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beyondblue

the national depression initiative

www.beyondblue.org.au

What works in General Practice to improve outcomes in multimorbidity – the TrueBlue method

Prof. James Dunbar, Dr Mark Morgan, Kate Schlicht

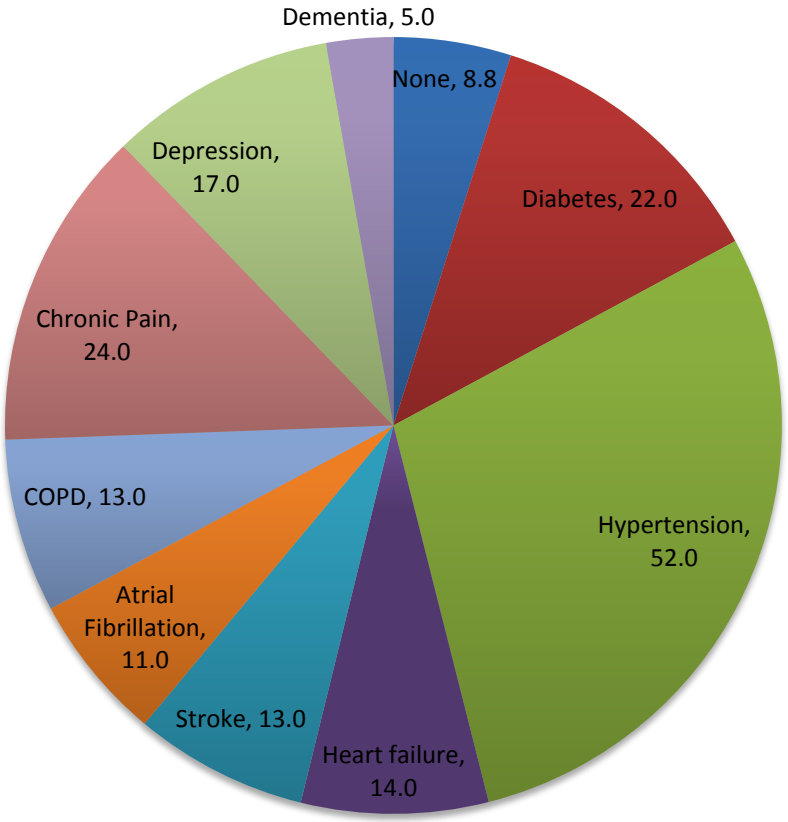
Why Multimorbidity?

- Multimorbidity is the norm.
- Multimorbidity leads to greater complexity, cost, hospital admissions and care needs
- Evidence gap from disease-specific guidelines
- Primary care already sees these patients but needs systems to coordinate, prioritise and deliver care. *TrueBlue is different from standard 15-minute episodic care*

Multimorbidity in patients with heart disease

Mean number of conditions 4.4*

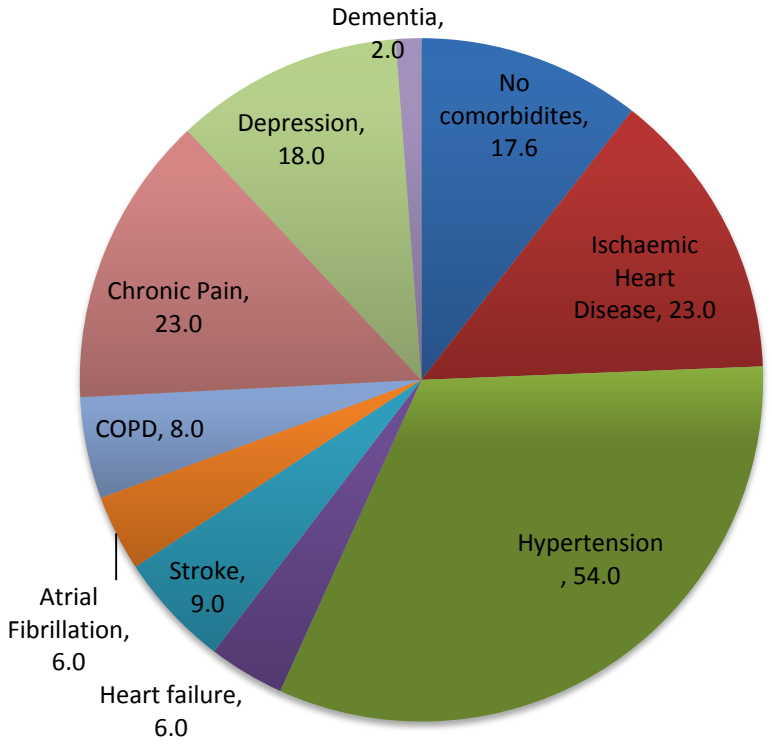
Adapted from Guthrie et al BMJ 2012 *Over 65yr olds



Multimorbidity in patients with diabetes

Mean number of conditions 6.5*

Adapted from Guthrie et al BMJ 2012



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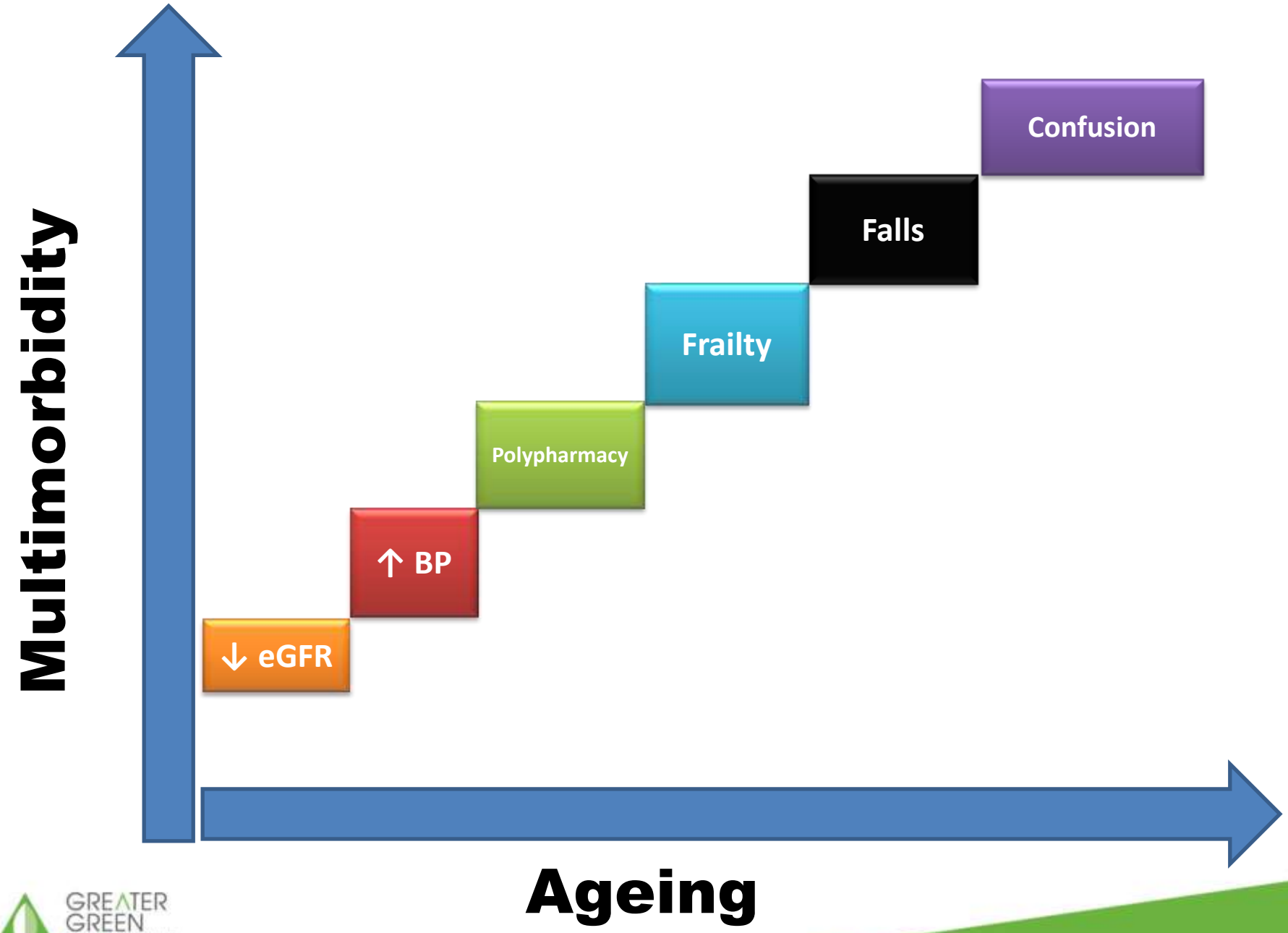

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Smoking
Prescriptions
erections
Influenza injection
HbA1c
Blood sugar levels
Blood pressure
Renal function
Cholesterol
Blood pressure
Driving licence
toe nails
Hypos
Goals
Fine Touch Sensation
Waist
Retinopathy
Blood tests
Team Care Arrangements
Triglycerides
Item numbers
depression
walk more, eat less
EPC Referals
GP Management Plans
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BMJ open
accessible medical research

The TrueBlue model of collaborative care using practice nurses as case managers for depression alongside diabetes or heart disease: a randomised trial

Mark A J Morgan,[1] Michael J Coates,[1] James A Dunbar,[1] Prasuna Reddy,[2] Kate Schlicht,[1] Jeff Fuller[3]

TrueBlue Practices and Patient recruitment

- Patients with depression + heart disease &/or diabetes
- 400 patients, 11 practices
- Random allocation of 5 practices to TrueBlue method, 6 to practice usual care.
- Patients visit nurse for 45 minutes and GP for 15 minutes every three months.
- Outcome measures included depression scores, lifestyle changes, measurements, cardiovascular risk, quality of life, satisfaction and safety.

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The nurse consult - 45 minutes four times a year

- Physical measures and review of pathology results
- Review of depression risks using PHQ9 depression responses
- Review of lifestyle risk factors
- Develop or review up to three personal goals
- Case-management tasks such as referrals and recall date

Outcomes summarised and presented to the GP as a draft GP Management Plan that has combined guidelines for multiple diseases.

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<<Practice Name>>

<<Practice Phone>>

<<TRUEBLUE Care-plan/Review>> (<<Diagnosis>>)

This plan should help you to better understand diabetes and heart disease. It should help plan your preventative care. Leaflets about diabetes, diet, exercise, foot care, heart disease can be attached to this record.

Patient's Name: <<Patient Full Name>> **Date of Birth:** <<Patient DOB>>

Goals to help minimise my risk factors, with help from the practice nurse and my GP:
<< Guideline based clinical and lifestyle targets>>

Patient goals for the next three months:

Goal – what change do I want to achieve and why?	Barriers – what will make it difficult?	Enablers – what will help?
<<Goal 1>>	<<What makes it difficult 1>>	<<What will help 1>>
<<Goal 2>>	<<What makes it difficult 2>>	<<What will help 2>>
<<Goal 3>>	<<What makes it difficult 3>>	<<What will help 3>>

Three month review:

Previous goal 1	<<Previous goal 1? Met/partially met/renegotiated>>
Previous goal 2	<<Previous goal 2? Met/partially met/renegotiated>>
Previous goal 3	<<Previous goal 3? Met/partially met/renegotiated>>

Measures	Last Recorded	Comments
Weight	<<Current Weight>> kg	
Waist	<<Waist size>> cm	Target <94 (men), <80 (women)
BP	<<Current BP>>	Target less than 130/80
HbA1c	<<Current HbA1c>>%	Target less than 7.0
Total cholesterol	<<Total cholesterol>>	Target less than 4.0
LDL	<<LDL>>	Target less than 2.0
HDL	<<HDL>>	Target more than 1.0
Triglycerides	<<Triglycerides>>	Target less than 2.0
Urine microalbuminuria	<< Normal/raised>>	
Last ECG	<<Date of last ECG>>	
Last professional eye exam	<<Last professional eye test>>	
Doppler checks of circulation in feet	L <<Doppler left Yes/No>> R <<Doppler right Yes/No>>	
Foot exam (pulses, fine touch, skin and nails)	<<Date of foot exam by podiatrist, nurse or doctor>>	

Depression

Depression can be hard to detect in people with a long term medical condition but it can have a big impact on their diabetes and heart disease. The Patient-Health Questionnaire (PHQ-9) score helps identify those who might be at risk.

PHQ-9 score for depression	<<PHQ-9 Score>>
Previous episode of depression or anxiety	<<Previous depression/anxiety? Yes/No>>
If there were previous episodes how were they treated?	<<Treatment? None/medication/therapy/both>>
Currently taking anti-depression medication?	<<Taking anti-depression medication? Yes/No>>

MEDICAL HISTORY << Medical history>>

MEDICATIONS <<Current Medications>>
Aspirin Use <<Aspirin use? Yes/No>>
Other medications <<Over-the-counter medications>>

ALLERGIES <<Clinical details: allergies>>

SMOKING STATUS <<Clinical details: smoking>>

REVIEW DATE: <<Proposed review date>>

REFERRALS: <<List of referrals and area of expertise>>

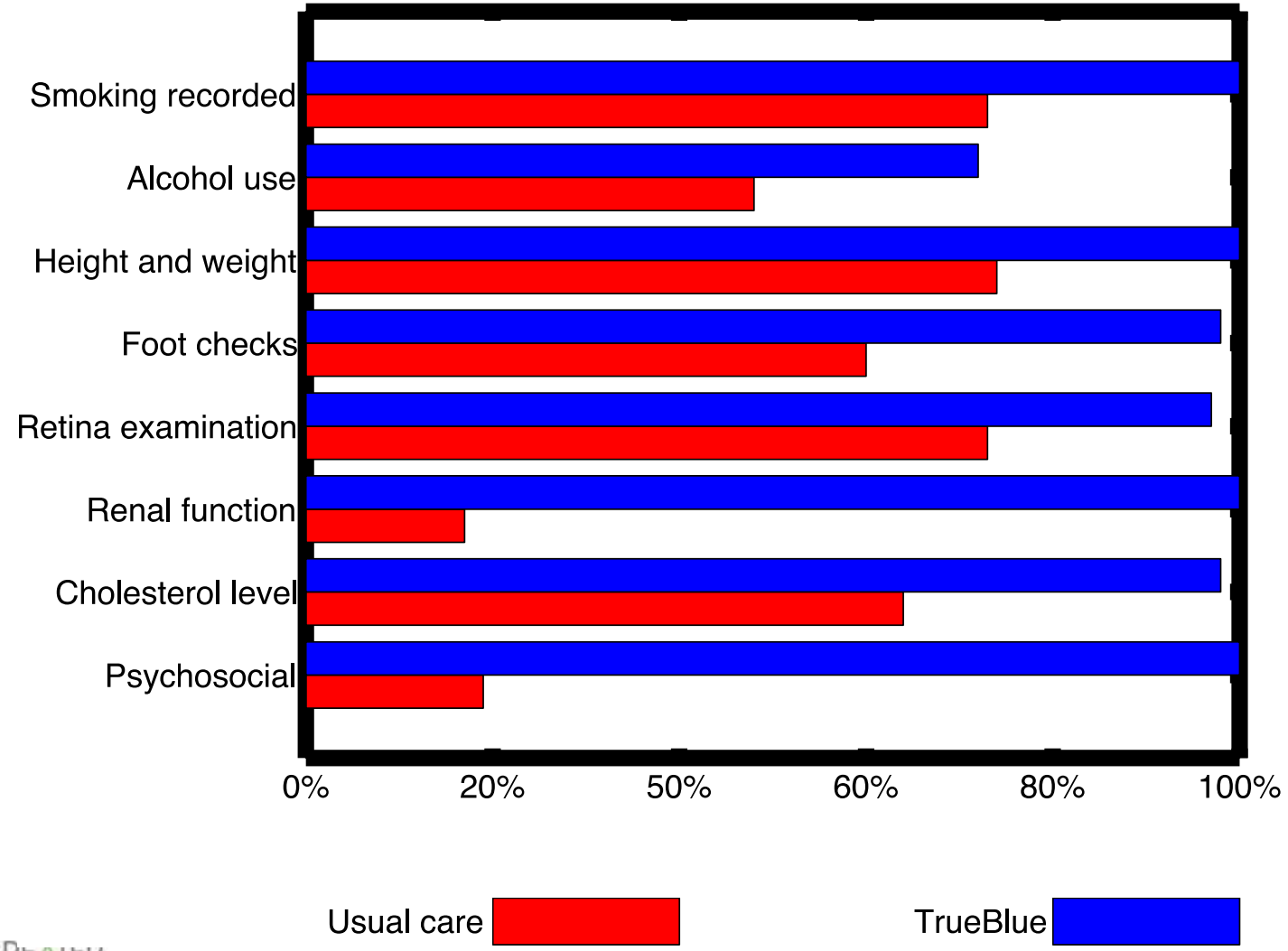
Doctor signature
Doctor name: <<Doctor Name>>
Date: <<GPMP date>>

MORE INFORMATION
www.heartfoundation.org.au
www.diabetesaustralia.com.au
www.beyondblue.org.au
Quitline call 131848

Outcomes of TrueBlue

- Depression reduced
- Cardiovascular risk reduced
- Exercise rates increased
- Goal setting and case-management activities increased
- Adherence to “best practice” guidelines from Diabetes Australia, National Heart Foundation and MacArthur Depression Foundation

High quality process of care



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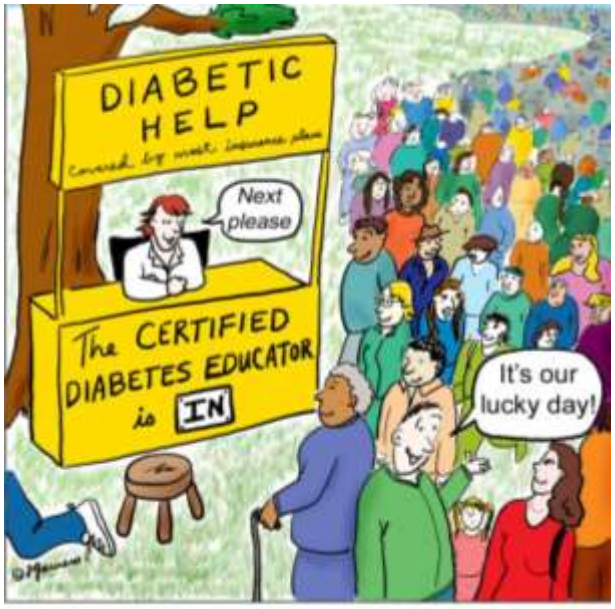
Implications for general practice

TrueBlue method is safe, effective, acceptable and affordable with existing staff using existing Medicare items

Outsourcing…



Requirements:

> Nurse training and resources

> Multiple guidelines combined

> Patient priorities identified with the nurse to help the GP

> Information collated to one place – the GP Management Plan

> SMART goals set and reviewed

> Recall visits automatically timetabled every three months

> Coordinated referrals to specialists and allied health without duplication of tests

> Self-management enhanced by having written targets and goals

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Two-day nurse-training workshop

Education on depression, role play, handbook, *beyondblue* resources:

- Depression as a risk factor in diabetes and heart disease
- Diabetes Australia and Heart Foundation guidelines
- Monitoring of depression using the PHQ-9 questionnaire

Two-day nurse-training workshop

- Dealing with the PHQ-9's suicidal-ideation response
- Identifying barriers and enablers for better lifestyle choices
- Problem solving and goal setting using specific, measurable, attainable, realistic and time-bound (SMART) goals
- Case management with other health professionals

Support

- Monthly teleconferences
  - Expert supervision from the project manager, a GP and a psychologist
  - Peer support by participating nurses with case-study discussion

Management of depression

- TrueBlue's safety protocol included
  - stepping up care if the patients' depression scores hadn't dropped by at least 5 points or below 5;
  - dealing with patients who responded to the suicide-ideation question on the PHQ-9.

Stepped Care

- Referring to a mental-health worker
- Commencing antidepressant medication
- Commencing exercise
- Setting at least one new SMART goal

Safety Protocol

- Suicide Ideation
  - Risk assessment carried out by practice nurse or GP
  - GP notified
  - Ongoing referral as required

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Acceptability

> A post-study focus group suggested three things that made TrueBlue acceptable to nurses and GPs:

- the care-plan,
- goal setting, and
- changing nurse roles

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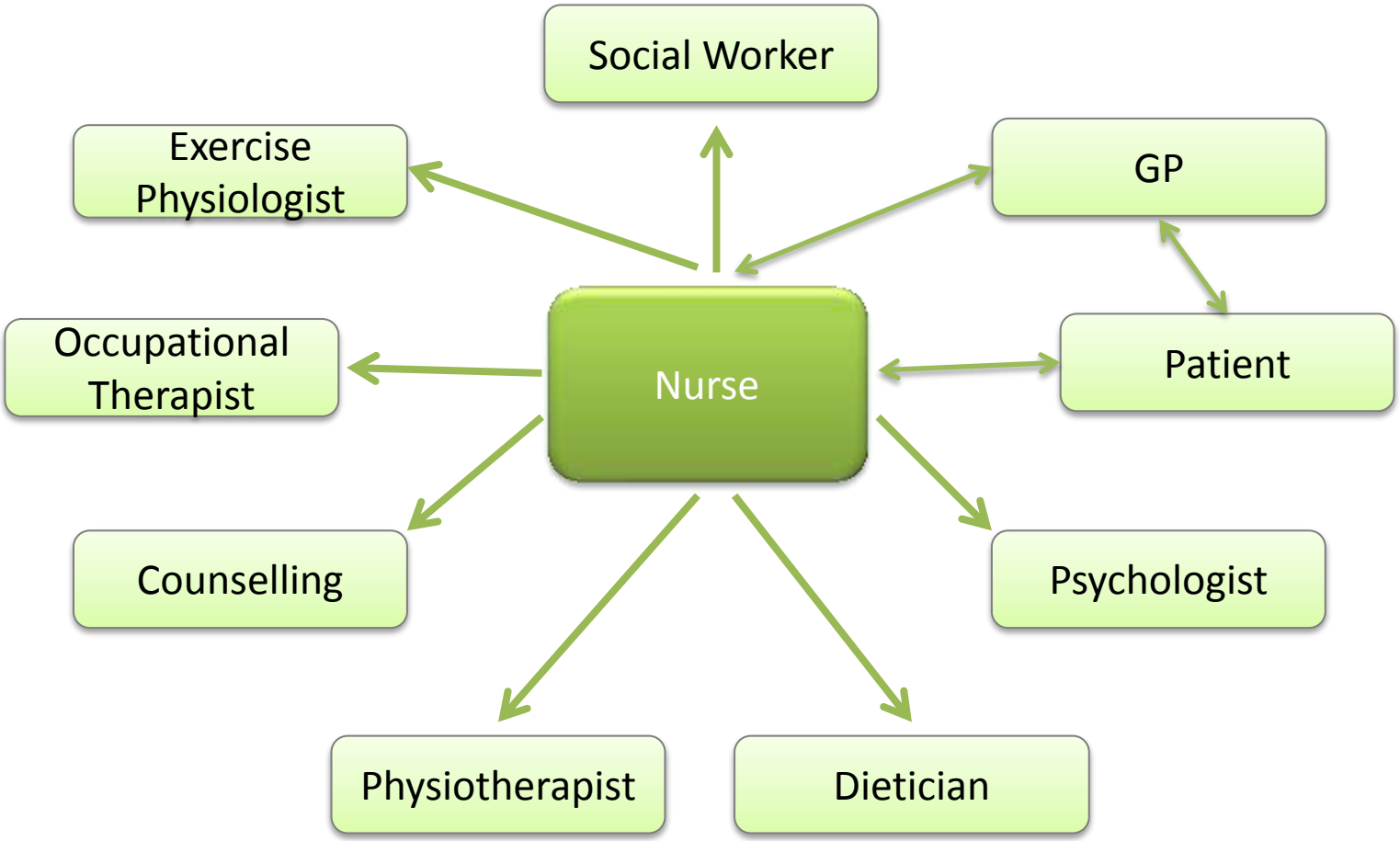
Acceptability

- Care Planning: Provided structure for team work and communication

- Goal setting: Nurses were able to work collaboratively with patients to identify and review patient centred/initiated goals

Acceptability



- Changing Nurse Roles: Confident in dealing with mental health

Development of TrueBlue for Multimorbidity

- Working with world leaders from UK, NZ and USA
- Building on our Safety Collaborative with the Australian Improvement Foundation
- Addressing polypharmacy, ageing population and failure of single disease focus

Outcomes in multimorbidity

Prof Martin Roland (BMJ 2013) called for change - TrueBlue can deliver:

- Listening to patient priorities
- Coordination and continuity of care
- Enhanced professionalism of GPs and nurses
- Reduced harm from medication
- Improved mental and physical functioning
- Sustainable within current workforce and Medicare schedule

Multimorbidity patient pathway

Pharmacist medication review

- Eligible patients on polypharmacy identified using PenCat tool
- Referral for medication review

Practice nurse
45 minutes

- Identify patient priorities using SF12
- Goal setting
- Case Management-blood tests, referrals
- GP Management plan draft
- Recall date in 3 months

GP
15 minutes

- Review priorities and results
- De-prescribing algorithm
- PCEHR, complete Medicare items

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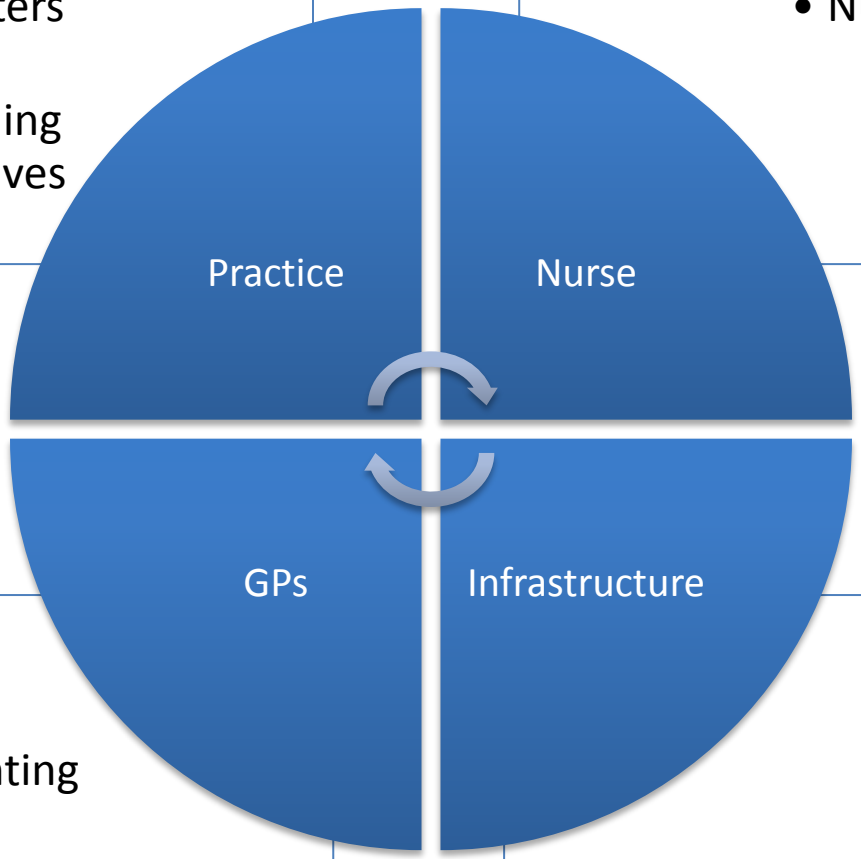
Inputs to drive change

- Identify early adopters willing to change
- Peer –to-peer learning through Collaboratives Program

- Nurse training in goal setting, using tools and templates



- GP guide to de-prescribing highlighting target medication.

- IT support for templates, PCEHR

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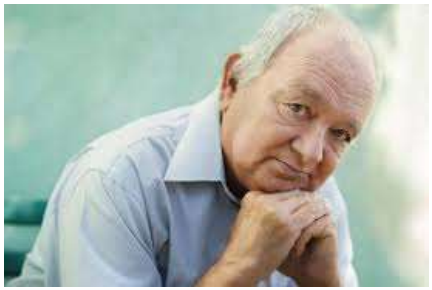
Medicare Item Numbers

GP Management Plan	721	$141.40 (annual)
Team Care Arrangement	723	$112.05 (annual)
Review GPMP	732	$70.65 (quarterly)
Review TCA	732	$70.65 (quarterly)
Practice nurse review	10997	$12.00 (five annually)
Home Medication review	900 For GP	$151.75 (annual)
	For Pharmacist	$194.07 (annual)
Meds Check	For Pharmacist	$61.02 (annual)
Service bulk billed	10990 (10991 rural)	$7.05 (10.65) @ item

Patient-centred care

Better health outcomes - physically and emotionally

Goal setting and problem solving



Increased awareness of services available

Increased education re co-morbidities

Coordination of health care facilities

Shared decision making

De-prescribing

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