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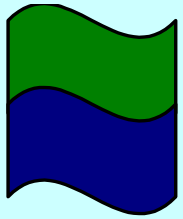
Redesigning Diabetic Care - Concurrent Workshop Session Repeated

Saturday, 11 June 2011	Start 11:00am	Duration: 55mins	Sigma
	Start 12:05pm	Duration: 55mins	Sigma

Re-designing Diabetes Care

Tony Dowell



Department of Primary Health Care and General Practice
University of Otago - Wellington - New Zealand

Understanding diabetes management: tracking communication in primary care

- Applied research on communication in health (ARCH) .
- Maria Stubbe, Tony Dowell, Lindsay MacDonald, Kevin Dew, Rachel Tester Lesley Gray, Sue Vernall (Wellington)
- Nici Sheridan, Tim Kenealy, Barbara Docherty, Devi-Anne Hall (Auckland)
- Thanks to participating Nurses, Doctors , Dieticians, Diabetes Nurse specialists, Optometrists

A growing epidemic

“ I eat hardly anything – only one meal a day”

Preventing illness

"These things one ought to consider most attentively; the mode in which the inhabitants live, and what are their pursuits. "

Hippocrates (On Airs, Waters and Places)

Long Term Condition Management

- E.g Medium size practice
- Care Plus 3 clinics / week
- Diabetes clinic (½ day)
- Lifestyle advice – 30% of practice nursing time? (3 clinics)

" Good utilisation of nursing skills " *P/Nurse*

And patients love it

Care Plus Quality Improvement Questionnaire. N = 129

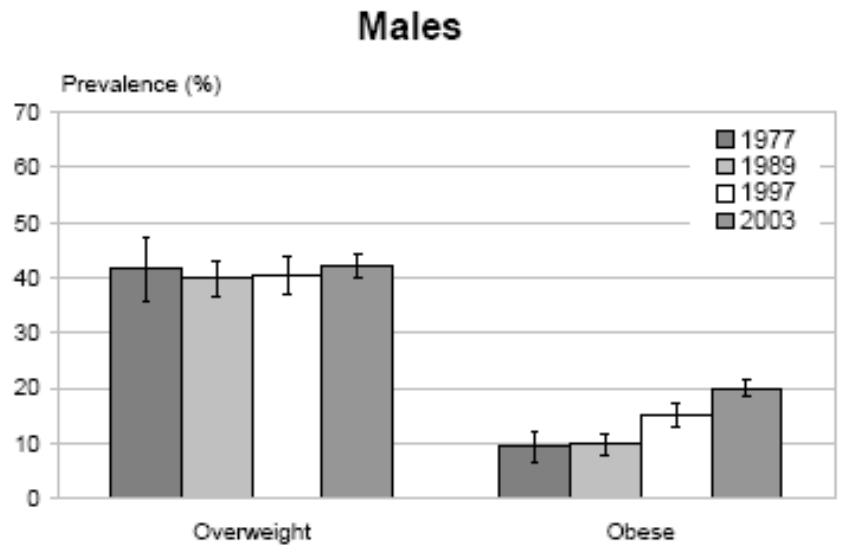
- Overall health improvement = 68 %
- Better able to manage condition = 88%
- Problems addressed = 96%

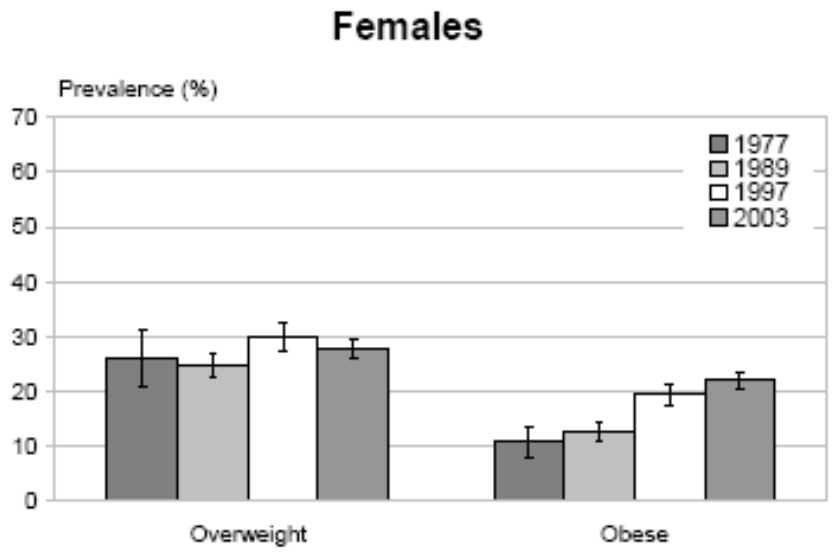
Kymbrekos F , Island Bay Medical Centre 2008

"Fallen then the city of instinctive wisdom."

James K Baxter.

Figure 2: Prevalence of overweight and obesity, total population, ages pooled, 1977–2003





Challenges in Diabetes Care

Challenges in Diabetes Care

- Self-care knowledge and beliefs
- Lifestyle adaptation and wishes
- Psychological status Self-monitoring skills and equipment
- Body weight trends
- Blood glucose control
- Blood pressure control
- Blood lipid control
- Cardiovascular risk
- Neuropathy
- Erectile dysfunction
- Foot condition
- Eyes
- Kidneys
- Medication review

Challenges in Diabetes Care

- Early detection
- Assessment
- Metabolic control
- Organisation of care
- Education for self management
- Multidisciplinary team care
- Decision support and IT

Harris M : Challenges in Diabetes Management: AUSTRALIAN FAMILY PHYSICIAN Vol. 37, No. 9, September 2008

Diabetes - the tradition

- Diagnosis new event by clinician
- Present diagnosis to patient + information => comprehend diagnosis + be prepared for management
- Biomedical model abnormal blood sugars long term risks - cardiovascular risk
- Psycho-social implications recognized

Diabetes – the tradition

- More information => more expert patient
- Logical sequence of interactions
- Each professional => additional expert knowledge.
- Expert patient => review check for additional risk factors.
- Check list of instructions and interventions

What actually happens

- Recruited 32 diabetic patients at the point of diagnosis.
- Practices Auckland / Wellington
- Balanced female / male. European, Maori, Pacific Asian sample
- Record all interactions with health professionals over 6 month period
- Hypothesis: Communication is important.

- *for this i don't know how much you know or don't know about diabetes but it's ((inhales))=*

What should the doctor say next ?

?

- Nothing
- Nix
- Nada
- Zippo

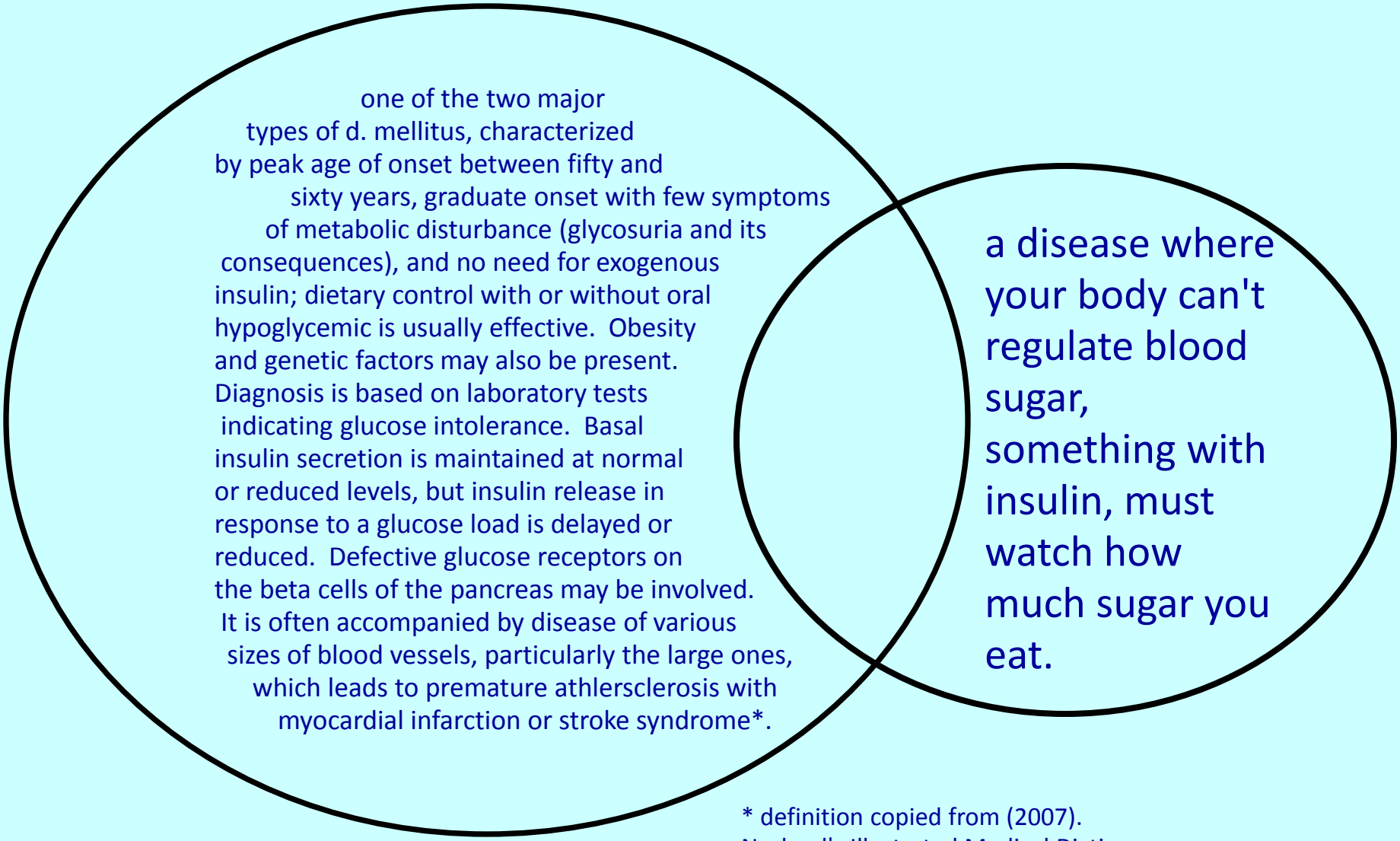
- GP: =something which at the moment we're + er quite interested and focused on i mean not just in new zealand many other countries as well but ((inhales)) the amount of diabetes is rising and rising and rising

Interruption times

- Opening sentence
- “ What can we do for you today?”
- Maximum uninterrupted listening time = 30 seconds.

What is diabetes ?
How do you describe it?

“Type 2 Diabetes”



* definition copied from (2007). Norland's Illustrated Medical Dictionary. (31st Ed.) Philadelphia, PA: Saunders.

Diabetes explanations

- GP: okay so we call it type two
- PT: mm
- GP: and there's actually two things at er usually happening one is ((inhales)) you may or may not have a decreased amount of insulin which is the the where the pancreas comes in ((inhales))

- PT: yep=
- GP: =um but the other thing that's common is what u- u- usually your body's ignoring it we cou- we say y- er your body is resistant to the insulin ((inhales)) so even if you have //some\
- PT: /mm\\ yep
- GP: your body's at least partially the ignoring it
- PT: right
- GP: um + ((inhales)) + and th- there's several er er um er diagrams that i like to show people //just\ as by way of basic explanation ((inhales))
- PT: /mm\\
- GP: =and one of which is we we re- regard for lots of purposes this resistance to the insulin as ((inhales)) as er a core problem if you like whi- which causes a whole lot of other things so
- PT: oh
- GP: that er your body resisting insulin actually commonly makes you gain weight commonly makes your sugar go up as //i have\ in diabetes but i- actually it=

+ i’d like firstly to know roughly what or or er briefly if you like what you know or understand about diabetes currently and and also like you to tell me how that how you feel about that or how you react to that

Opening sequences

- We are driven to explain
- We don’t allow the patient to tell their story.
- We use technical language.

What do patients know ?

- PT: ((inhales)) um + when i first f- had some different health questions ((drawls)) *um* i thought terriv- started asking the questions on what could it be i didn't realise i was ((inhales)) diabetic and yet i understood ((laughs)) *that* me father had it=

- PT: /cos\\ diabetes runs in my famil//y in ((COUNTRY)) so\
- NS: /oh does it\\ oh okay=
- PT: =yeah but //i was\ just hoping that i was just=
- NS: /yeah\\
- PT: =one of the ///((laughs)) *lucky ones hah hah hah no no such luck hah hah a-*\
- NS: /yeah i know hah hah hah hah hah so you've\\ you've
- PT: three of my brother oh s- my two my brothers and one of my sisters has got //+ diabetes they take\ takes pills and i think the other two take insulin

The system of care

- NS: ((tut)) as it and because it can affect lots of things there are a few other areas which i'll just go through as well one is um ((tut)) ((inhales)) there has been a connection=
- NS: =made between diabetes depression ((PT nods)) ((inhales)) ((tut)) um ((inhales)) is um ((tut)) ((inhales)) do you have any issues with with mood no
- PT: no

- PT: =it puts it into perspective if //you\ talk about it yeah mm
- NS: /yep\\
- NS: so you talk to friends
- PT: ((inhales)) i talk to anybody who's silly //enou\gh to listen=
- NS: /yeah\\
- PT: =//to me hah hah hah hah hah hah ((inhales)) so watch out\ hah hah=
- NS: /hah hah hah hah hah hah hah hah hah ((inhales)) i think with\\
- NS: =a- yeah i think women a//re like\ that though=
- PT: /((inhales))\\
- PT: =mm=
- NS: =i think that's how we that's how we manage th//ings\ and ((inhales)) i=

- NS: okay that’s that’s good that’s good ((inhales)) um ((tut)) ((inhales)) teeth is the other area

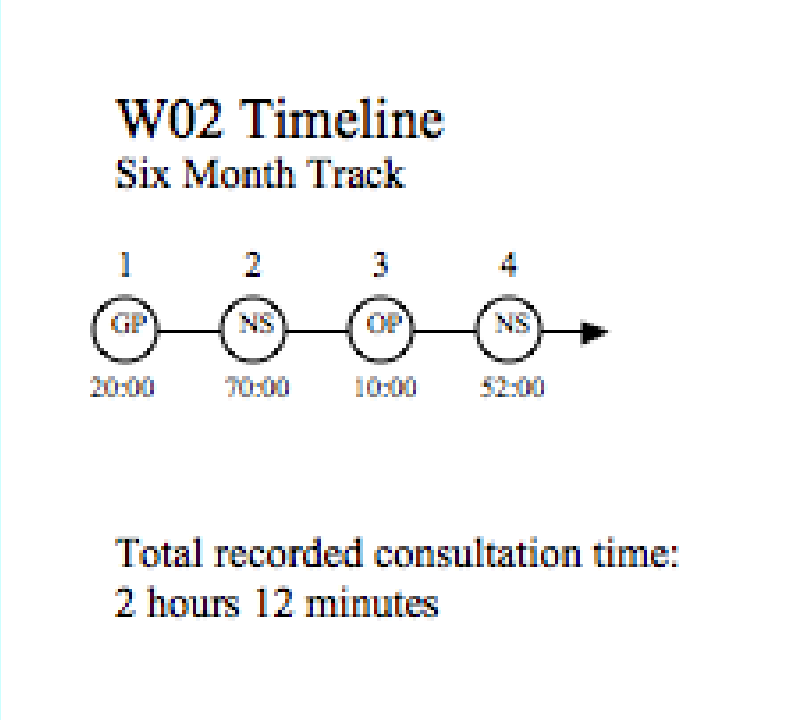
The impact of systems

- Standardised care and checklists ensure that particular topics are covered
- They interrupt the natural interactional flow of a conversation
- They may not fit with the patient context or reality
- *“ We have to cover all the stuff in the careplus checklist – sometimes that stops us being able to listen to the patient’ – Practice Nurse*

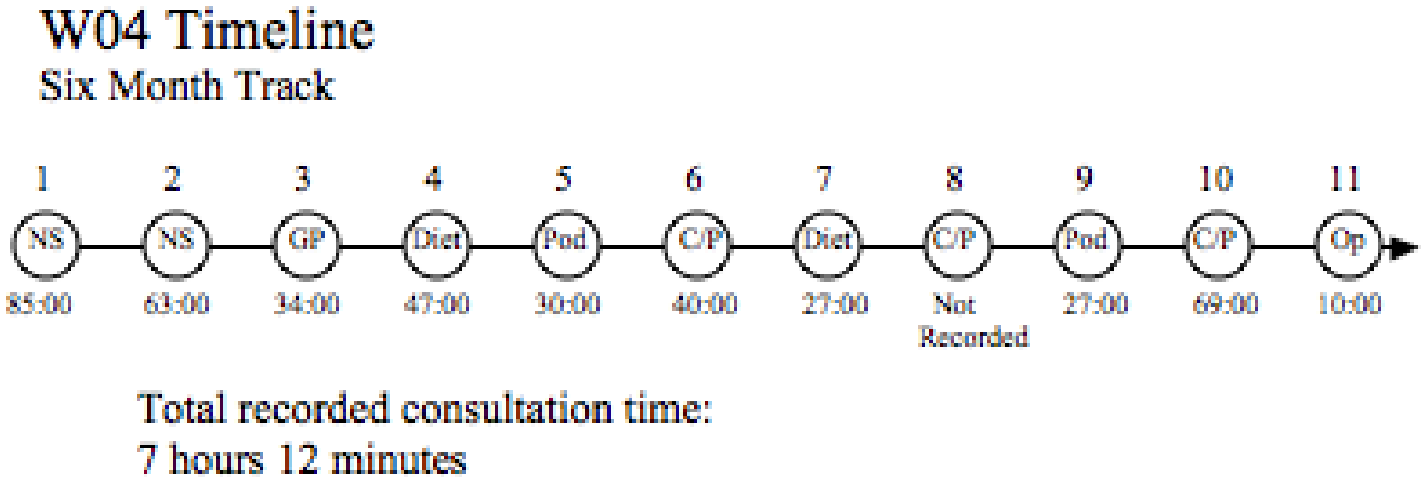
How much time ?

- How much time do you think ‘you need ‘over the first six months ?
- For what ?
- How much time is allocated?
- E.g Female , mid 40’s, BMI 35, non hypertensive, no family history.

How long a time



There’s not enough time ?



Too much of a good thing ?

- **DS-NS12-01a**
- **13:00**
- NS: =((inhales)) i'll give /you a booklet\\ which will um give you an idea
- PT: /er y- yeah\\
- ((NS takes booklet out of drawer))
- PT: okay

- **03:00**
- NS: /do you do you want some pamph\\lets that um do you want me to give i have printed some //out\ if you want to=
- PT:/((sniffs))\\
- NS: =//but\ if you=
- PT:/of\\
- NS: =go//ogle it then you can actually you\ know ((inhales)) there's pages and=
- PT:/yep i'll google it yep\\
- NS: =//pages\ and pages
- PT: /yep\\
- PT: yep=

- PT: =well i've gone through all the other information you gave me last time i was //here\
- NS: /yeah\\ yeah oh good=
- PT: yeah //and that's yeah yep\
-

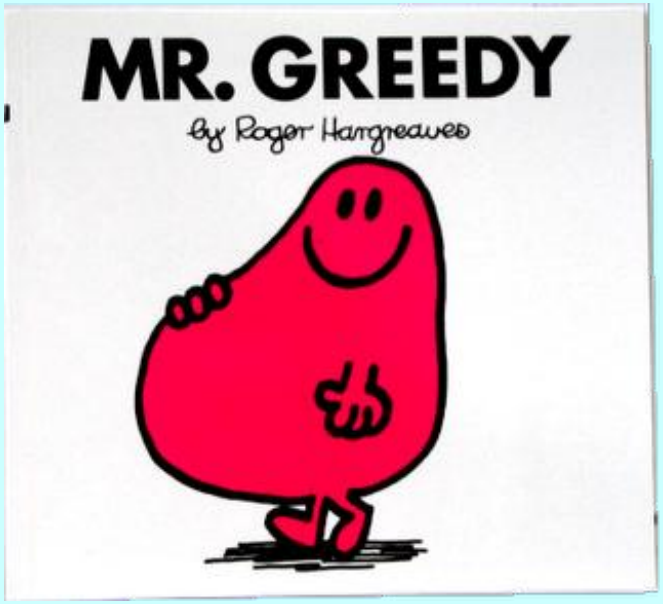
- **09:00**
- PT: right
- GP: um + ((inhales)) + and th- there's several er er um er diagrams that i like to show people //just\ as by way of basic explanation ((inhales))
- PT: /mm\\

- IN: that's okay yeah //that's ( )\
- GP: /yeah\\ + yeah so do you know anything about diabetes have you do you know anyone else that's had diabetes or know anything about the illness
- IN: mm o lea la e faimai o le, le, o le fo'i le diapili, po o le a la sou faalogologo pe iai sou faalogologo le po ua i ai se afaina, po o le mea ua + that's alright these already these a um the diabetes are
- *well she's saying the diabetes how do you feel do you feel any is there anything the matter, or is it that*

The F word

Adispose-tissue challenged
- Big, Bloated, Blobby
- Corpulent
- Cow-shaped
- Elephantine, elephant-sized
- Fatty, Fleshy
- Gigantic
- Huge
- Kingsize
- Lardy, lardass, large
- Massive
- Obese, Oversize, Overweight
- Porcine, Porky, Portly
- Rotund, Round
- Stout, Supersize, Swollen
- Tubby
- Waddling, Weighty, Whale

Gordo, Obeso Obeso, grassociio, sovrapesso, smisuratamente grasso, Dick Zwaarlijvig Gros, Grosse Tjock



Asking about Fat

- **Direct questions:**
- have you lost a bit of weight?
- **Indirect questions:**
- do you want to see a dietician like a a someone to talk about food?
- **Bargaining:**
- overall um i th- you know if you lose weight it will get better

Mixed messages ?

- GP:=the most important thing about that is getting that good sleep and having some energy the next day //have you\ lost some weight
- PT: /yes\\
  no i put it on
- GP:oh have you=
- PT: =hah hah hah
- GP:i thought oh i thought you looked trimmer ((to NS)) has she really put it on=

Mixed messages

- NS: =i think just really ((exhales)) *happy*
- GP: oh //hah hah well i thought you looked slimmer so um\
- PT: /hah hah hah hah hah\\ i wish hah hah
- NS: /hah hah hah\\
- GP: oh well um
- PT: i've put <u>on</u>
- +
- GP: *oh yeah well it's over christmas* isn't it
- PT: <u>yes</u> hah hah=
-

Exercise ??

- GP: =got to offer you i mean there's there's reducing your weight and increasing your exercise and //eat\ing healthfully and=
- PT: /mm\\
- GP: =//that's\ the mainstay ((inhales)) and somewhere on the way um probably=
- PT: /yeah\\

Exercise 2

- GP: =there is just to tie it in with the other diagram there is actually one ((inhales)) or or or two things that will actually turn that clock back ((inhales)) and and that's that's exercise
- PT: yep
- GP: and also weight loss of and my rule of thumb is about it's about five kilograms per step //so i'm\ in other words i'm saying ((inhales)) you=

Overall purpose ?

- PT: =because of that i mean i've ((drawls)) *um* ((tut)) i mean i can't remember what i was weighed here but when i started ((inhales)) when i was notified i had d- diabetes ((inhales)) and i went to the gym and i'm going there and i'm weighing in every //saturday\
- GP: /mm\\ mm
- PT: i've lost at last count last saturday i'd lost five kilos ((inhales)) and i've lost more f- since then

Overall purpose ?

- GP: ((inhales)) yeah no you're doing really well with that it looks from our scales like it's about three but that's okay be//cause you know\
- PT: /oh yeah because i came\\
- GP: we didn't //have\ a=
- PT: /yeah\\
- GP: =good start//ing point\ i don't think=
- PT: /yeah\\
- GP: =((drawls)) *u//m*\
- PT: /mm\\
- GP: ((inhales)) and and so that's o- d- fine and it sounds like you've done well with your dietary stuff

Diet and exercise etc

- Interactional delicacy
- Confused mixed messages
- For most diabetics exercise will not lose much weight.
- We are more comfortable talking about exercise than diet.
- Portion / Breakfast / No snacking / Fruit and Veg

Talking about ‘you know’

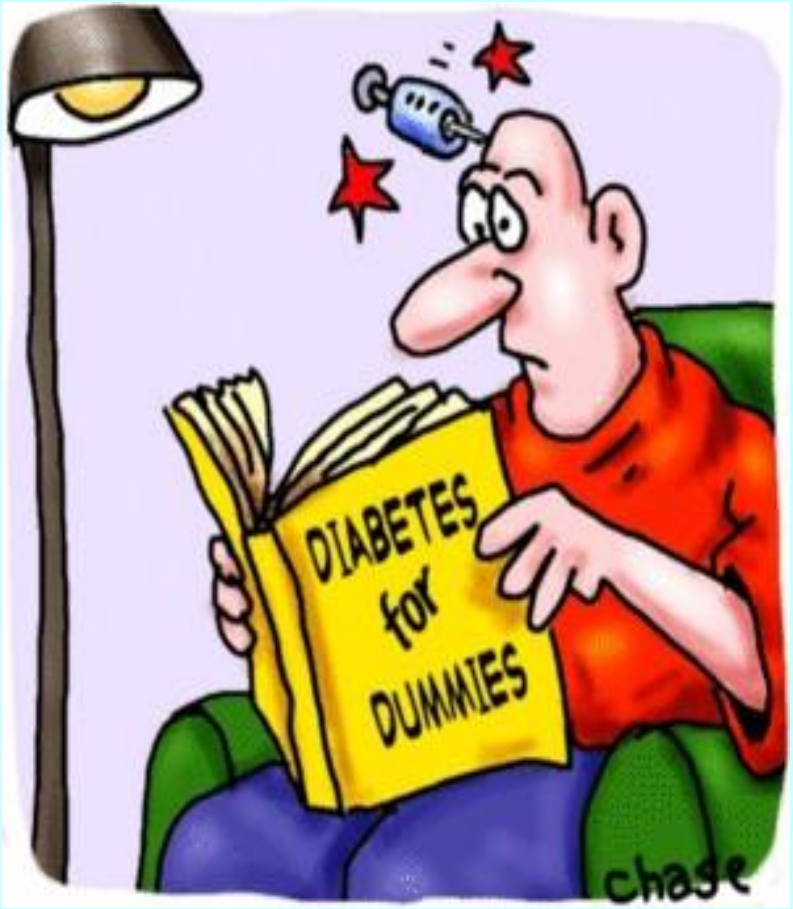
- PT: /((tut)) oh\\ coo//l\
- NS: /m\\m ((tut)) at eight percent ((inhales)) and of course it goes up with age which is probably why um eight percent + ((quietly)) *eight* um + ((tut)) ((inhales)) and the other the other thing too is um ((tut)) ((inhales))

- sexual health as well ((inhales)) so i mean it can affect it can affect the you know it can affect y- you know ((inhales))um sexuality as well so that's just something to ((inhales)) to bear in mind um ((inhales)) ((tut)) and so you know if you've got any issues

Phew !

- that you want to discuss with your your doctor or anything ((inhales)) ((tut)) ((drawls)) *//um* mm no mhm/ d- er=
- PT: /no not really mm\\
- NS: =just something to be aware of that's all //yep\ ((inhales)) ((tut)) h-um so
- PT: /yep\\
- NS: =think that i think that's probably that's probably everything really ((inhales)) so what i'll do look is i'll um ((tut)) ((inhales)) i'll make a little plan out which i'll give to you and it just covers some of the things we've talked about today

Not rocket science



What could you do differently?

- Your own personal practice ?
- The practice of the primary care team?

What actually happens

- High level of generic communication skill employed
- ‘ pre-knowledge ‘
- Bio-medical explanations - out of context from the patient reality or experience.
- Checklist of facts /tests.
- Medically driven initially before lifestyle

What actually happens

- Professional isolation in patient care
- Overlaps of information and GAPS,
- Wide range of topics
- Recognition of lifestyle factors
- Psychological impact of diabetes.

What actually happens

- Particular challenges cross cultural consultations.
- Motivational interviewing - structure of the consultations buggers it up.
- Perception of time pressure , but significant combined time, often with re-duplication.

What actually happens ?

- Little patient perspective.
- Non linearity ‘novice’ => ‘expert’.
- Patchy evolution of expertise

"Diabetes has increased dramatically over the past 10 years. That proves that diabetes is caused by global warming!"


If you have been
Thank you for listening