

Self-management teamlets improve patient health outcomes

MENTAL HEALTH

Patients with complex and long-term health needs become more engaged with health services when they receive peer support from someone who has “walked in their shoes”

◆ **Leona Didsbury**

Teamlet: a small team that works closely together to support patient care and education.¹ An experimental teamlet has been developed in the Counties Manukau region, Auckland, to test the concept of including peer workers alongside clinicians in order to offer timely self-management support to patients with complex needs.

The teamlet consists of health psychologists, peer employees and peer volunteers who have all trained in at least one self-management education model (eg, Stanford Chronic Disease Self-Management Program [CDSMP],² Health Coaching [CEPC],³ The Flinders Programme⁴).

This approach provides a broad range of self-management support options for patients and their families. These include several peer-supported opportunities, such as peer-led courses, peer health coaching, support groups, peer phone support and social media outreach.⁵ The team, by nature, is patient-centred as it includes patients who have trained in self-management.

The teamlet model allows self-management support to be offered more widely and routinely as part of the primary care service for anyone who has a physical and/or mental health long-term condition, or who is supporting someone with a long-term condition. The common thread of all interactions includes the concept that, no matter how difficult the health issues are, there is always something a person can do to “manage better”. The inclusion of people who have their own experience of long-term conditions, in both paid and volunteer roles, strongly supports this concept.

The foundation of this initiative is the Kia Kaha: Manage Better, Feel Stronger project. Kia Kaha is one of the “Beyond 20,000 Bed Day” collaboratives at Ko Awatea using the Improvement Science method,⁶ with the goal of improved health services. The Kia Kaha team initially tested the addition of self-management trained peers to work alongside clinicians to see if this would improve patient engagement in self-management support, initially on a small scale and in a low-risk environment. This made it possible to get immediate feedback from all involved and to collaboratively design the best process.

The team initially found the addition of peer support positively changed the ability to meet with people and their families to offer further support. The initial engage-



Key points

► The concept of including peer workers alongside clinicians (in “teamlets”) to offer timely self-management support to patients with complex needs is being tested.

► Positive outcomes so far include increased patient engagement, reduced unplanned emergency care visits, reductions in psychological distress and increased ability to feel “activated” in managing health.

► Three years from inception, there are now former patients – trained in self-management support models – working to support others with long-term conditions.

ment rate when patients were approached by clinicians alone was 50 per cent. Once peers joined with the clinicians, the engagement rate jumped to 90 to 95 per cent.

Expanding teamlets beyond Counties Manukau

As a result of the positive outcomes of the Kia Kaha project, including reduced unplanned visits to emergency care services, reductions in psychological distress in participants and increased ability to feel “activated” in managing health, East Tamaki Healthcare (ETHC) has continued to invest in the peer-clinician “teamlet” with a commitment to implement the model beyond Counties Manukau. (See more at <http://bit.ly/1TTsx79>)

Three years from its inception, there are now former Kia Kaha patients who have trained in self-management support models who are working as part of the Kia Kaha team to support self-management for people with long-term conditions. There are now six peer employees who work with the “hardest to reach” people, including patients with complex issues related to mood, stress, depression, anxiety plus social problems, and who were not engaging with their healthcare team. There is also a growing support team of approximately 20 patients of ETHC who have trained to be peer leaders of the self-management courses and who work as volunteers to co-lead the Manage Better courses.⁴

There has been a conscious effort to keep this team flexible and connected to the clinic and clinicians. The team continues to co-design and work with clinics to support the GP teams and to connect to the populations they serve. Based on patient feedback, teams have started to provide

Kia Kaha teamlet
Front row: Tasi Ahio-Tongan (peer), Gary Sutcliffe (mental health peer support specialist)
Back row: Merle Samuels (Maori peer), Ula Samau (Samoan peer), Leona Didsbury (health psychologist), Pam Low (health psychologist) [ETHC]

courses in Tongan and Hindi languages. They also provide a course that is Kaupapa Maoriled in English by leaders who are conversant in te reo Maori. There are plans to make available Samoan and Mandarin courses.

Walter Muller, a GP from the Otago Integrated Health Centre, refers a large number of his patients to the Tongan Manage Better team and has seen many patients graduate

as better self-managers. He has the following to say about the level of self-management support his patients have experienced:

“The reason I refer my patients to the Manage Better courses is that I see clinical and psychosocial evidence that it works.

“Namely, patients’ HbA1cs are generally better. They are generally happier, and proud of their achievements. Also, there is the companionship and sharing with other similar individuals. There is also ongoing support and development through the subsequent support groups that patients create.

“For some patients I was seeing all the time, visiting frequency seems to have reduced.

“Education is a key factor in our patient management. Unfortunately, I don’t have the time to ‘effectively educate and motivate’ a patient in a 10 to 15-minute consultation slot. The Manage Better course sessions fill in these gaps and then I reinforce these messages.”

The Kia Kaha team is now working with the current Manaaki Hauora Campaign at Ko Awatea on an expanded version of Kia Kaha, or Manage Better Together. The expanding teamlet continues to test other evidence-based, self-management support models that can be delivered by a peer-clinician team.⁴ They continue to test health coaching, phone support, social media support, support groups and specialist support in group settings.

Training opportunities are available and visitors are welcome to see the team in action: please contact Leona Didsbury (ph 027-481 9014 or email leona@ethc.co.nz). ■

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Systemic sclerosis.

- Systemic sclerosis causes fibrin-occlusive vasculopathy.
- Fifty per cent of cases are associated with antiphospholipid antibodies.
- Often, it results in bilateral, painful ulcers of the lower leg.
- Painful, ischaemic digital ulcerations are also common due to Raynaud phenomenon and calcinosis.

Livedoid vasculopathy (Figure 13).

- Condition is associated with coagulation disorders.
- Small, painful, superficial ulcers on the ankles.
- Heals with atrophie blanche.

Warfarin-induced skin necrosis.

- Warfarin-induced skin necrosis follows initiation of warfarin three to 10 days earlier.
- Sudden onset of ecchymosis progresses to necrotic ulcer.

Heparin-induced necrosis.

- Heparin-induced necrosis follows initiation of heparin four to 12 days earlier.
- Associated with heparin-induced thrombocytopenia in most but not all patients.

• Biopsy shows intravascular clumps of platelets.

Other coagulopathy.

- Antiphospholipid syndrome, protein S and protein C

deficiency and others.

- Acute thrombosis progresses to necrotic ulcer.
- Biopsy shows intravascular thrombi without vasculitis. Cholesterol embolism (Figure 14).
- Cholesterol emboli are often the consequence of an endovascular surgical procedure or initiation of anticoagulant therapy (days to months later).
- Livedo reticularis, purpura, cyanosis, blue toes, digital gangrene and painful subcutaneous nodules are features.
- Systemic symptoms include fever, weight loss, myalgia, anaemia and renal failure.
- Biopsy reveals biconvex, needle-like cleft in vessels on histology. Septic emboli (Figure 15).
- Septic emboli are due to endocarditis or septicemia; various organisms are involved.
- Purpura, pustules, haemorrhagic bullae and splinter nail haemorrhages are features.
- Ulcers are usually small and irregular, often on the feet.
- Biopsy shows small blood vessel occlusion and small vessel vasculitis (immune complex negative).

Calciphylaxis (Figure 16).

- Calciphylaxis is associated with chronic renal failure and secondary hyperparathyroidism, obesity, liver disease, systemic corticosteroids, diabetes and coagulation defects.

- It occurs on the lower limbs, breasts, abdomen and

buttocks.

- Painful, deep ulceration is preceded by tender, retiform purpura.
- Biopsy shows calcification of vessel walls, thrombosis and infarction.
- Cryofibrinogenaemia.
- Cryofibrinogenaemia is associated with malignancy, diabetes, connective tissue disease and infection, but is more often idiopathic.
- Presents with livedo reticularis, purpura, ecchymoses, malaise and fever.
- Sudden onset of painful ischaemic ulceration.
- Plasma cryofibrinogen level is elevated.
- Biopsy shows small and medium vessel vasculitis. Cryoglobulinaemia.
- Cryoglobulinaemia is associated with connective tissue disease, haematological malignancies and hepatitis.
- Systemic symptoms include arthralgia and weakness.
- Purpura is triggered by cold exposure or prolonged standing.
- Cryoglobulins are detected in serum.
- Biopsy shows small and medium vessel vasculitis. ■

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