

Northern Ontario School of Medicine Conference
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Use of Medical Directives in Diabetes Management at GHC

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Dr. Pauline Bragaglia, Physician Champion, Diabetes

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The Ultimate Champion

Instrumental in promoting a team approach and the use of medical directives in diabetes care.

His leadership and untiring efforts left a legacy of excellence.

Dr. Hui Lee
1964 - 2004



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THE GROUP HEALTH CENTRE

A unique community-sponsored, not-for-profit, inter-disciplinary health organization serving 60,000 registered patients in Sault Ste Marie



- 38 General Practitioners
- 18 Specialists
- 9 Associate and Visiting Specialists
- 8 Nurse Practitioners
- Allied Health Professionals
- 97 Registered Nurses (full and part time)
- Electronic medical record (EMR) since 1997

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The GHC Model

... an example of a different approach to service delivery that involves individuals in their own care, makes better use of health providers, and uses leading-edge infrastructure and technology to help achieve better health outcomes.

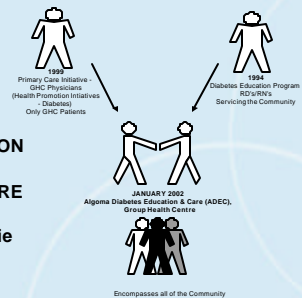
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Group Health Centre is the health care partnership of the **Sault Ste. Marie and District Group Health Association** and the **Algoma District Medical Group**. The two groups are linked together by a common objective -- to provide excellent, innovative, comprehensive health care to meet the needs of the community.



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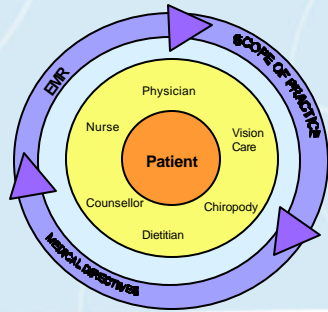
THE EVOLUTION OF DIABETES CARE in Sault Ste. Marie



Includes:
Physicians, Specialists, Registered Dietitians,
Registered Nurses, Counsellors, Physical Therapists,
Optometry, Chiropractors, Foot Care Nurses

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A Comprehensive Program



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Medical Directive

...a written order for a drug / intervention / test procedure that applies to a range of clients when specific conditions are met and when specific circumstances exist

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Evolution of Medical Directive Use in Diabetes Care

- Reviewed Regulated Health Professions Act (RHPA)
- Reviewed Scope of Practice for Registered Nurses and Registered Dietitians as per each College in Ontario
- 2003 - Developed the ADEC Diabetes Medication Adjustment Policies and Guidelines Manual
 - Certification criteria
 - Patient eligibility criteria
 - Policies and guidelines for both insulin and oral diabetes medications

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Medical Directive Use cont'd...

- March 2004 - ADEC staff completed certification process
- April 2004 - Implemented Medical Directives
- ADEC referral form within the EMR is the tool used by physicians to sign authorization to adjust insulin and/or oral medications

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Evaluation of Medical Directives

Objective:

To determine whether the use of medical directives for insulin dose adjustment is:

- » Efficient
- » Effective
- » Accessible
- » Accountable

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Methodology: Sample Selection

Physician

- Physicians in GHC office practices

Patient

- Patients drawn from ADEC EMR templates (Sept - Dec 04)
- On Multiple Daily Injections (MDI)
- Signed medical directive
- Met eligibility criteria

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Methodology: Tools

Physician

- Survey re: Use of Medical Directives in Diabetes (unvalidated)
- EMR

Patient

- Survey re: Insulin Delivery System Rating Questionnaire (IDSRQ) (validated)
- Survey re: The Assistance of the Diabetes Educator with Insulin Dose Adjustment (unvalidated)
- EMR

Results

Physician Sample Characteristics

Measure	Number of Items
# of GPs in office at GHC	33
sample size surveyed (2 away on sabbatical)	31
# of responses	25
# who did not respond (due to vacation)	3
# who did not respond (unknown reason)	3

Patient Sample Characteristics

Measure	Number of Items
Sample Size	93
# with Type 1	46
# with Type 2	47

Survey Tool: The Insulin Delivery System Rating Questionnaire (IDSRQ)

From: Peyrot, Mark and Richard R. Rubin. 2005. Validity and Reliability of an Instrument for Assessing Health-Related Quality of Life and Treatment Preferences. Diabetes Care: 28(1):53-58.

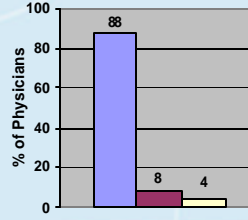
IDSRQ Patient Sample Characteristics

Measure	Number of Items	Mean	Actual Range
Sample Size	47 / 93	--	--
# of Females	24 (51.1%)	--	--
# of Males	23 (48.9%)	--	--
# with Type 1	21 (44.7%)	--	--
# with Type 2	26 (55.3%)	--	--
Avg yrs with Diabetes	--	22.6	3 - 58
Avg age at diagnosis	--	36.8	5 - 75
Avg age of start of insulin	--	43.6	6 - 78
Avg yrs on insulin	--	17.5	1 - 68

Physician Survey Results

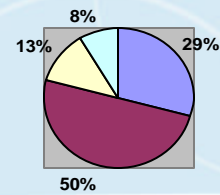
Physician awareness of the Medical Directives for insulin dose adjustment

- Yes
- No
- Not Answered

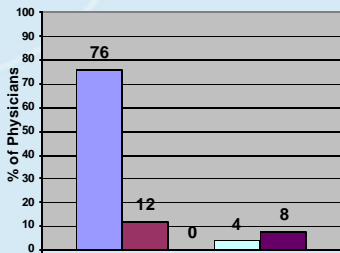


Physician use of the Medical Directives for insulin dose adjustment

- Yes, all the time
- Yes, often
- No, they don't help
- No, definitely not

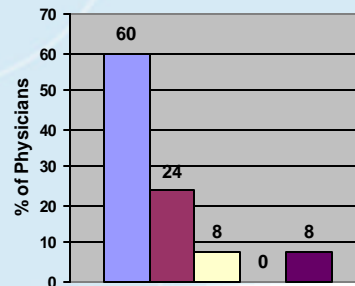


Physician Response: Medical directives in diabetes are **effective** in helping patients with adjusting their insulin doses



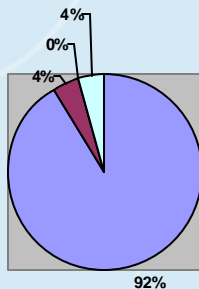
- Yes, a great deal
- Yes, somewhat
- No, they don't help
- No, they make things worse
- Not Answered

Physician Response: Medical Directives for insulin dose adjustment **lessen** their workload with this patient population



- Yes, definitely
- Yes, generally
- No, not really
- No, definitely not
- Not Answered

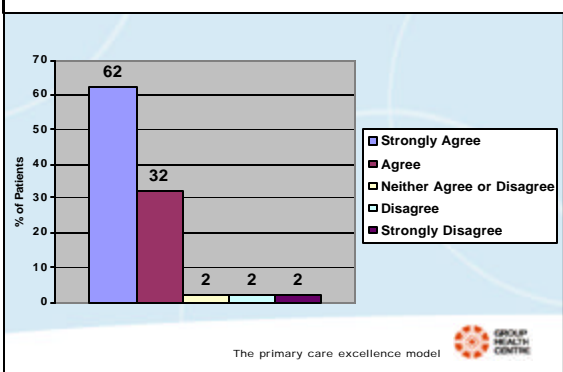
Physician Response: **Satisfaction** with the Use of Medical Directives for Insulin Dose Adjustment



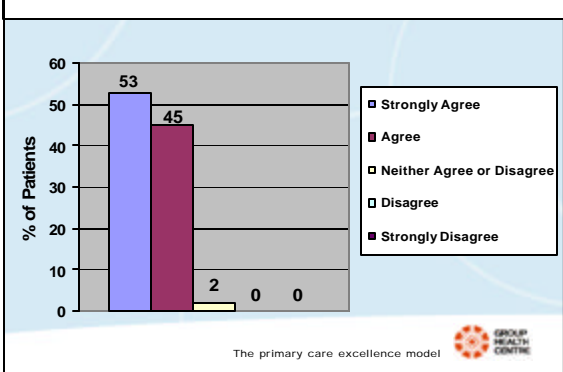
- Very satisfied
- Mostly satisfied
- Indifferent or mildly dissatisfied
- Quite dissatisfied

Patient Survey Results

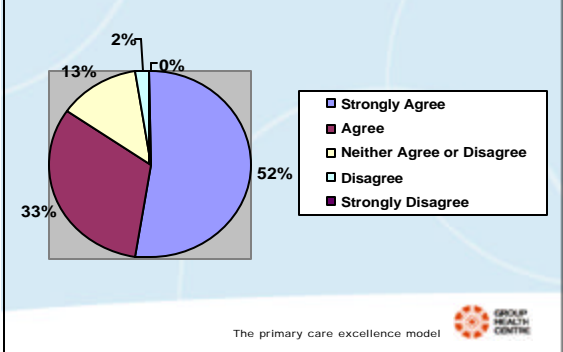
Patient Response: A Diabetes Educator can provide instruction regarding insulin dose adjustment **as well as** a physician



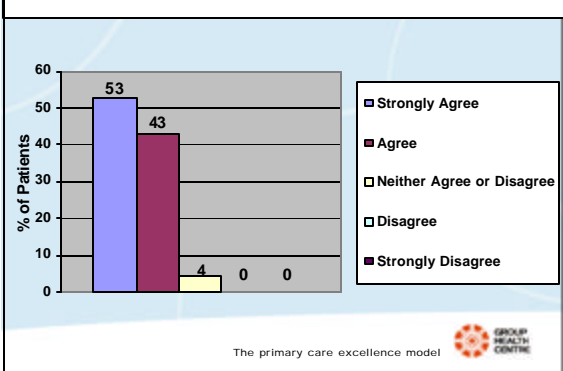
Patient Response: The Diabetes Educator **helps me more** with my insulin than my physician.



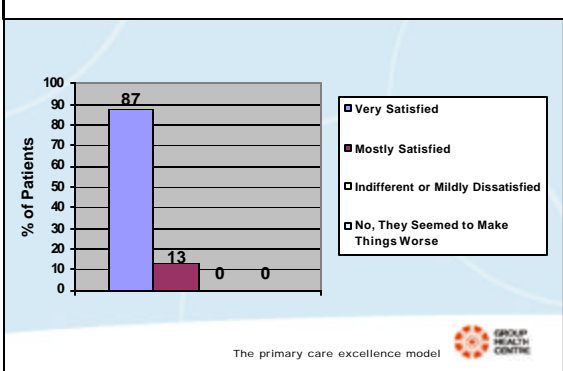
Patient Response: It is **easier and faster** to contact my Diabetes Educator than my physician when my blood sugars are elevated



Patient Response: The Diabetes Educator has helped me to feel **more confident** adjusting my own insulin



Patient Response: Overall **satisfaction** with the Diabetes Educator assisting in insulin dose adjustment



Results:
Insulin Delivery System Rating Questionnaire (IDSRQ)

Statistics of Insulin Delivery System Rating Questionnaire (Total Sample)

	Mean	Actual Range
Treatment Satisfaction	89%	61.70 - 91.49
Daily Activity Interference	22%	8.52 - 31.92
Clinical Efficacy	83%	68.09 - 89.36
Diabetes Worries	23%	6.39 - 39.42
Psychological Well-being	65%	36.18 - 93.62
Social Burden	18%	2.13 - 38.30

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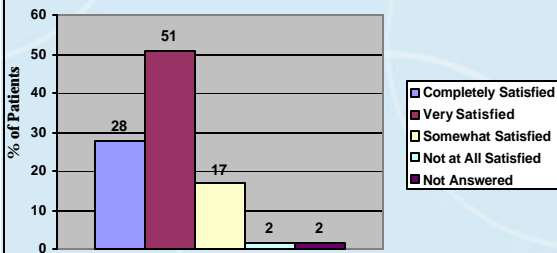
Statistics of Insulin Delivery System Rating Questionnaire Type 1 and Type 2 Comparison

	Initial Mean	Actual Range
Treatment Satisfaction	72%	47.62 - 96.48
Daily Activity Interference	27%	73.66 - 92.31
Clinical Efficacy	24%	4.76 - 42.86
Diabetes Worries	21%	7.76 - 38.46
Psychological Well-being	83%	66.67 - 95.24
Social Burden	29%	69.23 - 92.31
	19%	7.69 - 38.46
	73%	42.86 - 100
	59%	36.77 - 88.46
	17%	0 - 42.86
	19%	3.85 - 50.00

Type 1
Type 2

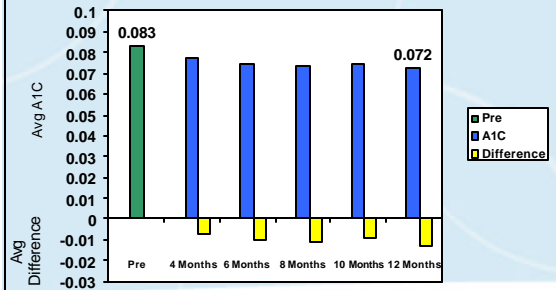
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Overall Satisfaction with Insulin Delivery System (Type 1 and Type 2 patients)



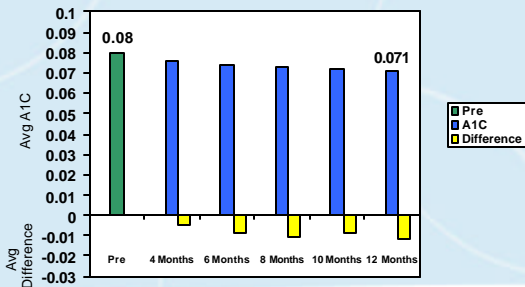
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A1C Results of All Patients



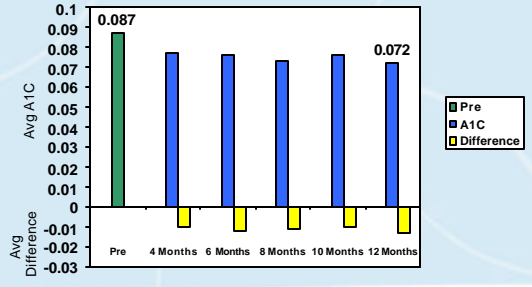
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A1C Results of Type 1 Patients



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A1C Results of Type 2 Patients



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After 6 months of using the medical directive ...

In a sample of 93 patients:

- 49% of those with Type 1 diabetes showed average drop in A1C by 1.1%
- 51% of those with Type 2 diabetes showed average drop in A1C by 1.3%

After 12 Months... Results maintained

In a sample of 93 patients:

- 49% of those with Type 1 diabetes showed average drop in A1C by 1.2%
- 51% of those with Type 2 diabetes showed average drop in A1C by 1.3%

Significance of Results

Challenging population:

- Patients on MDI
- 50% of patients have Type 1 diabetes
- Previously on insulin
- Long standing diabetes

— — 1% decrease in A1C results in a 25-33% reduction in diabetes-related complications for both Type 1 and Type 2 diabetes

(Diabetes Complications & Control Trial (DCCT), 1993
United Kingdom Prospective Diabetes Study, (UKPDS), 1998)

Conclusions

The use of medical directives for insulin dose adjustment are:

- » Efficient
- » Effective
- » Accessible
- » Accountable

Efficient

- Maximizes RN and RD scope of practice
- Lessens physician workload
- Achieves improved blood glucose for patient
- Provides more timely access to diabetes care

Effective

Physician:

- Physicians support the use of medical directives in diabetes care
- Physicians are satisfied

Patient:

- Improved glycemic control
- Increased patient confidence to self manage
- High clinical efficacy
- Minimal daily activity interference
- Patients are satisfied

Accessible

- More timely access to diabetes care
- Empowered patient to self manage
- More patient contact

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Accountable

- Results indicate >1% improvement in A1C after 6 months and maintained after 12 months
- Better use of physicians who are in short supply
- Can treat more patients with diabetes

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Secrets of Success !!!

- Physician Support
- Policy and Guidelines Manual
- Comprehensive Team
- Empowered Patients

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THANK YOU!

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For more info, visit our Display Booth

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