

## Improving Diabetes Care in Nova Scotia through a Provincial Program Model

*Submitted on behalf of the DCPNS staff and Advisory Council*

**Background:** Established in 1991, the Diabetes Care Program of Nova Scotia (DCPNS) is a Provincial Program funded by the Nova Scotia (NS) Department of Health (DoH). Guided by an Advisory Council and a number of committees, the DCPNS advises on service delivery models; establishes and monitors adherence to DM guidelines; provides support, services, and resources to DM healthcare providers; and collects, analyzes, and distributes DM data for NS. Program priorities have evolved over the years to reflect provider and health system needs.

**Aims:** To improve, through leadership and partnerships, the health of Nova Scotians living with, affected by, or at risk of developing DM.

**Methods:** The DCPNS works closely with the province's 9 District Health Authorities (DHAs), 39 Diabetes Centres (DCs), and DM care providers to influence practice. Program staff and dedicated fiscal resources, as well as a number of groups with membership reflective of both urban and rural practice (Pregnancy, Pediatrics, Best Practice, and Long Term Care) ensure the interests of the DoH, DHAs, and special populations. A provincial registry, built and supported by the DCPNS, gathers population & clinical data from DCs to inform policy and provincial initiatives. DCPNS initiatives—grants, workshops, newsletters, practice tools, and annotated bibliographies support networking, knowledge transfer, sharing of lessons learned, and the uptake of guidelines.

**Results:** Standardized documentation forms (including referral, assessment, and flow sheets for adult, pediatric, and pregnant populations) as well as data collection tools have been in use since 1992. Guidelines for special populations (pregnancy, pediatrics, frail elderly), specific complications/comorbidities (HTN, dyslipidemia, and foot problems), and care protocols (insulin dose adjustment) have been implemented. The DCPNS Registry contains over 70,000 cases of DM/prediabetes, and provides data for local use to support quality improvement. Improvement in clinical measures has been documented, e.g., for DC follow-up attendees, 50% now have BPs within target (<130/80). Insulin initiation by DCs' staffs has also increased over 300% since 1992. Since 2005, 20 DC grants have been funded leading to practice innovations and efficiencies.

**Discussion:** The DCPNS ensures that Nova Scotians have local access to quality DM programs and services. DCs, regardless of location, are measured by the same standard. DC staffs are supported and have ready access to new knowledge. Over 70% of estimated NS DM cases are found in the DCPNS Registry. The availability and use of local data has resulted in program change, targeted interventions, and improved clinical measures.

*Dunbar M, Cummings EA, Harrigan L, Karlovic Z, Harpell B, Cook B. Improving Diabetes Care In Nova Scotia Through A Provincial Program Model. Poster presentation at the World Diabetes Congress, Montreal QC (Oct., 2009).*