

Self-Management Mapping

Frequently Asked Questions

21 November 07

1. Are only Community Health Agencies expected to participate in the self-management mapping?

No, it is envisaged that the information will encapsulate self-management support activity offered by a range of services across the PCP catchment. It is also anticipated that the information will show work or highlight a willingness of agencies to work with PCPs to more toward embedding the principles of self-management support into practice.

2. Are only member agencies of the PCP to be included in the Self-Management Mapping?

No, hopefully the PCP will be able to engage with all service providers in the catchment who provide chronic disease self-management interventions. It is recognised that some agencies may not wish to provide information for the purpose of statewide mapping but may be willing to participate in the PCP mapping activity. Although not preferred this is acceptable but as we would like as complete a picture as possible, please indicate when an agency has participated but is not willing to provide information to the department.

3. Is the focus only on Chronic Disease Self-management?

Yes

4. Is mental health excluded in this Self-management mapping?

Yes, however it is recognised that many mental health issues are chronic conditions and that there is considerable self-management support provided by Mental Health services. Given the ambitious nature of this mapping task it is necessary to look services other than mental health services providing self-management support to clients. PCPs may elect to include Mental Health services as part of their additional local mapping information collected.

5. Why is the scope of the Self-Management Mapping exercise so limited?

Unfortunately in this initial mapping it has been necessary to have a narrow field of data collection elements so as to make the survey easier to undertake. However, it is anticipated that the results may inform further action. PCPs are also able to choose additional information to collect. DHS would be interested in knowing the additional information requested.

6. Why not just go to statewide providers directly eg Arthritis Vic, Divisions of GP?

We want to capture the information at a catchment level. If a PCP is aware that a statewide or cross regional service is providing self-management support in their catchment we would expect PCPs to contact the statewide provider to elicit what self-management support services re providing in the catchment. Alternatively, as PCPs in region may elect to nominate a one PCP to follow up such services and report back at a PCP catchment level.

7. What happens to an agency who is not delivering SM according to the definition provided in the self-management mapping guide (insert reference page) or which just misses out on being classified as a self-management approach?

It is important to collect as complete a picture as possible of current self-management support being provided even if according to the criteria outlined in the Self-management Mapping Guide (page 10) it does not meet the criteria. This information is extremely important in planning workforce development activities or providing support to agencies to embed self-management

principles into practice. It would be appropriate to note in Section 4.6 of the mapping template provided where this occurs. This exercise is not a monitoring exercise, the mapping aims to provide information about current activity to assist in the development and progression of integrated chronic disease management across the state and more specifically within PCP catchments. PCP and agencies who have undertaken the activities have reportedly found the exercise to be beneficial in directing future work.

8. Is it necessary to have a highly trained person conducting the Self-management mapping with agencies?

Other PCPs have found it helpful to have the person contacting agencies to have some background knowledge of health services and their structure so as to be able to navigate to the right person to speak to in the organisation.

9. Is DHS writing to the CEO's of agencies to inform them of the self-management mapping exercise?

No, but DHS has prepared a template letter for PCPs to send to identified agencies which outlines the purpose of the exercise and how the information will be used. It would be appropriate to inform CEO's that contact will be made with the relevant program manager in order to undertake the survey. It is also anticipated that the self-management mapping has been discussed at PCP meetings.

10. In collecting the numbers of people in a group activity are we concerned about attrition over the life of the program?

We can only aim at this stage to collect average group size. The responses may not be 100% accurate but will give an indication of attendance and participation.

11. Who is notifying the Division of General Practice?

Divisions of General Practice are core members of PCPs and as such PCP staff are responsible for engaging the Divisions in the process at the local level. General Practice Divisions Victoria has been an active member of the working group involved with the self-management mapping.

12. Will there be an overall statewide report available?

Yes, a report outlining the statewide picture of self-management currently in Victoria will be provided back to PCPs. It is anticipated that this will also provide information relating to burden of disease.

13. Will the helpline be available for PCP staff and agencies?

PCP staff are seen as being the central people for completing of the templates. It is therefore anticipated that the helpline will be used by PCP staff. However, if an agency wanted to contact the helpline directly we would provide the relevant information and then refer the agency back to the PCP.

14. Will PCPs be able to see who has completed the self-management mapping and will they be able to see the response and edit as necessary?

The original plan was for the mapping templates to be completed electronically by relevant agencies and submitted directly to the department. This led to a number of challenges, including significant technical issues requiring the development of a software application to capture the required information. It was felt that a paper-based solution offered the best option. The completed templates can be sent through to the department to be entered into the database. PCPs may want to consider developing a methodology that enables the PCP staff to review the completed template prior to submission into the department.

Completed templates can be sent through to:
Caroline Frankland
Primary Health Branch
Department of Human Services
Level 19, 50 Lonsdale St, Melbourne 3000

15. There may be instances where agencies provide services over a number of PCP catchments. How should we capture / report this information?

This is an important issue; particularly in the case of health services which may provide services over a number of PCP catchments. It is important to capture the site or campus of the agency (& related PCP catchment). Secondly, there may need to be a coordinated appropriate by PCPs at a regional level to ensure data is collected in the most efficient way.

16. Is there an expectation that General Practices and/or General Practitioners will complete the mapping template?

No, the information that we are capturing about General Practice and self-management will be captured using the General Practice Divisions template to be completed by the Division based on their knowledge of practices involved in their Division. In the main, the focus is on the role of the Division in providing information, education and training about self-management and self-management support approaches and also some of the barriers and enablers for General Practice in terms of their knowledge of self-management, access and referral / feedback pathways. This information will be used locally to further build on the existing practices around service coordination, look at opportunities to progress embedding the principles of self-management across the PCP catchment – this may include a variety of training and workshops.

17. What is the definition of chronic condition / disease for the purpose of this exercise?

The Chronic Disease Management Program Guidelines articulates the following definition:

- Usually complex causality and multiple risk factors
- A long latency period
- A prolonged course of illness
- Functional impairment or disability and;
- In most cases the unlikelihood of cure

The conditions listed in the self-management mapping guide are examples only and as a PCP you will need to apply the above definition to priorities within your local catchment.

18. Question 5.4 'Is feedback about self-management support provided to General Practitioners as part of client care', how should responses 'sometimes' and 'occasionally' be differentiated and applied?

For the purpose of the exercise use the following as a guide:

Sometimes – some programs within an agency provide consistently, but others don't

Occasionally – only if an issue is identified or for a specific reason