

## The Ten Cs Of Chronic Care

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Much has been written, and much more has been said, about the unique challenges and demands of chronic disease management. Various chronic disease models, including Chronic Care Model (CCM), Improving Chronic Illness Care (ICIC), and Innovative Care for Chronic Conditions (ICCC), Stanford Model (SM) and Community based Transition Model (CBTM), have been studied<sup>1</sup>. Most physicians are trained in acute care, and attend to disease (and health) in a cross-sectional manner. Chronic disease care, however requires a long term, or longitudinal approach to management. While various experts have discussed the differences between acute or chronic disease care, it becomes challenging for younger doctors to understand these intricacies.

Apart from establishing appropriate models and ecosystems for chronic care, it is essential to integrate the right approach to patient interaction and communication. This allows the person living with chronic disease, the physician, all supporting persons (family, friends, fellow workers and students), and the public at large, to create effective and efficient bonds, which help in teamwork. The mnemonics CARES (Confident competence, Authentic accessibility, Reciprocal respect, Expressive empathy, Straightforward simplicity) and WATER (Welcome warmly. Ask and assess, tell truthfully, explain with empathy, Reassure and Return) have been used earlier to highlight the features of a “good” health care professional, and remember the steps of a productive conversation, respectively<sup>2</sup>. Though these are useful, they do not do full justice to the philosophy of chronic care

We crystallize the unique characteristics of successful chronic care practice into one statement, the Ten Cs of chronic disease care (Box). We propose this 10C model, which helps understand and internalize the core values of chronic care. The phrase *“To connect and communicate, by creating and confirming a confident, competent presence, full of compassion and compathy,*

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*promising collaboration and commitment, besides the person living with chronic illness”* serves as a technique and tool, as well as target for chronic care. Internalizing this concept helps health care professionals navigate twists and turns in their professional life as well.

This can serve as a Vision, as well as Mission, Statement for chronic care. In 28 learner-friendly words, it encapsulates the aim, as well as technique, of caring for persons with chronic illness. Not only that, it highlights the attributes and skills that a health care professional should inculcate in order to offer person-centred care. The 10Cs are relevant for all health care professionals, and in fact, for all persons whose work involves interaction with other human beings.

The Ten Cs remind us to offer not only competent care in a confident style (“a confident, competent presence”) but also ensure psychosocial support (“full of compassion and compathy”) in a person-oriented manner (“collaboration and commitment”). Confidence and competence are skills that can be achieved not by education alone, but by experience and continued updating of professional knowledge. Compassion and compathy are human, and humane, values, which come from within, but can be developed by regular introspection and practice. The need for sustained and on-going, as well as regularly reinforced long-term care (“creating and confirming”) is highlighted as well.

The most important part, however is the phrase “besides the person living with chronic illness”. We are inspired by G. Everly’s description of psychological first aid, which calls for “establishing a compassionate presence besides the person”<sup>3</sup>. The astute chronic disease care professional should sit “besides” (not opposite or against) the “person” (not patient), both literally and figuratively both physically and psychologically. Once this step is achieved, the war against chronic care will easily be won.

Clinical application of this model is not only limited to chronic non communicable disorders affecting metabolic health like diabetes, obesity, hypertension, osteoporosis etc but also can apply to chronic communicable disorders like human immunodeficiency virus(HIV), chronic Hepatitis C and B infection etc.<sup>4,5</sup> At times there may also be an intersection of communicable and chronic non communicable disorders.<sup>6</sup> Furthermore, this can be used

at all systems of health care ranging from a primary health care centre in the village to a quaternary care referral hospital.

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