PODCAST 11:
Chronic Disease Management Model of Addiction Treatment:
A Healthcare System Response

STUDY GUIDE | Run time 19:21, Released September 2012

Podcast 11, *Chronic Disease Management Model of Addiction Treatment: A Healthcare System Response*, highlights the principles of the chronic disease management model of care, and examines the successes of Primary Care Networks and how their design and principles apply to addiction treatment. The podcast series has been designed to offer a quick introduction to the subject of early brain and biological development and its connection to addiction. Each podcast links specific medical learning objectives with emerging research. Several podcasts also follow the story of Dr. Ray Baker, a physician who has struggled with addiction, to help illustrate the key concepts addressed.

The Association of Faculties of Medicine of Canada (AFMC) created the podcast series based on lectures from the Alberta Family Wellness Initiative, a knowledge mobilization initiative designed to translate scientific research into policy and practice. The lectures have been repurposed, with permission, for undergraduate medical education. Supplementary resources, including virtual patients and a Primer on the Neurobiology of Addiction, are also available on www.afmc.ca.

Learning Objectives:
Once you have listened to this podcast, you should be able to:

- Understand the principles of chronic disease management
- Explain how, as a strategy for addiction treatment, chronic disease management focuses on providing care in the community before incurring greater demand for more complex acute care services
- Define the steps in the chronic disease management process that help facilitate the patient–doctor relationship
- Recognize the importance of patient engagement and empowerment in positive patient outcomes
- Identify effective aspects of a Primary Care Network and how the design and principles of such a network can be applied to addiction treatment

Featured Subject Matter Experts:
This podcast features excerpts from the following lectures:

- **Principles of Chronic Disease Management**
  Dr. Richard Lewanczuk, Professor in the Department of Medicine, Alberta Health Services and University of Alberta

- **Integrating Addiction and Mental Health into Primary Care in Alberta**
  Dr. Nick Myers, Medical Director of Primary Care, Alberta Health Services

Listeners are encouraged to learn more about the subject matter through their interactions with patients, research and by checking out the AFWI lecture series available at www.albertafamilywellness.org.

ADDICTION, chronic disease management, Primary Care Networks, CARE, treatment, intervention, Patient Outcomes, CONTINUUM OF CARE, acute care, Community Care, self-management, EVALUATION, Assessments, Disease Prevention, proactive, Reactive, EPISODIC
Key Learning Points:

- Principles of chronic disease management emphasize screening and early detection in the entire population, using inter-professional healthcare teams, supporting patient education and self-care practices, and establishing long-term case management practices.
- Chronic disease management provides treatment in the community before incurring greater demand for more complex acute care services.
- Patient engagement and empowerment result in positive patient outcomes.
- Primary Care Networks empower family physicians to manage patient cases and engage other healthcare professionals—an ideal model for application to addiction treatment programs.

Reflective Questions:

1. In your role as a medical student or practising physician, how would you integrate and apply what you have learned about the principles of chronic disease management to addiction prevention, intervention and treatment?
2. How could you engage and empower patients to play a part in their addiction treatment?
3. What aspects of Primary Care Networks could you employ in your program or practice in order to access treatment options for patients?

Preparing for your exams...

Medical Council of Canada (MCC) Objectives for the Qualifying Examination (excerpt):

103 ADDICTIONS/SUBSTANCE ABUSE Rationale: Addiction may be to substances or may be a process (behavioral) addiction. Alcohol and nicotine abuse are such common conditions that virtually every clinician is confronted with their complications. Addiction to prescription drugs and to other substances is prevalent in all communities and is a common cause of medical morbidity and mortality. Causal conditions: 1. Substance use: a. Stimulants, b. Depressants, c. Other substance; 2. Process (behavioral) addictions (e.g., gambling); 3. Adverse childhood or traumatic experiences; 4. Epigenetic changes. Key objectives: Given a patient with an addiction or a substance abuse problem, the candidate will be able to identify the issue, potential consequences and the need to provide immediate and continuing support and intervention. (Source: MCC Objectives for the Qualifying Examination: 103 Addictions/Substance Abuse)

Other relevant objectives:

78-4 ADMINISTRATION OF EFFECTIVE HEALTH PROGRAMS AT THE POPULATION LEVEL: POPULATION HEALTH

CanMEDS-FMU Undergraduate Competencies from a Family Medicine Perspective (excerpt):

1. THE FAMILY MEDICINE EXPERT

1.1. The learner will be able to describe how illness presents differently in the family medicine setting compared to other specialist settings and demonstrate an approach to the diagnosis and management of undifferentiated patient problems that present to family physicians. (Source: CanMEDS-FMU Undergraduate Competencies from a Family Medicine Perspective: 1. The Family Medicine Expert)

3. THE FAMILY MEDICINE COLLABORATOR

3.3. The learner will demonstrate an understanding of how to engage patients or specific groups of patients (population) as active participants in their care (empowerment).

3.3.3. Be able to work with patients, their family and other significant person to optimize health. (Source: CanMEDS-FMU Undergraduate Competencies from a Family Medicine Perspective: 3. The Family Medicine Collaborator)