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Stories behind the numbers: following up cases from the TrueBlue program

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Chronic disease, a global problem

• IDF (International Diabetes Foundation) estimates 285 million adults have diabetes globally in 2010. Diabetes accounted for 6.8% of total global mortality. ³
• Diabetes predicted to increase to 439 million in 2030 ³
• Coronary heart disease (CHD) is the leading cause of mortality, causing 6.2 million deaths per year. ²
• 82 million disability adjusted life years are expected to be lost to CHD in 2020 ²

Chronic disease in our backyard

• Cardiovascular disease accounts for 18% of total health burden in Australia measured by Years Lost to Disability (YLD) and Years of Life Lost (YLL) ³
• Type 2 diabetes accounts for 5.5% of total health loss ³

Depression and chronic disease

• Depression is associated with adverse outcomes among people with diabetes ⁴-⁹ and poorer diabetes self management ¹⁰-¹².
• Depression is associated with a 2 to 2.5 fold increased risk of poor outcomes after heart attack.
• Does treating depression in chronic disease improve chronic disease management?

TrueBlue

• Patients are screened for depression
• TrueBlue study involves using practice nurses as ‘case managers.’
• Nurse coordinates patient care with GP, dieticians, psychologist, podiatrist and other health professionals.
• Nurse meets patients for consultation
• Based on IMPACT model in USA.
The study

- Our research questions:
  - What is the nurse experience of the TrueBlue model of care?
  - What is the patient experience of the TrueBlue model of care?
  - How were nurses managing patient responses to the depression measure (PHQ-9), especially the item (9) about thoughts of self-harm and suicidal ideation?

Methodology

- Selected patients were contacted by phone by a registered psychologist
- Interviews were recorded, transcribed and a thematic analysis performed

Interview questions

- Patients were asked questions covering six areas:
  - Seeing practice nurse prior to seeing GP
  - Setting personal goals
  - Use of the PHQ-9 questionnaire
  - Discussions with practice nurses
  - GP management plans
  - Three monthly recalls

Results of interviews

- Three major themes:
  1. Patients felt less rushed in consultations with practice nurse. This allowed greater discussion of the complex issues faced when dealing with a chronic illness.
  2. Goal setting enabled patient self empowerment.
  3. PHQ-9 identified issues, such as not being able to sleep, for discussion.

Patients felt less rushed in consultations with Practice Nurse

- "You get to talk to a practitioner a lot longer and in a much more relaxed atmosphere. We were able to discuss all aspects of daily living, you know with my blood sugar levels causing me grief and my husband’s medical condition."
- "I appreciated being able to have a chat for a while with someone and not get in and get out really quickly."
- "Seeing the nurse first made the whole thing much longer than a normal appointment and you could discuss many things that wouldn’t normally bring out."
- "Sometimes the GP is in a bit of a hurry and hurries you out the door so it’s nice to be able to have time to talk to someone about it."

Goal setting enabled patient self empowerment

- "If you write down goals and you express them and you review them from time to time it’s much more beneficial."
- "I especially knew when I had another appointment coming up that I had to keep on my toes a bit. Getting weighed and stuff every three months instead of every six months or twelve months was sort of more controlled."
- "The practice nurse would want to know about your goals and how your general life is and lifestyle and how it was at home and that was really good."
PHQ-9 Identified Issues for discussion

- "It brought up how my home life was and I was having a hard time at home and to be able to discuss that and have someone else to talk to."
- "Sometimes just by being able to fill out the questionnaire allows us to highlight, we think it's okay and you think, oh no, I'm not sleeping that well"