Implementing the Chronic Care Model for the Management of Noncommunicable diseases (NCDs) in the Primary Care Setting

Lecture: Delivery System Design

This next video in module 2 focuses on the *delivery system design*, which ensures efficient and effective care along with self-management support.

Scheduled, proactive visits that align with patient goals assist in maintaining optimal health and aid health systems in resource management. These visits often involve a collaborative effort from various team members. Key strategies include defining roles and allocating tasks within the team, utilizing planned interactions to support evidence-based care, offering clinical case management for complex patients, ensuring consistent follow-up by the care team and delivering care that aligns with the patient's cultural background, and is easily comprehensible to them.

Deliver System Design is about coordinating care processes, assuring the delivery of effective efficient clinical care and self-management support. Delivery System Design refers to where we all work every day. Who is there? What do they do to contribute to good quality care? And how do we interact with patients?

Increased collaboration is key. Sometimes people who work together don't really work together. We're talking about having a team who discuss the work they do and how they're going to do it and how to improve on it.

Planned interactions should have an agenda, like a routine physical has a known agenda. This can be either one on one or in groups. We can use prompts and tools to help set the agenda and not leave out critical parts of the care. Follow-up should not be left to chance.

Better outcomes in chronic illness care are due to proactive follow-up by the health care team. In real estate, they say location, location, location. In chronic illness, it is a follow-up, follow-up, follow-up.

Follow-up can be done via telephone for example, nurses can increase daily exercise in elderly patients using phone calls or to encourage proper nutrition in a diabetic patient. By phone call reminders. Phone calls can be automated to deliver reminders or tips. This can improve health parameters, such as greater HbA1c, more frequent lipid testing, fewer symptoms, and better patient satisfaction.

This ensure that care is given, that the patient understands, and that fits with their social and cultural background. This goes beyond providing interpretation but being aware of our values, beliefs and communication style and adapting them to meet patient’s needs.

Now many of the effective chronic disease programs use case managers but many are unable to integrate case managers as a part of their team. It is important to address this by defining the role of the case managers and how they help to improve care and make those duties a part of the system.

These intensive services should be reserved for patients who are most in need of them, such as the complex patients (those with multiple conditions, complicated treatment routines, or for psychosocial reasons).

Now, how do service delivery systems shape case management? The primary role that case management plays in the coordination of services is determined by the level of service integration and the level of resources in the Service Delivery System.

Now, let's look at this table. If service integration is high, and resources are high, then case management primarily serves a marketing function. If service integration within the health system is high, but resources are low, then case management becomes a mechanism for rationing services. However, if service integration is low, and resources are high, then case management can function as a brokering tool, as needed. If both service integration and resources are low case management takes on a development role. Features of case management include regular assessment of Disease Control, adherence, and self-management status, either adjusting treatment or communicating the need to adjust treatment immediately. It also includes providing self-management support, more intense follow up and navigation through the health care process.