

The Leader Diabetes Initiative

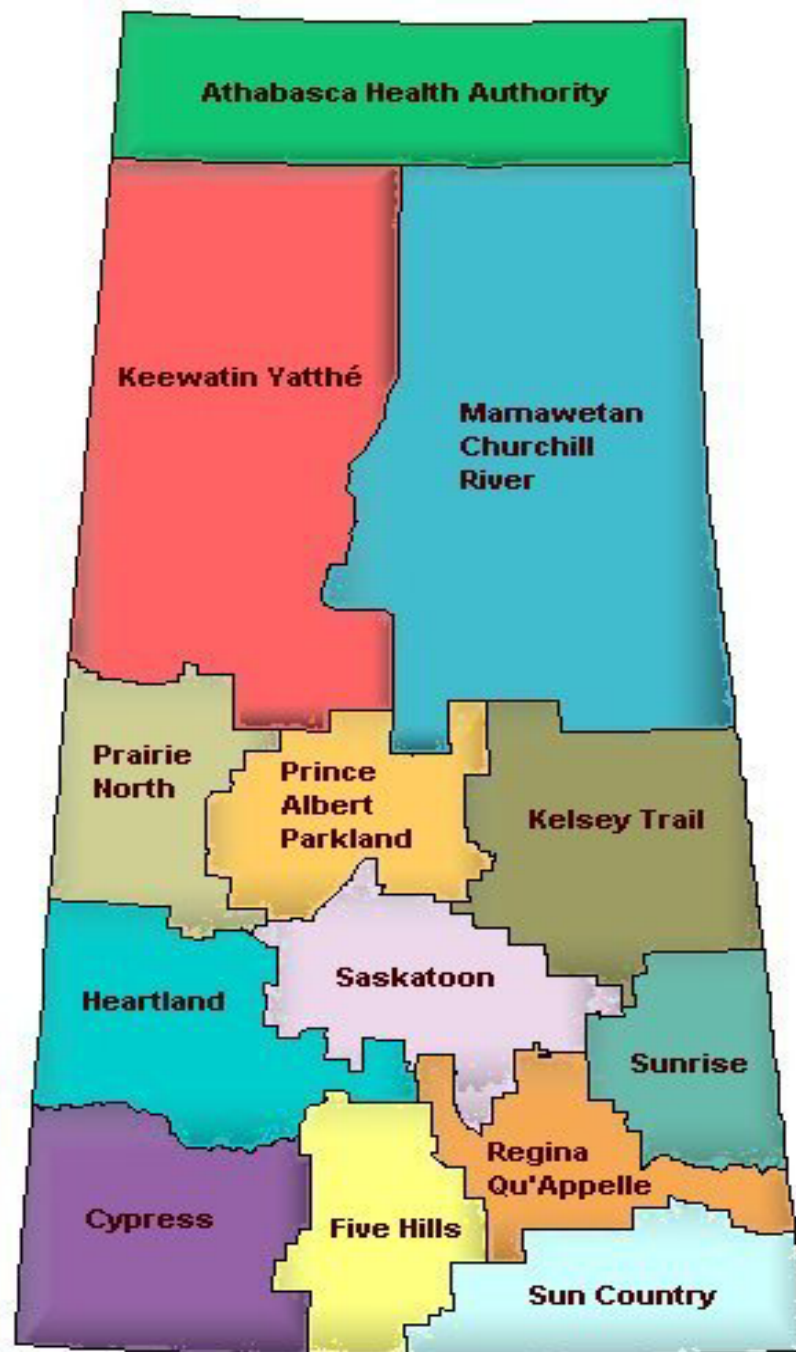
Partnerships in Action

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Demographics

- Leader population ~950
- 2 Hutterite colonies
- Medical Clinic population ~2000
- Large elderly population



Available Medical Services

- **Local Facilities**

- 20 bed hospital
- 36 bed LTC
- Limited laboratory services
- Community pharmacy

- **Local Services**

- 3 salaried physicians
- Nurse Practitioner
- Clinical pharmacist
- Home Care program
- Public Health*
- EMS

*Currently not available due to maternity leave

Available Medical Services

- Visiting
 - Mental Health / Addictions (2-4/month)
 - Dietitian (2-4/month)
 - Occupational Therapy (weekly)
 - Podiatrist (monthly)

The Need...

- Cypress Health Region = ~2000 people with diagnosed diabetes (5% of total pop'n)
- Leader & area = same prevalence
- High rate of diabetes in Hutterite population

How It All Began...

- October 2003 -Attended 2-day diabetes clinic in Medicine Hat
- March 2004 -Proposal for a similar diabetes clinic developed and presented to the CHR
- April-July 2004 -“exploring options for funding” (translation = “no money”)
- August 2004 -Leader designated a PHC site

...How It Began...

- December 2004 -Began developing patient database and tracking baseline data
- January 2005 -NP position filled
-Money suddenly available and proposal was “accepted”
- March 2005 -Money actually available for use

The Proposal

- Purpose

To optimize diabetes care by:

- Adopting an interdisciplinary team approach to management
- Focusing on prevention / early detection
- Promotion of self-management and ownership of the disease

...The Proposal

- Diabetes care in three settings
 - Clinical (medical visits / follow-up, patient education / counseling)
 - Community (Health Fairs, community presentations, local media)
 - Home (home visits, follow-up, reinforcement education)

...The Proposal

- The Team

- Patient*
 - Physician*
 - Nurse Practitioner*
 - Pharmacist*
 - Dietitian*
- EMS
 - Podiatrist
 - Mental Health
 - Home Care RN
 - Therapies
 - Public Health
 - Health Region/Gov't

*Core Team Members

...The Proposal

- Outcome Measures
 - Initially was proposed to follow the ECHO model
 - Economic
 - Clinical
 - Humanistic
- ...but because of limited time and resources, we are just measuring clinical outcomes

...The Proposal

- Funding Issues
 - Limited resources everywhere
 - Extremely difficult to get funding from government and health regions
 - Some financial support received from industry in the form of unrestricted educational grants
 - Funding from private business (community pharmacy)

Patient Education

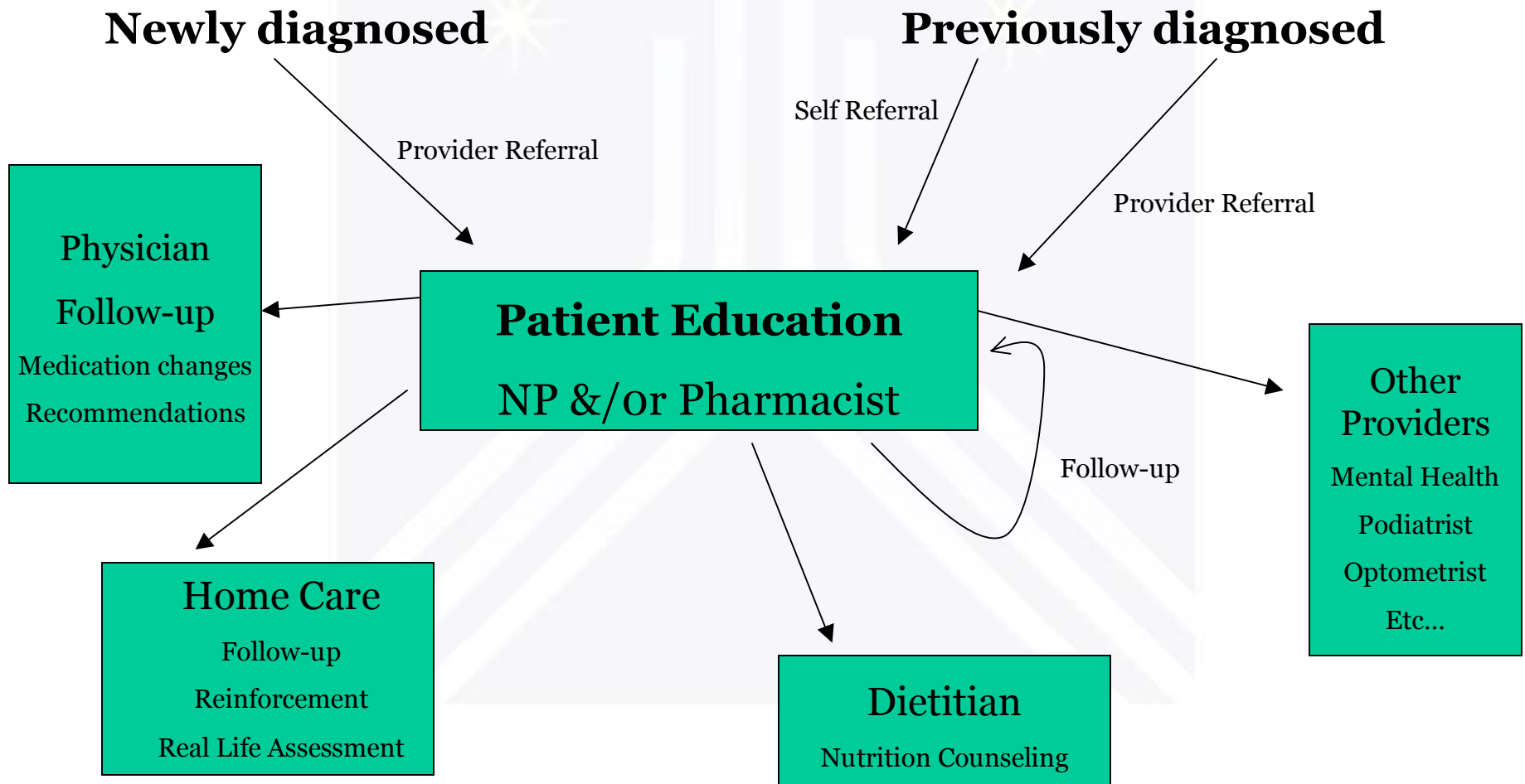
- We developed our own education package based on the CDA's 2003 CPGs
 - Disease process
 - Treatment options
 - Self-management / Monitoring
 - Medications
 - Potential complications & their prevention
 - Emphasis on macrovascular protection
 - Clinical targets

Outcome Tracking

- Patient database updated monthly
 - Medications
 - Blood pressure
 - A1c
 - LDL / TC:HDL / TG
 - Referrals to other providers
 - Renal Function
 - Weight
 - ASA Therapy
- Those patients not at target are highlighted for follow-up*

* See handout at end of presentation

Typical Patient Pathway



Where Do We Fit In?

- Pharmacist Role
 - Individual and community education
 - Pharmacotherapy reviews and evaluations of patients
 - Recommendations made to physicians / NP
 - Development of patient education material
 - Monthly data collection and analysis
 - Education of other health care providers
 - Fostering team development

Where Do We Fit In?

- Nurse Practitioner Role:
 - 50% clinical focus
 - Clinical diagnosis, evaluation, lab ordering, follow-up, patient education / counseling
 - 50% community development focus
 - Community education, disease prevention / early detection
 - Education of other health care providers
 - Fostering team development

Team Development

- Remote location makes team building a challenge
- Met or spoke with each team member outlining the initiative
 - Received feedback on their perceived role on the team
- Initial “comprehensive” team meeting
 - Outlined mandate of the initiative
 - Outlined logistics of the initiative
 - Communicated clinical targets to ensure everyone was on the same page
 - Defined roles
 - Reviewed initial patient list and baseline data

...Team Development

- Updated patient lists, clinical data and graphed progress communicated to core team members monthly
- Regular communication between non-core team members usually via email
- Some team development through continuing education sessions

...Team Development

- Daily communication between core team members
- **The majority of our team development is a result of informal communications and meetings**

How Does It Benefit...the Patients?

- Enhanced patient care
 - Increased awareness by all providers
 - Increased screening
 - More aggressive approach to management
 - Increased laboratory follow-up
 - More patients reaching their clinical targets
 - Patients education allowing better self-management of the disease
 - Increased patient satisfaction – personalized attention and follow-up

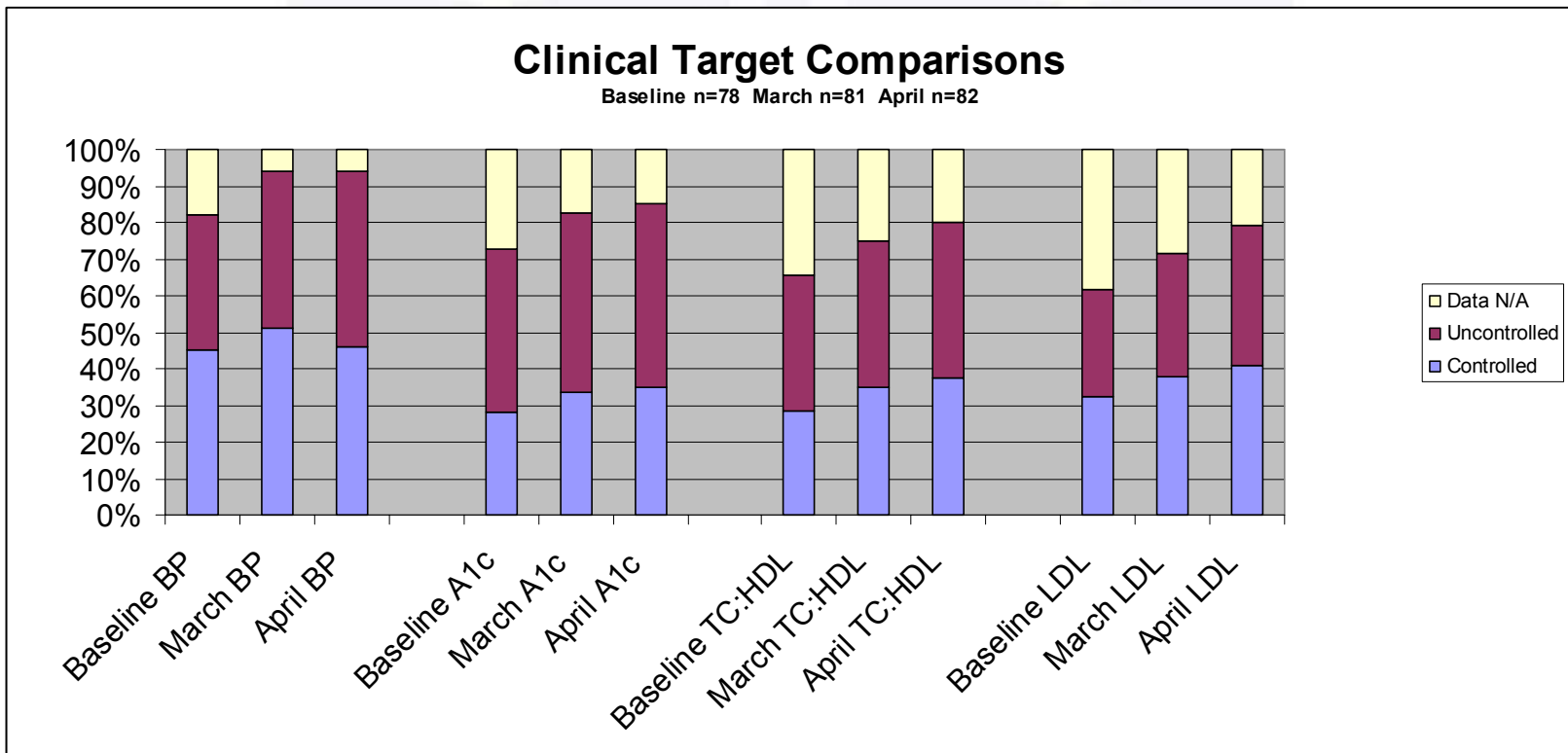
How Does It Benefit...Us?

- Access to specialized skills and knowledge
- Enhanced problem solving ability
 - Bounce ideas off each other
- Support
- Increased job satisfaction
 - We're doing what we're trained to do
- All aiming for the same common goals

How Does It Benefit...the System?

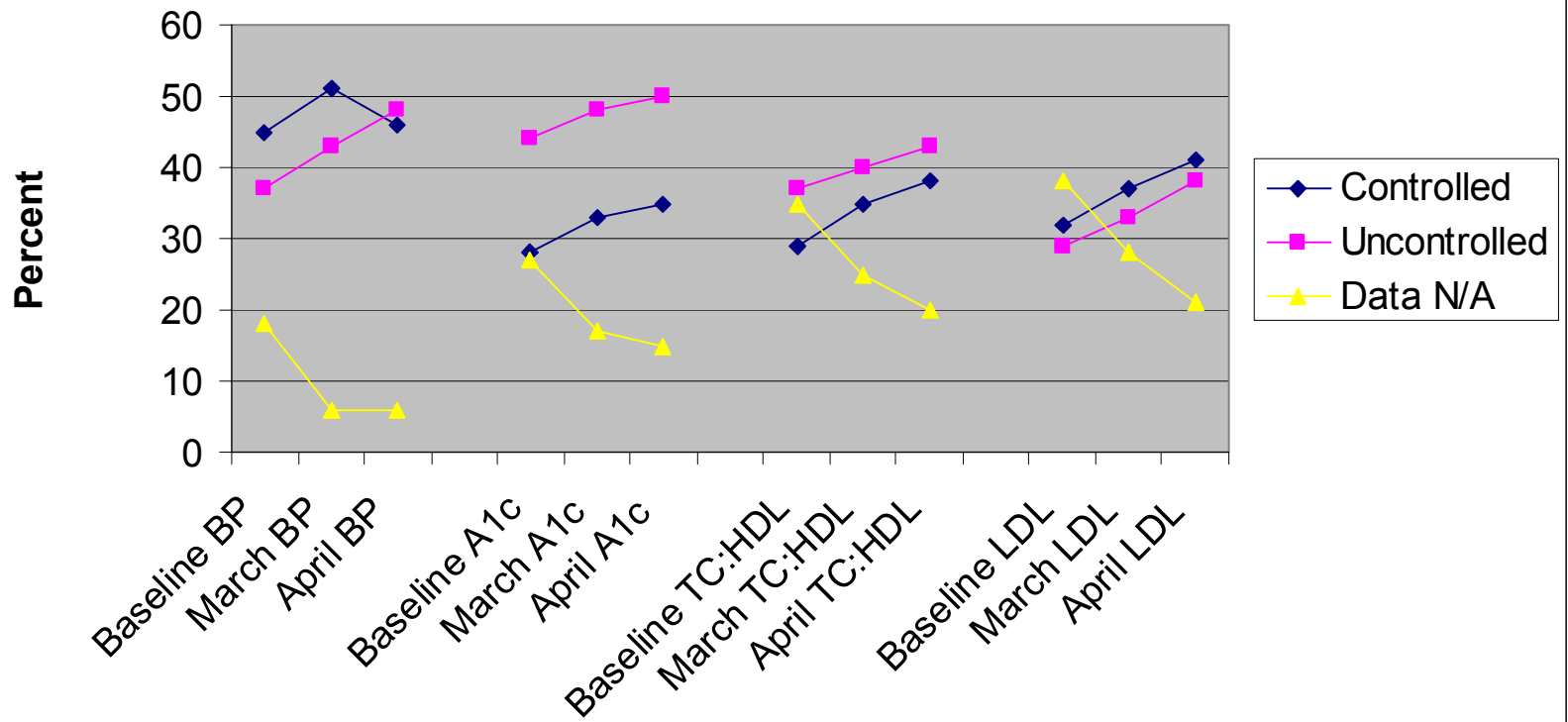
- Promotes interdisciplinary teams
 - Efficient use of resources
- Cost savings
 - Prevention of costly diabetic complications
 - Prevention is cheaper than treatment
- Increased provider job satisfaction
 - May decrease employee turnover

Sharing Our Success...After 3 Months





Clinical Target Comparisons



Dealing With Our Challenges

- Lack of financial resources
- Turf Wars
- Persistence pays off
- Search for resources in other areas (industry)
- Continual communication between providers
- Establishing common goals

...Facing Challenges...

- Lack of timely access to providers
- Consistency amongst providers
- Increased referrals and utilization have resulted in increased services
- Goals and clinical targets communicated directly to all providers at the beginning of the initiative
- Reinforcement by CE

...Facing Challenges...

- Sustainability
 - Funding
 - Employee Turnover
- Measure and document outcomes... it's hard to pull the plug on something that's improving patient outcomes
- \uparrow in job satisfaction = \downarrow in turnover

...Facing Challenges...

- “Pilot” project
 - Nothing to look to for guidance
 - Lack of support
- Lots of communication between providers for problem solving
- CE and clinical studies/practice guidelines
- **Really is an opportunity rather than a challenge**

How Can Nurses Get Involved?

- What are you interested in?
- What is needed in your community or facility?
- Are there programs already developed that you can utilize / modify?
 - Don't re-invent the wheel

...Nurse Involvement...

- What resources are you going to need?
 - Financial – Hospital budgets, industry, gov't...
 - Human – Look for creative ways to be able to staff clinical programs (doesn't require full-time commitment)
- Who can you work with?
 - There'll always be someone around with a similar vision
- Keep current with your knowledge

How Can Pharmacists Get Involved?

- Pharmacists are in ideal position to create similar programs
- What are you interested in?
- What is needed in your community or facility?
- Are there programs already developed that you can utilize / modify?
 - Don't re-invent the wheel

...Pharmacist Involvement...

- What resources are you going to need?
 - Financial – Chain stores budgets, industry, gov't...
 - Human – Likely more able to attract pharmacists by allowing them a clinical experience vs. straight dispensing
- Who can you work with?
 - There'll always be someone around with a similar vision
- Keep current with your knowledge

Our 10 Commandments

- Build and maintain professional relationships
 - It IS who you know
- Recognize the contributions of each team member
 - Respect is imperative for team building
- Embrace change – don't fear it
 - “If we always do what we've always done, we'll always get what we've always got”

Our 10 Commandments

- Work with the early adopters
 - There will always be someone who shares your vision...the others will eventually come around
- Be persistent
 - There will be days when you want to walk away...Remember, persistence DOES pay off
- Celebrate your success & failures
 - Columbus wasn't looking for America

Our 10 Commandments

- Share knowledge
 - Don't try to reinvent the wheel
- Communicate, communicate, communicate
 - It's the key to successful teams
- Don't try to save the world
 - Keep everything in perspective
- Put the patient first
 - They're the reason we're here