

# 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 care<sup>1</sup>.

## 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<sup>2,3</sup>, Social Learning Theory<sup>4</sup>, the Transtheoretical Stages of Change model<sup>5</sup>, Relapse Prevention<sup>6</sup> and the 5A's Model<sup>7</sup>. 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.<sup>8</sup>. 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<sup>9</sup>. The P&G approach is supported in a number of fields, including organisation psychology<sup>10</sup>, mental health<sup>11,12</sup> and chronic disease self-management<sup>13,14</sup>.

## 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<sup>15</sup>. Pilot studies of the Flinders Program in Indigenous Australians with diabetes<sup>16</sup> and in people with severe mental health disorders<sup>17</sup> showed improvements in patient-reported and clinical outcomes. Improvements were also shown in a randomised controlled trial of public hospital outpatients with arthritis<sup>18</sup>, and again in a randomised controlled trial of Vietnam Veterans with comorbid alcohol misuse and psychiatric and medical conditions<sup>19</sup>. 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<sup>20</sup>.

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<sup>21,22,23</sup>. 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<sup>24,25</sup>.

## Conclusion

The Flinders Program tools and processes have demonstrated applicability to a range of medical and psychiatric conditions and multimorbidities. 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

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