

PROMOTING SELF-MANAGEMENT FOR PEOPLE LIVING WITH HIV: A PILOT OF THE FLINDERS PROGRAM™ IN HIV CLINICAL SERVICES

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Background

- Self-management engages clients in activities to protect and promote their own health.
- Represents a significant shift from traditional clinician-patient roles.
- The Flinders Program™

"A generic set of tools and processes that enables clinicians and clients to undertake a structured process for assessment of self-managing behaviours, collaborative identification of problems and goal setting within the development of individualised care plans"

(Flinders Human Behaviour & Health Research Unit, 2006)

- Flinders Program™ was piloted by 2 multidisciplinary HIV clinical teams in Sydney that provide case management to people living with HIV.
- An initial step in re-orienting the HIV sector towards self-management.



Flinders Program™ Pilot Methods

- A process evaluation questionnaire was completed upon each occasion of the tools use by clinicians and clients.
- The process evaluation was completed by **clinicians on 24 occasions** and obtained from **clients on 19** of these occasions.
- Post-pilot anonymous survey of clinicians using 'SurveyMonkey' in March 2015 completed by **11 clinicians**.

Evaluated the process of using the tools **NOT** whether it improved outcomes for clients.



Background

- HIV as a chronic disease.
- Recognition that re-orientation of health services is required to respond to the burden of chronic disease.
- Self-management approaches for chronic disease is emphasised in NSW and Australian health policy:
 - National Chronic Disease Strategy (2005)
 - Emphasised in NSW Ministry of Health's Integrated Care Demonstrators
 - NSW HIV and STI Clinical Services Planning Project Final Report in 2012
- Despite policy level support, the literature highlights limited success with attempts to incorporate self-management within the health sector to date (Jordan et al, 2008).

Flinders Program™ Pilot Methods

- In December 2013, 14 clinicians from the HIV clinical teams were trained in the Flinders Program™.
- Clinicians from nursing, social work, dietetics and occupational therapy.
- Of those trained, **13 clinicians achieved competency**.
- Between **March and December 2014**, competent clinicians were encouraged to use the Flinders Program™ in its entirety with clients.
- The Flinders Program™ was **offered to all clients** except those with significant cognitive impairment, intoxication or acute mental health distress.

Flinders Program™ Pilot Methods

Organisational activities to support the pilot:

- One day follow-up workshop with Flinders University facilitation
- Flinders Program™ trained mentor on each HIV clinical team
- Monthly voluntary 'community of practice' meeting for peer support



Results: Client Process Evaluation (n=19)

- Feedback from clients was overwhelmingly positive.
- 89% of clients reported it to be **useful, very useful or extremely useful**.
- 95% of clients thought the time taken to complete the Flinders Program™ process was "ok", "fine", "manageable".
- 1 client said it was too long.



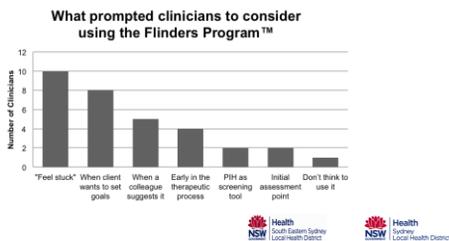
Results: Clinician Process Evaluation (n=19)

- The **average time** to implement the process was **2 hours**, with a range of 1 to 5.5 hours.
- 50%** of Flinders Program™ processes were completed over **2 sessions** with the client; 25% in 1 session; 25% in 3 or more.
- 79% of clients were able to complete** the process. 1 client was unable to engage in the process.
- The Flinders Program™ was implemented with **70% fidelity rate**.



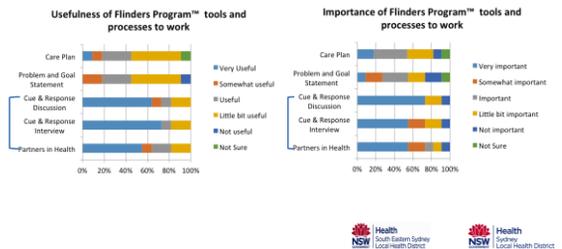
Results: Clinician Post-Pilot Survey (n=11)

- Low clinical use from start of pilot until online survey :
 - Clinicians **completed an average 2.1 care plans** (range from 0 to 5)
 - Clinicians who case manage completed **2.9 care plans**



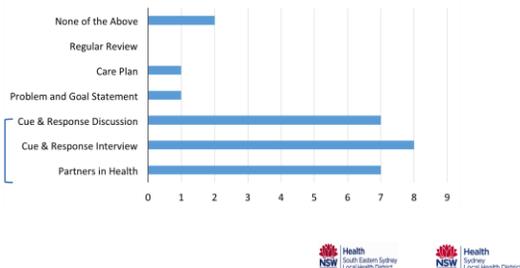
Results: Clinician Post-Pilot Survey (n=11)

Clinicians considered the Flinders Program™ assessment tools most important and useful and were also more confident in their use.



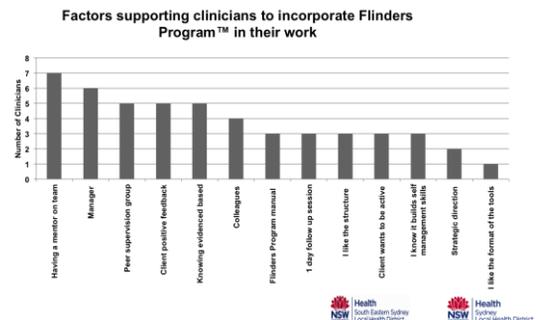
Results: Clinician Post-Pilot Survey (n=11)

Which of the following aspects of the Flinders Program™ has added to the therapeutic value of your work?



Results: Clinician Post-Pilot Survey (n=11)

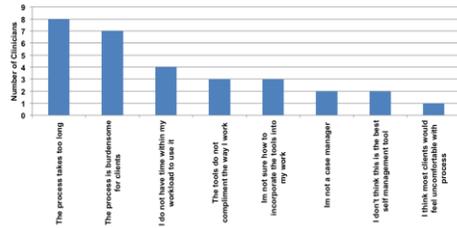
Supportive Factors:



Results: Clinician Post-Pilot Survey (n=11)

Barriers to Use

Factors making it challenging for clinicians to incorporate Flinders Program™ in to their work

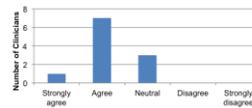


Results: Clinician Post-Pilot Survey (n=11)

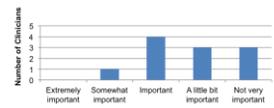
Less than 50% 'strongly agree' or 'agree' it is beneficial to clients

60% agree the Flinders Program™ builds self-management skills

Clinicians who consider Flinders Program™ a useful tool in their professional tool kit



Overall level of importance of the Flinders Program™ to your work



Summary

- Study provides essential insights into facilitators and barriers to adopting this self-management approach
- Disparity between client and clinician perceptions in terms of its usefulness, its time taken and burden were notable
- Aspects of Flinders Program™ had high rates of clinician acceptance
- The way in which the pilot was implemented may have reduced clinician participation and use



Next Steps

- Voluntary and flexible clinical use will be encouraged
- Continue peer support mechanisms
- Support a range of self-management approaches
- Seek opportunities to integrate with service delivery models and technology
- Find ways to ensure the client voice is heard on topic of self-management
- Use Flinders Program™ tools for CALD and ATSI
- Further training to be delivered to the HIV sector including GPs in SESLHD to support sector reorientation towards self-management



Acknowledgments

- HIV Outreach Team and Positive Central Clinicians
- Clients of the clinical teams
- Program Managers **David Murray** and Pene Manolas
- HIV/AIDS and Related Programs Unit (SESLHD)
- Flinders Human Behaviour & Health Research Unit, Flinders University, Adelaide
- Partner agencies and their staff

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