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Conference Abstract

Inspiring our largest resource – the patient. Outcomes in a chronic care management service that enables greater self-management.

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Abstract

Te Whiringa Ora is an evidence-based integrated care service based in the community that facilitates

an interdisciplinary web of care around patients (and their whanau) who are identified as having complex, long term health needs and are high users of hospital services.

The aim of the service is to improve self management.

_"As far as my condition goes, that really hasn't changed, the condition hasn't changed, it will never go away. Its just that now I've got it more under control, its not so scary.

I feel quite confident for the future"[patient]_

The team consists of registered nurses as case managers, and kaitautoko (health coaches) as navigators. Self-management is enabled through patient-centred goal plans, ongoing 'navigator' support and in some patients reinforced by the smart use of telemonitor technology.

This service was based in the Eastern Bay of Plenty in New Zealand, a predominantly low socio-economic area where 50% of the population are Maori, a population with a higher burden of chronic disease.

An evaluation framework was designed in the development phase. Three years later we are able to report on the outcomes aligned with the Triple Aim framework. As positive as these were, we are now exploring measurement tools that might show improvements in domains such as self-management and self-efficacy, and shared decision making. We discuss the service model, the outcomes, what we believe enabled self-management success, and what measurement tools we are now exploring in the next iteration of the service.

Keywords

Chronic conditions; Self-Management; Outcomes; Triple Aim

PowerPoint presentation

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