

## Implementing Health Coaching under the Victorian ICDM Initiative

### Presenters:

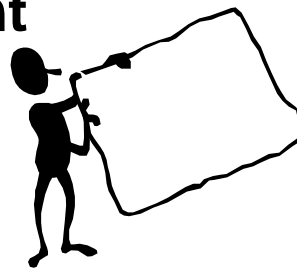
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## Presentation content

- Catchment Location
- Background to ICDM Initiative
- Training
- Staff buy in
- Skills development – integration in to practice
- Networking and support
- Evaluation and Research – inform sustainability



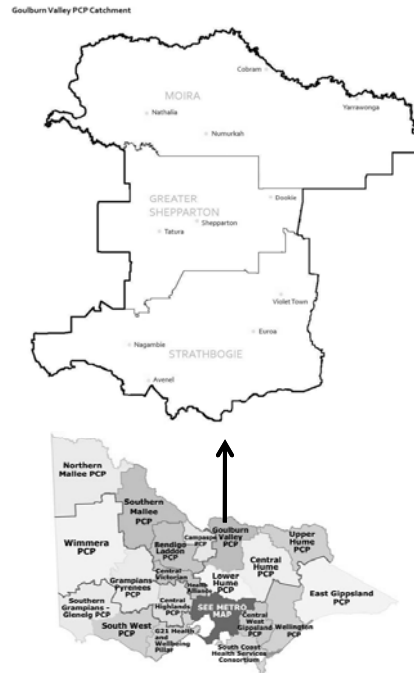
# Location

- South Coast Primary Care Partnership is situated in Southern Victoria covering the Bass Coast & South Gippsland Shire Councils 3 small rural hospitals and 3 community health centers.



# Location

- Goulburn Valley Primary Care Partnership is situated in Northern Victoria covering the Moira, Strathbogie Shires and City of Greater Shepparton. Consisting of 1 regional hospital and 8 small rural hospitals and 6 community health centers



## Background - ICDM Initiative

The Victorian Government has responded to the growing burden of chronic disease with a number of initiatives to prevent and manage chronic disease. One of these initiatives funds PCPs all over the state

### The aim of the initiative

- is that people with chronic disease receive responsive, person centered care over time through the different stages of disease progression.

### The ICDM Project through the PCPs supports health agencies in

- service system integration, redesign and change management regarding best practice chronic disease management models.
- support a coordinated approach to the planning and delivery of services for clients with chronic disease.

(DH revised CDM guidelines 2008)

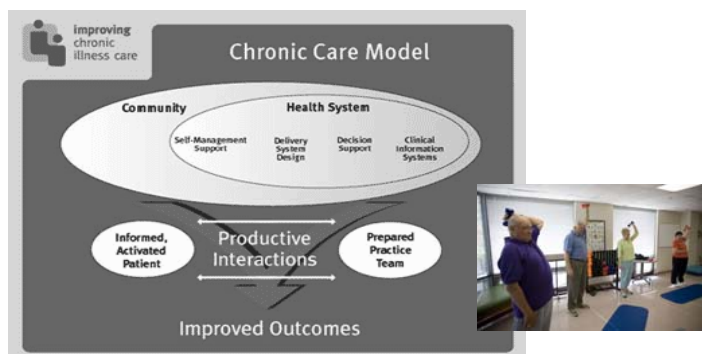


### Background - ICDM Initiative continued...



- The Victorian DH Guidelines have identified the '**Wagner Chronic Care Model**' as the preferred model to assist in developing an integrated system. (DH revised CDM guidelines 2008)
- Wagner proposes that managing chronic disease requires nothing less than a transformation of health care, from a system that is essentially reactive – responding mainly when a person is sick, - to one that is proactive and keeping a person as healthy as possible. (Improving chronic illness care 2006 -2011)

## Background - ICDM Initiative contin....



(Wagner EH. Cited in *Improving chronic illness care 2006-2011*)

The model has six interdependent elements for improving chronic care, one of these elements is:

- **Self-management support** – empowers and prepares clients to manage their health and health care.

## Training



### Local training provided in both locations:

*'There are well documented geographical, financial, social and professional barriers to continuing professional development (CPD) and peer support for rural health professionals' (Pond et.al. 2009)*

- **Goulburn Valley PCP**
  - 94 staff completed Introduction to Health Coaching in 2010
  - 25 complete Review and update Workshop in 2010
  - 25 managers completed Half-day Managers Workshop in 2010
- **South Coast PCP**
  - 48 staff trained in Health Coaching over the last 18 months, 2 day Introduction and 1 day review and update

Participants were from - community health allied health and nursing services; Local Government HACC assessment officers; GP sector Practice Nurses

## Staff buy in



- Developed EOI – competitive process
- Utilised CDM working group members (representing their health agency) to disseminate EOI
- Staff had to commit to 2 day introductory workshop as well as Review and Update workshop
- Subsidised training, but there was still a cost to participants – encouraged support and sign off by managers, commitment to integrate into practice and attending meetings

## Skills development



- Integration into clinical care
- Building Confidence
- Practice tools / techniques
- Time
- Knowing when to use Health Coaching
- Building Health Coaching tools in with existing tools
- Team approach, support by system

## Networking & support

- Self Management Community of Practice
- Share case studies
- Practice tools
- Review Assessment forms
- Develop Health Coaching form



### Networking & support continued...

- Encourage participants to plan how they will utilize skills learned in training in their day to day work (see action plan template next slide)
- Help to increase confidence in self management skill utilization
- Provide opportunity to network and discuss experiences of using new skills in the work place
- Identify barriers and possible solutions to embedding self management skills into day to day work practice
- Provide an opportunity to refresh and extend knowledge/skills, and for further guided practice

## Action plan template

Developed by Mel Hibbins in collaboration with Helen Mentha of Mentha Consulting, July 2009

No.	Goal	Action What will you do?	Time Frame When will you do it?	Outcome How will you know you met your goal?
1.	<i>Getting started</i> When I get back to work I want to try...			
2.	<i>Learning</i> The techniques I would like to practice over the next 4 months are...			
3.	<i>Unlearning</i> When I get back to work I want to try to do less...			
4.	<i>Support</i> I will nurture my on going development in SM skills by...			
5.	<i>Reinforcement</i> When I do take the time to practice the skills I will reward myself by...			
6.	<i>Sharing</i> I will promote SM skills in my workplace by...			

## Evaluation

*Evaluation is crucial for:*

- assessing the effect your program/strategy has had on the target group you have worked with,
- whether you achieved what you expected
- identifying opportunities for improvement

(Martin & Horton Planning for effective health promotion evaluation 2005)





### **Evaluation continued...**

- Self Management Network needs assessment
- Advanced Skills Audit
- Action Plan and Refresher training questionnaire
- Changes to SM CoP in response to data collected



### **Article submitted to Journal**

- EICD project worker – complete survey and has been approved as a Journal article.





## Contribution to Research

- *'Investigating strategies to aid the transfer of knowledge and skills of primary health professionals recently trained in self management support: Can these strategies help to facilitate the translation of SMS skills in to every day work practice?'*



## References

- Helping medical specialists working in rural and remote Australia deal with professional isolation: the Support Scheme for Rural Specialists Belinda R Pond, Lauren G Dalton, Gary J Disher and Michael J Cousins, MJA 2009; 190 (1): 24-27 [http://www.mja.com.au/public/issues/190\\_01\\_050109/pon10881\\_fm.html](http://www.mja.com.au/public/issues/190_01_050109/pon10881_fm.html)
- Round, R, Marshall, B & Horton, K 2005, Planning for effective health promotion evaluation, Victorian Government Department of Human Services, Melbourne. [http://www.health.vic.gov.au/healthpromotion/downloads/planning\\_may05.pdf](http://www.health.vic.gov.au/healthpromotion/downloads/planning_may05.pdf)
- Revised Chronic Disease Management Program Guidelines for Primary Care Partnerships and Primary Health Care Services October 2008 <http://www.health.vic.gov.au/communityhealth/cdm/index.htm>
- Improving chronic illness care 2006-2011 <http://www.ihl.org/IHL/Topics/ChronicConditions/AllConditions/Changes/>