

Diabetes Education Centre - Best Practice

Did you know that every percentage drop in HbA1C levels represents a 13% drop in risk of mortality?

Organizing care for diabetic patients will assist in helping them manage their HbA1C levels.

The Diabetes Education Centre (DEC) at Trillium Health Centre is committed to assisting family physicians in organizing and providing care for diabetic and pre-diabetic patients.

Services Provided:

Education in group or individual format for Type 1 & Type 2 diabetes, insulin management, gestational diabetes and Impaired Glucose Tolerance. Healthy Foot Clinic also available.

Hours of Operation:

Monday-Friday, 8:00 a.m. to 4:00 p.m.,
Wednesday, 8:00 a.m. - 6:00 p.m.

Referral Criteria:

Adults only. Only family physicians affiliated with Trillium Health Centre may refer patients. Completed referral form with Lab reports should be faxed to DEC at 416-259-5825.

Referral forms may be received by calling DEC at 416-521-4081 or e-mail DEC@thc.on.ca.

What can you as a family physician expect from DEC services?

Once your referral is received it is reviewed and triaged by a diabetes specialist. Your patient is contacted with an appointment time.

An **Assessment Summary** will be mailed to you after the patient's initial assessment by nurse and dietitian. Family physicians will receive a **Follow-Up** report after the patient completes their series of classes and three month follow-up appointment. This report will show up on the Meditech system as a NEW result and a hard copy will also be sent to your office by health records.

Family physicians will be notified by telephone if patients do not show for their initial appointment.

Supports for Family Physicians:

The DEC has developed the following supports for family physicians. Please call DEC at 416-521-4081 to receive:

1. Clinical Pathway for Type 2 Diabetes
2. Flow Sheet for Diabetes Care (a tool for your patient charts to document diabetes-related care)
3. "Getting Started" - a patient education booklet for new Type 2 diabetics

4. Annual Education Night "**Diabetes Update for Family Physicians**" to be held January 2004 - more info to follow.

Update – Capturing Family Physician Upon ER Registration

If the family physician's name is not captured upon registration in the Emergency Care Centre, then the family physician is not notified that their patient has been admitted. In order to address this, Primary Care Initiative and the Emergency Health System with support from Finance Preferred Accommodation Providers and Information Technology has defined a new process which is being piloted from Sept 2-Oct 31 2003 at which time it will be reviewed. Four new codes were developed for clerks to use when registering a patient, and a new process to capture the family physician name for those patients not interviewed by clerks upon admission is in place. We will be reviewing the impact that these changes has on capturing the family physician name within 24 hours of admission and ease of using the new system. Please

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continue to notify Sheryl Farrar through MOX or at ext 5511 if you find you have not been identified as the family physician for one of your patients registered through Emergency. Results on the pilot will be available in November 2003.

Accessing Diagnostic Imaging – New Requisition Forms

In order to improve service to family physicians and their patients, Diagnostic Imaging is addressing the number of requisitions and ease of making appointments for the services.

Requisition forms were consolidated from 6 to 2 forms (one for CT/MRI, one for all other tests) and patient preparations are being standardized across sites. Once these drafts have been approved for content by radiologists and technicians, several family physicians will be asked to provide feedback on their utility and

comprehension for their staff and patients.

The new forms will then be launched for family physicians to use, and old forms will be gradually phased out. This will result in a 66% reduction in forms.

Diagnostic Imaging is also developing a call centre for all bookings which will make booking and canceling appointments more user-friendly for staff and patients.

These initiatives are part of one recommendation from the Primary Care Initiative to establish more user-friendly booking systems and will support the THINK project as it also addresses enterprise-wide booking in the future.

After Hours Care Survey

In October 2001, Trillium's Planning Council for Primary Care and Community Care Linkage submitted a final report outlining tangible ways to strengthen Trillium's focus on supporting and promoting improvements in primary and community care.

Under the heading "Approaches to Care: Participation of Family

Physicians in Targeted Primary Care Activities" the Council recommended that:

"Trillium explores the feasibility of establishing after- hours and/or walk-in clinics at the Mississauga and Queensway sites. These clinics should be staffed by family physicians, and should complement and enhance access to care for the patients of these providers. Consideration should be given to identify incentives for family physicians to staff these clinics."

This recommendation was made based on the development of Primary Care Reform initiatives in the Trillium catchment area to assist family physicians in achieving their mandate of providing 24 hour care.

At this time we are determining if an after-hours care clinic based at Trillium would enhance care provided to patients and support family physicians in the provision of patient care. Please take the time to answer the survey included with this bulletin and fax it to Nicole Gaertner (Fax 416-521-4058). Thank you!

Nursing Student to Support Family Physicians with Health Information and Community Resource Needs

A nursing student fulfilling primary care requirements for nursing studies will be placed for the term with the Health Information and Wellness Centre (HIWC) from September until December 2003.

The student will be developing a family community resource guide and determining how HIWC can assist family physicians in their role interpreting and keeping up-to-date with their patients' health information requests.

Best Practices in Primary Care

Advanced Access – How to Arrange Practice to Meet Timeliness

Advanced Access is a method of scheduling patient appointments which can reduce delays, improve continuity and quality of care, and improve satisfaction of patients, providers and their staff.

Goal – To provide patients with appointment times which are accessible to them.

Traditional Methods

Symptom Driven – Why do you want to be seen?
Patients try to prove they are sick enough to be seen that day.
Physicians make time during lunch and at the end of the day to "catch-up" with appointments. Sometimes, work must be sent elsewhere in order to save sanity of physicians and staff. In order to protect TODAY, work is arranged for TOMORROW.

Advanced Access Methods

Access driven – When do you want to be seen?
Synchronize patient, MD and resources.
Actual supply and demand for appointments and non-appointment work is measured.
In order to protect TOMORROW, work is arranged for TODAY.

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Best Practice cont'd.

In family practice, demand is described as the need of a patient to see the family physician. Supply is, of course, the number of appointments available. In the traditional model, if a patient has to wait for an appointment, they may visit the Emergency Room, switch physicians, access a walk-in clinic, or even make up symptoms.

With advanced access the individuals seen TODAY are those who want to be seen today, regardless of acuity.

Who is seen TOMORROW? Patients who need to be seen again, and those patients who want to be seen TOMORROW. The waiting time for non-urgent appointments becomes "sometime today", appointment times do not have to be frozen for unexpected emergencies, and no shows are decreased as patients are not waiting long times for appointments.

For more information about Advanced Access, go to the Institute for Healthcare Improvement at www.ihl.org

Primary Care & Community Health Initiative News

If you are interested in participating or learning more about this exciting initiative, please contact Sheryl Farrar, Coordinator, Primary and Community Care Initiative at Trillium Health Centre 416-259-7580 ext 5511.

Trillium

HEALTH CENTRE

Queensway Site, 150 Sherway Drive
Etobicoke M9C 1A5

Shared Mental Health Care Conference

This past June, Trillium Health Centre sent an adventurous contingent of family doctors to the national conference on Shared Care Mental Health in Halifax, Nova Scotia. Dr. June Kingston MD CCFP has provided this testimonial about the conference and the impacts on her practice.

Dr. Suzanne Legault, Chief of Psychiatry for Trillium Health Centre, has piloted a shared care mental health project with several family physicians over the past year. Dr. Cheryl Hewitt, Bruce Hickey, Michael Kates, Denys Symons and Rhonda Wilansky have met monthly to review the management of patients facing challenging mental health problems.

The national conference in Halifax brought together physicians, nurses, other mental health care workers and government officials from across Canada to learn from each other's experiences and discuss the future of shared mental health care in Canada.

As a newcomer to our local project, I was excited to go and hear how colleagues across the country strive to bring the best mental health care possible to many diverse communities.

Psychiatrists, the physician specialists in the field, are in short supply in suburban, rural and remote communities in Canada. We met a psychiatrist from Victoria B.C. who is working to support the work of family physicians across Vancouver Island. We heard how a nurse practitioner in small-town Ontario is collaborating closely with psychiatrists to deliver care to patients with difficult and complex mental health problems.

Here in Mississauga it has become increasingly difficult to refer patients to community psychiatrists. A recent phone call to our local community mental health centre netted me a list of four psychiatrists accepting new patients locally. Waiting lists are long and some psychiatrists limit their practices to particular problems.

I look forward to being in a group where I can discuss concerns about an ill patient with a mentor psychiatrist in a timely way. The patient will be seen within a few weeks if necessary and then receive their follow-up care with me. I will meet with my group monthly and further discuss ongoing developments in the care of the patient. Input from colleague family physicians in my group can enrich my knowledge as I learn how other family physicians solve similar problems.

The beauty of this model is the family physician and psychiatrist can work and grow together as a team. I expect to hone my diagnostic and therapeutic skills through these regular interactions. I expect the psychiatrist will come to better know my evolving abilities and limits and so a greater efficiency of care will grow.

Presently very ill patients can be referred to the emergency department and be seen by the crisis team and the psychiatrist on call. For some people this is the optimal immediate approach. However many serious problems that patients face may not require a lengthy emergency department visit. Formalized access to a mentor psychiatrist could be of great benefit to family physicians in their offices.

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Mental Health cont'd.

The Halifax conference not only gave me a broad overview of various shared care models in Canada but also was very enjoyable. Our group had a terrific time down east. We biked along the Halifax waterfront after the Saturday sessions and returned to the evening meal of east coast lobster and a country ho-down with joyous folk and square dancing. The Mississauga group held their own on the dance floor.

I'm hoping the shared care model here at Trillium will be a boon to both my patients and myself. I'll keep you posted.

The Shared Mental Health Care pilot project at Trillium Health Centre began in October 2002 with 4 family physicians and is currently being expanded. Please contact Sheryl Farrar at 416-259-7580 ext 5511 or sfarrar@thc.on.ca if you are interested in learning more. Thank you to People Support at Trillium Health Centre for partnering with the Primary Care Initiative and making it possible for Trillium family physicians to attend this conference.

Department of Family Practice Vision Meeting

The Primary Care and Community Health Initiative was developed in order to strengthen and improve Trillium's efforts in primary and community care linkages. Work has been completed and is underway on a number of recommendations. To build and further this work, Dr. Don Collins-Williams, Chief of Family Practice would like to bring together family physicians and other stakeholders in primary care to determine goals and a future vision for the Department.

The vision meeting will be Wednesday November 26, 2003 5:30pm-8:30pm with a buffet dinner served at 5pm. We will have room for 70 participants. Please watch for more information.

Trillium Health Centre Website – Section for Family Physicians

The website section, For Family Physicians, is being upgraded to include program information for patients, connections with the Health Information and Wellness Centre, electronic copies of this Bulletin, assessment tools and rounds information and sites of interest for family physicians. Feel free to offer suggestions to continue to make this site useful to you and your colleagues.

(www.trilliumhealthcentre.org/physicians_health_professionals/index.html)

Community Resources Tips for Family Physicians – *Exploring Your Role in the World of Self-Help*

The Ontario Self-Help Resource Centre was established in 1987 to promote self-help/mutual aid. The goals are to increase awareness about self-help/mutual aid in the community and among helping professionals, and to facilitate the growth and development of self-help groups, networks and resources across Ontario. Information about self-help groups in your area can be found at www.selfhelp.on.ca or calling 416-487-4355. The following points outline a role for family physicians the self-help realm:

- 1) Educate yourself through the experience of self-help groups. Many self-help/mutual aid groups are happy to have visitors. Attending a group related to your field of interest or relevant to a patient population need can be an excellent learning experience.
- 2) Make referrals to self-help groups. Self-help may be an effective supplement or follow-up to other forms of treatment and support.
- 3) Prepare your client for the self-help/mutual aid group. You can contribute to their success by helping them understand what to expect.
- 4) Share your expertise with a self-help/mutual aid group. Self-help groups often rely on outside resources to provide expert advice and professional assistance about special topics.
- 5) Promote referrals to a self-help/mutual aid support group. Talking to colleagues about self-help groups and their benefits and referring colleagues to their local self-help centre can help.
- 6) Make and maintain connections with your local self-help centre, organization and networks!