BIBLIOGRAPHY – Managing Multiple Chronic Diseases

Clinical Issues


Bayliss EA, Bayliss MS, Ware JE Jr, Steiner JF. Predicting declines in physical function in persons with multiple chronic medical conditions: what we can learn from the medical problem list. Health Qual Life Outcomes 2004; 2:47. (http://www.hqlo.com/content/2/1/47) accessed 10/07.


DeBusk RF, West JA, Miller NH, Taylor CB. Chronic disease management: treating the patient with disease(s) vs treating disease(s) in the patient. Arch Intern Med 1999; 159:2739-2742.


Care Improvement


**Goals of Care / End of Life**


**Guidelines and Measures**


### Motivational Interviewing


### Polypharmacy


### Prevalence & Costs


### Self-Management Support


Joshu CE, Rangel L, Garcia O, Brownson CA, O'Toole ML. Integration of a promotora-led self-management program into a system of care. Diabetes Educ 2007; 33 Suppl 6:151S-158S.

Langford AT, Sawyer DR, Gioimo S, Brownson CA, O'Toole ML. Patient-centered goal setting as a tool to improve diabetes self-management. Diabetes Educ 2007; 33 Suppl 6:139S-144S.


Whitley, EM; Everhart, RM; Wright, RA. Measuring return on investment of outreach by community health workers. J Health Care Poor Underserved 2006; 17(1 Suppl):6–15.

**CHRONIC DISEASE CARE TOOLS**


The Assessment of Primary Care Resources and Supports for Chronic Disease Self-Management (PCRS) tool. Assesses both organizational infrastructure and delivery of self-management support services. The PCRS was developed by the Robert Wood Johnson Foundation Diabetes Initiative and underwent several stages of development, including three pilot tests, review by experts, and implementation by a national quality improvement (QI) program. Initial experience suggests that the PCRS is a user-friendly self-assessment tool that primary care teams can use to assess their current capacity to support and implement consistent patient-centered self management. Brownson CA, et al. A quality improvement tool to assess self-management support in primary care. *Jt Comm J Qual Patient Saf* 2007; 33(7):408-16.


**IT tools for chronic disease management: How do they measure up?** Report. Prepared for California HealthCare Foundation. 2006. This report compares chronic disease management systems (CDMSs) and electronic medical records (EMRs) for effectiveness in improving outcomes for the chronically ill and reducing costs of care. [http://www.chcf.org/topics/chronicdisease/index.cfm?itemID=123057](http://www.chcf.org/topics/chronicdisease/index.cfm?itemID=123057)

**Family Practice Management Toolbox.** Website. The FPM Toolbox offers 150+ tools that you can use to improve your practice. Many of our tools are available to download as PDFs, MS Word or MS Excel files – all free of charge. Categories include Disease management, Group visits, Coding and documentation, Patient handouts and much more. [http://www.aafp.org/online/en/home/publications/journals/fpm/fpmtoolbox.html](http://www.aafp.org/online/en/home/publications/journals/fpm/fpmtoolbox.html)

**Medication Counseling Assistant.** University of Iowa College of Pharmacy. Website. Designed as an aid in giving prescription instructions to non-English speaking patients. [http://www.pharmacy.uiowa.edu/mca/index.html](http://www.pharmacy.uiowa.edu/mca/index.html)

**MN Community Measurement.** Website & report. Minnesota's source for information on health care quality. Offers quality comparisons among provider groups and clinics for consumers and for provider groups and clinics across the state in to help improve the care they deliver. [http://www.mnhealthcare.org/](http://www.mnhealthcare.org/)

**Stanford Patient Education Research Center.** Website, research & training program. Offers developed, tested, and evaluated self-management programs for people with chronic health problems. The Chronic Disease Self-Management Program is a workshop where people with different chronic diseases attend together. It teaches the skills needed in the day-to-day management of treatment and to maintain and/or increase life’s activities (also available in Spanish). The Self-Management @ Stanford: Healthier Living With Ongoing Health Problems I a randomized, controlled research project testing the Internet version of the Chronic Disease Self-Management Program. [http://patienteducation.stanford.edu/programs/](http://patienteducation.stanford.edu/programs/)

**RESOURCE LINKS**

**Improving Chronic Illness Care:** [http://www.improvingchroniccare.org/](http://www.improvingchroniccare.org/)

Improving Chronic Illness Care, with the support of The Robert Wood Johnson Foundation, is dedicated to the idea that United States health care can do better. The 133 million Americans who suffer from diabetes, depression and other chronic conditions can lead healthier lives. Providers who care for chronically ill patients can be better supported with guidelines, specialty expertise and information systems. Overall health care costs can be lowered through better care delivery.

**Institute for Clinical Systems Improvement (ICSI):** [http://www.icsi.org/](http://www.icsi.org/)

A collaboration to champion the cause of health care quality and to accelerate improvement in the value of the health care we deliver to the populations we serve. Offers chronic disease guidelines, Order Sets &
Protocols, Technology Assessment Reports, improvement resources, patient education materials and annual clinical quality colloquium.

**Institute for Healthcare Improvement (IHI):** [http://www.ihi.org/IHI/Topics/ChronicConditions/](http://www.ihi.org/IHI/Topics/ChronicConditions/)
IHI has collected all of the best chronic disease content they know of — including change concepts, measures, resources, improvement stories, and downloadable tools — to help you improve the care of people with chronic conditions in your organization. Resources the Assessment of Chronic Illness Care Survey, an Improvement Tracker, and disease-specific tools.

**Joint Commission Resources (JCR):** [http://www.jcrinc.com/](http://www.jcrinc.com/)
JCR is an expert resource for health care organizations, providing educational services and publications to assist in improving quality and patient safety and to help in meeting the accreditation standards of The Joint Commission.

**MedQIC: Medicare Quality Improvement Community:** [http://medqic.org/](http://medqic.org/)
The Centers for Medicare & Medicaid Services (CMS) developed this comprehensive online resource of quality improvement information for Medicare's National Quality Improvement Priority Topics. Offers resources for underserved populations as well as improvement tools for primary care.

**Migrant Clinicians Network (MCN):** [http://www.migrantclinician.org/](http://www.migrantclinician.org/)
MCN is a force for justice in healthcare for the mobile poor. Their comprehensive online database includes downloadable resources, such as low literacy patient education materials, as well as links on a wide variety of primary care issues.

**National Association of Community Health Centers (NACHC):** [http://www.nachc.org/](http://www.nachc.org/)
A non-profit organization whose mission is to enhance and expand access to quality, community-responsive health care for America’s medically underserved and uninsured. NACHC is a major source for information, data, research and advocacy on key issues affecting community-based health centers and the delivery of health care for the medically underserved and uninsured in America.

**National Chronic Care Consortium:** [http://www.nccconline.org/](http://www.nccconline.org/)
This Web site includes archived materials developed by the National Chronic Care Consortium. It provides access to advanced knowledge for serving people with multiple, complex chronic conditions. It offers tools and methods for addressing numerous aspects of integration of care for people with serious chronic conditions—clinical, administrative, financial, and cultural. It provides a framework, strategies, and sample policy specifications for reforming barriers that impede the ability of plans and providers to provide quality, cost-effective care.

**National Health Council:** [http://www.nhcouncil.org/](http://www.nhcouncil.org/)
The National Health Council, a dynamic forum for policy development, is made up of member organizations that share the common goal of improving the health of all people, particularly those with chronic diseases and/or disabilities.

**Partnership for Solutions:** [http://www.partnershipforsolutions.org](http://www.partnershipforsolutions.org)
The Partnership, led by Johns Hopkins University and The Robert Wood Johnson Foundation, is an initiative to improve the care and quality of life for the more than 125 million Americans with chronic health conditions.

**The Provider's Guide to Quality & Culture:** [http://erc.msh.org/qualityandculture](http://erc.msh.org/qualityandculture)
Website designed to assist health care organizations in providing high quality, culturally competent services to multi-ethnic populations. Includes information on reducing health disparities.

**QualityTools:** [http://www.qualitytools.ahrq.gov/](http://www.qualitytools.ahrq.gov/)
QualityTools is a clearinghouse for practical, ready-to-use tools for measuring and improving the quality of health care. Sponsored by the Agency for Healthcare Research and Quality (AHRQ), Quality Tools offers tools derived from clinical practice guidelines, tools addressing patient and medication safety, benchmarking and comparative data, tools addressing specific diseases or conditions, and tools for maintaining a patient's health.

**Stratis Health:** [http://www.stratishealth.org/](http://www.stratishealth.org/)
Minnesota’s non-profit Medicare Quality Improvement Organization (QIO) that leads collaboration and innovation in health care quality and safety, and serves as a trusted expert in facilitating improvement for people and communities. Website offers improvement tools, resources, training, news and information for health professionals.

**Turning Research into Practice (TRIP) Database:** [http://www.tripdatabase.com](http://www.tripdatabase.com)
The TRIP database is a sophisticated tool for locating the highest possible evidence with which to inform clinical decisions, using the principles of evidence based medicine.