



BRITISH COLUMBIA CENTRE for EXCELLENCE in HIV/AIDS

PARADIGM SHIFT

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Faculty Disclosure

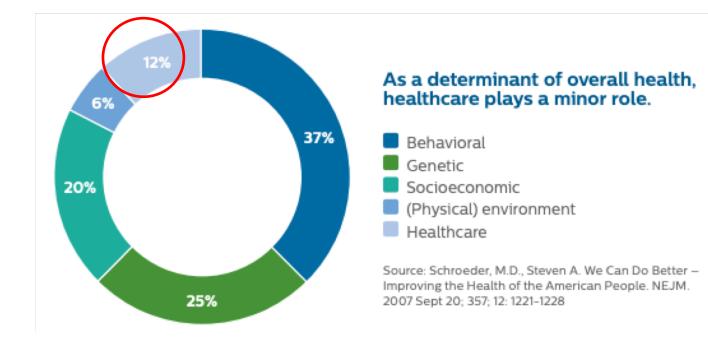
Faculty: Rolando Barrios, MD, FRCPC

• No Conflict of Interest to disclose

Objectives

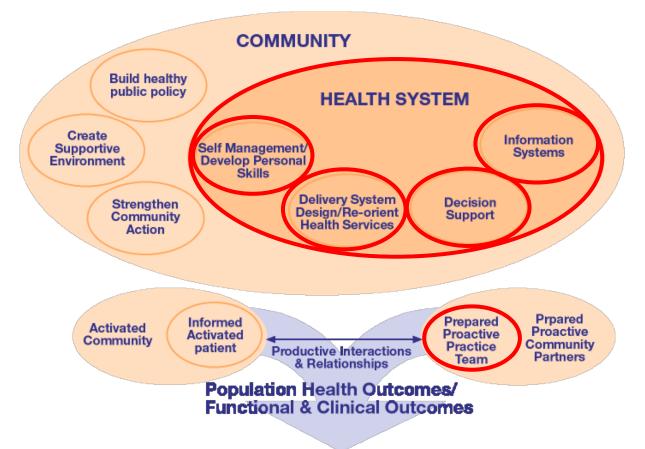
- Review The Determinants of Health
- Review The Expanded Chronic Disease Model
- Changing Paradigms
- OUD Cascade of Care

Determinants of Health



Yet... We have not maximized the benefit of health care

The Expanded Chronic Care Model



Created by: Victoria Barr, Sylvia Robinson, brenda Marin-Link, Lisa Underkill, Anita Dotts & Dariene Revenadale (2002) Adapted from Glasgow, R., Orleans, C., Wagner, E., Curry, S., Solberg, L. (2001). Does the Chronic Care Model also serve as a template for improving prevention? <u>The Milbank Quarterly, 79(4)</u>, and World Health Organization, Helath and Welfare Canada and Canadian Public Health Association. (1986). <u>Ottawa Charter of Health Promotion.</u>

<u>Hosp Q.</u> 2003;7(1):73-82. The expanded Chronic Care Model: an integration of concepts and strategies from population health promotion and the Chronic Care Model. <u>Barr VJ</u>, <u>Robinson S</u>, <u>Marin-Link B</u>, <u>Underhill L</u>, <u>Dotts A</u>, <u>Ravensdale D</u>, <u>Salivaras S</u>. **Source:** Vancouver Island Health Authority.



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Table 1 The Chronic Care Model (Wagner et al. 1999)		
MODEL COMPONENTS		EXAMPLES
Health System - Organization of Healthcare	Program planning that includes measurable goals for better care of chronic illness	 Visible support of improvements provided by senior leadership Incentives for care providers
Self-Management Support	Emphasis on the importance of the central role that patients have in managing their own care	 Educational resources, skills training and psychosocial support provided to patients to assist them in managing their care
Decision Support	Integration of evidence based guide- lines into daily clinical practice	 Wide dissemination of practice guidelines Education and specialist support provided to healthcare team
Delivery System Design	Focus on teamwork and an expanded scope of practice for team members to support chronic care	 Planned visits and sustained follow-up Clearly define roles of healthcare team
Clinical Information Systems	Developing information systems based on patient populations to provide relevant client data	 Surveillance system that provides alerts, recall and follow-up information Identification of relevant patient subgroups requiring proactive care
Community Resources and Policies	Developing partnerships with community organizations that support and meet patients' needs	 Identify effective programs and encourage appropriate participation Referral to relevant community-based services

Make a Change

- Write the word "Change" on a piece of paper
- Switch hands and write "Change" again
- What was it like to change hands?



Paradigm shift

"An important change that happens when the usual way of thinking about or doing something is replaced by a new and different way" (Merriam-Webster Dictionary)



What is Urgent vs. What is Important

URGENT



VS

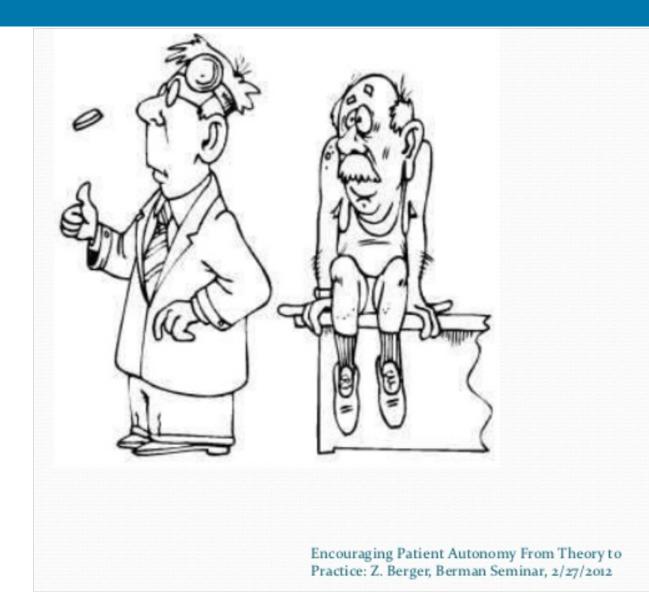
IMPORTANT



Whirlwind (The Day Job)

Goals (New Activities)

Patient Autonomy



Reactive Care

- No intervention until a problem occurs
- Not routinely identifying and assessing patients at high risk

Proactive Care

- Early identification
- Care protocols/pathways
- Routine assessments and reviews

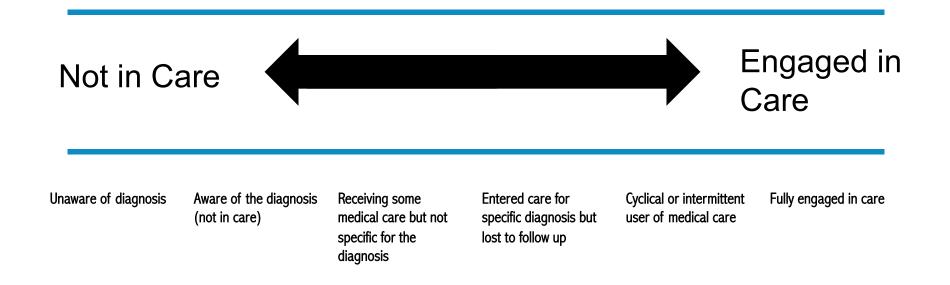


- Increased morbidity/mortality
- Increased health care costs

- Reduced hospital admissions
- Improve morbidity/mortality
- Increases QoL
- Health care savings



Continuum of Care

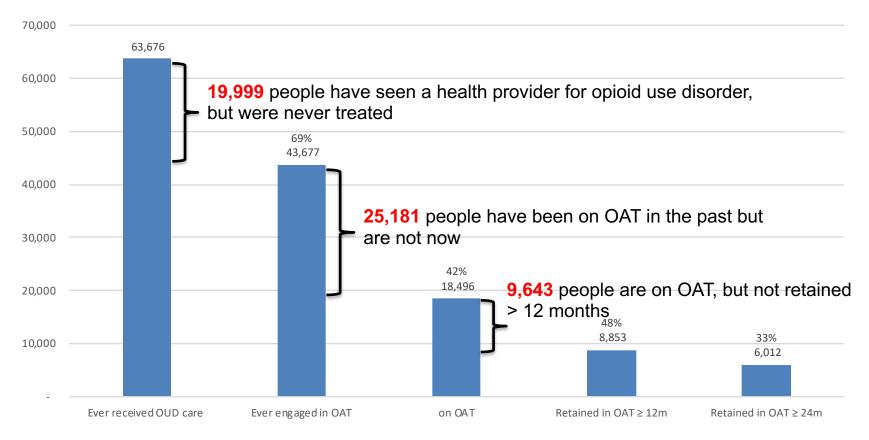


Adapted from: Giordano TP, Gifford AL, White AC Jr, et al. Retention in care: a challenge to survival with HIV infection. Clin Infect Dis 2007; 44:1493–9. Modified from: Eldred L, Malitz F. Introduction [to the supplemental issue on the HRSA SPNS Outreach Initiative]. AIDS Patient Care STDS 2007; 21(Suppl 1):S1–S2.



BC Cascade of Care for PWOUD

Cascade of care among PWOUD in BC





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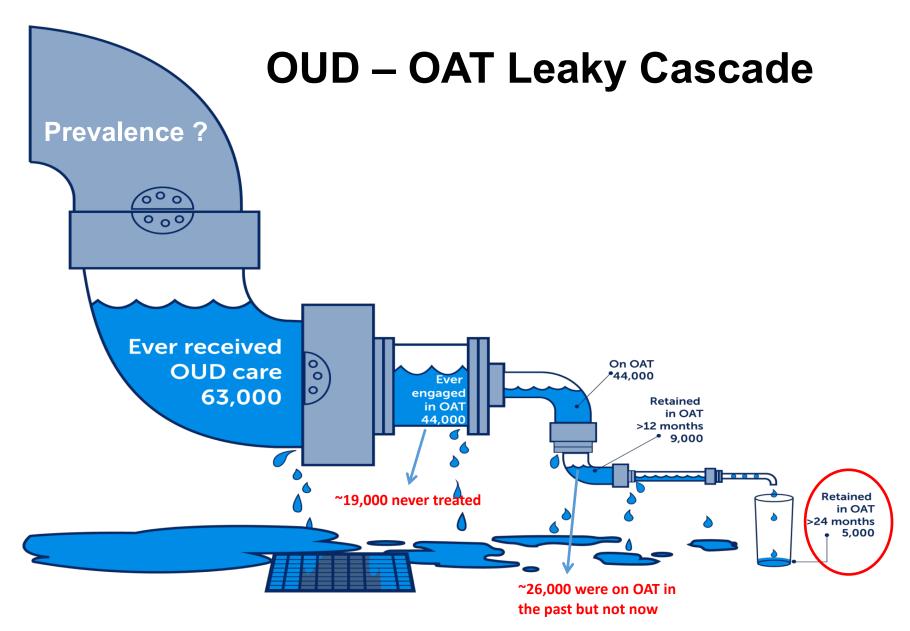


As of November 30th, 2017



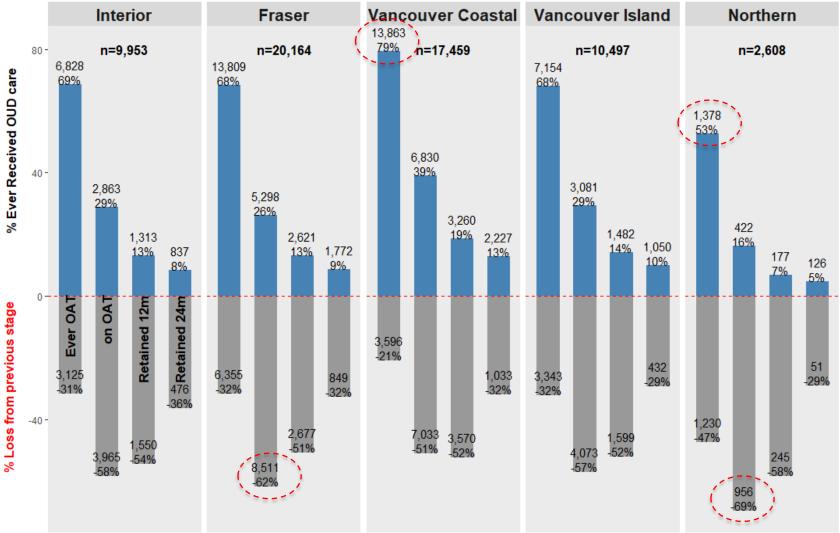






Adapted from Nosyk, et al

Comparing Across HAs





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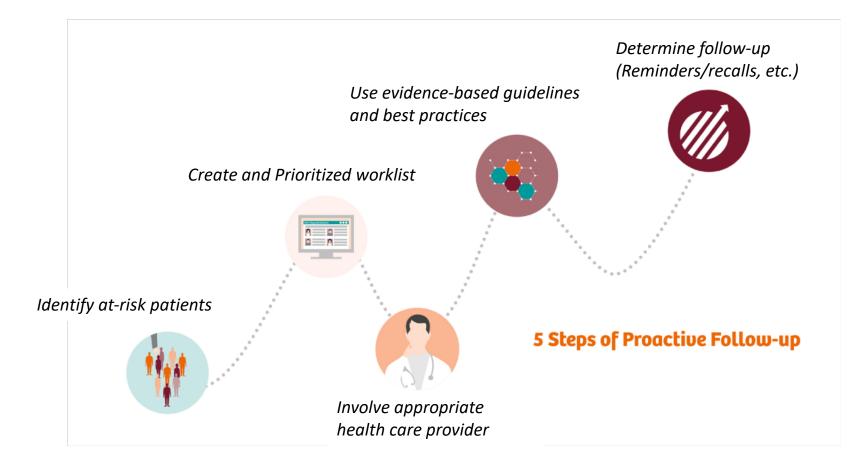








Basic Steps of Proactive Follow-up



Key Points

- Change is difficult and takes time
- •The health care system is a small contribution to the overall health of the individual and population
- •OUD is a chronic disease
- •The Expanded Chronic Disease Model is a useful framework to address OUD
- •There are many opportunities to stop the leakage of the cascade of care for OUD

References and Resources

- Schroeder MB, Steven A. We Can Do Better Improving The Health of the American People. NEJM 2007. 357(12):1221-1228
- Giordano TP, Gifford AL, White AC Jr, et al. Retention in care: a challenge to survival with HIV infection. Clin Infect Dis 2007; 44:1493–9. Modified from: Eldred L, Malitz F. Introduction [to the supplemental issue on the HRSA SPNS Outreach Initiative]. AIDS Patient Care STDS 2007; 21(Suppl 1):S1–S2.
- <u>Hosp Q.</u> 2003;7(1):73-82. The expanded Chronic Care Model: an integration of concepts and strategies from population health promotion and the Chronic Care Model. <u>Barr VJ</u>, <u>Robinson S</u>, <u>Marin-Link B</u>, <u>Underhill L</u>, <u>Dotts A</u>, <u>Ravensdale D</u>, <u>Salivaras S</u>. Source: Vancouver Island Health Authority.
- Nosyk B., et al (unpublished) Nov 2017.
- Merriam-Webster Dictionary (online access at <u>www.merriam-webster.com/dictionary/paradigm%20shift</u>)