CCM – Chronic Care Management

RESPIRATORY ACTION PLAN (C&C DHB)

The table below indicates activity intentions, using a systematic approach based on Wagner's CCM Model (1999) adapted for C&CDHB.

(Funding Dependant)

Activity	Community Including: Community resources and policies	Health System Including Patient safety	Self Management Support	Delivery System Design Including; Cultural competence Care Coordination Case management	Decisions Support and Clinical Information Systems	Timeframe
Planning Evaluation Information		Monitor trends in admissions of children and young people with asthma and people with COPD	Complete Stocktake of current information and support services for asthma and COPD Source & distribute resources in appropriate languages & formats to support self management of respiratory conditions		Health Needs Assessment (DHB) to include PHO input re respiratory + co-morbidity information	2008-10
Prevention Primary and Secondary	Promote healthy lifestyle (HEHA) through measures to increase: - Food security	Increase access to appropriate resources – nutrition, physical activity, medication, and psychological	Increase resources, peer support groups, services and access to information, early advice to reduce exacerbations and			2008-10

	- Access to good nutrition - Promoting physical activity Implement tobacco control plan Reduce smoking + promote smokefree environments Using multi-level approach involving agencies , NGOs, Iwi, different settings (workplaces, schools, churches), PHOs, Communities. Continue to support housing insulation and heating projects – link to households with respiratory illness	support for people with COPD, asthma, TB and other respiratory illness Increase self/whanau management support for people with respiratory conditions.	complications from respiratory disease. Develop & distribute consumer friendly information sources and support –for individuals, families, different populations			
Early identification		**Joint primary/secondary clinical interface governance structure in place**				**By June 2008**
		Workforce development re recognition of tuberculosis and		**Increase referral for diagnostics and support timely, affordable access to**		**2008-10**

		populations at risk of recurrence of active disease		radiology		
Optimal Treatment & Management		Establish joint primary/secondary clinical interface governance structure				By June 2008
				Increase access to spirometry in primary care		On-going 2008-10
				Improve linkages with Regional Public Health, linkworkers, primary care and PHOs, secondary care and NGOs for people with TB Increase access to palliative care for people with respiratory disease	Develop District wide Integrated COPD Programme, agreed Guidelines for referral and a range of support services for COPD	2008-10
Equity **Reducing disparities**	Reduce impact of respiratory disease for Maori population + specific investment in housing and health project, smoking cessation for Maori	Work with joint primary/secondary clinical interface governance structure in place to focus on equity of access + outcomes Strengthen Maori asthma service and		Support innovative Maori specific approaches to improve access to services (primary, community support, secondary) for maori with asthma, COPD, TB	Monitor access and outcomes by age, ethnicity	On-going 2008-10

		community-based support for Maori with COPD, TB and lung cancer		Increase early detection of lung cancer and access to treatment options for Maori – links with Cancer Plan		
	Reduce impact of respiratory disease for Pacific populations through specific investment in housing and health projects, smoking cessation	Promote Pacific led primary care and access to primary care for all Pacific people		Develop linkages through Pacific service in hospital with respiratory support programmes in community Develop Pacific specific approaches to improving management of asthma and COPD.	Monitor access and outcomes by age, ethnicity	Ongoing 2008-10 + PSAP
				Support specialist outreach clinics in Wellington South & Porirua		By June 2009
	Community participation to inform design. Mechanisms for consumer and community input			Increase access to services across entire health system for high need populations e.g. refugee population, low income populations	Monitoring of access and outcomes by age, gender, ethnicity, NZDep where feasible Public Health Intelligence/Ministry of Health information PHO and DHB level analysis and	2008-10

					monitoring tools	
Workforce		**Increase early recognition of TB and lung cancer** **Smoking cessation – brief intervention education** **Support workforce development for GPs & nurses to attend Continuing Professional Development or training to support smoking cessation and improve early recognition of + optimal management of respiratory conditions**	**Workforce development to support** **Self/whanau support for asthma and COPD** **Self management training for workforce including structured patient self-management training**		**Information re prevalence, trends in chronic respiratory disease in HNA and DHB monitoring reports** **Explore optimal Decision support tools for respiratory disease in primary care** **+ HER and information sharing between primary and secondary services**	**2008-10**