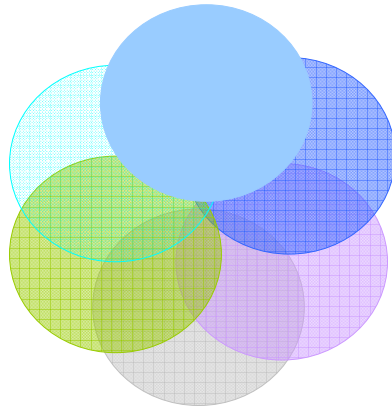


The **Systems and Policy** context for delivering chronic care



CONTEXT

LEVEL

- Chronic **Care** Models
- Chronic **Care** Pyramid
- Balance of **Care**
 Professional Care vs. Self-Management
- National Chronic Disease Strategy
- WA Health Models of **Care**
- WA CC/CCSM Frameworks++
- Health Services (NMHS)
- NGOs, Local Governments...
- Communities



The Chronic Care Model (CCM)



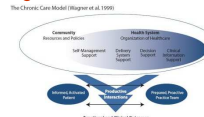
The Chronic Care Model (Wagner et al. 1999)



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CCM around the World

Original WAGNER



USA



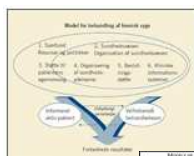
GERMANY



CANADA



HOLLAND



DENMARK

QUEBEC



Washington USA




FINLAND

RUSSIA




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ICCCF

INNOVATIVE CARE FOR
 CHRONIC CONDITIONS FRAMEWORK (ICCCF),
 World Health Organisation (WHO) 2002




- The ICCCF places consumers, carers and health teams at the centre of chronic care.
- The ICCCF provides the basis for WA Health Models of Care

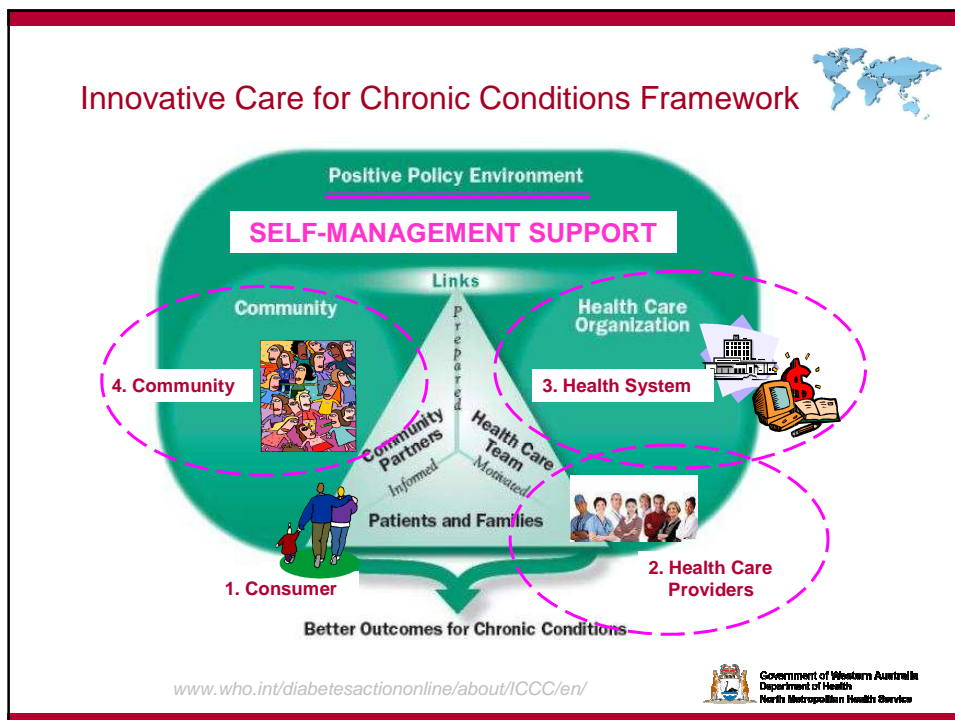
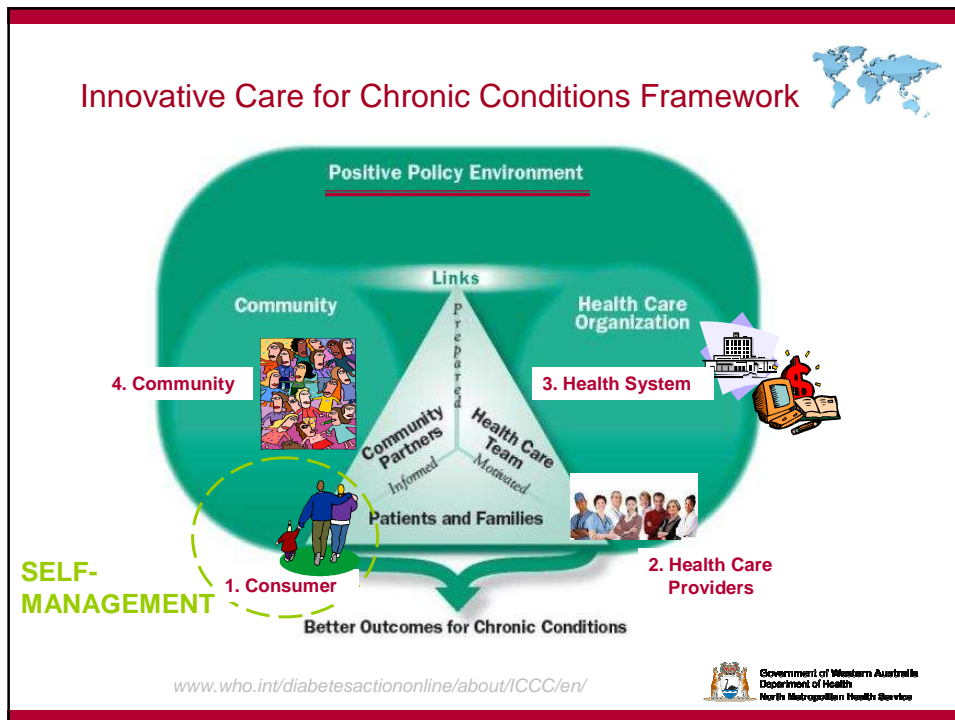
Source: www.who.int/diabetesactiononline/about/ICCC/en/

Definitions

Self-management is ‘the active participation by people in their own health care’.

Self-management support is what health providers, organisations and the community does to assist people living with chronic conditions to better ‘self manage’.







Definitions Continued

The **self-management approach** emphasises the **consumer's central role** in managing their health anywhere along the care continuum;

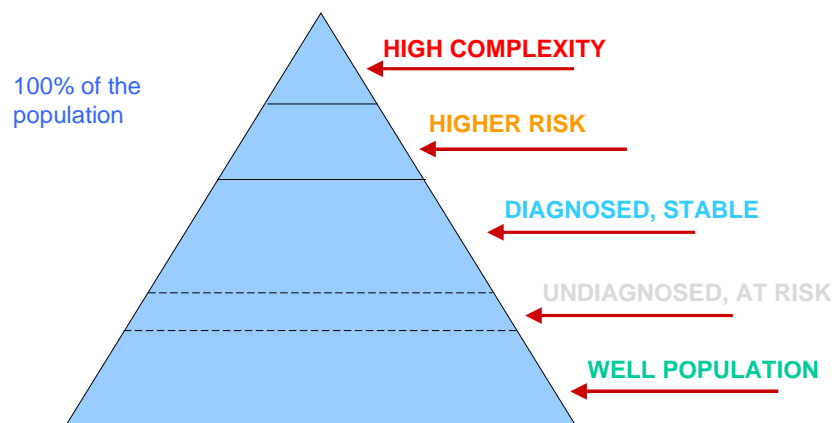
Self-management programs and services offer consumers the **knowledge, skills and resources** to help them better manage their health.

Self-management is 'the **active participation** by people in their own health care'.

Self-management **support** is what health providers, organisations and the community does **to assist people living with chronic conditions to better 'self manage'**.

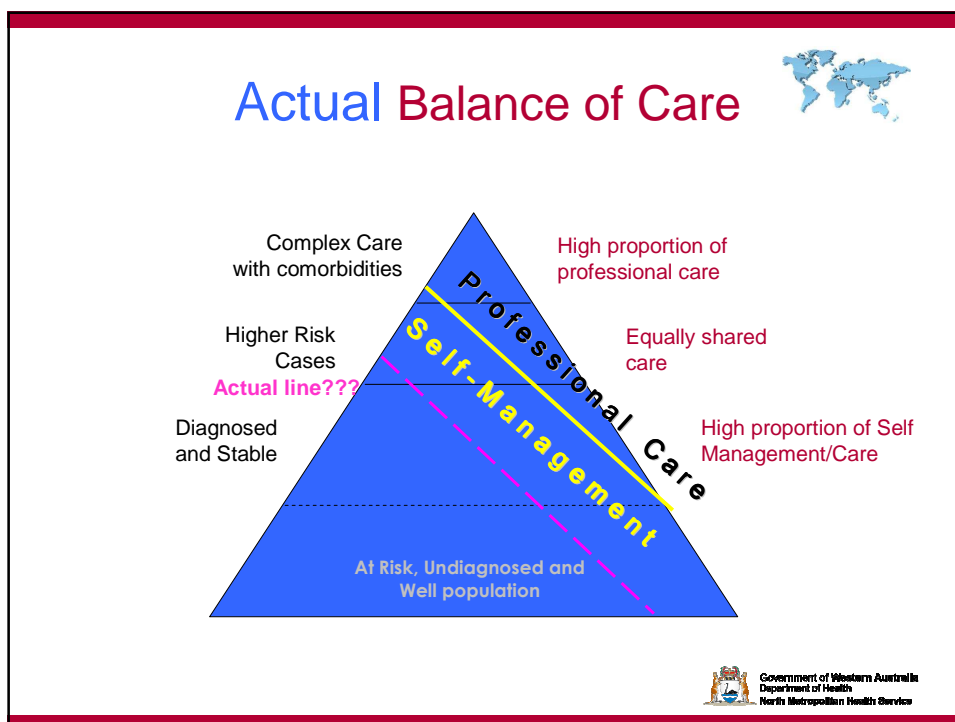
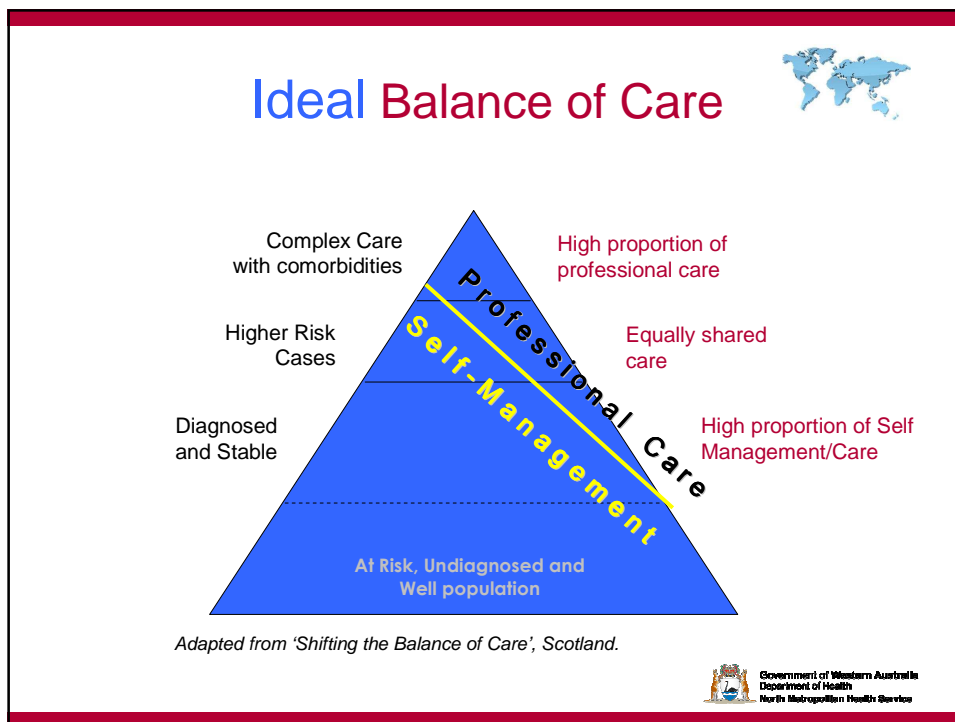


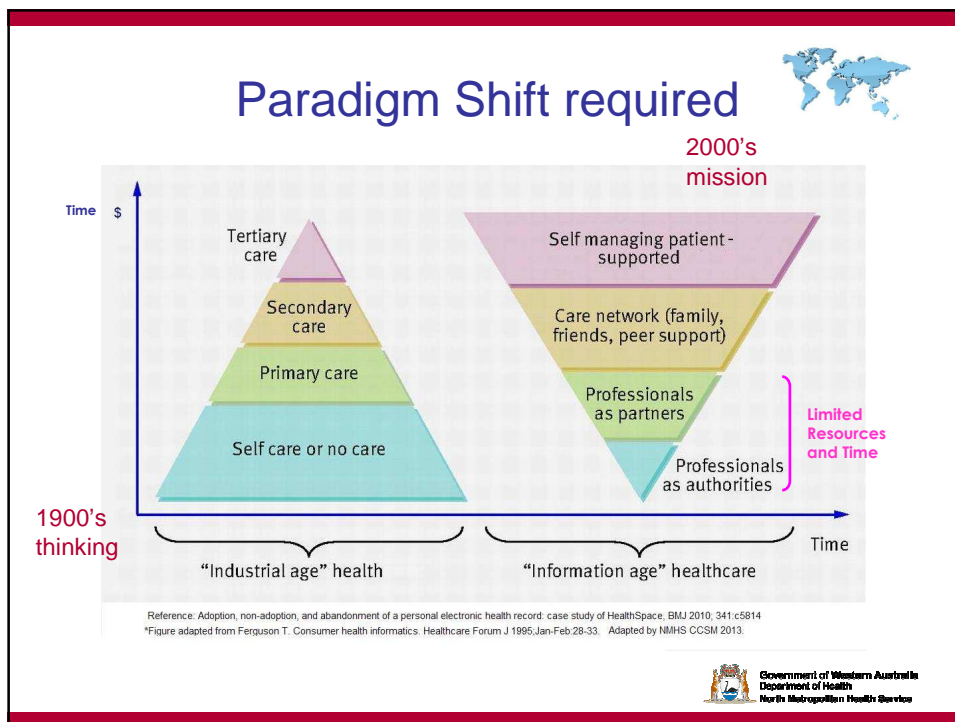
Chronic Condition Pyramid



Based on: UK Department of Health (2005) Improving chronic disease management [Kaiser Permanente Care Management Institute, California, USA]



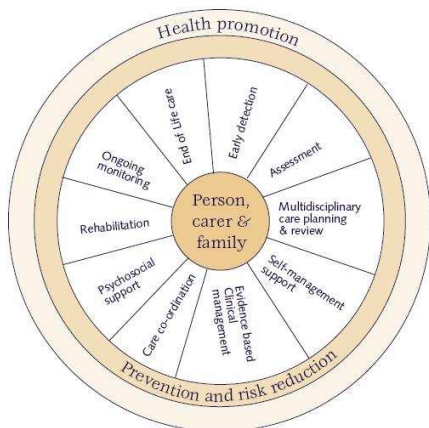




CONTEXT	LEVEL
<ul style="list-style-type: none"> ▪ Chronic Care Models ▪ Chronic Care Pyramid ▪ Balance of Care Professional Care vs. Self Management 	<p>INTERNATIONAL</p>
<ul style="list-style-type: none"> ▪ National Chronic Disease Strategy 	<p>NATIONAL</p>
<ul style="list-style-type: none"> ▪ WA Health Models of Care ▪ WA CC/CCSM Frameworks++ ▪ Health Services (NMHS) 	<p>STATE</p>
<ul style="list-style-type: none"> ▪ NGOs, Local Governments... ▪ Communities 	<p>COMMUNITY</p>

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National Chronic Disease Strategy



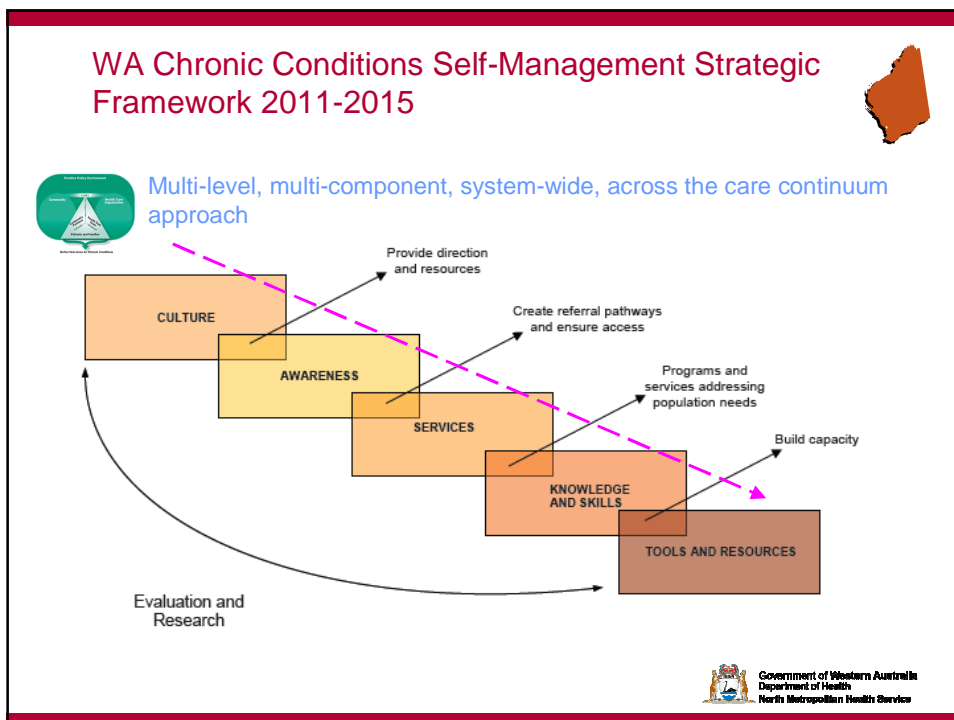
ACTION AREAS:

1. Prevention across the continuum
2. Early detection and treatment
3. Integration and continuity of prevention and care
4. **Self-Management**




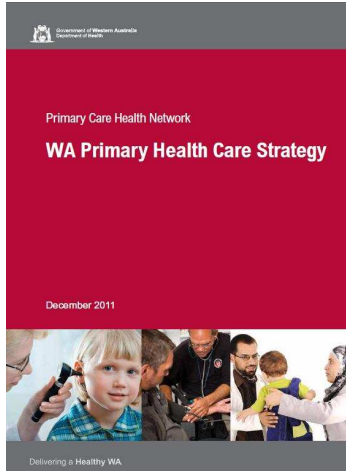
Strategic Documents ...





WA Primary Health Care Strategy







Primary Care Health Network
WA Primary Health Care Strategy
 December 2011


Delivering a Healthy WA

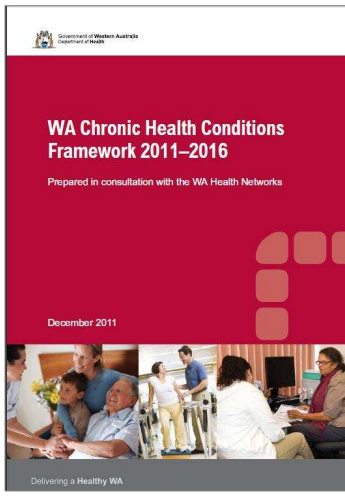
- Principle 1:** Partnership
- Principle 2:** Health literacy and Self-Management
- Principle 3:** System design
- Principle 4:** Awareness
- Principle 5:** Social determinants of health
- Principle 6:** Implementation through consultation & engagement





WA Chronic Health Conditions Framework 2011-2016





Government of Western Australia
 Department of Health


WA Chronic Health Conditions Framework 2011–2016
 Prepared in consultation with the WA Health Networks

December 2011

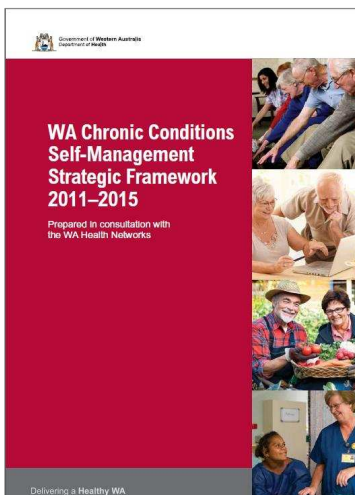
Delivering a Healthy WA

Guiding Principles:

- Principle 1:** Integration and service coordination
- Principle 2:** Interdisciplinary care planning and case management
- Principle 3:** Evidence-based and consumer-centred care
- Principle 4:** Health literacy and Self-Management for chronic health conditions



WA Chronic Conditions Self-Management Strategic Framework 2011-2015

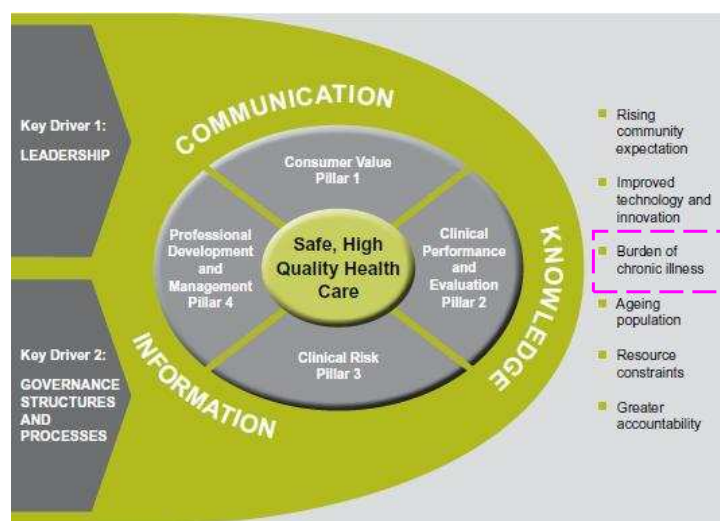


CCSM PRINCIPLES :

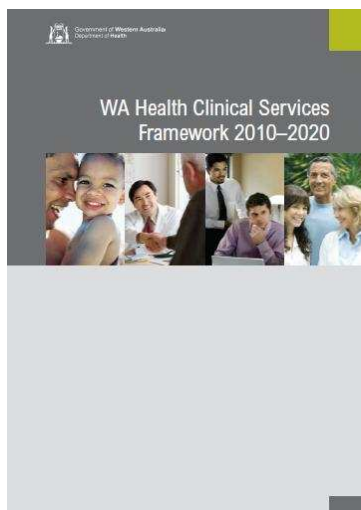
- Holistic practice
- Person-centred approach
- Partnership with HP
- Participation by client, carers
- Shared responsibility 4 outcomes
- Client empowerment and enhanced capacity
- Co-ordination of care
- Quality Information
- An ongoing, lifelong approach to health and self care.



WA Strategic Framework for Safety and Quality in Health Care 2008 -2013



WA Health Clinical Services



Focus areas include:

- Safety and Quality
 - Client-centred approach
- Address / Redistribute Demand
 - Inpatient
 - Outpatient
 - Emergency Department
- Clinical Services Redesign
- Transitional & Referral pathways
- FINE / OPI
- Sub-acute care services
- Ambulatory care services
- Activity based measures etc

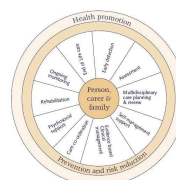
WA Health Models of Care



Key Focus Areas:

1. Prevention & Promotion
2. Early Detection & Intervention
3. Integration & Continuity of Care
4. Self-Management

Based on ICCCF and NATIONAL CHRONIC DISEASE STRATEGY GUIDELINES



CHRONIC CONDITION
SELF-MANAGEMENT (CCSM)
SYSTEMS & POLICY CONTEXT

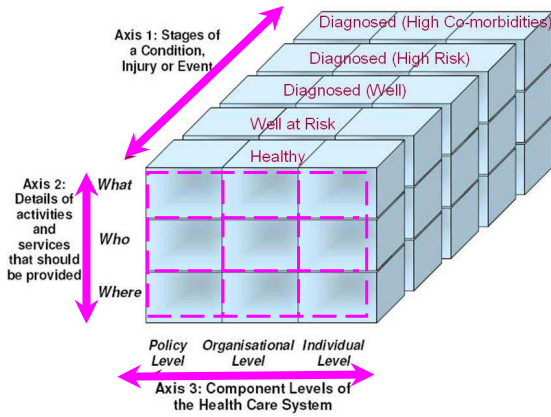
WA Health Models of Care




- [Abdominal Aortic Aneurysm \(PDF 882KB\)](#)
- [Acute Coronary Syndromes \(PDF 786KB\)](#)
- [Anaphylaxis Model of Care for WA \(PDF 992KB\)](#)
- [Asthma \(PDF 2.81MB\)](#)
- [Burn Injury \(PDF 709KB\)](#)
- [Cancer \(PDF 494KB\)](#)
 - [Breast Cancer \(PDF 317KB\)](#)
 - [Colorectal Cancer \(PDF 236KB\)](#)
 - [Gynaecologic \(PDF 533KB\)](#)
 - [Haematology \(PDF 324KB\)](#)
 - [Head and neck \(PDF 300KB\)](#)
 - [Integrated Primary Care and Cancer Services \(PDF 429KB\)](#)
 - [Neuro-Oncology \(PDF 449KB\)](#)
 - [Psycho-Oncology \(PDF 2.411MB\)](#)
 - [Thoracic \(PDF 552KB\)](#)
 - [Thyroid Cancer \(PDF 922KB\)](#)
 - [Upper Gastro-intestinal cancer \(PDF 288KB\)](#)
- [Chronic Conditions Self-Management Strategic Framework \(PDF 1.051MB\)](#)
- [Chronic Health Conditions Framework \(PDF 1.431MB\)](#)
- [Chronic Kidney Disease \(PDF 111KB\)](#)
- [Chronic Lung Conditions Model of Care \(PDF 800KB\)](#)
- [Chronic Obstructive Pulmonary Disease \(PDF 1.371MB\)](#)
- [Coeliac Disease \(PDF 337KB\)](#)
- [Colonoscopy Services Model of Care \(PDF 228KB\)](#)
- [Cystic Fibrosis \(PDF 549KB\)](#)
- [Diabetes \(PDF 588KB\)](#)
 - [Type 2 Diabetes in Children and Adolescents Model of Care and Clinical Practice Guideline for WA \(PDF 1.231MB\)](#)
- [Elective Joint Replacement Service Model of Care \(PDF 1.291MB\)](#)
- [Epilepsy \(PDF 1.111MB\)](#)
- [Falls \(PDF 328KB\)](#)
- [Fetal Alcohol Spectrum Disorder Model of Care \(PDF 1.061MB\)](#)
- [Familial Hypercholesterolaemia \(PDF 645KB\)](#)
- [Framework for the Care of Neonates \(PDF 459KB\)](#)
- [Framework for WA Non-major Trauma \(PDF 230KB\)](#)
- [Framework for the Treatment of Nicotine Addiction \(PDF 303KB\)](#)
- [Heart Failure \(PDF 534KB\)](#)
- [Hepatitis C \(PDF 436KB\)](#)
- [High Risk Foot \(PDF 1.571MB\)](#)
- [HIV \(PDF 491KB\)](#)
- [Home Enteral Nutrition \(PDF 375KB\)](#)
- [Inflammatory Arthritis \(PDF 793KB\)](#)
- [Improving maternity services framework \(PDF 1.271MB\)](#)
- [Morbid Obesity \(PDF 440KB\)](#)
- [Motor Neurone Disease \(PDF 306KB\)](#)
- [Older Person \(PDF 468KB\)](#)
 - [Amputee Services and Rehabilitation \(PDF 511KB\)](#)
 - [Delirium \(PDF 737KB\)](#)
 - [Dementia \(PDF 1.241MB\)](#)
 - [Geriatric Evaluation and Management \(PDF 532KB\)](#)
 - [Orthogeriatric \(PDF 199KB\)](#)
 - [Parkinson's Disease \(PDF 647KB\)](#)
 - [Rehabilitation and Restorative Care \(PDF 523KB\)](#)
- [Osteoporosis \(PDF 1.591MB\)](#)
- [Otitis Media Model of Care \(PDF 490KB\)](#)
- [Paediatric Chronic Diseases Transition Framework \(PDF 400KB\)](#)
- [Palliative Care \(PDF 533KB\)](#)
 - [Paediatric and Adolescent Palliative Care Model of Care \(PDF 394KB\)](#)
 - [Rural Palliative Care \(PDF 410KB\)](#)
- [Pathway for Renal Palliative Care Services in Western Australia \(PDF 1.231MB\)](#)
- [Service model for community-based musculoskeletal health in Western Australia \(PDF 860KB\)](#)
- [Sexually Transmitted Infections \(PDF 429KB\)](#)
- [Sleep Disorders Model of Care \(PDF 669KB\)](#)
- [Spinal Pain \(PDF 500KB\)](#)
- [Stroke \(PDF 1.471MB\)](#)
- [WA Child and Youth Health Framework \(PDF 1.091MB\)](#)
- [WA Primary Health Care Strategy \(PDF 856KB\)](#)

WA Health Models of Care

- ✓ Multi-level
- ✓ Multi-component
- ✓ System-wide
- ✓ Across the continuum



The diagram illustrates the WA Health Models of Care as a 3D structure. The vertical axis (Axis 1) represents the 'Stages of a Condition, Injury or Event', ranging from 'Healthy' at the bottom to 'Diagnosed (High Co-morbidities)' at the top. The horizontal axis (Axis 3) represents the 'Component Levels of the Health Care System', including 'Policy Level', 'Organisational Level', and 'Individual Level'. The depth axis (Axis 2) represents 'Details of activities and services that should be provided', categorized by 'What', 'Who', and 'Where'. A dashed box highlights the intersection of 'What', 'Who', and 'Where' across the 'Policy Level' and 'Organisational Level'.


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Safety and Quality Accreditation



NSQHS Mandatory Accreditation Standard

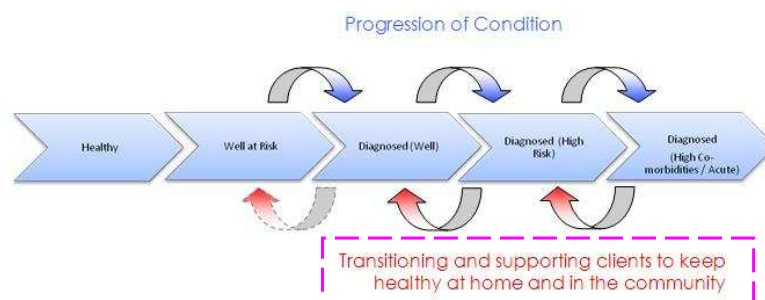
2.6.1 Clinical leaders, senior managers and the workforce access training on

patient-centred care and **the engagement of individuals in their care** [=Self-Management Support).

NMHS Public Health & Ambulatory Care



... To provide connected, person-centred health care



CONTEXT	LEVEL
<ul style="list-style-type: none"> Chronic Care Models Chronic Care Pyramid Balance of Care Professional Care vs. Self Management 	<p>INTERNATIONAL</p> 
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Local Governments, NGOs, Carers, Families and the Community





- Public Health Plans
- Programs & Services
- Peak bodies
- Medicare Locals
- Support Groups
- Promotion/Prevention
- Schools, Centres
- Planning, Parks
- Environment factors
- Resources, Directories
- Media etc


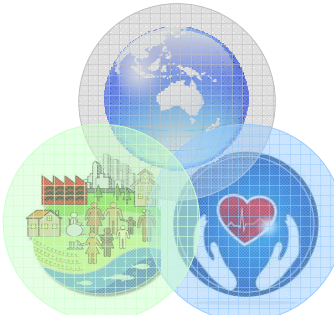

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In Summary Reconciling Agendas

SYSTEM/ORGANISATIONAL LEVEL:
Managing limited resources

CONSUMER LEVEL:
Quality of Life

PRACTICE LEVEL:
Delivering evidence-based quality care



Chronic Care

A multi-level, multi-component, system-wide approach, across the continuum of care.

