Chronic Illness Treatment: An Integrated Approach

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Objectives

The following graphs show the health outcomes of consenting Durham Clinic patients who have provided one-year follow-up measures through June 2013. Below each graph is a description of the measure used and of the results of the statistical test of the significance of the difference in scores. For most measures, the patients have been divided into two groups, those who were symptomatic or below the median score at the time of the pre-test, versus those who were not symptomatic or were above the median. This division separates those who had a health problem from those who did not. If the program were successful, those with a health problem would get better, and those who did not would stay well.

That is what we found. People who had symptoms of high blood pressure, obesity, depression, anxiety, and substance use showed statistically significant improvement. Those who did not have these problems stayed well. People who reported health status on the EQ-5D that was below the median score for the group, reported improved health. Those above the median did not have a significant change, which means that their higher perceived health stayed that way. People who had low motivation improved while those who started with higher motivation remained motivated.

In the case of patient’s report of health status, there was a statistically significant movement toward the mean for both those initially above and below the median.

Study Design/Methods

The study was conducted in a primary care setting. The Durham Clinic used a team-based approach to treatment of multiple co-occurring chronic health conditions, including psychiatric and substance use and arrhythmia conditions, results in better health and patient self-management. There was also a large reduction in psychiatric hospitalizations.

Conclusions/Impact on Health Centers

The study was conducted in a primary care setting. The Durham Clinic used a team-based approach to treatment of multiple co-occurring chronic health conditions, including psychiatric and substance use and arrhythmia conditions, results in better health and patient self-management. There was also a large reduction in psychiatric hospitalizations.

The impact of our findings on other health centers can use the integrated team approach for management of multiple chronic health conditions in a proactive way, removing traditional health care silos that cause us to treat the head separate from the body.

References


