

Nirvana Health Group in partnership with Manaaki Hauora, Ko Awatea: Improving physical and mental health outcomes for people with long-term conditions by testing and developing self-management support in Primary Care

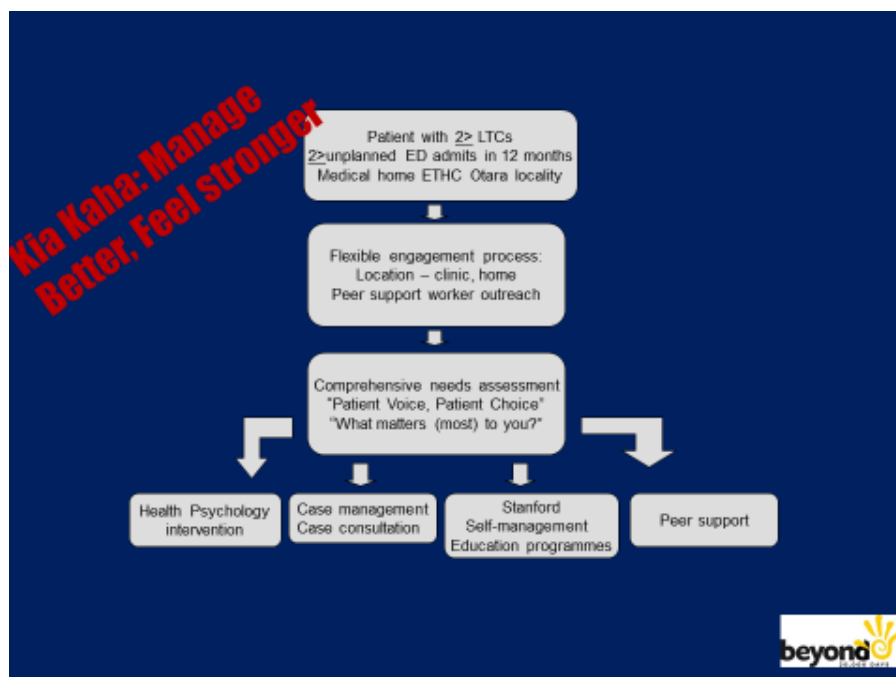
Interview with Leona Didsbury, Health Psychologist

Summary

This case study describes the innovative testing of a wheel of self-management support 'options' offered by a clinician/peer/volunteer team, or 'Teamlet', in a Primary Care setting. The goal: to provide self-management support to every patient with (or at risk of) a long-term physical and/or mental health condition. This emerging model of self-management support is based on four years of testing and adaptation of evidence-based self-management programmes within the ethnically diverse and high health needs population of the Otago locality in Counties Manukau using the IHI Improvement Science model. Programmes include: the [Stanford Self-Management Programs](#), a group adaptation of the [Flinders Programme](#), the [Center for Excellence in Primary Care \(CEPC\) Health coaching curriculum](#) (NZ adaptation) and other [models of peer support for long term conditions](#).

Background

The initial self-management project was part of the Beyond 20,000 Bed Day Campaign. Pam Low and Leona Didsbury, both experienced health psychologists working at Nirvana Health Group with clinical lead, Dr David Codyre, developed a model of care to address the mental health and self-management needs of high users of emergency care (EC) with co-morbidity in the Otago Locality, Counties Manukau. This model known as [Kia Kaha: Manage Better, Feel Stronger](#) demonstrated effectiveness through a 45% reduction of EC presentations in patients enrolled in the first year, high engagement rates with a 'hard to reach population', an increased confidence to self-manage, along with decreases in anxiety and depression.



Developing the wheel of support

One point of difference between the Nirvana approach and other self-management approaches is that mental and physical health needs are dealt with at the same time. The goal is to give several options of support when GPs refer for help with physical and/or mental health conditions. All referrals are given multiple options for support with the opportunity to self-tailor, a process allowing people to be involved in decisions about their own care and recovery.

With support from Manaaki Hauora and Counties Manukau, Nirvana has invested in developing and training clinicians, peer leaders and volunteers to create a team that has a shared language and perspective of self-management. The team works within the clinics and practice teams. Future goals include optional training for all clinic team members in health coaching and self-management processes.

Wheel of Support



1. Professional-led visits with peer support:

The *Manage Better Together careplan groups* are led by a trained professional who leads a group appointment. The participants/patients become peer support for each other. These groups are based on the Flinders Chronic Condition Management Programme (Flinders Programme). They are being adapted for use in a group setting with permission from

Flinders. The goal is to offer these regularly as a self-management one-off with follow up. Adjustment to this model includes possible trials of language and ethnic specific groups.

2. Peer Led Self-Management Training

The *Manage Better Courses* are the Stanford CDSMP six-week course which correlates to the second type of peer support for people with chronic illness. These are led by mostly peer leaders and volunteers with some clinicians involved in the training and provision. All staff working on self-management programmes are trained in the Stanford programme. All peer leaders and volunteers have regular supervision and the peer leaders have a weekly mentoring and support session. These courses are run on a regular basis in or near clinics. Courses are now offered in English, Tongan, Samoan, Hindi and with some Te Reo Māori language in a Kaupapa Māori version⁸.

3. Peer Health Coaching

Health coaching is being trialled with people who have been identified with poorly controlled or pre-diabetes. This is being done with a GP, nurse and care coordinator and three language specific peer health coaches. The training and supervision is based on the CEPC Health Coaching Curriculum.

4. Befriending

The peer members are an integral part of the team and they are the “befrienders” within the primary care setting. The clinician/peer/volunteer nature of this team not only wraps around patients who would like help, they also support and inspire the clinical teams.

5. Support Groups

At the end of the Manage Better Courses, participants are encouraged to create their own supporting groups. There are currently 8 active support groups that meet regularly and further outcomes related to their experience and health are being collected.

6. Phone support

GP's in the service are now referring their patients for self-management. At time of first contact on the phone by peer health coaches, patients are being offered multiple self-management support options allowing a “self-tailoring” opportunity.

7. Online support (work in progress)

Development of a Manage Better Facebook page along with other IT options is being developed by the younger members on the team.

Current Core Team:

- Six employed peer health coaches also trained as Stanford Self-Management Leaders (Includes peers conversant in Te Reo Māori, Tongan, Hindi, Samoan)
- 25 active volunteer leaders trained in Stanford CDSMP
- Two part-time health psychologists
- One part-time intern health psychologist.

Challenges

- Obtaining the resources to train team members and to maintain quality control is important to maintain and support peer and volunteer workforce.
- Referral of patients to the programme is improving greatly over time, however represents a constant challenges of providing the programmes.

Overcoming challenges

- A full-time coordinator in place who attends to the needs of both the participants and the leaders.
- Team work and multi-skilled nature of team. Everyone equal in the fidelity of Stanford.
- Support from Counties Manukau and Ko Awatea has made a big difference.
- Stanford model important for peers as it supports role definition and boundaries.

Key lessons

- Take time to get the process right. The Ko Awatea improvement model allows testing within a supportive environment.
- An innovative organisation and management structure allowing creativity and space to try things in a small way and test and make changes incrementally.
- Being given permission to apply the improvement science methodology rather than depend on evidence from Randomised Clinical Trials etc.
- Given time to explore ideas and how to change and do things differently.
- Using evidence based programmes important and all training in the programmes creates a shared platform of skills, language and increases equality in team.
- Being able to communicate directly with practice teams and being invited to CMEs to promote the programme.
- Including information about the programme in 'in house' on line publications.
- Change ideas validated by good data gathered with support from the Ko Awatea team. Easier to make the case for change.
- Important to offer a menu of options and 'listen to the customer'. For example, the customers ask for courses in their own language.
- Build on what works.

Benefits

- GPs report that people who have attended a course attend clinic less often, and get the education from the course that the GP doesn't have time to give.
- The team initially targeted mental health patients and planned for extensive periods of therapy and CBT. Soon found that for most patients going to a SME group was enough, they didn't need any more intervention. Additionally, those who were scheduled to see the psychiatrist often didn't end up going because SME was enough.

Acknowledgements: *Thank you to Leona and the team for sharing their story and learnings in this case study. Oct 2016. [Nirvana Health Group website](#)*