The Flinders Program Evidence Summary

The Flinders Chronic Condition Management Program (Flinders Program) is a care planning approach designed to provide self-management support in any chronic condition, tailored to the clients’ needs [link to Information Paper]. The Flinders Program tools and processes were developed in response to the outcomes of the SA HealthPlus trial 1997-1998, one of nine national Australian coordinated care trials, addressing chronic illness care by testing whether coordinated care would improve health outcomes at the cost of usual care1.

Theoretical basis of the Flinders Program

The Flinders Program has a strong theoretical basis, integrating a number of theories of behaviour change including the Health Belief Model\textsuperscript{2,3}, Social Learning Theory\textsuperscript{4}, the Transtheoretical Stages of Change model\textsuperscript{5}, Relapse Prevention\textsuperscript{6} and the 5A’s Model\textsuperscript{7}. The cognitive behavioural approach – Problems and Goals (P&G) - underpinning the Flinders Program is based on the behavioural change processes developed by Prof Isaac Marks and colleagues at the Institute of Psychiatry, London.

Validation of the Flinders Program tools

The Flinders Program tools include:

- The Partners In Health Scale – a generic assessment scale of chronic condition self-management
- The Problems and Goals (P&G) approach - used to define the problem(s) affecting the client, and identify a goal/goals that the client can work towards

The development and psychometric properties of the tools are described in Battersby et al.\textsuperscript{8}. The validity and reliability of the Partners in Health scale was established based on data from the SA project for the National Sharing Health Care Initiative\textsuperscript{9}. The P&G approach is supported in a number of fields, including organisation psychology\textsuperscript{10}, mental health\textsuperscript{11,12} and chronic disease self-management\textsuperscript{13,14}.

Evidence to support the effectiveness of the Flinders Program

The Flinders Program and its adaptations have been evaluated in a number of studies, including three randomised controlled trials. A pre-post study showed improvements across a variety of chronic conditions, including diabetes, cardiovascular disease and diabetes\textsuperscript{15}. Pilot studies of the Flinders Program in Indigenous Australians with diabetes\textsuperscript{16} and in people with severe mental health disorders\textsuperscript{17} showed improvements in patient-reported and clinical outcomes. Improvements were also shown in a randomised controlled trial of public hospital outpatients with arthritis\textsuperscript{18}, and again in a randomised controlled trial of Vietnam Veterans with comorbid alcohol misuse and psychiatric and medical conditions\textsuperscript{19}. A recent pragmatic randomised controlled trial evaluated the effectiveness of the Flinders Program in patients with a range of chronic conditions in community health care services, demonstrating improved quality of life\textsuperscript{20}.

The Flinders Program has also been evaluated through several externally initiated research projects undertaken by researchers and health services in South Australia, interstate and overseas\textsuperscript{21,22,23}. Each of these projects has undertaken quantitative and/or qualitative evaluation often with multiple stakeholders including health professionals, service consumers and carers. The use of the Flinders Program in health professional training has also been evaluated, demonstrating positive outcomes\textsuperscript{24,25}.
Conclusion

The Flinders Program tools and processes have demonstrated applicability to a range of medical and psychiatric conditions and multimobidities. It has been applied to a variety of client populations and settings both in Australia and internationally with positive outcomes for clients. The Flinders Program continues to be evaluated, with a recent focus on enhancing implementation of the Flinders Program in health care settings.

References


