How effective are the linkages between self-management programs and primary care providers, especially for disadvantaged patients?

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Introduction
This has led to a growing recognition of the need to support providers to incorporate self-management support into their routine care. One possible way is to link the development and implementation of self-management education programs and their possible outputs to primary health care and to examine the impact, acceptability and effectiveness of these linkages in supporting providers to incorporate self-management into their routine care.

Aim
1. To describe the strategies used to facilitate a link between primary health care providers and chronic disease self management (CDSM) programs especially with disadvantaged groups.
2. To describe the effectiveness of the strategies and the impact this has on health service use.

Method
A systematic review of the published peer reviewed literature was undertaken in October 2008 and updated in November 2009, using searches of electronic databases and a snowballing from the reference lists of systematic reviews and papers identified.

Databases searched included: the Cochrane Library, Database of Abstracts of Reviews of Effectiveness (DARE), NHS EED, Johanna Briggs Institute (JBI), Medline, Embase, CINAHL, Psychinfo, Scopus, Australasian Medical Index and Google Scholar.

Inclusion criteria
1. Published intervention studies: (Levels of evidence I to III.3)
2. Research conducted in OECD countries between 1985-2009, targeting adults aged 18 years or above and available in English;
3. A focus on chronic illness or management of chronic illnesses;
4. A self-management intervention:
   • a face to face group SM program
   • at least 4 weeks duration
   • in a primary health care or community setting
5. Reported a strategy to link the program to primary care providers.

Results
The majority of studies were randomised controlled trials or randomised trials conducted in the United States between 2005-2009 and located within either a primary care or a community based setting.

Most papers focused on the people in the age group 35-82 years. Self-management programs tended to be targeted at single chronic conditions, most frequently diabetes, followed by cardiovascular disease, chronic obstructive pulmonary disease, back pain and three studies addressed more than one chronic illnesses.

Types of Self-management Interventions
• Stanford Program (n = 9) and 50% of these studies also included additional follow up, support meetings or written and audio-visual material as part of the intervention;
• Combination of individual and group self-management education (n = 5) with one study developing culturally appropriate content and methods of administration of the sessions;
• Pulmonary rehabilitation program (n = 1) that combined group self-management education with an exercise program;
• High intensity intervention (n = 1) consisting of a residential stay, lengthy maintenance program and a number of follow up support calls.

<table>
<thead>
<tr>
<th>Linkage strategy type</th>
<th>Total No. Studies reporting use of strategy (N=9)</th>
<th>No. Studies targeting low SES groups using this strategy (N=9)</th>
<th>No. Studies targeting CALD groups using this strategy (N=9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Communication</td>
<td>3</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Supporting ongoing patient clinical management</td>
<td>6</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>Supporting Program Implementation</td>
<td>4</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Supporting Program Development</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Supporting patient recruitment / enrolment in the program</td>
<td>4</td>
<td>3</td>
<td>3</td>
</tr>
</tbody>
</table>

Table 1: Type and number of strategies used by the included studies to link the self-management program with primary care

Effectiveness & Impact of the linkage strategies
• Linkage strategies that supported patient management and program implementation were used more often;
• A number of strategies were only used by studies targeting specific CALD backgrounds including general communication (Mexican), program development (Hispanic) and program implementation (African American);
• There was little evidence for the relative effectiveness of these mechanisms for linkage with primary care providers;
• Only 4 studies measured impact on health service use, with the only improvement (reduced ED attendance) being found in a study which involved GPs in supporting program development;
• Patient health outcomes were reported in 13 projects, with improvements (compared to controls) in 10 studies.

Conclusions
CDSM programs continue to be largely developed and implemented independently from primary health care providers such as GPs;
• There were few studies of self-management support that included specific strategies to increase linkages with primary health care as part of their intervention and there is insufficient evidence to determine which of these strategies is more effective;
• More than half of the included studies in this review targeted specific culturally and linguistically diverse communities and/or lower socio-economic groups: These groups suffer an increased burden of chronic disease in Australia. Access to self management support may help these groups to negotiate the health system more effectively and to maintain their health and independent functioning;
• The typology of links developed in this study may provide a useful framework to define what constitutes a linkage strategy and what the purpose of the individual strategies are and for thinking about how to link self management support programs with primary health care service providers and then evaluate the impact and effectiveness of the linkages.