‘CARE AS USUAL’

– THE VALUE OF PYSCHOSOCIAL CARE IN OPTIMAL CHRONIC DISEASE MANAGEMENT IN A RURAL HOSPITAL ADMISSION RISK PROGRAM

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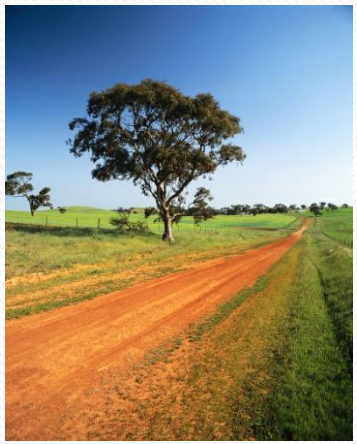
Rural Health Program

- Program of WDHS - services Shires of SGS& Glenelg
- Rural population of 37,000 people

- Kinds of rural health issues that we face are:
  - Higher COPD – farmers
  - Shorter life expectancy
  - BSW region – higher incidence of diabetes
  - Ischaemic Heart Disease incidence high
  - Transport & distance
  - Food access
  - Access to specialist services
  - Social isolation
  - Effects of climate



HARP is…

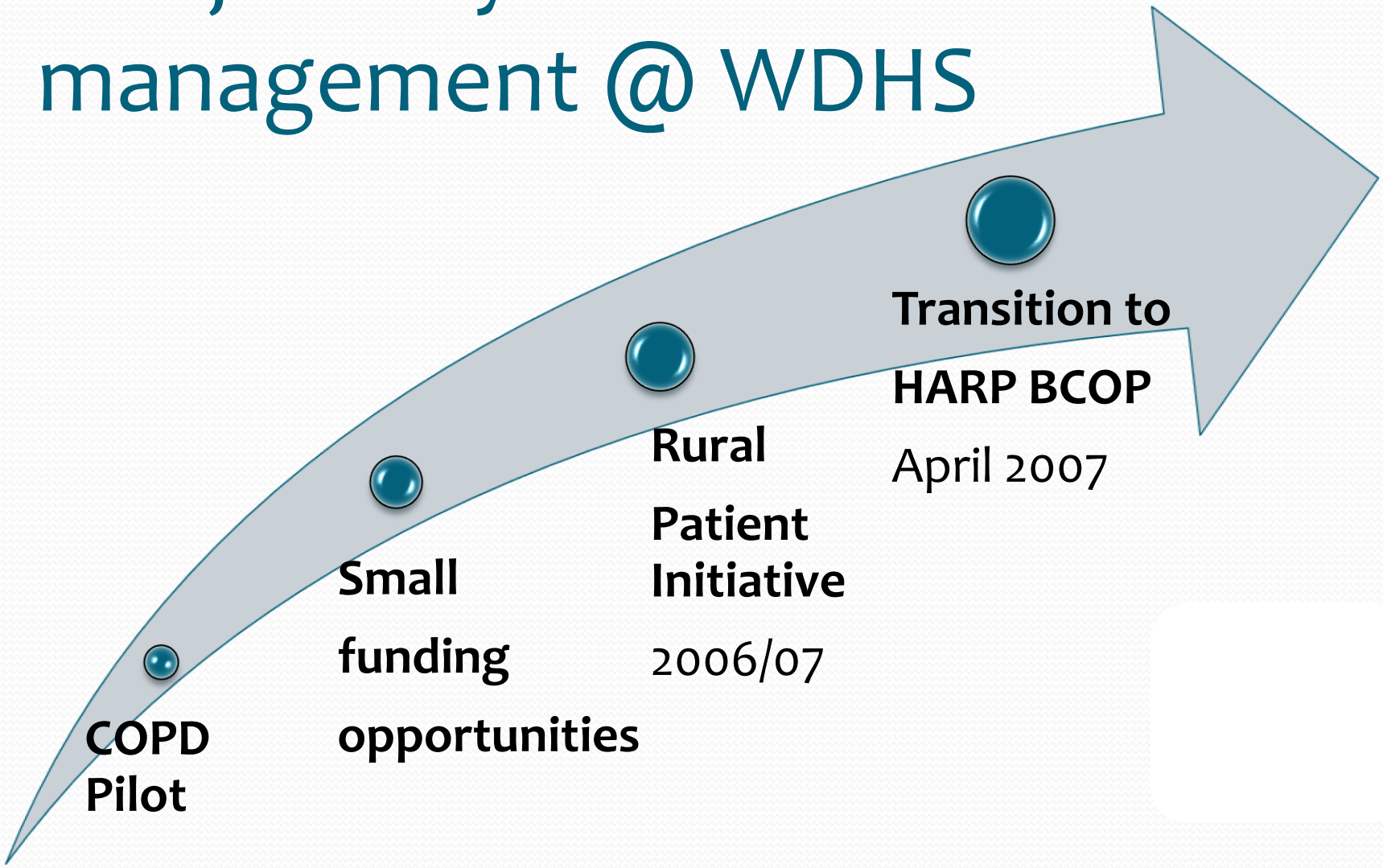
Hospital Admission Risk Program (HARP)

- Chronic Disease Management program
- Improving the management of rural people with defined chronic diseases and complex needs who frequently use hospitals or are at risk of hospitalisation
- Hospital demand strategy
- Focus on early identification of high risk clients
- Proactive health management
- Self-management

Chronic disease – why bother?

- 65% of Australians over 65 years have two or more chronic health conditions
- 3 million Australians have a chronic illness
- This group:
  - have the highest rates of health care utilisation
- And face:
  - higher mortality rates, disability, poorer quality of life.
- Higher risk of depression and anxiety: for example 40% depression in emphysema versus 20% in the general population

The journey to chronic disease management @ WDHS



Our perception

- Important element of chronic disease management

- Appoint a Psychosocial Care Coordinator for management of anxiety & depression and other p/social related issues

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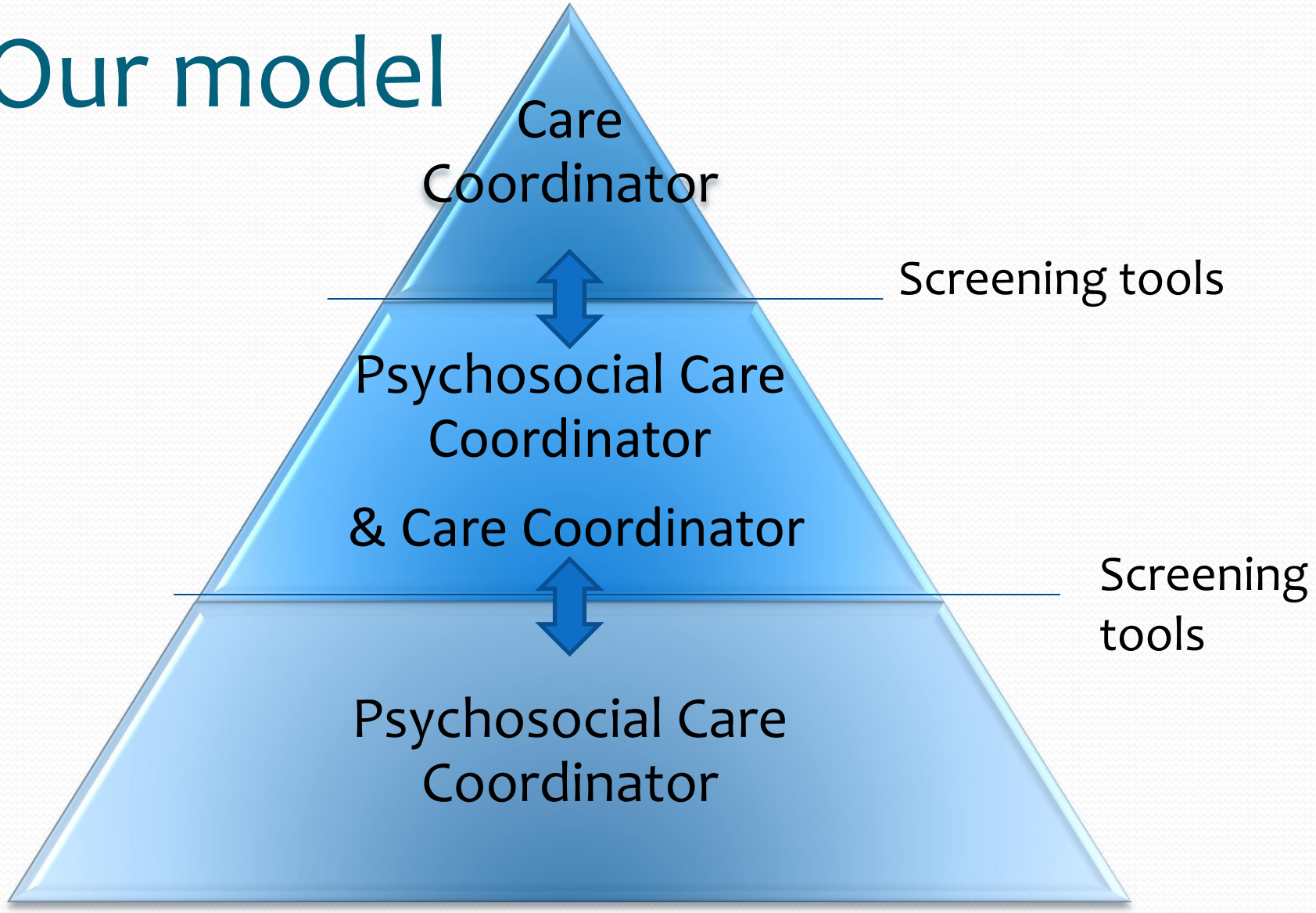
What we found

- New skills
- Communication
- Intervention

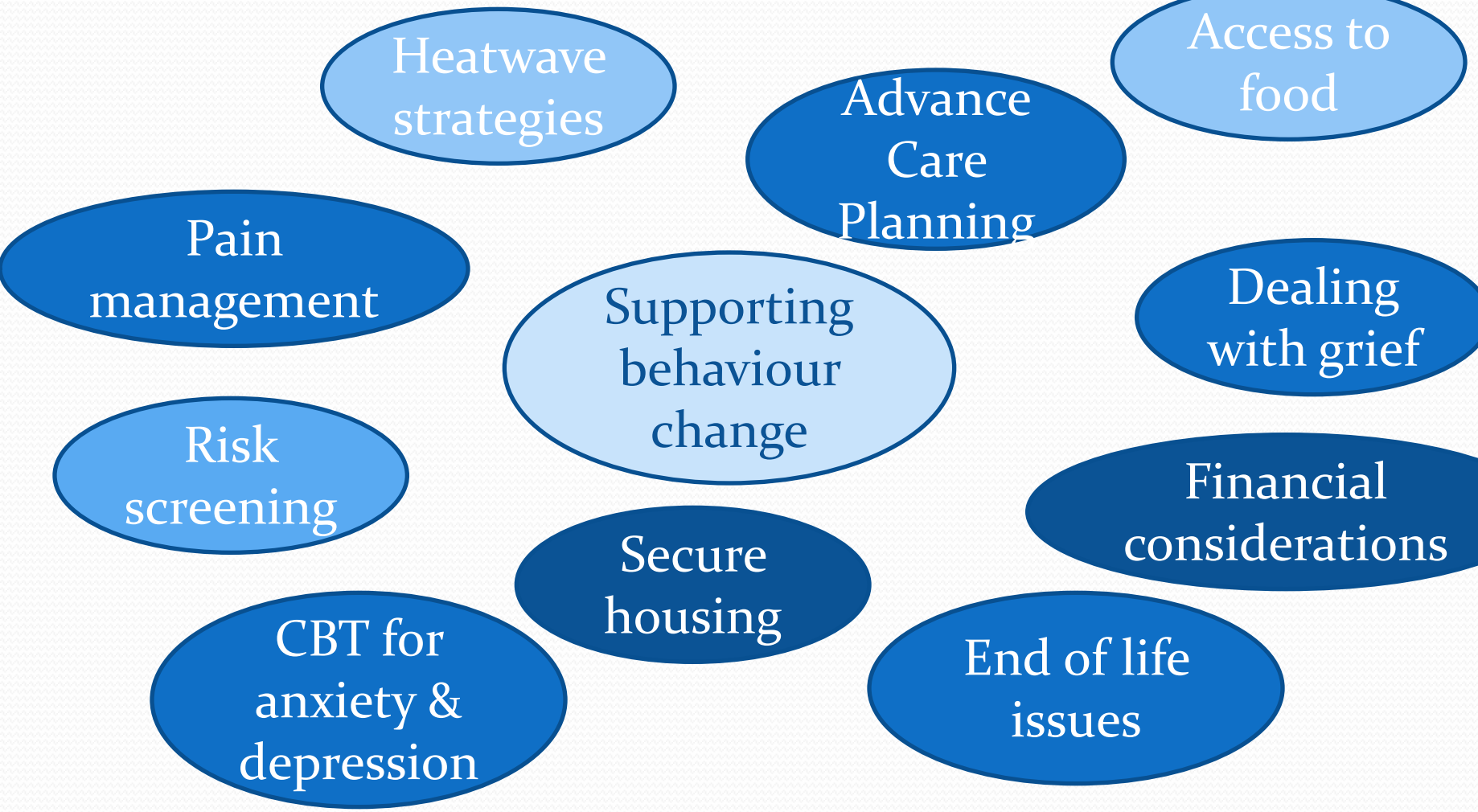
Our model


Care Coordinator
Screening tools
Psychosocial Care Coordinator
& Care Coordinator
Screening tools
Psychosocial Care Coordinator

What is good psychosocial care?

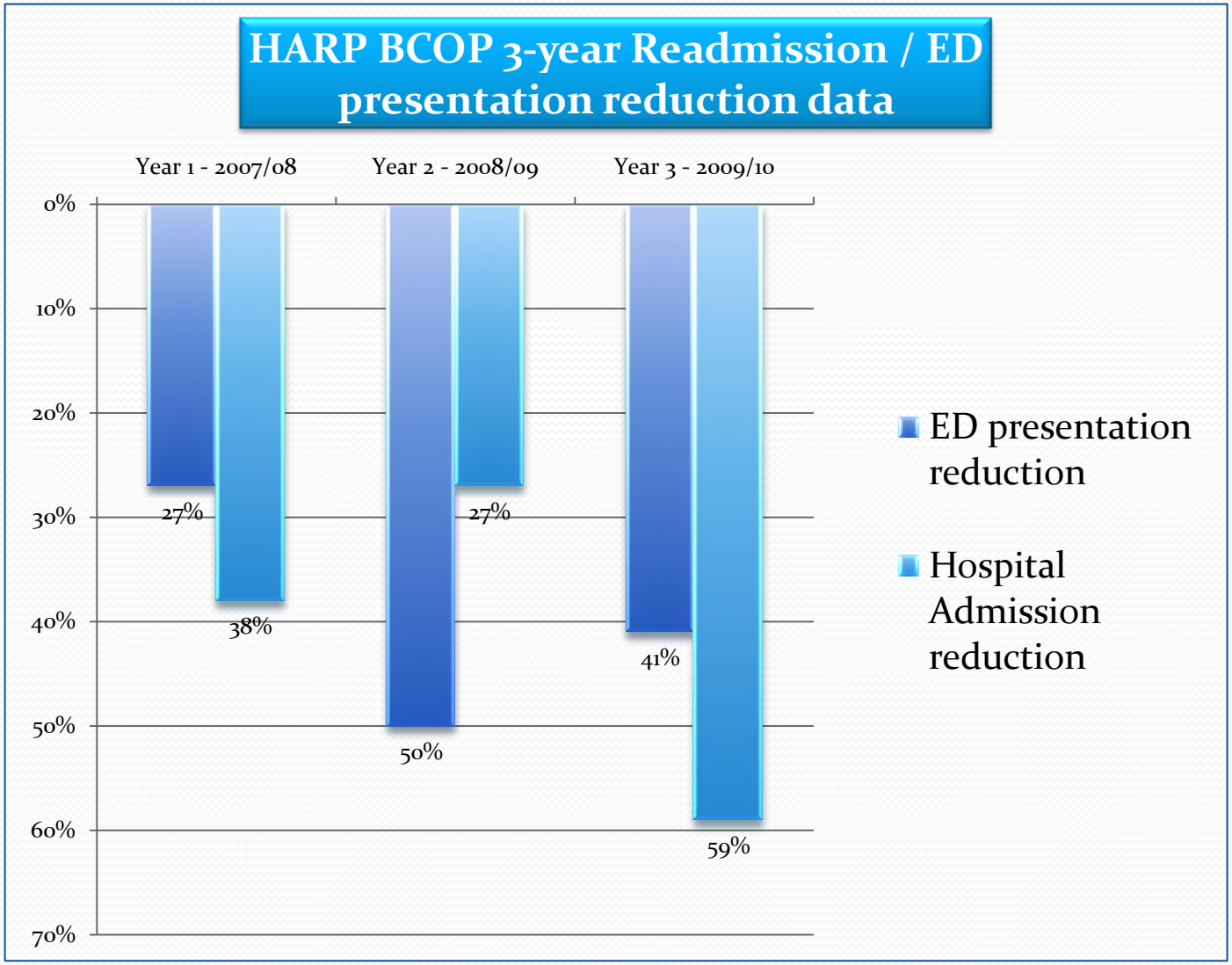
- Tailored
- Integrated
- Coordinated
- Flexible
- Responsive
- Delivered across geographical & professional boundaries

But what does it look like?




EXIT

Results


HARP BCOP 3-year Readmission / ED presentation reduction data
Year 1 - 2007/08
Year 2 - 2008/09
Year 3 - 2009/10
0%
10%
20%
30%
40%
50%
60%
70%
27%
38%
50%
27%
41%
59%
ED presentation reduction
Hospital Admission reduction

Challenges for integrating psychosocial care

- Culture change – referral
- Partnership with GP's / CSAH / PMHT – teamwork
- Collaboration with existing systems of care
- Nature of chronic illness presents daily challenges
- One system
- Speaking the language = HARP staff – normalised / holistic

Take home message

- ‘Care as usual’ in our program is becoming embedded in the view that rather than biological, social and psychological systems, there is one system and approaches to care reflecting this view are most effective for chronic disease management.

- Psychosocial care is part of usual care, not an add-on to medical interventions

Acknowledgements

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