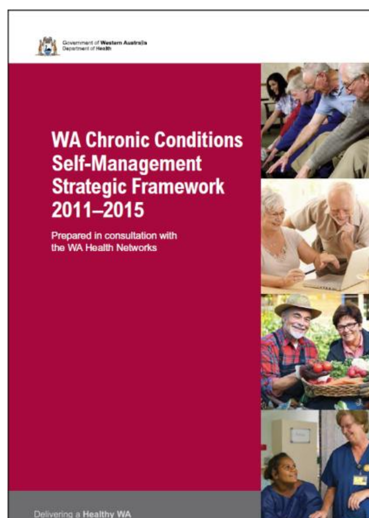
Strategic context

- WA Chronic Conditions Self-Management Strategic Framework 2011–2015
- WA Chronic Health Conditions Framework 2011–2016
- WA Health Models of Care - various for chronic conditions
- WA Strategic Plan for Safety and Quality in Health Care 2013–2017
- WA Primary Health Care Strategy (December 2011)
- WA Health Promotion Strategic Framework 2012–2016



For more information:

- Visit the WA Health corporate website: ww2.health.wa.gov.au
- Visit the WA Health consumer website: www.healthywa.wa.gov.au/Health-conditions
- Visit the CCSM Support Embedding Package on HealthPoint (Intranet): https://healthpoint.hdwa.health.wa.gov.au/workingathealth/training/ccsm/Pages/default.aspx
- Contact the peak bodies for chronic conditions such as Diabetes WA, Heart Foundation, Stroke Foundation, Asthma Foundation, Cancer Council and Arthritis WA.
- Contact Health Consumer Council WA

  www.hconc.org.au/home
- Contact Carers WA www.carerswa.asn.au
- Contact ConnectGroups for self-help and support groups in WA

  www.connectgroups.org.au

Government of **Western Australia**
Department of **Health**
NMHS Public Health and Ambulatory Care

- For health care providers -

Chronic Condition Self-Management Support

Supporting people to be actively involved in their own health care

health.wa.gov.au

Managing a chronic condition

People living with a chronic condition already manage their conditions to varying degrees.

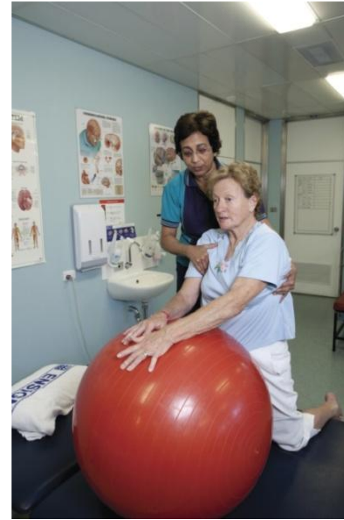
Self-managing a condition well involves:

- understanding the condition
- sharing in decision-making
- following an agreed care plan
- monitoring and managing signs and symptoms of the condition
- managing the impact on physical, emotional and social life
- having the confidence and ability to access community support services
- adopting a healthy lifestyle.

Health care providers, carers and the community can support people to manage their conditions well. This is called supporting self-management or self-management support.

Supporting Self-Management

Principles



1. A person-centred approach.
2. Consumer empowerment and enhanced capacity.
3. Participation by consumer, family and carers.
4. Partnership between consumer and health providers.
5. Shared responsibility for health care outcomes.
6. Coordination of support along the patient journey.
7. Access to appropriate, timely and understandable information.
8. A holistic, lifelong approach to health and self-care.

Skills and knowledge required

- **Strategic context** including:
  - Chronic Condition Management
  - WA Health Models of Care
  - relevant WA Health policies (see over)
- **Strategic knowledge** including:
  - health literacy
  - adult learning
  - cultural awareness.
- **Person-centred** skills including:
  - effective communication
  - care coordination
  - involvement of family and carers
  - assessment needs and preferences
  - assessment of capacity and risks
  - psychosocial support.
- **Behaviour and lifestyle change** skills including generic behaviour change approaches such as:
  - motivational interviewing
  - brief interventions
  - coaching.
- **Organisation / system skills and knowledge** including:
  - working in multidisciplinary teams
  - inter-professional learning
  - identifying and applying evidence-based practice
  - information, assessment and communication management systems
  - awareness of community resources.