ARBEITSGEMEINSCHAFT
DERMATOLOGISCHE
PRÄVENTION

Patientenschulung in Australien

Dr. Sandra Nolte

Arbeitsgemeinschaft Dermatologische Prävention

Deakin University, Melbourne, Australien

Australien

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Überblick

ARBEITSGEMEINSCHAFT DERMATOLOGISCHE PRÄVENTION

1. Patientenschulungsmaßnahmen in Australien

2. Die **Evaluation** von Selbstmanagementprogrammen

Chronische Krankheiten

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- Todesursache Nr. 1 weltweit
  - (Yach, JAMA 2004)
- Zunehmende Krankheitslast durch:
  - Prävalenz von Risikofaktoren
    - Tabak, Adipositas, unzureichende Bewegung, etc.
  - Überalterung der Bevölkerung
- Gesundheitssysteme sind noch auf akute Krankheiten ausgerichtet

Prävalenz von chronischen Krankheiten in Australien

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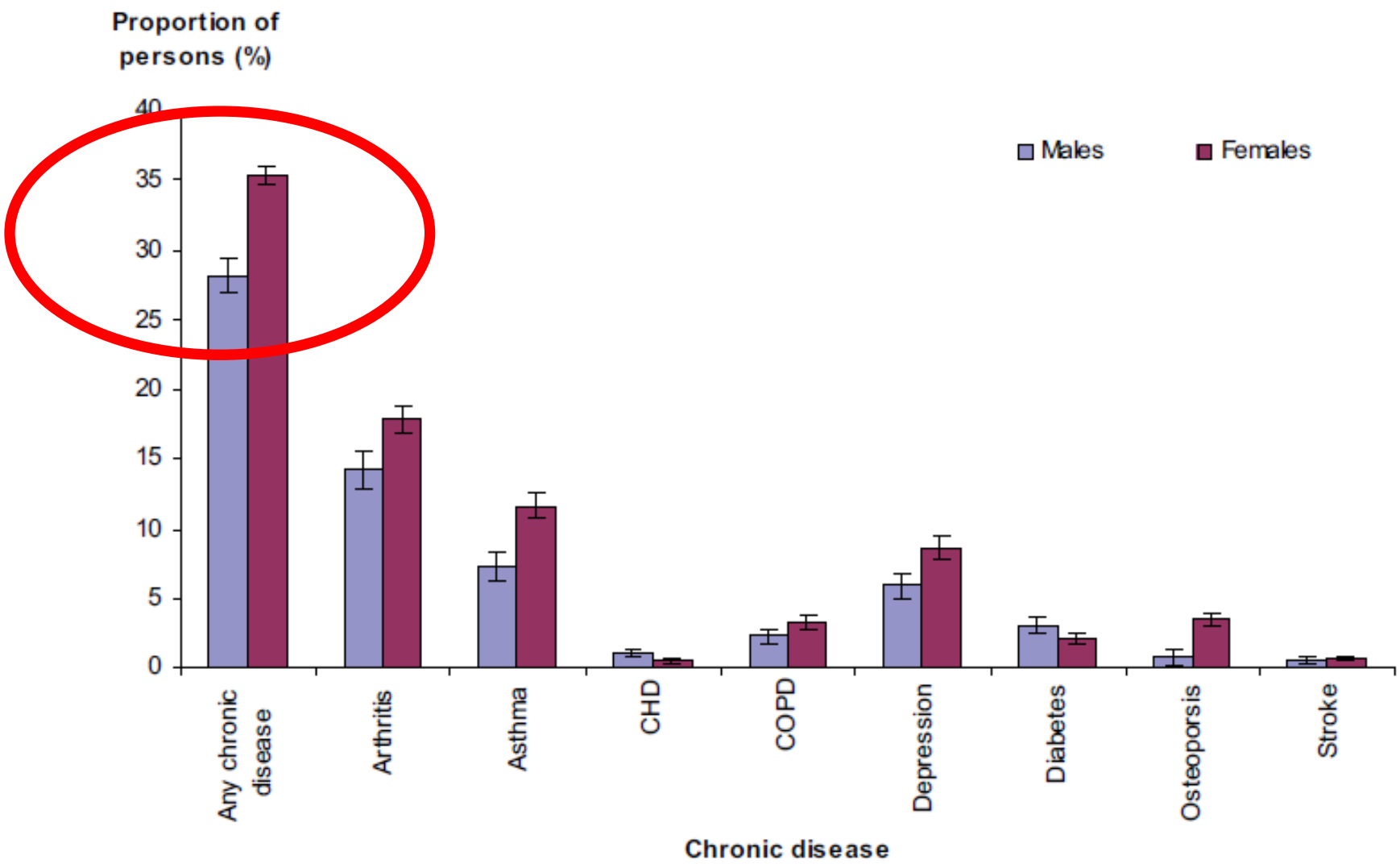

Management von chronischen Krankheiten?

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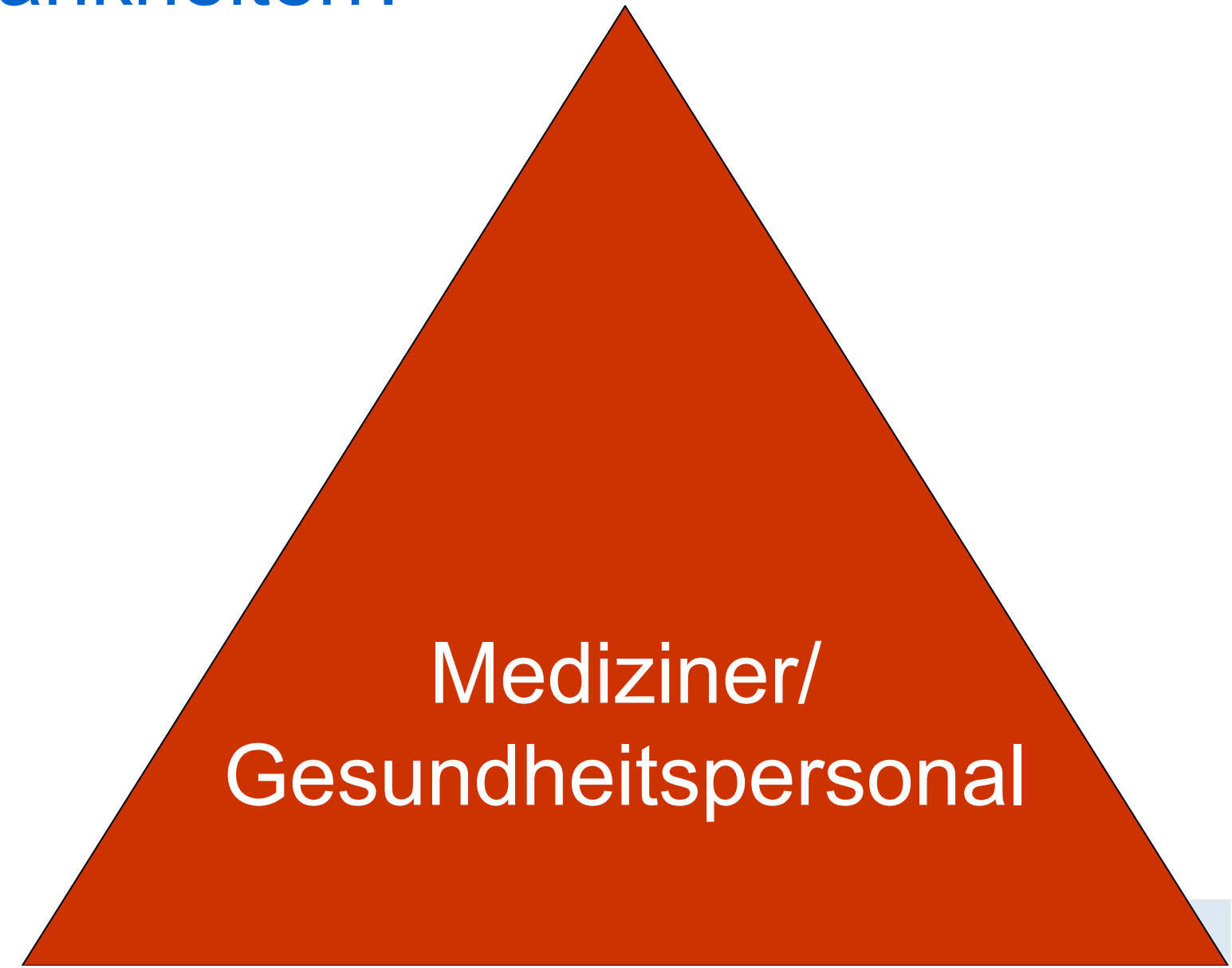

Management von chronischen Krankheiten!

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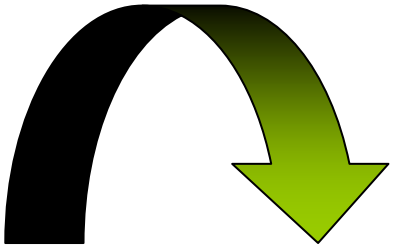


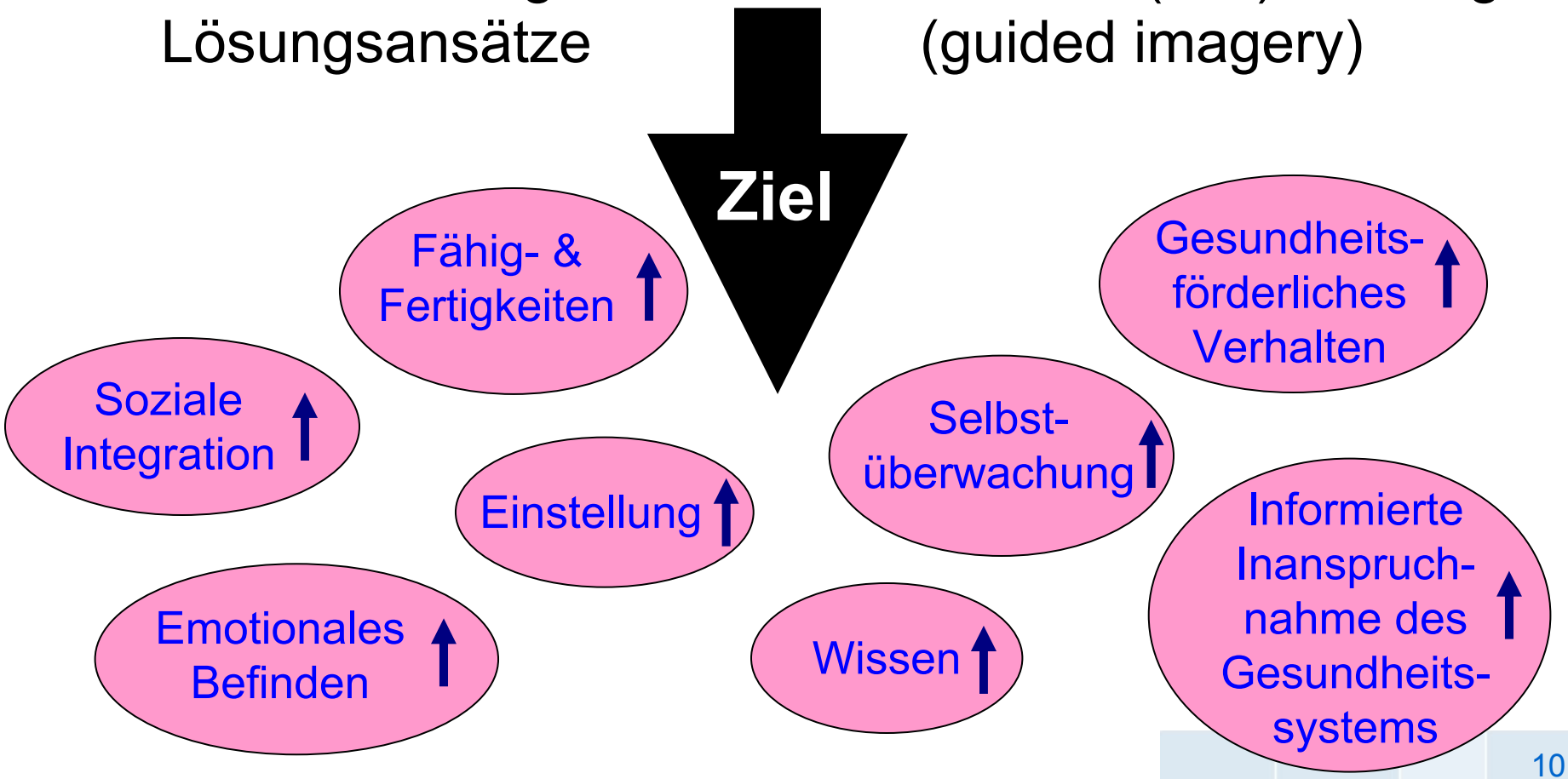
Chronic disease
self-management

„Chronic disease self-management"

- Berücksichtigung von:
  - Individuum mit der chronischen Krankheit
  - Familie / Betreuer
  - Gesundheitspersonal / Mediziner
- Ganzheitlicher Ansatz, er berücksichtigt:
  - medizinische
  - psycho-soziale
  - kulturelle Aspekte
- Ziel: Erhöhung der Eigenverantwortlichkeit = „Empowerment"

Selbstmanagementprogramme

- Aktionsplanung
- Problemlösung / Lösungsansätze
- Entspannung
- Visuelle (Ab-)Lenkung (guided imagery)



Australien – Ein Blick nach Down Under

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Ein Blick Down Under

Selbstmanagementinitiativen und Patientenschulungen in Australien

Selbstmanagement in Australien

Arthritis Self Management Course
Back Education Course
Better Health Self Management
Bounce Back with Babies
Cancer Lifestyle-Education and Support
Cardiac Rehabilitation
Cardio-Pulmonary Rehabilitation Program
Caring for Diabetes
Chronic Conditions- Breath of Fresh Air
Chronic Disease Self Management
Controlling Depression
Diabetes Complications
Diabetes Education
Exercise Group
Fibromyalgia Workshop
Flinders Program
Group Strength Training
Have a go Program
Health Eating & Lifestyle Program (HELP)
Healthy Bodies
Heart Failure
Heartwise
Insulin/Carbohydrate Group
Learning to Live with Rheumatoid Arthritis
Life and living residential - Cancer
Lighten up
Living Well with Diabetes
Moving On after Stroke - MOST
Moving Towards Wellness
Multiple Sclerosis- Lifestyle Self Help
“No falls” program
Osteoporosis Prevention Self Management
Parkinson's Disease Self Management
Parkinson's Early Management Program
Parkinson's Therapy
Program for Arthritis Control through Education and Exercise - PACE-Ex
Pulmonary Rehabilitation
Self control and management of pain
Strength and Balance
Stroke Self Management Program
Survival Information Program for Diabetics
Tai Chi
The Big Girls Group
& andere

Selbstmanagement Interventionen

4 Examples of self-management education interventions

	Type of intervention	Examples
Individual	Face-to-face consultation	Flinders University model of clinician-administered support
	Telephone coaching	Coaching patients On Achieving Cardiovascular Health (COACH) program
	Internet individual course	New South Wales Arthritis Foundation course
	Internet group course	UK National Health Service's Expert Patients Programme online
	Group: ongoing cycle	Rehabilitation programs
	Group: formal/ structured	Stanford University program
	Written information	Non-government organisation publications
Population	Television/ multimedia, social marketing	Back pain beliefs campaign; Quit anti-smoking campaign

Jordan and Osborne (2007)

Gruppen-Interventionen in Australien

- Stichprobe: n=177 Kurse von 61 Organisationen in 5 australischen Staaten / Territorien (Stand 2005)
  - 75% „Better Health Self-Management" / CDSMP (=generisch, i.d.R. nach Lorig)
  - 15% „Arthritis Self-Management Course"
  - 5% Osteoporosis Self-Management (OPSM)
  - 5% Andere (z.B. Fibromyalgie, Heart Failure Rehab Program, stress self-management)

Gruppen-Interventionen in Australien

Email Arthritis Foundation NSW, 15.11.2010:

„Lorig program … overwhelmingly in use, mainly in the generic form.

The Flinders model also appears to be widely used.

On a smaller scale, some private health insurance companies are running own telephone coaching programs“

Gruppenintervention, Beispiel

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- Aufbau
  - 6 Sitzungen à 2 Stunden, 7 bis 15 Personen
  - unterschiedliche Krankheitsbilder
  - Kursleiter: i.d.R. 1 „health professional” / 1 Laie
- Inhalt
  - Wie manage ich Schmerzen und Müdigkeit
  - Wie manage ich Ärger, Ängste und Frustration
  - Lösung von gesundheitlichen Problemen
  - Aspekte der Arzt-Patienten-Kommunikation
  - Einnehmen von Medikamenten

Das „Lorig” Progamm

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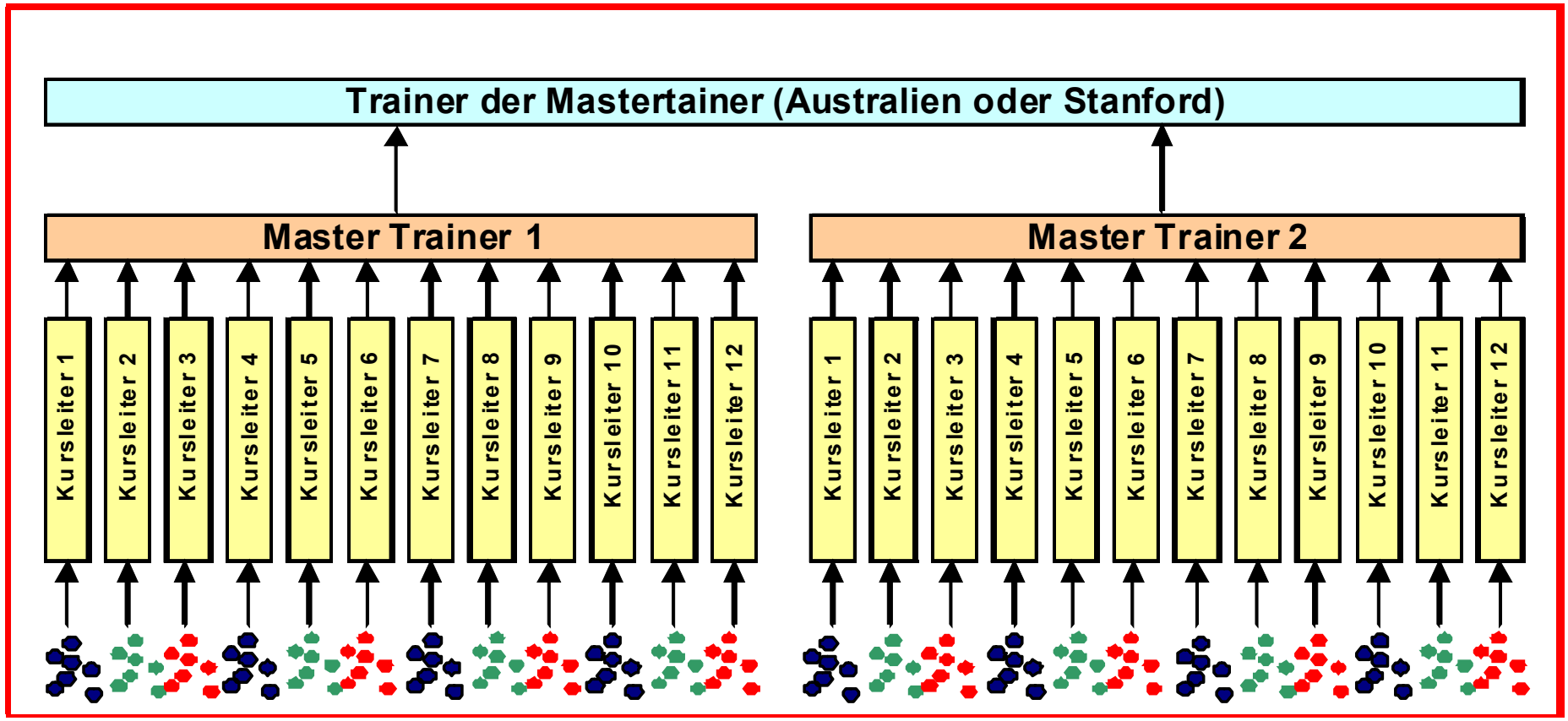

Evaluation

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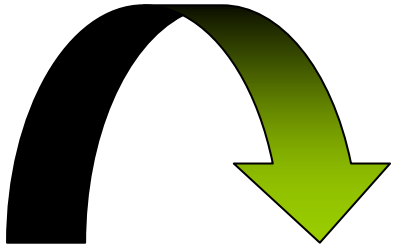

Profitieren Betroffene von Selbstmanagement-programmen?

ORIGINAL INVESTIGATION

Self-management Education Programs in Chronic Disease

A Systematic Review and Methodological Critique of the Literature

Asra Warsi, BA; Philip S. Wang, MD, DrPH; Michael P. LaValley, PhD; Jerry Avorn, MD; Daniel H. Solomon, MD, MPH

Background: Self-management programs have been widely reported to help patients manage symptoms and contain utilization of health care resources for several chronic conditions, but to date no systematic review across multiple chronic diseases has been reported. We evaluated the efficacy of patient self-management educational programs for chronic diseases and critically reviewed their methodology.

Methods: We searched MEDLINE and HealthSTAR for the period January 1, 1964, through January 31, 1999, then hand searched the reference section of each article for other relevant publications. We included studies if a self-management education intervention for a chronic disease was reported, a concurrent control group was included, and clinical outcomes were evaluated. Two authors reviewed each study and extracted the data on clinical outcomes.

Results: We included 71 trials of self-management education. Trial methods varied substantially and were suboptimal. Diabetic patients involved with self-management education programs demonstrated reductions in glycosylated hemoglobin levels (summary effect size, 0.45; 95% confidence interval [CI], 0.17-0.74); diabetic patients had improvement in systolic blood pressure (summary effect size, 0.20; 95% CI, 0.01-0.39); and asthmatic patients experienced fewer attacks (log rate ratio, 0.59; 95% CI, 0.35-0.83). Although we found a trend toward a small benefit, arthritis self-management education programs were not associated with statistically significant effects. Evidence of publication bias existed.

Conclusions: Self-management education programs resulted in small to moderate effects for selected chronic diseases. In light of evidence of publication bias, further trials that adhere to a standard methodology would help clarify whether self-management education is worthwhile.

Arch Intern Med. 2004;164:1641-1649

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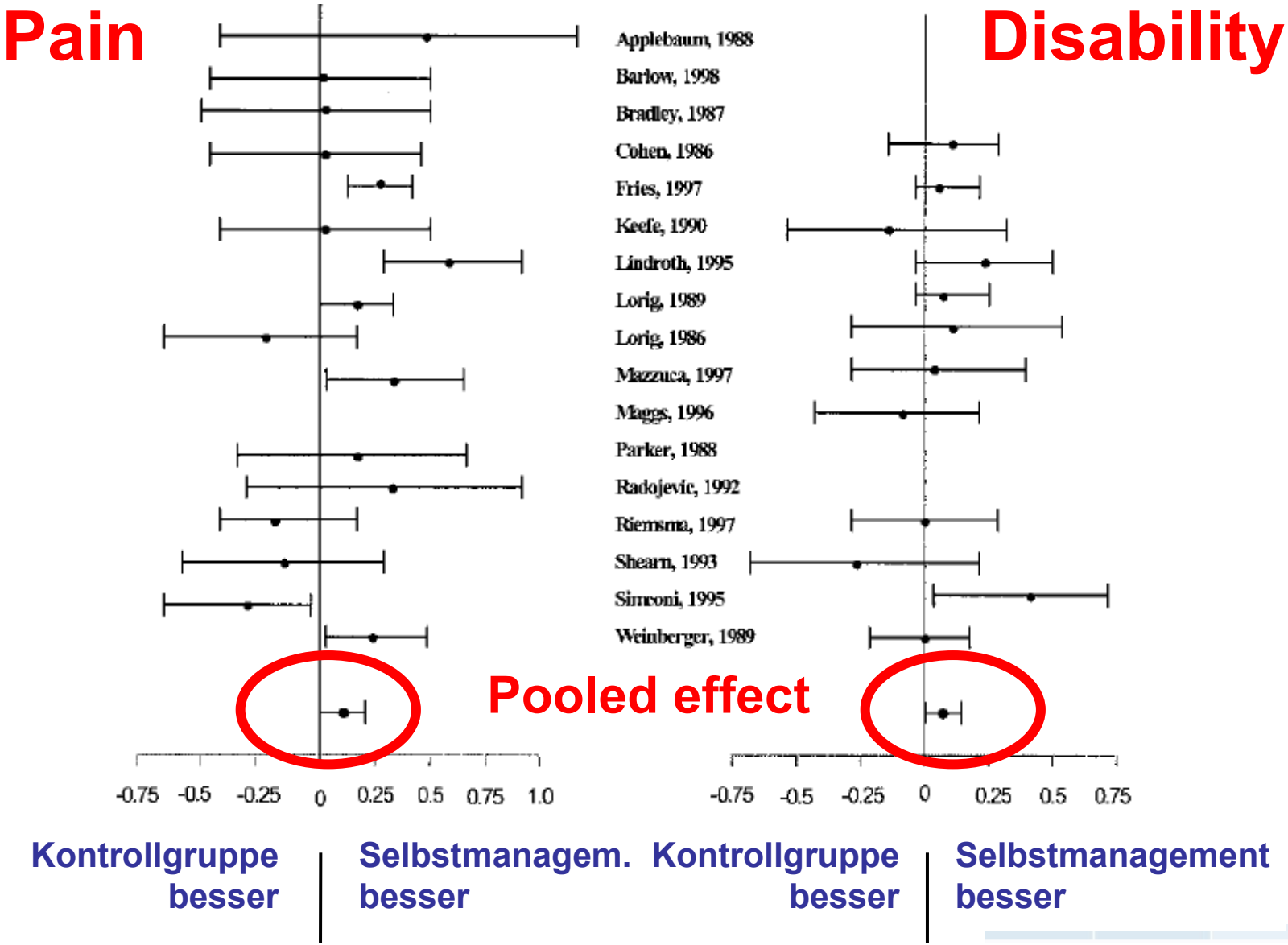
Conclusions: Self-management education programs resulted in small to moderate effects for selected chronic diseases. In light of evidence of publication bias, further trials that adhere to a standard methodology would help clarify whether self-management education is worthwhile.

Arch Intern Med. 2004;164:1641-1649

Meta-analyses – Arthritis (Warsi et al., 2003)



Profitieren Betroffene von Selbstmanagementprogrammen?

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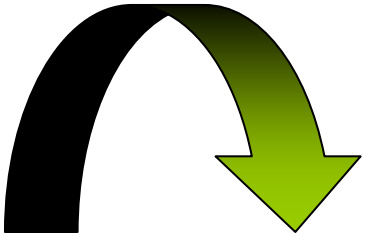
Metaanalysen zeigen, dass generell nur kleine Erfolge erzielt werden

Einschränkungen der Metaanalysen:

1. Es gelten die allgemeinen Einschränkungen
   (u.a. Anzahl & Qualität der analysierten Studien, angewandte Evaluationsmethodiken, Vergleichbarkeit der Interventionen & Teilnehmer)



2. Werden die „richtigen“ Outcomes gemessen?

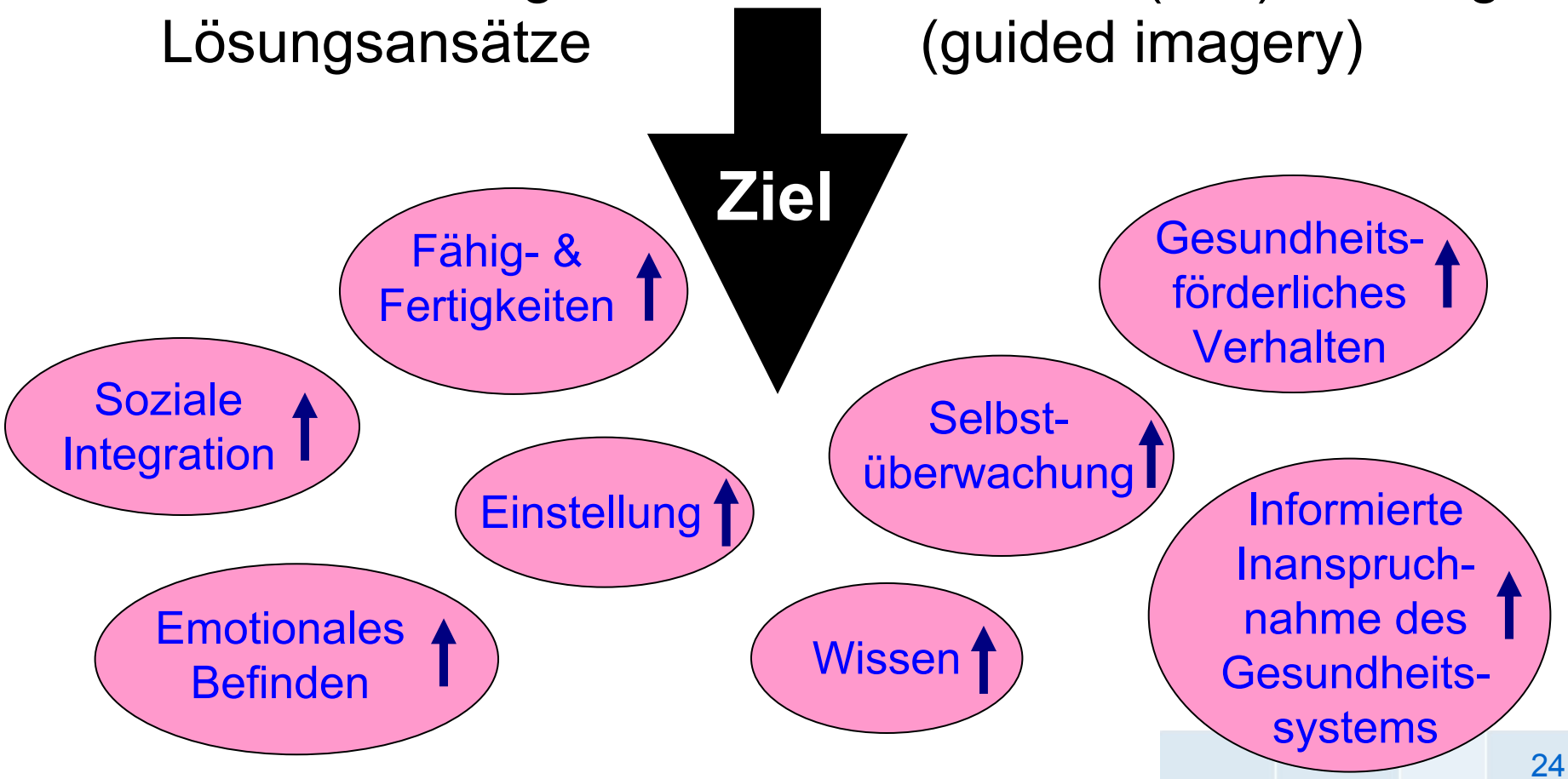
Selbstmanagementprogramme sind komplexe Interventionen

- Komplexe Interventionen sind heterogen hinsichtlich:
  - ihrer Ziele, ihrer Methoden, ihrer Zielgruppen

- Es ist wahrscheinlich, dass Metaanalysen die Komplexität der einzelnen Interventionen unterschätzen und den Fokus auf die falschen Outcomes legen
  - Beispiel: das Ziel einer psycho-sozialen Intervention ist i.d.R. nicht die Reduzierung von Schmerzen, sondern das Erlernen von Techniken, mit diesen Schmerzen besser umzugehen

Ziele und Ansätze von Selbstmanagementprogrammen

- Aktionsplanung
- Problemlösung / Lösungsansätze
- Entspannung
- Visuelle (Ab-)Lenkung (guided imagery)



Werden diese Ziele gemessen?

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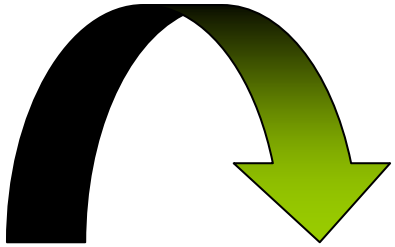
Häufig gemessene Outcomes sind

A. Klinische Outcomes
B. Nicht-klinische Outcomes gemessen durch Fragebögen wie z.B. SF-36, Health Assessment Questionnaire (HAQ), K10, Beck Depression Scale, diverse Schmerzskalen (VAS) etc.



Die gemessenen Outcomes und Ziele der Interventionen sind häufig nicht deckungsgleich

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Nationales Qualitätssicherungssystem für Selbstmanagementprogramme für Menschen mit chronischen Krankheiten

Ziel

Entwicklung eines hochwertigen Datensammlungssystems, das nicht nur in das gegenwärtige System integriert ist, sondern auch von allen Beteiligten getragen wird

Forschungsprogramm 2003-2004: Finanziert durch
Australian Commonwealth Department of Health and Ageing

Entwicklung des heiQ

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Phase I (Entwicklung)

1) Interviews mit Stakeholdern
2) Program Logic Model
3) Concept Mapping Workshops

Phase II (Kalibrierung)

- Testung von 69 vorläufigen Items, n=591

Phase III (Validierung)

- 42 Items bestätigen heiQ Faktorenmodel, n=598

Phase IV (Re-Validierung / Verfeinerung)

- der finale heiQ: 40 Items, n=949

Psychometrische Eigenschaften

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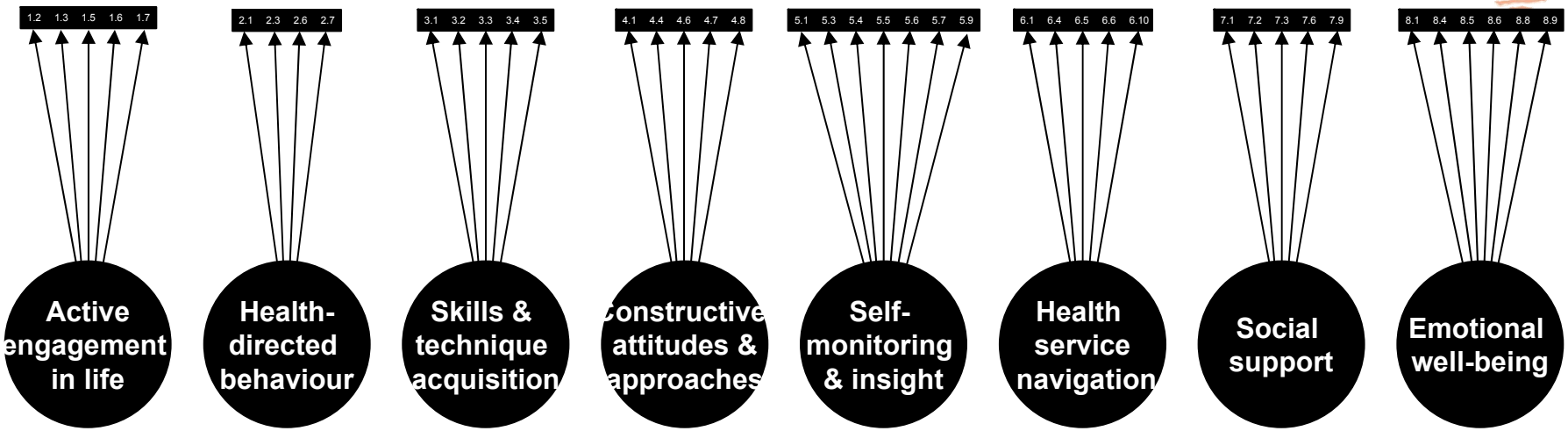

Confirmatory Factor Analysis (CFA)

8 latente Variablen

- keine cross-loadings von Variablen
- keine korrelierten Fehler (errors) zwischen Variablen des gleichen oder unterschiedlicher Faktoren

n=598

Programm: LISREL: Asymptotic Covariance Matrix

Chi-sq (791), 3289, p=0.0

Root mean square error of approximation (RMSEA) = 0.05

Comparative Fit Index (CFI) = 0.95

Root Mean Square Residual (RMR) = 0.063

Nationale Anwendung des heiQ

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ELSEVIER

Patient Education and Counseling 65 (2007) 351–360

Patient Education and Counseling

www.elsevier.com/locate/pateducou

The extent and breadth of benefits from participating in chronic disease self-management courses: A national patient-reported outcomes survey

Sandra Nolte [a,b], Gerald R. Elsworth [b], Andrew J. Sinclair [c], Richard H. Osborne [a,*]

[a] *AFV Centre for Rheumatic Diseases, Department of Medicine, Royal Melbourne Hospital, The University of Melbourne, Parkville, Vic. 3050, Australia*

[b] *CIRCLE (Collaborative Institute for Research, Consulting and Learning in Evaluation), RMIT University, Melbourne, Vic. 3000, Australia*

[c] *School of Exercise and Nutrition Sciences, Deakin University, Burwood, Vic. 3125, Australia*

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Personal copy

Abstract

Objective: To quantify the benefits that people receive from participating in self-management courses and identify subgroups that benefit most.

Methods: People with a wide range of chronic conditions attending self-management courses ($N = 1341$ individuals) were administered the Health Education Impact Questionnaire (heiQ). Baseline and follow-up data were collected resulting in 842 complete responses. Outcomes were categorized as substantial improvement (effect size, ES ≥ 0.5), minimal/no change (ES -0.49 to 0.49) and substantial decline (ES ≤ -0.5).

Results: On average, one third of participants reported substantial benefits at the end of a course and this ranged from 49% in the heiQ

Rekrutierung

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Zeitspanne

- August 2004 bis November 2005

Umfang

- 61 Organisationen Australien-weit
- 142 Kurse
- 1.341 Kursteilnehmer

Demographische Eigenschaften

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- 75% weiblich
- Alter
  - Spanne 18-92 Jahre
  - Median: 64 Jahre (IQR: 54 bis 73 Jahre)
- Bildungsniveau
  - 13% Grundschule
  - 15% Universitätsabschluss
- Komorbiditäten
  - ~67% mindestens eine

Ergebnisse

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	Baseline		Change score	
	mean	sd	mean	% ES>0.5
1. Positive & active engagement in life	4.49	0.98	0.34	36.0
2. Health directed behaviour	4.31	1.22	0.41	48.0
3. Skill and technique acquisition	4.15	0.92	0.55	34.3
4. Constructive attitudes & approaches	4.57	0.95	0.27	31.4
5. Self monitoring and insight	4.73	0.65	0.28	41.2
6. Health service navigation	4.69	0.88	0.17	27.6
7. Social integration & support	4.13	1.19	0.25	32.0
8. Emotional wellbeing	3.37	1.21	0.26	32.4

Ca. ein Drittel der Teilnehmer haben substantielle Veränderungen

Zusammenfassung

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- Ca. ein Drittel der Studienteilnehmer erreichten positive Veränderungen von ihrer Teilnehme an einem Selbstmanagementprogramm
- Es gab einen kleinen Trend, dass mehr junge Teilnehmer profitierten
- Im Hinblick auf die Subgruppen Geschlecht und Bildung gab es keine Unterschiede
- Veränderungen waren mittelfristig feststellbar

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Feedback Reports …

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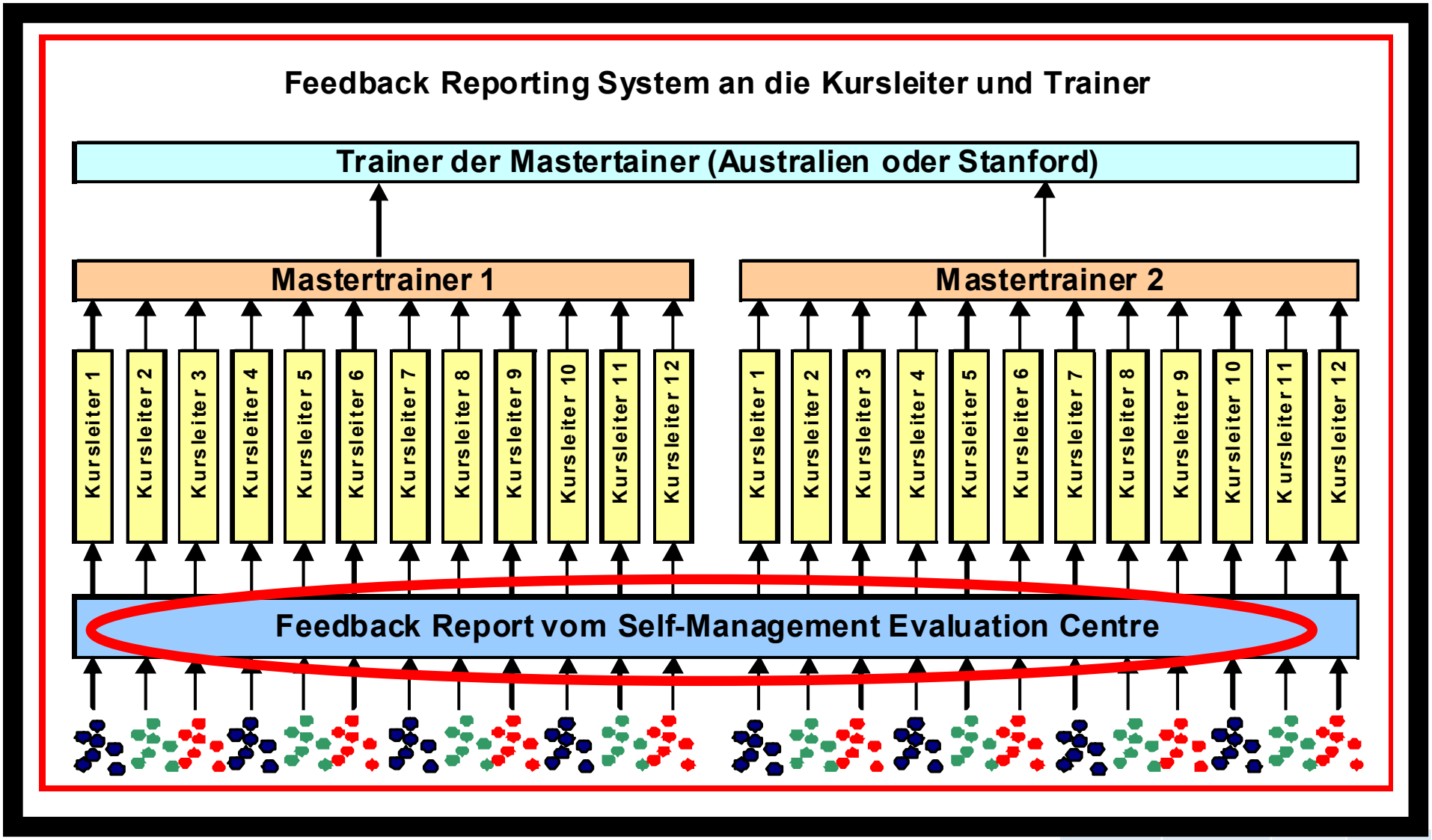
Nationales Qualitätssicherungssystem für Selbstmanagementprogramme für Menschen mit chronischen Krankheiten

Ziel

Entwicklung eines hochwertigen Datensammlungssystems, das nicht nur in das gegenwärtige System integriert ist, sondern auch von allen Beteiligten getragen wird

Forschungsprogramm 2003-2004: Finanziert durch
Australian Commonwealth Department of Health and Ageing

Das nationale Evaluierungssystem



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Course Reports …

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heiQ
health education impact questionnaire

THE UNIVERSITY OF MELBOURNE

Health Education Impact Report

Organisation:	*Arthritis Foundation Victoria*		
Course ID:	*312300*	**Start date:**	*13.05.07*
Course Leader 1:	*1367*	**Course Leader 2:**	*1371*
Course Type:	*Chronic Disease Self-Management Course*		
Number of course participants:	*14*		
Number of valid HEI-Qs:	*14* **(Baseline)**	*14*	**(Follow-up HEI-Q)**

How does your group compare with other groups in Australia at the start of the course?

Baseline Scores	Your group's average (Pre)	National average (updated May '07)	Your group vs. the national average	Comment: *Your group scored ...*
1. Positive and active engagement in life	**4,47**	4,48	-0,01	
2. Health directed behaviour	**4,36**	4,30	0,06	
3. Skill and technique acquisition	**4,16**	4,15	0,01	
4. Constructive attitudes and approaches	**4,55**	4,55	0,00	
5. Self monitoring and insight	**4,89**	4,73	0,16	
6. Health service navigation	**4,87**	4,70	0,17	
7. Social integration and support	**3,75**	4,14	-0,39	
8. Emotional well-being	**2,69**	3,35	-0,66	***... lower ...***

... than the national average.*

How much did your group and each individual participant improve?

Improvements **	Your group (Post)	Comment: *Number of participants who had a substantial change.*				
1. Positive and active engagement in life	4,73	**3**	**of**	**14**	**=**	***21%***
2. Health directed behaviour	4,52	**3**	**of**	**14**	**=**	***21%***
3. Skill and technique acquisition	4,55	**6**	**of**	**14**	**=**	***43%***
4. Constructive attitudes and approaches	4,82	**5**	**of**	**14**	**=**	***36%***
5. Self monitoring and insight	5,04	**4**	**of**	**14**	**=**	***29%***
6. Health service navigation	5,00	**4**	**of**	**14**	**=**	***29%***
7. Social integration and support	3,85	**3**	**of**	**14**	**=**	***21%***
8. Emotional well-being	3,69	**8**	**of**	**14**	**=**	***57%***

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Programm Reports …

Baseline Scores	National benchmark
1. Positive and active engagement in life	**4.48**
2. Health directed behaviour	**4.30**
3. Skill and technique acquisition	**4.16**
4. Constructive attitudes and approaches	**4.52**
5. Self monitoring and insight	**4.73**
6. Health service navigation	**4.74**
7. Social integration and support	**4.18**
8. Emotional well-being	**3.34**

How much did your group and each individual participant improve?

Improvements **	National bench-mark	Comment: *Number of participants who had a substantial change.*				
1. Positive and active engagement in life	4.89	**589**	**of**	**1612**	**=**	***37%***
2. Health directed behaviour	4.79	**547**	**of**	**1588**	**=**	***34%***
3. Skill and technique acquisition	4.78	**774**	**of**	**1585**	**=**	***49%***
4. Constructive attitudes and approaches	4.86	**520**	**of**	**1587**	**=**	***33%***
5. Self monitoring and insight	5.04	**637**	**of**	**1593**	**=**	***40%***
6. Health service navigation	4.97	**417**	**of**	**1586**	**=**	***26%***
7. Social integration and support	4.47	**505**	**of**	**1597**	**=**	***32%***
8. Emotional well-being	3.64	**514**	**of**	**1581**	**=**	***33%***

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Vielen Dank!

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