

Diabetes Care Program of Nova Scotia Annual Report - 2002/03



Message from the Chair, Diabetes Care Program of Nova Scotia (DCPNS) Board of Directors

In fiscal 2002/03, the DCPNS focused its energies in four key areas. Although the Program is involved in many new and ongoing activities, the following four areas clearly demonstrate the vision and values of this provincial program:

- Supporting our healthcare professionals.
- Collecting and using evidence to enhance decision making.
- Forming collaborative partnerships in efforts to identify and reach new target audiences.
- Promoting applied research as a means of shaping innovative delivery models.

Much of the work that goes on within a provincial program is driven by those on the front line of healthcare delivery. The DCPNS prides itself on the expertise, interest, and enthusiasm of those that contribute through committee and working group structures. This influence is demonstrated from the inception of new concepts to the delivery of the final product. Nova Scotia has much to be proud of as it seeks to *improve the health of Nova Scotians affected by or at risk of developing diabetes...*

Murdock Smith, MD

Supporting Our Healthcare Professionals

The DCPNS recognizes, values, and acts to enhance the expertise of healthcare professionals in providing care, education, and support to persons with diabetes.

From provincial and regional workshops to Telehealth sessions, the DCPNS has actively supported knowledge transfer and timely change in clinical practice. A Telehealth session offered in November 2002 was the first of three to be offered at sites across Nova Scotia and Prince Edward Island. This education venue provided healthcare professionals with access to the psychological advice and expertise as offered by Dr. Michael Vallis. Dr. Vallis is well known for his expertise in assisting people with chronic disease.

The DCPNS was pleased to release a policy and guidelines document for insulin dose adjustment in April 2002. This document is for use by District Health Authorities as they move toward the adoption of standardized guidelines that reflect efficient, safe, and competency-based practice for insulin dose adjustment.

The Program's quarterly newsletter is now archived on the DCPNS website allowing those from inside and outside the province direct access to new information, new resources available through the DCPNS lending library, and added insights into provincial initiatives.

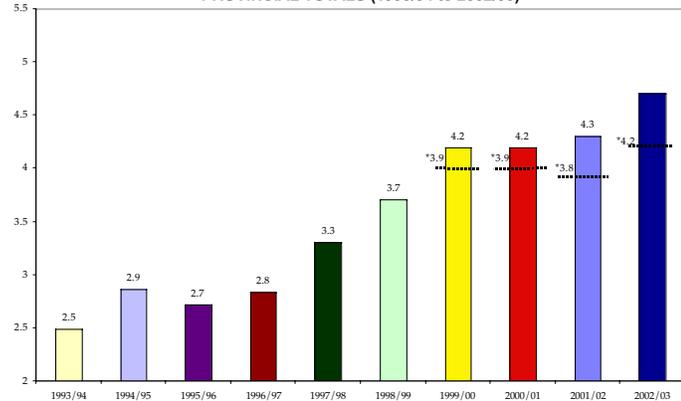
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Collecting and Using Evidence

The DCPNS supports the collection and use of Nova Scotia data to influence program directions and priorities. It values the contributions and endeavors to increase the capacity of professionals at the local level in both interpreting and acting upon the information collected.

Making decisions based on the best available evidence leads to improved program delivery and enhanced health outcomes. In Nova Scotia, we are fortunate to have a consistent, standard means of collecting data from the province's 36 District Health Authority-funded Diabetes Centres. The centralized collection of data since 1992 has allowed for tracking trends in service utilization that can be linked to direct healthcare cost savings. See Figure 1 for increasing referral rates. It also allows districts and individual Diabetes Centres to look at referral patterns as a means of service delivery/promotion.

Figure 1: REFERRAL RATE OF NEWLY DIAGNOSED INDIVIDUALS PER 1,000 POPULATION
PROVINCIAL TOTALS (1993/94 to 2002/03)



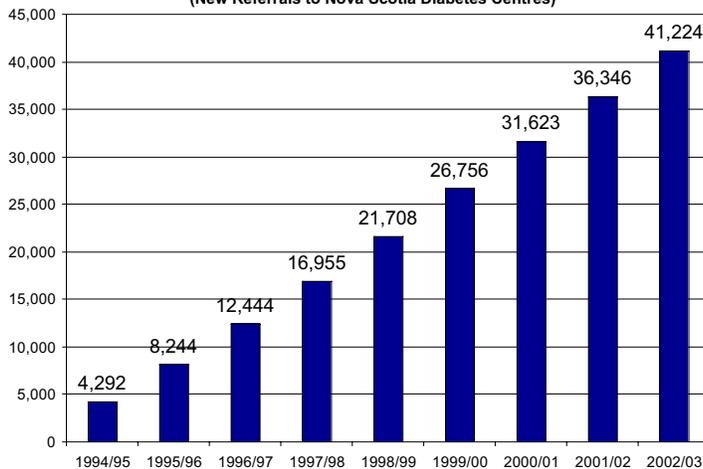
*Referral rate of new cases of diabetes excluding IFG diagnosis (268 in total for 1999/00; 335 in total for 2000/01; 397 in total for 2001/02; 517 in total for 2002/03).

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As of April 2003, ten Diabetes Centres are now using the DCPNS Registry System onsite as a means of collecting visit, demographic, and outcome data. This onsite collection replaces the need for the DCPNS to conduct process and outcome audits in determining quality service. It also means the Diabetes Centres no longer need to manually collect and report daily/monthly statistics to a centralized registry. This now allows Diabetes Centres to view their population as a whole through custom and standard reports. This aggregate data will be used to determine how well programs are able to follow clinical practice guidelines and to also track changing trends in care over time. The use of this data at the community level will lead to community-specific interventions/actions that can be measured and evaluated to help support requests for new and/or expanded programs.

Continuing to build strong databases will allow the DCPNS and the Districts to work in partnership with others to address the needs of specific populations. Figure 2 indicates the cumulative growth in the DCPNS Registry since 1994/95.

Figure 2: DCPNS REGISTRY CUMULATIVE REGISTRANTS
(New Referrals to Nova Scotia Diabetes Centres)



The DCPNS Registry, established April 1, 1994, reflects new referrals to Nova Scotia Diabetes Centres. New referrals include all classes of diabetes (types 1 & 2, gestational diabetes mellitus [GDM], and other) as well as those with an intermediate stage of abnormal glucose homeostasis (impaired fasting glucose [IFG] and impaired glucose tolerance [IGT]). The Registry is able to capture treatment type and co-existing co-morbid conditions/medical problems as well as clinical and self-care parameters.



Partnerships and New Target Audiences

The DCPNS recognizes the growing epidemic of diabetes in Nova Scotia and strives to reduce the burden in present and future generations.

The DCPNS has been an active participant in the Nova Scotia Alliance for Healthy Eating and Physical Activity and in the development of the province's draft Chronic Disease Prevention Strategy. We look forward to the role this provincial program can play in the implementation phase of the strategy.

In December 2002, the DCPNS launched an awareness campaign aimed at individuals and families at risk of developing type 2 diabetes. A broad-based partnership including representatives from the healthcare sector, private industry, the Canadian Diabetes Association, and the Recreation sector formed the basis for the development and ultimate delivery of this prevention

initiative. The campaign consisted of a public information piece titled "Can you catch diabetes? No, but it could catch you." An information pamphlet aimed at the provider of health information accompanied the public piece and provided background information on the supporting research and recommended approaches. Consistent messages related to healthy eating, physical activity, and weight control apply to the prevention of many chronic diseases. The reinforcement of these messages will go a long way toward informing the public and guiding community-based action.

Applied Research

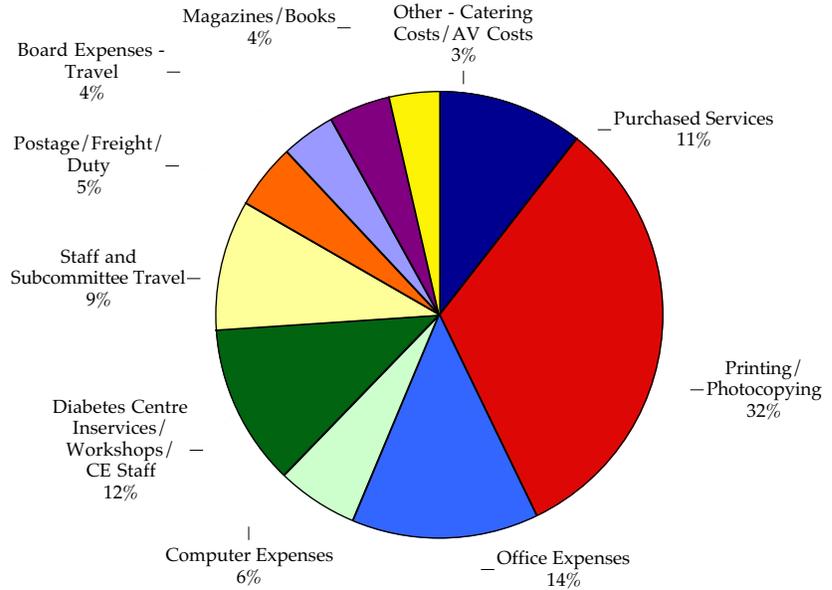
The DCPNS supports applied research in the clinical setting looking for applications and interventions that will be easily and appropriately instituted in varied Diabetes Centres and physician office settings.

People with diabetes must successfully manage not only blood sugars but also blood pressure and blood fats. By reaching and maintaining aggressive targets for these three metabolic markers, the complications of diabetes can be prevented or markedly reduced in severity and/or rate of progression. Achieving the required level of metabolic control can be challenging for the person with diabetes, his/her physician, and the staff of local Diabetes Centres. Understanding provider and patient barriers to good care is an essential first step in designing and delivering targeted intervention.

The DCPNS is pleased to report that the Program has partnered with researchers from Dalhousie Family Medicine. A study currently underway and slated for completion in 2004 is using qualitative measures (interviews and focus groups) to look at barriers to blood pressure control from four different perspectives—patient, physician, diabetes educator, and pharmacist. This research stemmed from the DCPNS interest in and concern for what appeared to be unacceptable levels of blood pressure control in a subset of the diabetes population attending a number of the Diabetes Centres. This partnership has brought together an array of healthcare providers interested in improving the care provided to people with diabetes.

Financial Statement

As in previous years, operating expenses average just under 20% (17%) of the Program's total budget of \$380,000. Remaining monies are used to cover salaries and benefits of staff. The greatest operating expense is reflected in printing costs (32%) as the DCPNS strives to provide standard documentation and other forms for use by Nova Scotia's Diabetes Centres. Also reflected in this printing cost is the production of quarterly newsletters, workshop materials, and patient education materials.



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