy Asthma Care Program – PACP) based on Australian National Clinical Guidelines, taking into account practitioners’ needs and involving patients in goal-setting to improve their management of asthma. To evaluate the service.

Methods: A multi-site, randomised control-versus-intervention, repeated measures design was implemented in 50 pharmacies (24 control and 26 intervention) across three states in Australia. The PACP service for intervention patients involved a cycle of assessment, goal setting and monitoring over six months and followed the National Asthma Council 6-step Asthma Management plan. Over 3-4 visits, asthma severity, spirometry, inhaler technique, medications and lifestyle issues were reviewed and interventions delivered. Patients were referred to their physician for an action plan or other issues when required. Control patients were assessed for asthma severity and spirometry at 0 and 6 months, and received no interventions beyond standard patient care. Economic, clinical, and humanistic outcomes were used to evaluate the service.

Results: A total of 351 patients (165 intervention and 186 control) completed the study and of these, 80% were referred to their physician at least once. On average, patients set three goals for themselves (the majority related to medication) and only 9% of patients reported not achieving their goals. There were significant (p<0.05) changes over time in the intervention patients compared to control patients for several parameters. In the intervention group, there was a decrease in the proportion of those with severe asthma (88% to 53%); an increase in those classified as adherent to preventer medications (54% to 71%); a decrease in salbutamol use; improved quality of life, asthma knowledge and perceived asthma control scores; an increase in those having correct inhaler technique (24% to 73%) and an asthma action plan (23% to 64%). The PACP was highly cost-effective when compared to other funded programs in Australia.

Conclusion: The National PACP implemented by community pharmacists has changed the way patients are managed in Pharmacy with significant clinical and humanistic benefits for asthma patients, and economic benefits for the health care system.

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Who benefits most from participating in chronic disease management programs?

Presenter: Ms Sandra Nolte, Collaborative Institute Research, Consulting and Learning in Evaluation, RMIT Uni & AFV Centre for Rheumatic Diseases, Uni of Melbourne VIC

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Objectives: To quantify the benefits that people receive from participating in self-management courses and identify subgroups that benefit most.
Research Design: People with a wide range of chronic conditions attending self-management courses (N=1,341 individuals) were administered the generic Health Education Impact Questionnaire (HEI-Q). Data were collected before the first session (baseline) and at the end of courses (follow-up) resulting in 842 complete responses. The median (interquartile range) age was 64 (54 to 73) years and most participants were female (75%). Outcomes were categorized as Substantial improvement (Effect Size, ES ≥ 0.5), Minimal/No change (ES =0.49 to 0.49) and Substantial decline (ES ≤ -0.5).

Results: On average, one third of participants reported substantial benefits after attending a self-management course. Proportions of participants reporting substantial benefits ranged from 49% in Skill and technique acquisition to 27% in Health service navigation. Stratification by gender, age and education showed that younger participants were more likely to benefit, particularly young women. No further subgroup differences were observed.

Conclusions: Given that the health of people with chronic diseases tends to decline, this evaluation is reassuring in that about one third of participants coming from a wide range of backgrounds receive substantial improvements in their self-management skills.

1200
Smoking Cessation - Pharmacy
Presenter: Ms Jenny Bergin, Chief Pharmacist, The Pharmacy Guild of Australia and community pharmacist specialist smoking cessation programs NSW

The Pharmacy Guild of Australia conducted the Quit Smoking Project to implement an effective quit smoking management program in community pharmacy. The Guild received funding from the Australian Government Department of Health and Ageing as part of the Third Community Pharmacy Agreement, in recognition of the important role pharmacies play in the Nicotine Replacement Therapy (NRT) category.

The aim of the project was to:
- Demonstrate an increase in the number of consumers undertaking smoking cessation strategies;
- Assist those consumers to successfully quit smoking with the use of retail navigation display boards (stands) on smoking cessation products, quit plans and referral services, and by providing ongoing advice and support; and
- Evaluate the program’s impact and effectiveness in assisting those consumers to quit smoking.

A major component of the project was online training on the Quit Smoking Program for pharmacists and pharmacy assistants.

The project compared intervention and control group pharmacies. Key findings showed that customers who visited an intervention pharmacy and purchased NRT:
- Received more useful advice and written information;
- Were more likely to have been informed of support services; and
- Were more likely to have completed the NRT program.

1200
Chronic Disease Self Management programs – what is the evidence?
Presenter: Ms Sharan Ermel, Research Assistant, Collaborative Health, Education and Research Centre (CHERC) Bendigo Health Care Group VIC

Background: In Australia, chronic disease self-management is a burgeoning area of health care due to the increasing incidence of chronic disease and the depleting health dollars available to meet the needs of Australians. It is envisaged that to ease the increasing burden of chronic disease, not only on the health care system but also on the individual living with chronic disease, self-management activity and commitment must increase.

Methods: An extensive review of the literature published between 2000 to mid 2005 was undertaken to identify and classify the range of chronic disease self-management programs available. The Cochrane, Medline, Pre-Medline, CINAHL, Psych Info and Journals@Ovid databases were searched using combinations of keywords, in conjunction with additional hand searching of relevant citations and journals. Relevant study results were graded according to Levels of Evidence outlined by the National Breast Cancer Centre Psychosocial working group, which were based on the earlier framework of the National Health & Medical Research Council.

Results: Over 1500 potential studies were identified through this process. Through adherence to a strict inclusion criterion, the number of included papers was reduced to 46 papers detailing 44 studies of chronic disease self-management programs or models. The studies identified within this literature review dealt with a wide range of self-management interventions. These ranged from programs and interventions developed for,