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

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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

- 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 those 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.

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.
- 69% 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.

Why haven’t I done this before…..First time I feel someone is interested in me and what I want
It was enlightening to see the comparison scores given by myself and their staff member
It was useful to discuss my current concerns with such detail and to discuss possible solutions / goals

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

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)

Usefulness of Flinders Program™ tools and processes to work

Importance of Flinders Program™ tools and processes to work

Factors supporting clinicians to incorporate Flinders Program™ in their work

Supportive Factors:
**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

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