



Integrating Tomando Control Program in the Clinic Setting

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What is “Tomando Control de su Salud”?

- Translation from Spanish means “Taking Control of Your Health”
- Evidence based program developed by Stanford University
- Culturally appropriate
 - Very different from the English version of the program



What is “Tomando Control de su Salud”?

- Workshop is two and a half hours, once a week, for six weeks
- Spanish-speaking people with different chronic health problems attend together
- Facilitated by two trained leaders
 - One or both of whom are non-health professionals with chronic diseases themselves
- Developed separately in Spanish
- <http://patienteducation.stanford.edu/organ/tomandosites.html>



Self Management Program

- Self management is the tasks you need to perform to help manage your chronic medical condition
 - 6 week series of classes taught by 2 trained lay leaders



What is “Tomando Control de su Salud”?

- Subjects are presented in ways that are culturally appropriate and include:
 - Problem Solving
 - Exercise
 - Medication Management
 - Communication Skills
 - Nutrition
 - Treatment Evaluation



Program Goals

- Change in Behavior
- High-Level Participation
- Latino and/or Low-Income



Program Effectiveness

- Across chronic diseases
- Works with all socioeconomic & educational levels
- Enables participants to better manage chronic illness
- Health benefits persist over time



History of the Tomando Program at YVFWC

- Originally started in 2004 at Salud and Grandview sites
- Has expanded to now serve the entire Yakima Valley, Hermiston, & Salud Medical Center (SMC) Lancaster Family Health Center (LFHC) in 2010
- LFHC attended classes at Salud-can present barriers
- Goal of the Oregon Primary Care Association (OPCA) Patient Self Management Collaborative was to hold classes at LFHC



YVFWC Results

October 2006-November 2009

- High level of completion (4 or more classes)
- 57%

- June 2010-May 2011: 404 participants



Pre & Post Survey Results

- Change in attitude improved 19%*
- Self Care Improved by 28%*
- Stage of Changes improved by 28%*
- For patients w/DM and pre and post HgbA1C results 6% decrease, average time for this measurement was about 1.8 years after taking the class*

* significant difference of $p < .01$



Integration of Tomando into the Clinic Setting

- Supplied information to providers about the program and encouraged referrals
- In the early days this was done by paper referral



What Made the Program Really “Take Off”

- Hired a full time coordinator with Care Oregon Grant in 2007, which
 - Increased outreach into clinic by meeting with providers and nursing staff w/information about the program
 - Generated results that increased program referral improved ease of recruiting



What Made the Program Really “Take Off”

- Secured IC chart access for Program Coordinator, which
 - Streamlined referral process provider can send one message to Salud CHS, Nutrition Services instead of multiple pieces of paper
 - Allowed better feedback and communication with providers
 - Recruited other staff to be trained as lay leaders
 - Resulted in improved internal marketing of program
 - Providers do not need to be the only ones mentioning program to patients



Examples of Who Can Market the Program

- RN, CMA, and Nursing Assistants
- Reception, Referral, and Patient Benefits Coordinator
- Pharmacy
- Behavioral Health
- Dietitian/Nutrition Services
- Community Health Services
- NCAC



Patient Self Management Collaborative

- Adding classed to LFHC
- Increasing knowledge of the program to all LFHC staff
- Utilizing the staff to educate during the entire patient experience, rather than just in the exam room



Additional Opportunities for Improvement

- Integration of referrals and follow up into IC chart (IC chart access for Regional Diabetes Coordinator)
- Integration of marketing into clinics & programs
- Support for capacity building (additional lay leaders and coordinators)



Questions

