

Improving Performance of Primary Care Teams Treating and Managing Diabetes

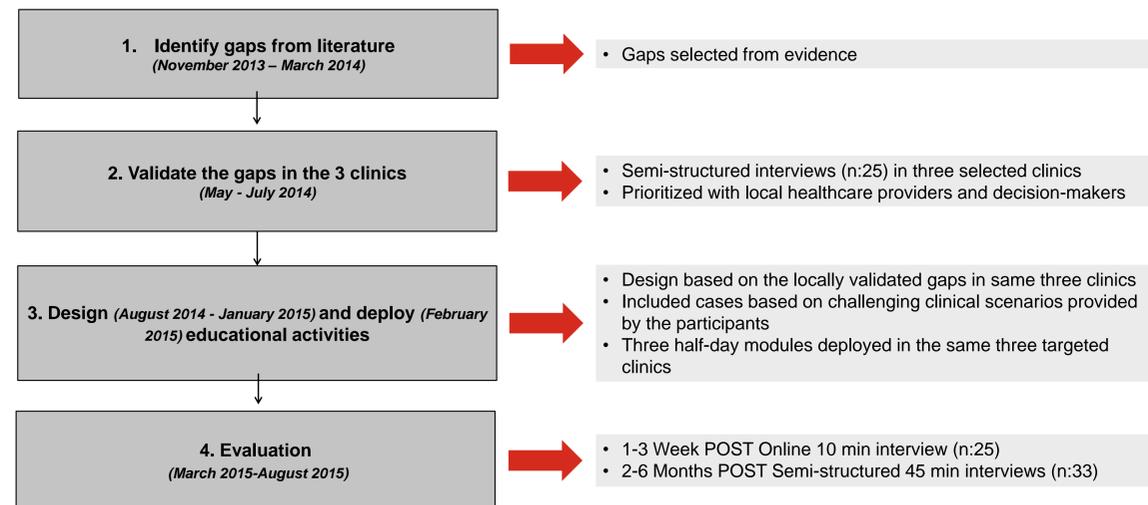
Suzanne Murray,¹ Ivan Desviat,² Patrice Lazure,¹ Luis Alberto Vazquez,² Marta López Cano,³ Carlos Pesquera³
¹ AXDEV Group Inc.; ² Eli Lilly & Company; ³Consejería de Sanidad y Servicios Sociales, Gobierno de Cantabria (Spain)

AIM

The European Performance Improvement Demonstration Project in Diabetes (EPIDD) is a four phase Performance Improvement program with a desired outcome to measurably impact the performance of three primary care clinical professionals teams in the care of diabetes. The program was performed in Spain in association with the educational service of the regional health authority.

PROJECT OVERVIEW

This project was performed in Santander (Cantabria, Spain) in a partnership among the public local Health Authorities (Consejería de Sanidad y Servicios Sociales), AXDEV and Eli Lilly. Health care professionals (physicians and nurses) from three Primary Care Centers in the urban/semi-urban area of Santander (C.S. Astillero, C.S. Camargo Costa and C.S. Dávila) participated.



PHASE 2: VALIDATED GAPS

- I. Diagnostic uncertainties and challenges related to patient uptake of diagnosis
- II. Challenges related to insulin therapy and therapeutic inertia
- III. Empowering patients to make lifestyle changes
- IV. Challenges in management of diabetes risks (diabetic foot and hypoglycemia)

PHASE 3: EDUCATIONAL INTERVENTION

Module 1 Diagnosis (Gap I), Lifestyle changes (Gap III)

Module 2 Insulinization / individualizing treatment (Gap II)

Module 3 Management of diabetes complications (Gap IV)

- 14 or 15 attendees/session
- Mixed groups (i.e., attendees from each of the three Primary Care Centers)
- Mix of nurses and physicians

PHASE 4: EVALUATION SAMPLE DESCRIPTION

	Healthcare Team Center	Family Physicians	Nurses	Administrators	Patients	Total
SURVEY	Center 1	3	2	N/A	N/A	5
	Center 2	8	4	N/A	N/A	12
	Center 3	5	3	N/A	N/A	8
	Total	16	9	N/A	N/A	25
INTERVIEWS	Center 1	4	3	1	2	10
	Center 2	8	3	1	6	18
	Center 3	0	4	0	1	5
	Total	12	10	2	9	33

RESULTS: SUMMARY OF FINDINGS PER GAP

Challenge targeted by the intervention	Results Reported
I. Diagnostic uncertainties and challenges related to patient uptake of diagnosis (Module 1)	<ul style="list-style-type: none"> Low levels of new knowledge gained, but consolidation of existing knowledge No change in clinical practice reported Reported enhanced Patient-Provider communication should help providers ensuring uptake of diagnosis <p><i>"I have been trying to change the way I talk to patients, I have been doing that, from the start, to try and implement the techniques we learned and the way we talk to them. I have quite a few things to change, and I am trying to do that".</i></p> <p>- Nurse</p>

Challenge targeted by the intervention	Results Reported
II. Challenges related to insulin therapy and therapeutic inertia (Module 2)	<ul style="list-style-type: none"> Reported decrease of therapeutic inertia Increase of confidence using different types of insulins / mixtures Increase of knowledge of communication strategies to alleviate patient fears Enhanced skills & confidence in Patient-Provider Communication to discuss insulinization with patients More complex cases kept in primary care, reducing referrals to specialists <p><i>"As I am more confident in my work, it inevitably helps me keep that attitude and introduce insulinization in patients where I have not dared to do so (...) I use different insulins from the ones I used before, or I do mixtures where before I was unsure whether they could be used or whether they were being used correctly".</i></p> <p>- Physician</p>

Challenge targeted by the intervention	Results Reported
III. Empowering patients to make lifestyle changes (Module 1)	<ul style="list-style-type: none"> Increase of confidence discussing lifestyle changes with patients Enhanced Patient-Provider communication should help providers better support patients <p><i>"With the new approach used, I believe some patient barriers have been removed (...) The reluctance to change many patients have is significant and if you know how to address them differently, you can get them to change".</i></p> <p>- Physician</p> <p><i>"First, a personal motivation. In the end, it helped us to believe again that our influence, especially on lifestyle changes, is useful; that we do have influence and power to motivate, train or educate –according to each patient".</i></p> <p>- Nurse</p>

Challenge targeted by the intervention	Results Reported
IV. Challenges in proactive management of T2D complications, such as Diabetic foot & hypoglycemia (Module 3)	<ul style="list-style-type: none"> Improved awareness of importance of annual check-up for diabetic foot Increase of knowledge, confidence & skills in management of hypoglycemia and diabetic foot Patient group on diabetic foot was put in place in one of the clinics <p><i>"Management of hypoglycaemia has been very useful for we did not have much experience with it and we were still using old concepts".</i></p> <p>- Physician</p> <p><i>"We did know about the risks of diabetic foot, but we did not use to do periodical check-ups as often as we do now. That is what we learned from the course. I think our follow-ups are more complete now".</i></p> <p>- Nurse</p>

PERFORMANCE IMPROVEMENT (PI): STRENGTHS AND SUCCESSES

Program Strengths

1. Use of cases designed based on interviews with learners
2. Delivery of practical information that is readily usable in clinic

Program Successes

1. Impacts on Clinical practice
2. Having stimulated learners to develop their own solutions
 - i.e., one clinic developed a patient group on diabetes foot

RECOMMENDATIONS

Based on the experiences from this program, for future replication of this project in other therapeutic areas / other clinics / other countries, ensure:

- Ensure institutional support from health care authorities in the implementation of the educational program
- Sufficient time planned for interactivity and discussion in all sessions
- Provision of additional tools to support education
- Reduction of time between validation and intervention, by involving educational provider earlier

CONCLUSIONS

This demonstration project suggests that the four-phase Performance Improvement Project is effective in improving clinical practice based on gaps already identified.

Participants reported improvements in clinical inertia, communication with patients, management of complications (diabetes foot, hypoglycemia) and complex insulin management and initiation cases.

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