

# The Leader Diabetes Initiative

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## Partnerships in Action

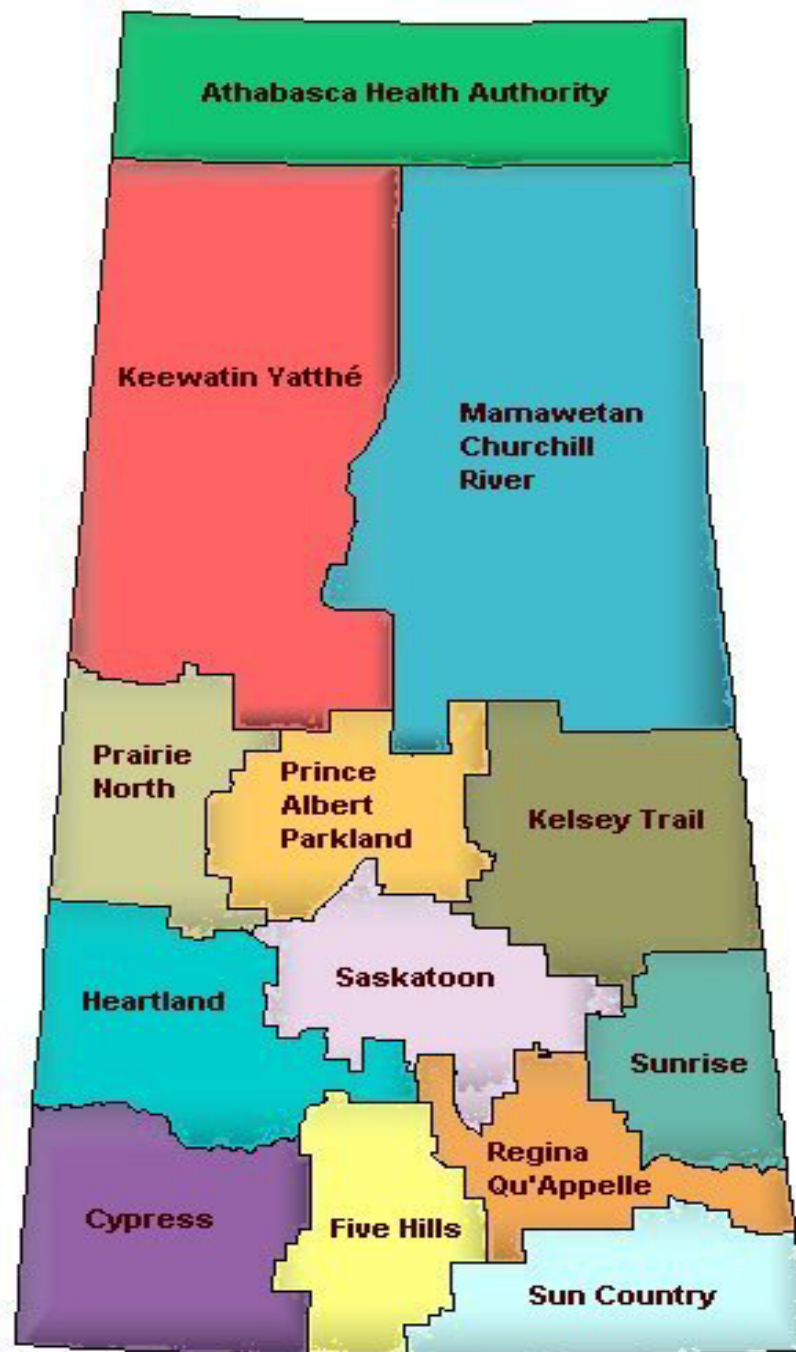
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# Demographics

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



# Available Medical Services

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- **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

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

# The Need...

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- 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...

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- 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...

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- 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

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- 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

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- 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

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- 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

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- 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

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- 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

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- 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

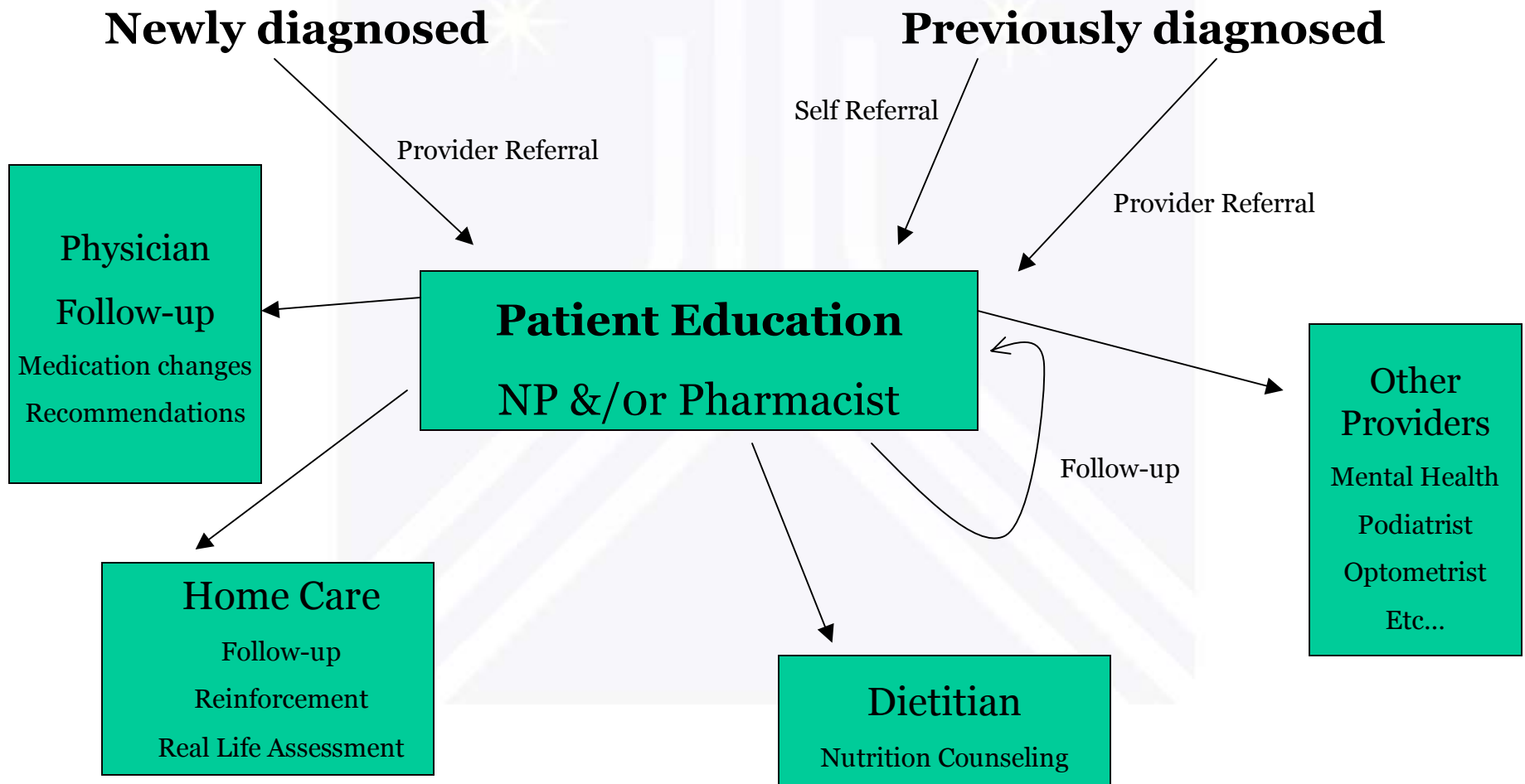
# Outcome Tracking

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- 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?

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- 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?

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- 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

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- 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

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- 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

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- 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?

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- 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?

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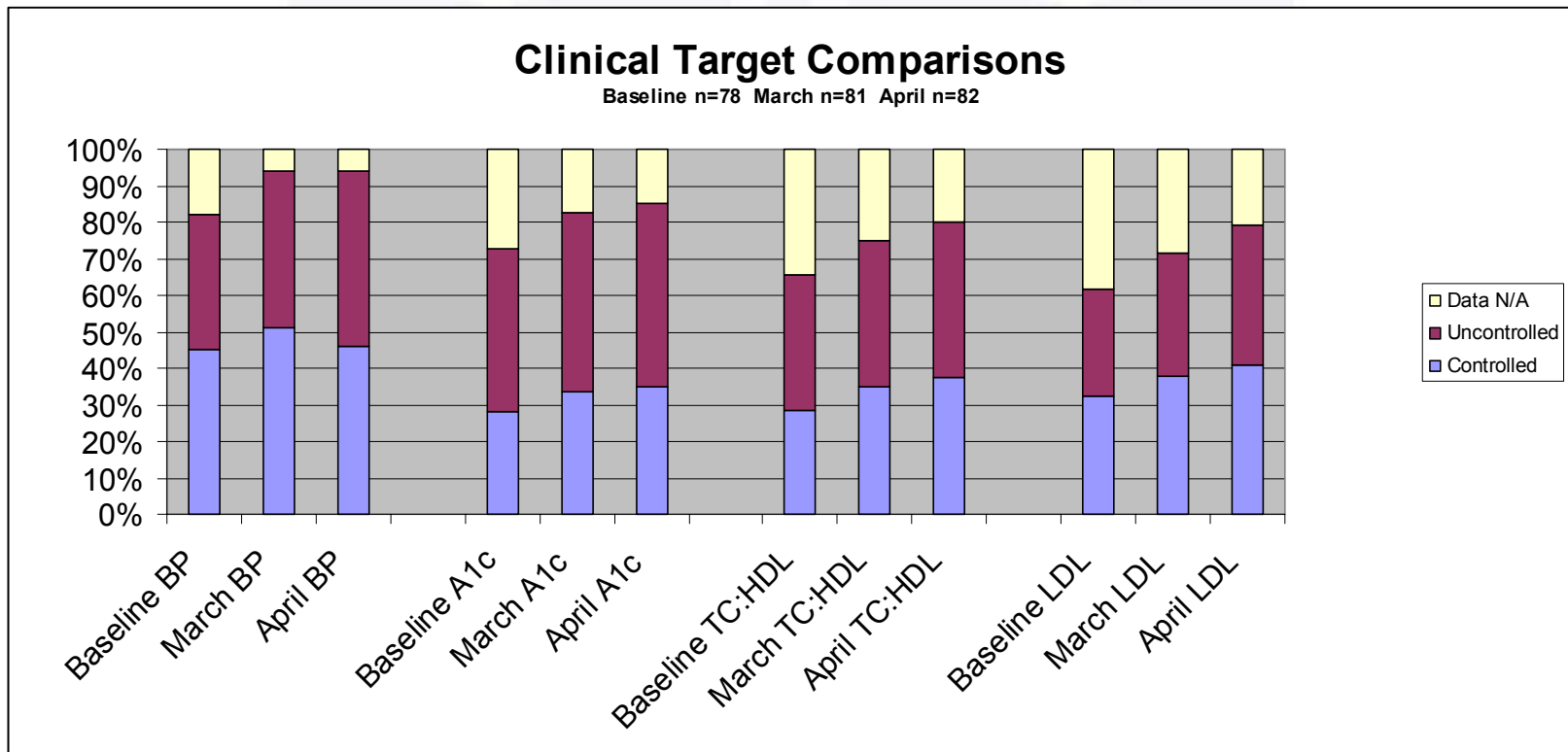
- Access to specialized skills and knowledge
- Enhanced problem solving ability
  - Bounce ideas off each other
- Support
- Increased job satisfaction
  - We're doing what we're trained to do
- All aiming for the same common goals

# How Does It Benefit...the System?

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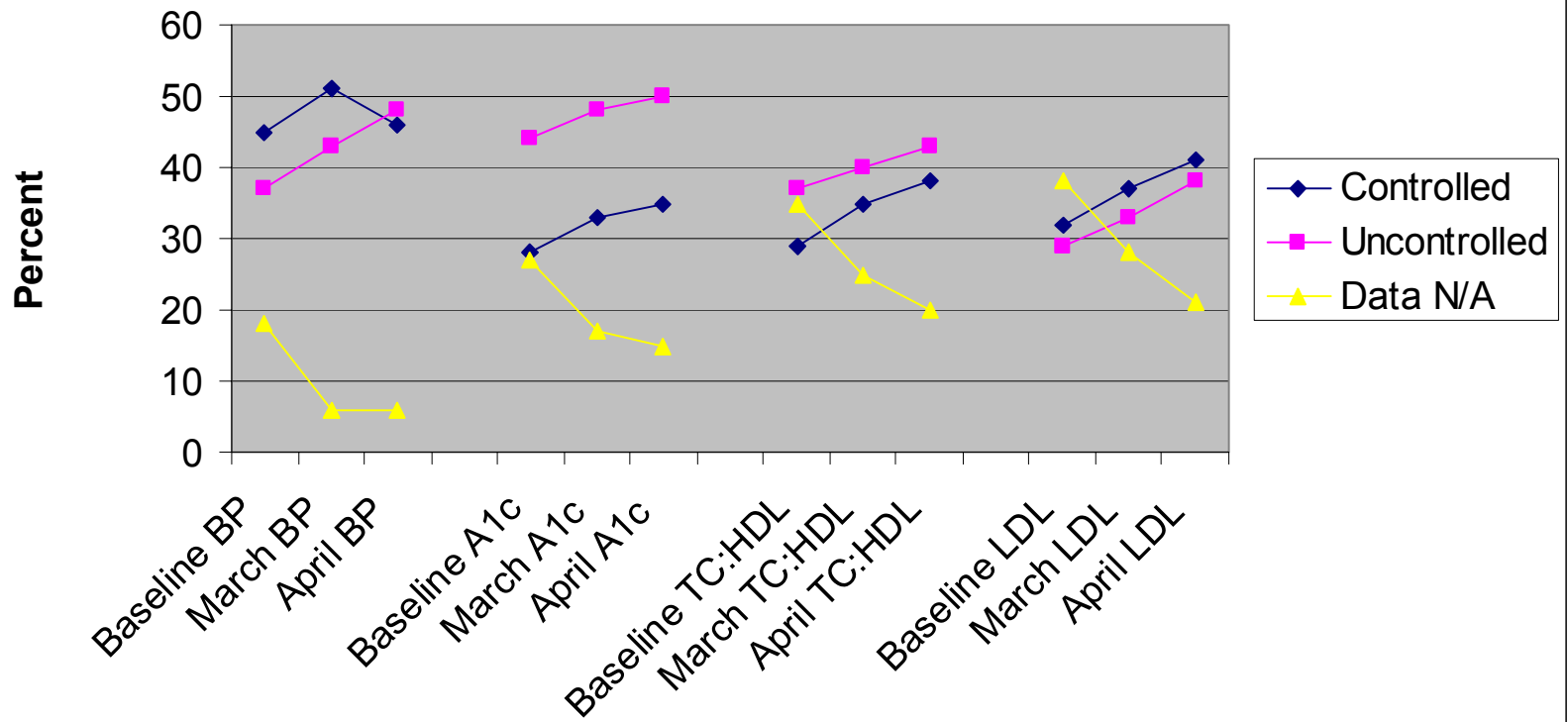
- Promotes interdisciplinary teams
  - Efficient use of resources
- Cost savings
  - Prevention of costly diabetic complications
  - Prevention is cheaper than treatment
- Increased provider job satisfaction
  - May decrease employee turnover

# Sharing Our Success...After 3 Months





### Clinical Target Comparisons



# Dealing With Our Challenges

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- 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...

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- 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...

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- 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...

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- “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?

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- 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...

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- 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?

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- 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...

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- 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

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- 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

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- 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

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- 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