

South-East Primary Care Partnership

**Diabetes Self- Management
makes a difference**

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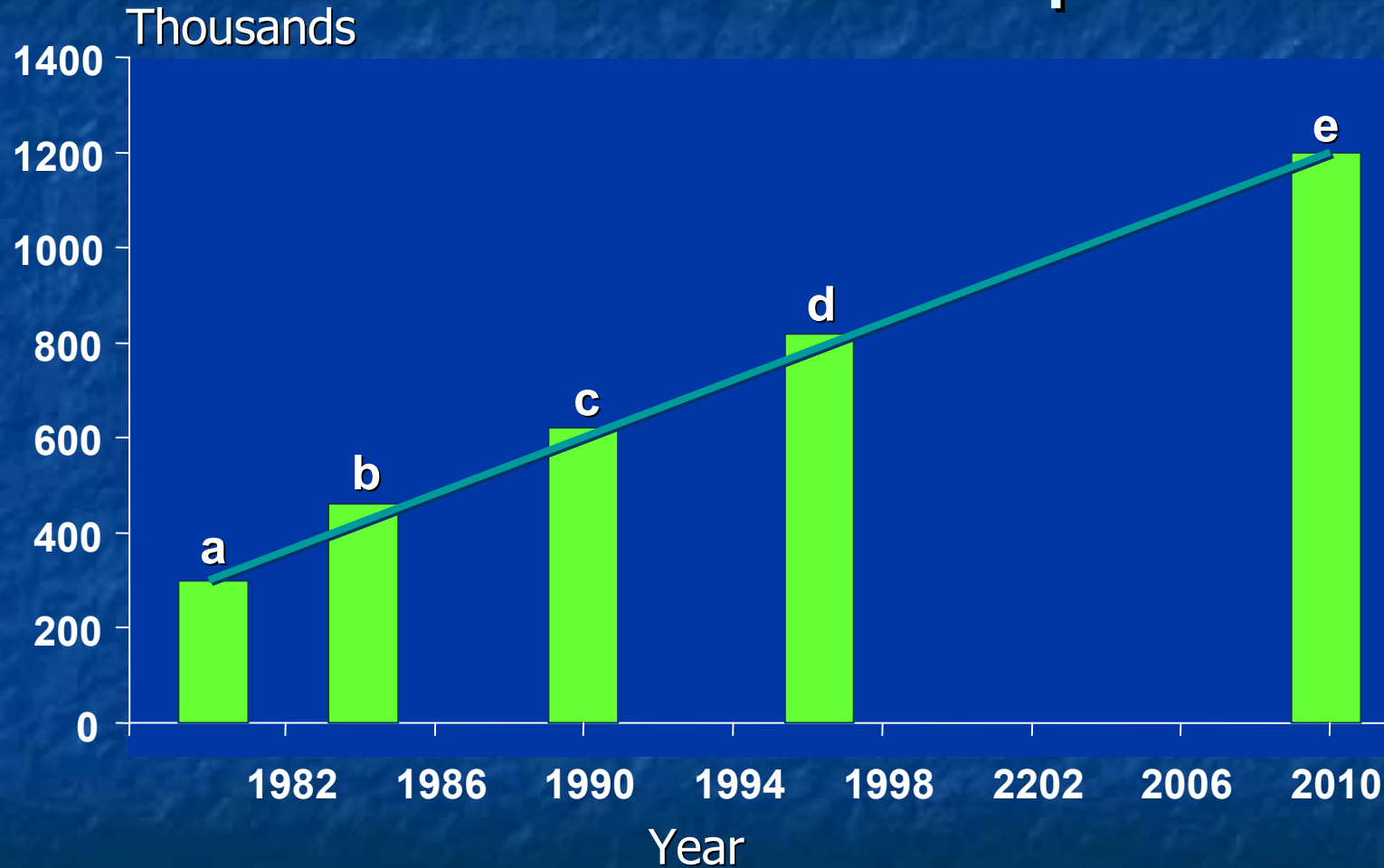


An Epidemic

- ❖ Diabetes prevalence is increasing
- ❖ 7.2% of all Australians over 25 have diabetes
- ❖ 85% have Type 2 diabetes



Estimated diabetes cases in Australia: Number of persons



■ Busselton, 1981 b. NHF, 1983 c. ABS, 1989-90 d. ABS, 1995 e.

■ Australian Diabetes, Obesity & Lifestyle Study (AusDiab)

■ IDI, Melbourne, 2001

The Challenge

- ❖ Achieve better outcomes & lower costs
- ❖ Evidence suggests that self- management improves outcomes

Lorig et al, 1993 & 1999



Self Management

Involves:

- ❖ the person with chronic condition
- ❖ family & health professional

KEY FEATURES:

- ❖ Activities that promote health
- ❖ Emphasis is on skill development
- ❖ Empowerment
- ❖ Medical & psychosocial



The IDM Project

SEPCP IDM MODEL



PROJECT GOAL

To design, implement and evaluate an Integrated Diabetes Management Model that is:

- ❖ consumer focused
- ❖ utilises best practice guidelines, protocols and processes to improve quality of life and health outcomes for consumers within the SEPCP target area



Self Management Model

Service Coordination Tools

SEPCP Service Directory

Diabetes Coordination & Assessment Service (DCAS)

INTRODUCTION TO
DIABETES SELF
MANAGEMENT



PHYSICAL
ACTIVITY
PROGRAM



FURTHER SELF-
MANAGEMENT
OPPORTUNITIES

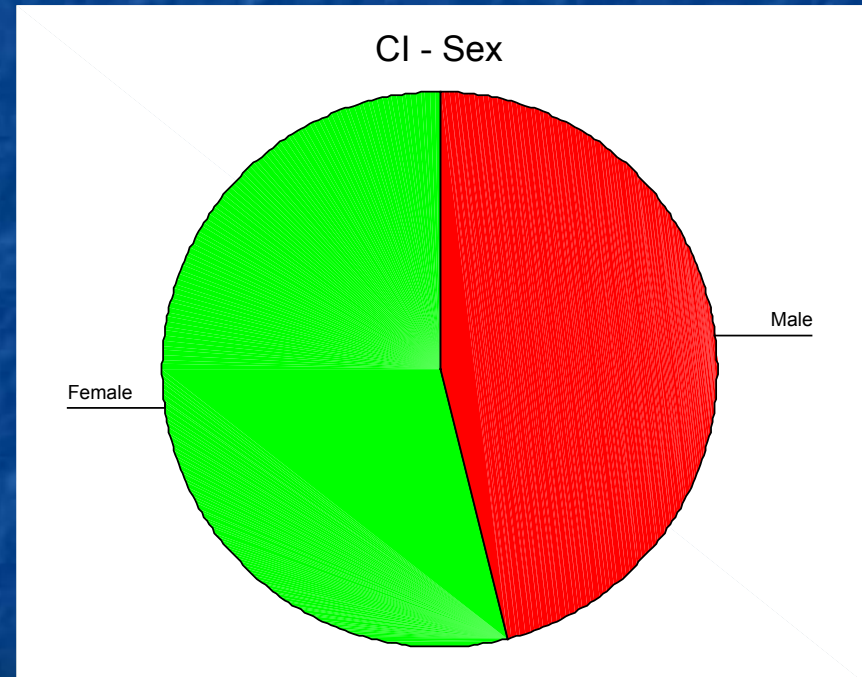


SUPPORT

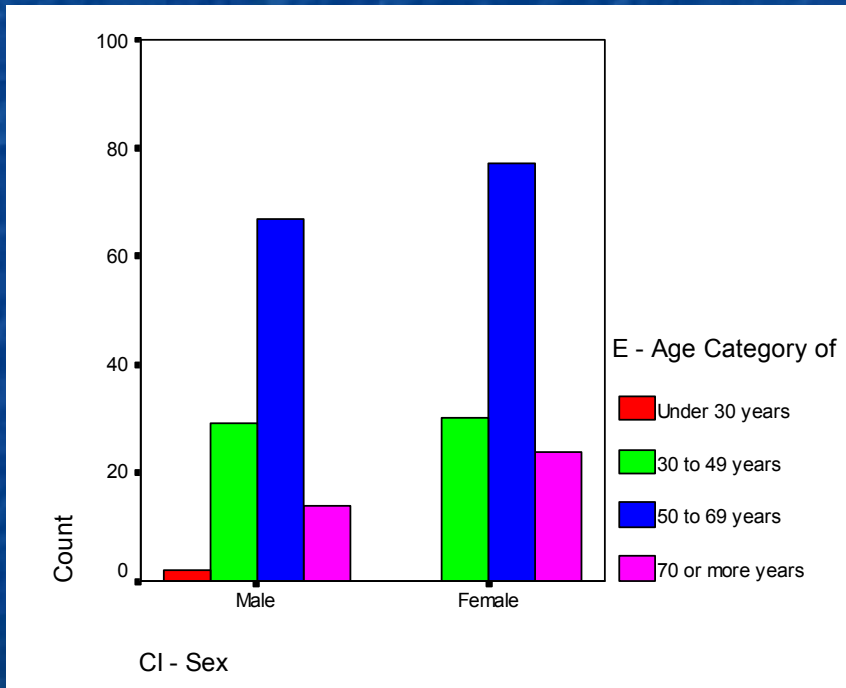
EVALUATION

Participants

- ❖ 266 consumers
- ❖ 45% male
- ❖ 55% female
- ❖ Referred by 123 GPs



Age category by gender



- ❖ 60% of participants 60 – 79 yrs
- ❖ No significant difference between age distribution of males & females

Country of Birth



- ❖ 55% born OS
- ❖ Most frequently reported countries:
 - Sri Lanka
 - Italy
 - India
 - Malta
- ❖ 8% consumers required interpreter

Evaluation Indicators

- ❖ Quality of Life (SF12)
- ❖ Self Efficacy (Stanford)
- ❖ Health Behaviour
- ❖ Clinical (HbA_{1c})



General Health & Wellbeing Survey (SF12)

- ↑ Increase in 6 individual items incl. vitality, social functioning & role emotional.

($p < 0.01$)

- ↑ Mental component survey score incorporating vitality, pain management social functioning before/ after Diabetes self-management program

($p < 0.01$)



Self Efficacy

- ❖ ↑ Confidence to manage diabetes within community
($p < 0.01$)
- ❖ ↑ Confidence to access diabetes information
($p < 0.01$)
- ❖ ↑ Confidence in consumers seeking help if needed



Behavior Change

Significant changes in proportion of consumers reporting that they:

- ❖ started self- managing diabetes
- ❖ readiness to make lifestyle changes
- ❖ had already made lifestyle change
- ❖ between referral & end of program



Physical Activity

- ❖ improvement in reported level of interest in physical activity
- ❖ improvement in frequency of physical activity
- ❖ ↑ improvement in time spent exercising
($p < 0.05$)



Smoking

Referral: 29

End of Program: 23

No significant difference in consumers smoking status

BUT:

Significant improvement in overall reported quitting status (Stages of change)



Clinical Indicator

Significant improvement in HbA1c

($p < .004$)



Consumer Satisfaction

- ❖ Consumers reported high levels of satisfaction with program

Consumer Quotes:

- ❖ *'Gave message of positive ness & that diabetes can be managed'*
- ❖ *'The action planning exercises were useful because it made things achievable & practical. This built my confidence that I could self- manage'*



Provider Practice

- ❖ Increased capacity in Self Management.

'I have changed a lot of work practices, instead of always trying to fix things for people I now hold back & let them explore & discover how they can play a much more integral part in their SM'.

Diabetes Health Care Professional, Oct 03



Conclusion

- ❖ Improved health & QOL outcomes
- ❖ Changed provider practices
- ❖ Demonstrated empowerment



Acknowledgements & Thanks

- ❖ Participants
- ❖ Agencies
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