

Welcome to the first Self Management Network e-newsletter for 2009. The purpose of this newsletter is to provide a forum for sharing ideas, resources and news for people in New Zealand and abroad, with an interest in improving chronic care, self management support, quality improvement, e-health initiatives, health promotion and health literacy.

In this edition, there are the following sections:

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To share a story from a patient, your organisation, practice or region, OR to recommend a resource, article or website, please contact Dr Janine Bycroft at [janine@webmail.org.nz](mailto:janine@webmail.org.nz)

## Features



### Online Video – When a parent has a mental illness

This is a great video clip aimed at children and young people who have a parent with mental illness. “Young carers talk about their lives caring for a parent with mental illness. Narrated by Chineye, a young carer herself, the film also explains in a very simple and visual way how the brain works and what happens when things go wrong.” The video has been produced by Dr Alan Cooklin for the Royal College of Psychiatrists and can be viewed on the College website - refer <http://www.rcpsych.ac.uk/mentalhealthinfo/youngpeople/caringforaparent.aspx>

### Cost Effectiveness of Community-Based Physical Activity Interventions

Larissa Roux, MD, MPH, PhDa, Michael Pratt, MD, MPH, MSa, Tammy O. Tengs, ScDc, et al



#### American Jnl Prev Medicine, Dec 2008; 35, 6, pp 578-588

**Abstract:** “Physical inactivity is associated with the increased risk of many chronic diseases. Such risks decrease with increases in physical activity. This study assessed the cost-effectiveness of population-wide strategies to promote physical activity in adults and followed disease incidence over a lifetime.

**Methods:** A lifetime cost-effectiveness analysis from a societal perspective was conducted to estimate the costs, health gains, and cost-effectiveness (dollars per quality-adjusted life year [QALY] gained, relative to no intervention) of seven public health interventions to promote physical activity in a simulated cohort of healthy U.S. adults stratified by age, gender, and physical activity level.

Interventions exemplifying each of four strategies strongly recommended by the Task Force on Community Preventive Services were evaluated: community-wide campaigns, individually adapted health behaviour change, community social-support interventions, and the creation of or enhanced access to physical activity information and opportunities. Each intervention was compared to a no-intervention alternative. A systematic review of disease burden by physical activity status was used to assess the relative risk of five diseases (coronary heart disease, ischemic stroke, type 2 diabetes, breast cancer, and colorectal cancer) across a spectrum of physical activity levels. Other data were obtained from clinical trials, population-based surveys, and other published literature.

**Results :** Cost-effectiveness ratios ranged between \$14,000 and \$69,000 per QALY gained, relative to no intervention. Results were sensitive to intervention-related costs and effect size.

**Conclusions :** All of the evaluated physical activity interventions appeared to reduce disease incidence, to be cost-effective, and—compared with other well-accepted preventive strategies—to offer good value for money. The results support using any of the seven evaluated interventions as part of public health efforts to promote physical activity.”

- Abstract: Link to abstract at [http://www.ajpm-online.net/article/S0749-3797\(08\)00770-8/abstract](http://www.ajpm-online.net/article/S0749-3797(08)00770-8/abstract)
- Full article pdf also available at above link

## Training and Study Opportunities



### Long-term Conditions Management: (PGCert LTC) – Otago

Been wanting to learn more about organising care for those with long-term conditions?? Make the time in 2009 and join with course convenors Eileen McKinlay & Jocelyn Tracey and your colleagues from primary and secondary care. The courses are interprofessional, distance taught with two residential workshops and practical academic work.

- GENX709 Long-term Condition Management runs semester one
- GENX711 Long-term Condition Management (adv) in semester two.

You can take these over one year or two. More details on

<http://www.otago.ac.nz/wsmhs/academic/gp/postgraduate/index.html>

Enrolments are closing very soon so don't delay Contact the course convenors Eileen McKinlay & Jocelyn Tracey for more information:

[eileen.mckinlay@otago.ac.nz](mailto:eileen.mckinlay@otago.ac.nz) [jocelyn.tracey@phocusonhealth.co.nz](mailto:jocelyn.tracey@phocusonhealth.co.nz) or Trevor Williams for enrolment information: Trevor Williams [[trevor.williams@otago.ac.nz](mailto:trevor.williams@otago.ac.nz)]

### Nursing 738 – Long-term Condition Management in Primary Care

Covers knowledge to plan and implement appropriate programmes of health care for populations and individuals with chronic conditions and development of knowledge central to the delivery of client-centred health care in the community with a particular focus on risk assessment and management.

Course provided at number of sites throughout country.

For more information contact [s.waterworth@auckland.ac.nz](mailto:s.waterworth@auckland.ac.nz) or visit:

[http://www.fmhs.auckland.ac.nz/faculty/postgrad/courses/course\\_details.aspx?subject=NURSING&code=738](http://www.fmhs.auckland.ac.nz/faculty/postgrad/courses/course_details.aspx?subject=NURSING&code=738)

## Cochrane Review



**Decision aids to help people who are facing health treatment or screening decisions Updated** O'Connor AM, Stacey D, Entwistle V, Llewellyn-Thomas H, Rovner D, Holmes-Rovner M, Tait V, Tetroe J, Fiset V, Barry M, Jones J. Cochrane Database of Systematic Reviews 2009 Issue 1,

“Making a decision about the best option to manage health can be difficult. Getting information on the options and the possible benefits and harms in the form of decision aids may help. Decision aids, such as pamphlets and videos that describe options, are designed to help people understand the options, consider the personal importance of possible benefits and harms, and participate in decision making. They are used when there is more than one medically reasonable option - no option has a clear advantage in terms of health outcomes, each has benefits and harms that people value differently. The updated review of trials found that decision aids improve people's knowledge of the options, create accurate risk perceptions of their benefits and harms, reduce difficulty with decision making, and increase participation in the process. They may have a role in preventing use of options that informed patients don't value without adversely

affecting health outcomes. They did not seem to have an effect on satisfaction with decision making or anxiety.”

Link: <http://mrw.interscience.wiley.com/cochrane/clsysrev/articles/CD001431/frame.html>

## Improving Access to Psychological Therapies and Expanding the Mental Workforce



### Improving access to psychological therapies: Phase IV prospective cohort study

Richards DA, Suckling R. Br J Clin Psychol. 2009 Feb 9

Some interesting work has been occurring in the UK investigating a stepped care model of service provision to improve access to psychological therapies for people with anxiety and depression. The service provides high volume, low intensity therapy, often with telephone follow up.

**Objectives:** To determine the effects of implementing stepped care evidence-based psychological treatments for anxiety and depression in routine practice using a collaborative care implementation model. Design Observational prospective cohort study/Phase IV field trial. Methods We collected data on depression and anxiety from a prospective cohort of 3,994 consecutive patients referred to the UK Improving Access to Psychological Therapies demonstration site in Doncaster for 12 months from August 2006 using PHQ-9 and GAD-7. We collected demographic and process information including the type and methods of treatments received. We calculated effect sizes, remission, and recovery rates for patients completing treatment and those who dropped out or were considered to be unsuitable.

**Results:** Two thousand seven hundred and ninety-five patients received an assessment, out of which 2,017 received two or more appointments. Out of these, 869 had completed treatment by the census date, 743 remained in treatment, 319 had dropped out, and 85 had been found to be unsuitable. Pre-post treatment effect sizes for anxiety and depression in those patients completing treatment were 1.39 and 1.41, respectively, with post-treatment relative risks of depression and anxiety 0.29 and 0.34. The combined remission and recovery rates were 76% for depression and 74% for anxiety. The mean number of treatment sessions was 5.15 in a mean time of 2 h and 45 min. On an average, patients received at least three of these contacts by telephone. Outcomes are comparable with benchmarked trials, reviews, and routine datasets.

**Conclusions:** Combining low-intensity stepped care psychological treatment with a telephony-based collaborative care organizational system can deliver good clinical outcomes in routine practice.

To read more about this project and national initiative try the following links:

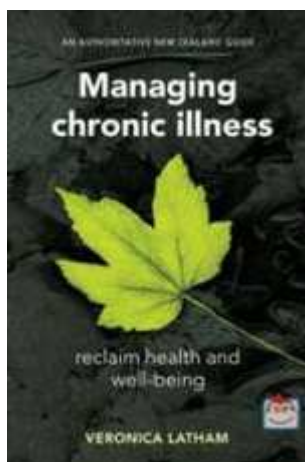
- Abstract  
[http://www.ncbi.nlm.nih.gov/pubmed/19208291?ordinalpos=1&itool=EntrezSystem2.PEntrez.Pubmed.Pubmed\\_ResultsPanel.Pubmed\\_DefaultReportPanel.Pubmed\\_RVDocSum](http://www.ncbi.nlm.nih.gov/pubmed/19208291?ordinalpos=1&itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_DefaultReportPanel.Pubmed_RVDocSum)
- Website: Improving Access to psychological therapies  
<http://www.iapt.nhs.uk/>
- Publications including Training Resources for Low Intensity Therapy Workers <http://www.iapt.nhs.uk/2008/08/training-resources-for-low-intensity-therapy-workers/>
- IAPT Implementation Plan - National guidelines for regional delivery  
<http://www.iapt.nhs.uk/2008/02/improving-access-to-psychological-therapies-implementation-plan-national-guidelines-for-regional-delivery/>



The RNZCGP Quality Symposium was held in Wellington on 13<sup>th</sup> – 14<sup>th</sup> February. Highlights included presentations by Professor Barbara Starfield, and Dr Maureen Baker. There were also excellent presentations of local innovation and quality improvement projects including:

- Case study “Brofiles 2007” – Kaitaia  
<http://www.rnzcgp.org.nz/assets/Uploads/qualityprac/Symposium2009/d2-Callie-Corrigan.ppt>
- Significant Event management –
  - (1) General Practice example Paraparaumu Medical Centre  
<http://www.rnzcgp.org.nz/assets/Uploads/qualityprac/Symposium2009/d2-Chris-Fawcett.ppt>
  - (2) PHO example - East Tamaki Health Care  
<http://www.rnzcgp.org.nz/assets/Uploads/qualityprac/Symposium2009/d2-Tane-Taylor.pptx>
- Presentations, etc from the symposium are available at  
DAY ONE: <http://www.rnzcgp.org.nz/quality-symposium-2009-day-one/>  
DAY TWO: <http://www.rnzcgp.org.nz/quality-symposium-2009-day-two/>

## Book Review



**Managing Chronic Illness – reclaim health and wellbeing** Veronica Latham – NZ author, clinical nurse specialist and researcher.

This is an excellent book for people or families living with the challenges of a long-term condition or chronic illness, as well as health providers interested in strategies and advice for patients. It includes useful advice and strategies on:

- Talking to doctors and other health professionals
- Managing your medication
- Coping with hospital visits
- Understanding and controlling pain
- Caring for children with chronic illness
- Pros & cons of natural therapies
- Understanding diet and nutrition

For more information and book suppliers visit the accompanying website:

- <http://www.survival.net.nz/>

## Conferences



**Goodfellow Symposium – Mastering the Knowledge Mountain**  
27-29 March, 2009 Auckland

Multi-disciplinary programme has multiple streams with topics of interest to GPs, primary health care nurses, pharmacists and other health professionals. The programme offers realistic constructive sessions, opportunities for shared insights, latest practical techniques and effective tools for putting learning into action.

For more information visit: <http://www.goodfellowsymposium.org/>

**“Health 2. Meets Ix” - April 22-23, 2009, Boston, MA 0**

The theme for the conference: *"The Great Debates on the Next Generation of Healthcare."*

- Health 2.0 & Ix vs. Traditional health care
- Knowledge creation: Expert vs Wiki
- Navigating the health care system: Human intermediaries versus automation & algorithms
- How do you build Health 2.0 into the delivery system?

What is the future role of the doctor?

Presenters include:

- Susan Dentzer, Health Affairs Editor-in-Chief
- Don Kemper, Healthwise
- Paul Wallace, Kaiser Permanente
- Rushika Fernandopulle, Renaissance Health
- Susannah Fox, Pew Internet
- James Hereford, Group Health Cooperative
- Jamie Heywood, PatientsLikeMe
- Al Mulley, Foundation for Informed Decision Making

There will also be "showcasing new and groundbreaking technologies that contrast Health 2.0 and Ix -- as well as those which combine them. And as it's also an Information Therapy conference, we'll be building on the long history of the Information Therapy movement in making information prescription an integral part of the care process. Every Health 2.0 Conference has sold out, and there will only be limited room in Boston, MA."

For more information visit <http://www.health2con.com/>

## Work Opportunities

### Self Management Facilitator

A part-time (3 days/wk) position for a self management facilitator is about to be advertised for an Auckland based health organisation. Key attributes include excellent communication skills, group facilitation skills, knowledge or interest in self management support and the Stanford Model. Advantageous attributes include an understanding of mental health issues &/or fluency in Maori, Pacific or an Asian language. The position will be based in central Auckland and further information is available from Nicola Young email: [nicola@procare.co.nz](mailto:nicola@procare.co.nz)

## Subscribe Information

This email was sent to you on behalf of the Self Management Network, NZ which is now overseen by the Health Navigator Charitable Trust. The Self Management Network e-newsletter is aimed at stimulating interest in chronic care, self management support, e-health initiatives, quality improvement and health promotion.

Subscribe, unsubscribe and suggestions, please contact [janine@webmail.org.nz](mailto:janine@webmail.org.nz)