Patient Education with the ELIPS® programme

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The road to life-long learning and long-term care

Treatment of long-term diseases is less satisfactory than it might be. Quality of care still depends considerably on patients for the day-to-day management of their disease.

Although health care providers in general and physicians in particular are competent in diagnosis and selection of medication, they have in general been taught neither the skills of therapeutic patient education nor methods of efficient long-term care. They should be part of the life-long learning of health care providers and could also be included in basic professional education and in the education of specialists in long-term care.

Health care providers trained in these educational skills may contribute to:

- improved quality of life, as well as longer life, of their long-term care patients;
- improved quality of care in general (as acutely ill patients should also benefit from those educational skills);
- lower medical, personal and social costs*, and ultimately lower global costs.

The therapeutic effect of patient education on the control of a disease

Therapeutic patient education has brought about a significant decrease in the number of hospital admissions of patients with bronchial asthma or diabetic coma. In addition to a decrease of lower limb amputations it has resulted in a better quality of life by delaying amputations in 75% of cases.

A patient centred approach

We often hear the call for a more "patient centred" approach to the practice of our specialty.

While much attention has been placed on this question – the very origins of non-invasive medicine are linked inexorably to the patient - it is time to consider exactly how the patient can be made to feel "more a part" of what is happening to them. The 1996 Ljubljana Charter on Reforming Health Care calls on a "training in teamwork with multiprofessional and interdisciplinary cooperation, a problem-solving approach and active patient involvement in managing their chronic disease."

> How many times have we seen our patients stop their treatment either partially or totally within a month after leaving hospital?

While the overall outcomes and prognosis of acute coronary syndromes (ACS) has much improved over recent years, the risk of recurrence remains extremely elevated. In the March 2007 edition of JAMA Steg et al pointed out that one patient out of seven will suffer from a fatal or non-fatal cardiovascular event within the 12 months following an acute coronary syndrome.

We all know that this high relapse rate is in part due to the lack of involvement of the patient in the outcome of their own health. How many times have we seen our patients stop their treatment either partially or totally within a month after leaving hospital? We don't need statistics to see how this impacts on morbidity and mortality after one year.

Technological advances, improvements in medications, advanced training like this course, will not change this one essential part of the overall picture of public health. It is increasingly clear that it does not suffice to simply speak about a patient centred approach, or count on the general press to underline the importance of observance and treatment.

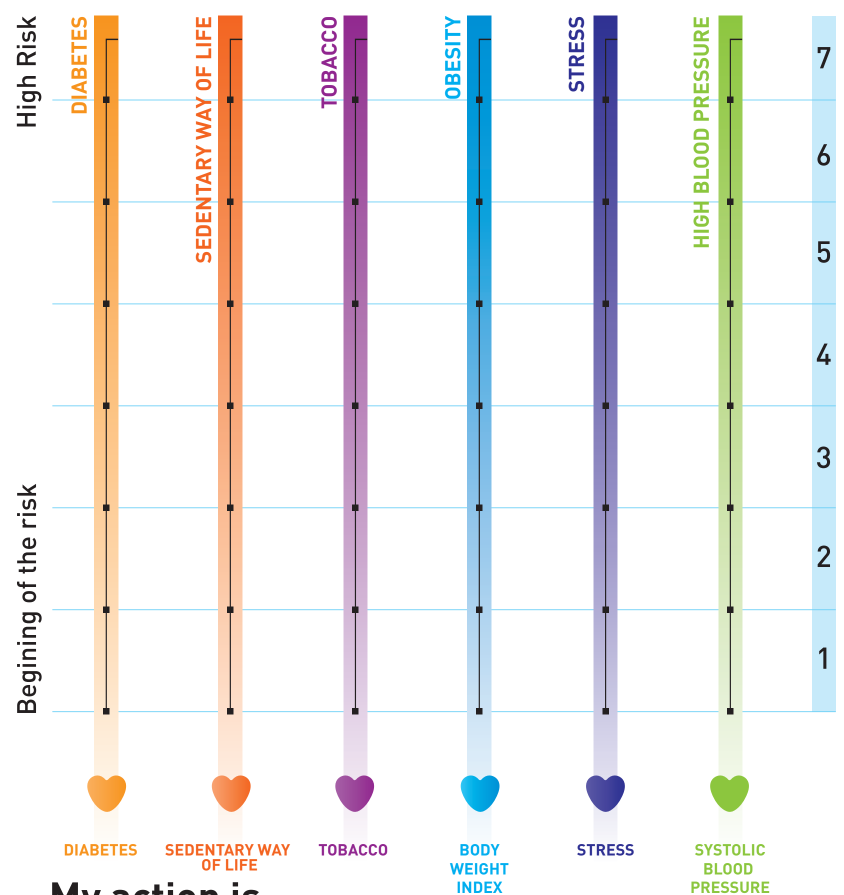
It is up to us, as practitioners, to inspire our patients with the desire to take charge of their lives, and we can do this by offering them the tools to understand the various aspects of their disease condition and health.

While a good relationship between doctor and patient is always an advantage, it is not enough. Patient education has already clearly shown favourable effects in many chronic diseases such as diabetes, asthma, chronic obstructive pulmonary disease and heart failure.

Patients admitted with ACS ought to benefit similarly from an educational programme. It is already known that patient motivation is influenced positively by a better understanding of coronary artery disease and of its chronic nature. Both observations and studies have shown that "during the acute phase of a coronary syndrome, patients desire full information...individually tailored for them. This has a direct effect on their compliance...." While we know that patient education can reduce anxiety and improve patient's satisfaction, the question remains how to go about educating the patient in the best and most effective way – for them. It is clear that such a tool to be truly effective needs the input of a wide and multidisciplinary. To improve medical communication for patients hospitalised with ACS, the cardiology, communication & multimedia departments as well as the centre for Therapeutic Education for Chronic Diseases at the Geneva University Hospitals have created the ELIPS® educational programme. We spoke to one of the central figures in this project, Dr Pierre-Frédéric Keller of the Cardiology department and Intensive care service at the Geneva University Hospitals.

> Professor Keller, "We must bring our patients to the point where they take control of their coronary artery disease and treat it for life."

Indeed, it is far easier to be convinced about something through your own experience than to be convinced by the experience of someone else and this is one of the key concepts behind the motivational interviews.



Self Assessment of your own Cardiovascular Risk Factors

ELIPS® Educational Therapeutic Programme

ELIPS® stands for the Educational Therapeutic Programme to fight Heart Attack and Atherosclerosis. It is an interactive series of multiple and coordinated information tools in an educational programme which will be selectively used during well defined steps to absolutely respect the appropriateness of the information according to the needs of the patient.

This evolving concept of therapeutic education acts as a foundation, beginning with motivational interviews it underlines the idea that the patient is at the centre of the communication. All the tools developed for this programme take into account the needs, the resources and the beliefs of the patient to increase their knowledge. To achieve these goals, ELIPS® begins by negotiating, evaluating objectives, sharing in decisions and considering the type of treatment behaviour of the patient. The patients are encouraged to think for themselves, and any eventual disagreement or reticence should be openly confronted and discussed. Even errors should be a part of the dialogue with the patients as all roads can enforce the need for personal success.

> All is geared to allow the patient to take possession of their own health.

Aimed at improving the knowledge base and long-term treatment of atherosclerosis, ELIPS® is a comprehensive programme consisting of the newest communication tools with a film, an interactive wall chart, a website and this educational therapeutic approach using motivational interviews. The specifically designed video has been carefully produced to inform the patient and an interactive wall chart is used to engage patients, assessing the self-evaluation of their own cardiovascular risk factors. All is geared to allow the patient to take possession of their own health.

The programme includes a web site for patients that provides further information, this same website gives information for medical staff about myocardial infarction and atherosclerosis as well as about therapeutic education and motivational interviews. An e-learning module is included for the training of medical staff. A secured case report form is included on this web page for the clinical study to assess the efficacy of the programme.

Multicentre international study

The impact of the ELIPS® programme will be assessed through a prospective multicentre international study including 2,800 patients. The aim of the study is to demonstrate the effect of such a programme on the recurrence of combined cardiovascular events at 12 months. This is the primary composite endpoint and secondary endpoints will assess the effect of the programme on abdominal waist, lipid profile and inflammatory parameters.

A mono-centred quality substudy will assess the impact of the ELIPS® programme on quantitative and qualitative parameters by using questionnaires. Focus group analysis will be done with a sample demographic representative population.

The theme of EuroPCR this year is "together we achieve more" and to be as effective as possible, that idea of "together" today must include our patients, not as subjects or clients, but as active members of a team approach towards health.

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Therapeutic patient education

Therapeutic patient education should enable patients to acquire and maintain abilities that allow them to optimally manage their lives with their disease.

It is therefore a continuous process, integrated in health care. It is patient-centred; it includes organised awareness, information, self-care learning and psychosocial support regarding the disease, prescribed treatment, care, hospital and other health care settings, organisational information, and behaviour related to health and illness. It is designed to help patients and their families understand the disease and the treatment, cooperate with health care providers, live healthily and maintain or improve their quality of life.

Tools	Components	Providers	Time of application
Educational programme	Motivational interviews or brief motivational interventions	All hospital medical staff involved in the care of patients with coronary artery disease: ICU, Cathlab, Cardiology division, cardiac rehabilitation	From the admission until the end of the cardiac rehabilitation with encouragement of outpatient consultation in motivational interviews about cardiovascular risk factors
Film (DVD)	The history of a patient admitted with an ACS: the acute phase and the need of secondary prevention of a chronic disease	- Diffusion: hospital including ICU, Cardiology division and/or cardiac rehabilitation. - Distribution: family doctor or cardiologist (campaign of distribution via pharmaceutical delegates)	According to the demand of the patient
Fresco	Information about cardiovascular risk factors, lifestyle counselling and questions, self-assessment of cardiovascular risk factors	Shown in the cardiology division and at the cardiac rehabilitation	After the discharge of the ICU
Flyers	Similar information as on the fresco	ICU, Cardiology division, Cardiac rehabilitation, website	ICU. Cardiology division, cardiac rehabilitation, website
Website: www.elips.ch	- Information about cardiovascular risk factors, lifestyle counselling and questions, self-assessment of cardiovascular risk factors - E-learning in motivational interviews and brief interventions for medical staff - Case Report Form to complete data for the clinical trial using login and password for access of multicentrer	- Hospital medical staff - Family doctor - Cardiologist	In and out of the hospital

Summary of the ELIPS® programme components

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