Case Study • March 2020

Supporting Patients' Recovery

PICTURED: Mary Ellis and Ada Mickan, physiotherapist talk about Mary's goals and how Ada can best support Mary to achieve them.

Central Hume Primary Care Partnership (Central Hume PCP) improves the health and wellbeing of people in its communities.

We do this by helping organisations work together on complex health and social challenges in our region. This way, we make the most of available resources, avoid duplication of effort and achieve outcomes our community needs and deserves.

More than two years after her first knee replacement, Mary Ellis is sticking to her exercise routine thanks to the support of the Complex Care program at Northeast Health Wangaratta.

> "I'm continuing to try to improve my health on my own and with their help. I wouldn't be as good as I am if I didn't have their support," Mary said.

After his heart attack and surgery, Peter Brown said he didn't know what to do to keep on top of his health.

> "The Cardiac Rehabilitation staff opened my eyes to the option of not pushing myself to the limit every second day and used a whole different way to approach getting well again," Peter said.

> "They asked what I did for work. They asked me what I wanted to get out of the rehab program and could soon tell that I am a little bit competitive. In the past, with health professionals, I wasn't asked about my wishes; this has been much more personalised."

Meagan Tharratt, Care Coordinator in the Complex Care Service and Coordinator of the Cardiac Rehabilitation program said Peter and Mary are talking about a new self-management philosophy in which staff were recently trained.

> "The benefit for clients is that I think people are more honest with you and feel less judged and they will tell you not just what you want to hear. They are willing to therefore engage for a longer period of time. Some people are isolated because of their health concerns and they often say things like they don't feel people give them time. With this approach, they feel more valued."

> "It's about empowering patients in their health care. The training influenced the way I approach my clients. As a clinician, I get a referral and have some detail about why they are being referred. Now I more fully appreciate that's not how the patient might see it. I see the situation more from the client's perspective now," Meagan said.

Tessa Archbold, Complex Care unit Project Coordinator said the training moves clinicians away from the model of telling patients what to do.

Her colleague, Ada Mickan, physiotherapist agrees.

> "There's nothing worse than being told what to do. With this approach, our role is more as a facilitator in their health journey. And patients are more committed to following through with the change because they have come up with the idea themselves. It's been a big thing. Most people know what they need to do, but it takes time for someone to sit with them to support them to do it."

Some clinicians working in chronic disease management come from an acute care hospital background where Ada Mickan, physiotherapist says the focus is more on 'fixing' people. The self-management approach is about understanding the barriers or psychosocial issues that might stop people from being more confident about making changes in their lives.

Funding

This project was funded by the Victorian Department of Health and Human Services, East Division.

PCP Role

The Central Hume PCP team:

- Sourced and organised the delivery of self-management training in the Ovens Murray and Goulburn areas based on evidence of specific training needs identified across 2016 to December 2017.
- Supported relevant stakeholders in using self-management support as a core skillset when working with people who are living with chronic and long-term health conditions.
- Promoted the training to Primary Health organisations that provide Community Health services or are PCP members in Ovens Murray and Goulburn areas.
- Partnered and collaborated with health services, Murray PHN and Department of Health and Human Services to deliver the project.
- Support the implementation of the Ovens Murray and Goulburn Chronic Care Strategy through participation on the Ovens Murray Chronic Care Steering Committee and delivery of this project.

To learn more about Central Hume PCP please visit our website:
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