

The Most Complicated Cases: Managing Complex Chronic Diseases

It's an all too familiar story. An elderly man or woman who is coping with more than one chronic disease and taking multiple medications ends up in the emergency department (ED) in crisis. After a long stay in the hospital, the patient settles in at home again, only to repeat the cycle within weeks.

The multi-professional Complex Chronic Disease Management Clinic at the Peter Lougheed Centre in Calgary is all about breaking that cycle. Since 2008, the clinic has treated hundreds of patients – reducing by a quarter the number of hospital admissions and by half the length of stay of those who do need admission.

Unlike the regular chronic disease management programs offered across Alberta, this clinic was established specifically to address those patients with multi-layered health problems such as heart and kidney disease and diabetes. Due to bad luck, neglect or misinformation, these patients have often waited too long to address their core health complaints. Smoking, obesity, elevated blood pressure and untreated diabetes may have caused irreversible damage to their organs. Sometimes, the medication they are taking for one condition worsens another.

"These people just aren't stable, and the cost to themselves and to the health-care system is huge," says lead physician Dr. Ian Scott. In response to this situation, the clinic strives for an intense connection with patients, develops a personalized plan for each one, manages the advice and input from specialists, coordinates testing, keeps family doctors in the loop, and puts patients on the road to management of their own health. Once stable, they eventually "graduate" back into the regular health-care stream.

At the clinic, nurses are the game changers. "The only thing that consistently helps over the long-term is consistent nursing," says Scott, giving credit to both Kate Rosgen and Marilyn Markell, the clinic's two permanent nurse clinicians.



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Dr. Ian Scott

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Nurse-led Innovations

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"Sometimes the hospital environment is too intimidating and patients don't retain the medical instructions they've received," says Rosgen. "We work hard to build trust and rapport with them – they are booked to see us regularly, plus we offer support by telephone or even e-mail. We're also one-stop, so we can get them off the treadmill of multiple medical appointments." The clinic model allows nurses as much as an hour each month with each patient, and visits include time with the on-duty physician and the pharmacist, who help patients unravel the Gordian knot of their multiple health concerns. Family members are more than welcome to accompany the patient to appointments.

Scott believes the clinic's proven track record in lowering ED visits and readmissions, and its relatively low overhead cost, bode well for its future, but he despairs for the patients themselves. Most of the clinic's clientele live independently in their own home or in a seniors' residence, not in a nursing home. Their health status is largely reliant on the care they can find and get to on their own or with the help of family members. "They are somewhat disenfranchised. What's wrong with them isn't sexy enough to warrant society's attention, and they and their families don't have a lot of political clout," says Scott.

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Looking down the road, clinic staff members remain hopeful that this valuable and effective model will become better integrated with other chronic disease management and psychiatric programs and services.

Innovator:

Complex Chronic Disease Management Clinic

Peter Lougheed Centre

Alberta Health Services

Calgary, Alberta

Web links:

<http://www.albertahealthservices.ca/5110.asp>

<http://www.albertahealthservices.ca/rls/ne-rls-2011-06-16-chronic.pdf>

<http://www.calgarysun.com/2011/06/16/clinic-lowers-the-pressure-on-hospitals>

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