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
Multimorbidity

↓ eGFR

↑ BP

Polypharmacy

Frailty

Falls

Confusion

Ageing
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, Michael J Coates, James A Dunbar, Prasuna Reddy, Kate Schlicht, Jeff Fuller
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.
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.
MEDICAL HISTORY

MEDICATIONS
Aspirin Use
Other medications

ALLERGIES

SMOKING STATUS

REVIEW DATE:

REFERRALS:

Doctor signature
Doctor name:
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

- Smoking recorded
- Alcohol use
- Height and weight
- Foot checks
- Retina examination
- Renal function
- Cholesterol level
- Psychosocial

Comparison between Usual care (red) and TrueBlue (blue)
Implications for general practice

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

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

Outsourcing...
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
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
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

Nurse

Exercise Physiologist

Occupational Therapist

Counselling

Physiotherapist

Dietician

Social Worker

GP

Patient

Psychologist

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
Inputs to drive change

- Identify early adopters willing to change
- Peer-to-peer learning through Collaboratives Program
- GP guide to de-prescribing highlighting target medication.
- Nurse training in goal setting, using tools and templates
- IT support for templates, PCEHR

Practice

Nurse

GPs

Infrastructure
# Medicare Item Numbers

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<tr>
<th>Service Description</th>
<th>Item Number</th>
<th>Fee</th>
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<td>GP Management Plan</td>
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<tr>
<td>Team Care Arrangement</td>
<td>723</td>
<td>$112.05 (annual)</td>
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<td>Review GPMP</td>
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<td>Review TCA</td>
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<td>Home Medication review</td>
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<td>For Pharmacist</td>
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<td>Service bulk billed</td>
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<td>$7.05 (10.65) @ item</td>
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Patient-centred care

- Better health outcomes - physically and emotionally
- Goal setting and problem solving
- Increased education re co-morbidities
- Shared decision making
- Increased awareness of services available
- Coordination of health care facilities
- De-prescribing