

Planning for Chronic Disease Management in Nova Scotia

Status Update:

Diabetes Care Program of Nova Scotia, April 11, 2008

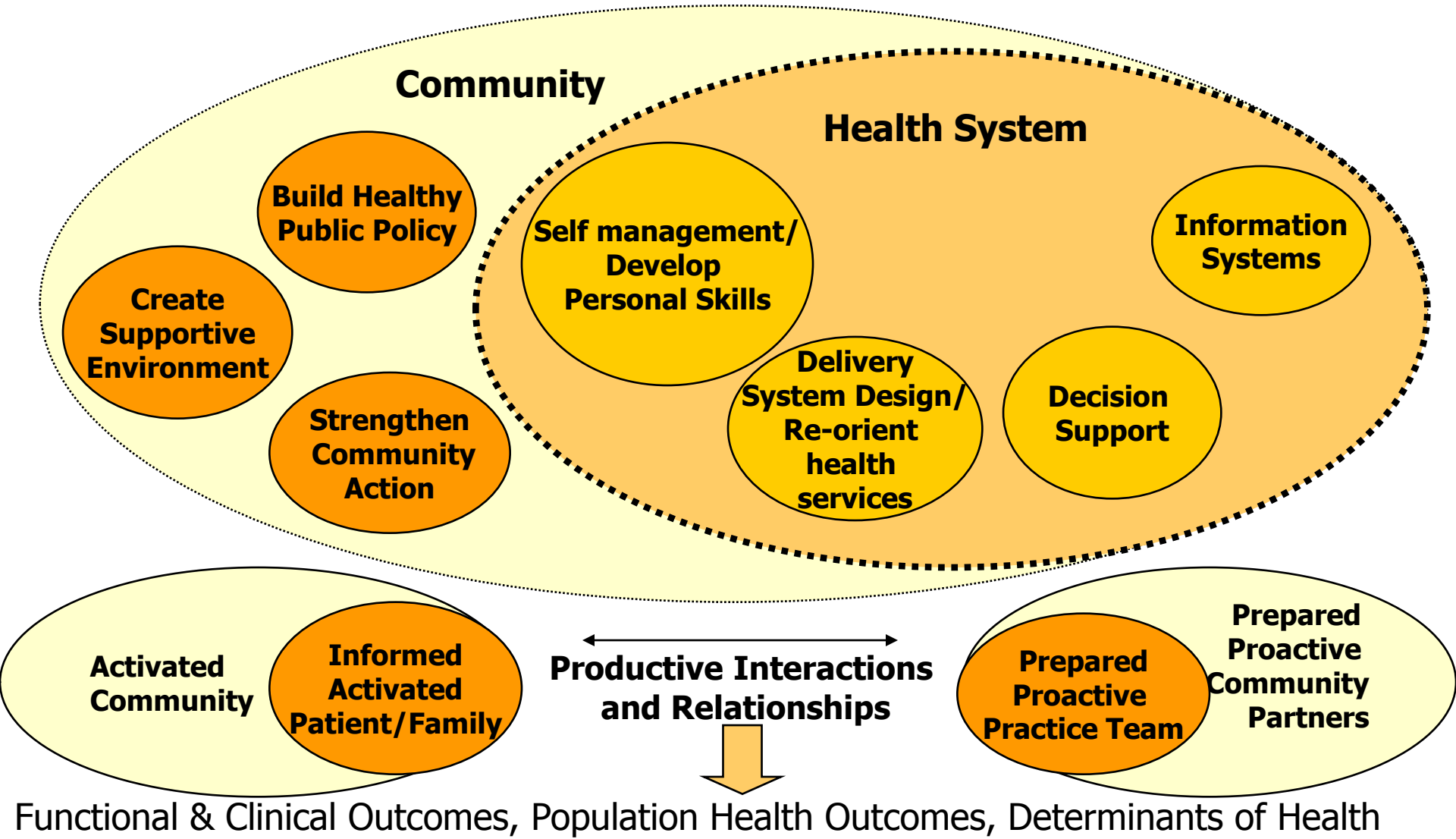
Health


NOVA SCOTIA

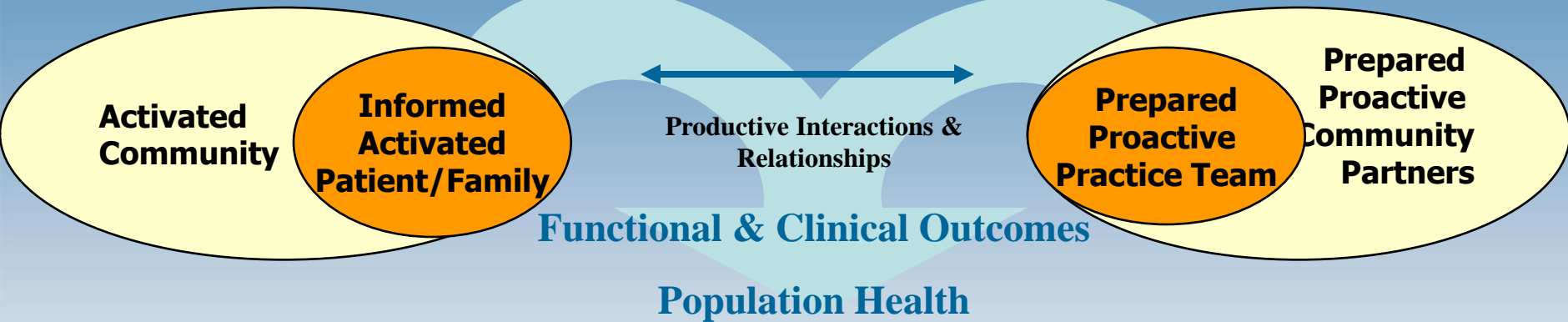
Building Blocks:

- Framework
- Provincial Programs
- Innovation
- Electronic Health Record
- Emphasis on CDM in the PHC Action Plan
- Stanford Self Management Program

NS Chronic Disease Management Model



CDM



Determinants of Health

SELF MANAGEMENT

- Implement the Stanford Self Management Program in Nova Scotia (A Working Group is being established to move this objective forward).
- Identify and/or develop tools and strategies for health care professionals to build capacity in promoting Self Management support.
- Identify, develop and provide learning opportunities for health care professionals to build capacity in promoting self management.
- Enhance self-management support education in pre licensure professional education curricula.

DECISION SUPPORT

- Maintain an inventory of Nova Scotia clinical practice guidelines related to CDM.
- Coordinate the development of targeted decision support tools for professionals related to client/patients with co-morbid conditions.
- Develop strategies to ensure the optimal uptake of guidelines.
- Develop condition specific clinical care pathways/protocols for chronic disease conditions

INTEGRATION AND COORDINATION

- Establish mechanisms to coordinate care between primary and secondary levels of care, as well as within and across sectors.
- Develop patient care pathways for chronic disease conditions.