Karen Evison

CVD and Diabetes National Programme Manager

Ministry of Health

Making Chronic Disease Management Easier - Concurrent Workshop Repeated

Friday, 21 June 2013	Start 11:00am	Duration: 55mins	Works
	Start 12:05pm	Duration: 55mins	Works

MAKING CHRONIC DISEASE MANAGEMENT EASIER:

Using Diabetes as an example

KAREN EVISON

MINISTRY OF HEALTH

OVERVIEW

- Why this matters (*The Burden & Benefits*)
- What we know (*The Evidence)*
- Managing long-term conditions effectively
- Dialogue & Discussion

OPENING QUESTIONS:

1. How many people are currently diagnosed with diabetes in NZ?

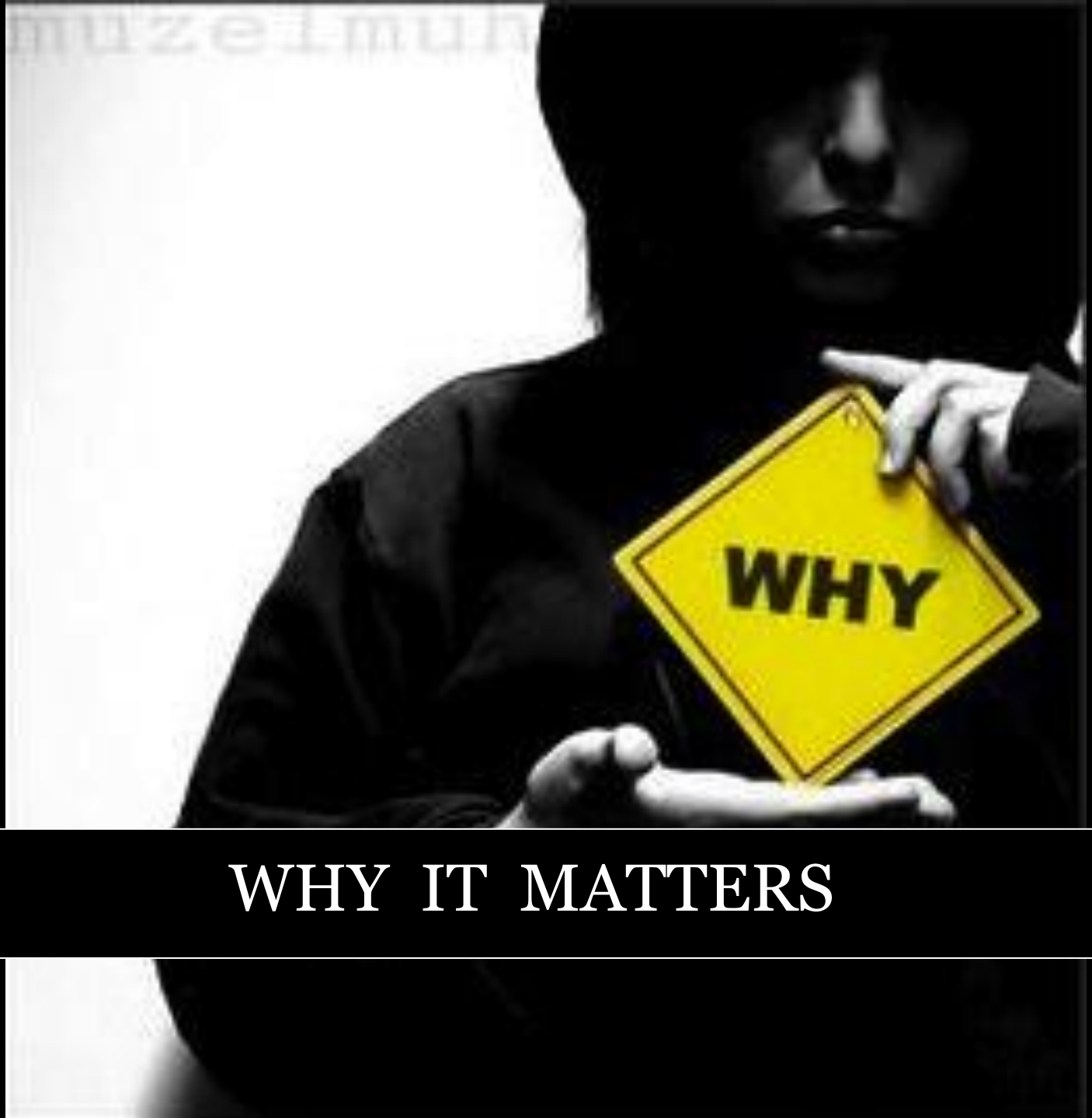
   225,000

2. How many people are believed to have 'pre-diabetes' ? *(HbA1c 40-60)*

   500,000

3. How many CVD & diabetes checks are being recorded each quarter?

   45,000



WHY IT MATTERS

Global Burden of Long Term Conditions

- **65%** of all deaths
- **35 million** deaths in 2010
- Increase by **17%** over next 10 years
- **75 %** of health care costs

Long Term Conditions in New Zealand

- Prevalence is rising
- **60%** more over 65 year olds by 2026
- Most will have good health
- But **one in five** will have a mental disorder
- And multiple conditions are common

- NCDs cause **80%** of all NZ deaths

AN INTERNATIONAL PRIORITY

WHO target (May 2013):
"To reduce premature deaths from NCDs by 25 per cent by 2025"

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AN INTERNATIONAL PRIORITY

INCLUDES:

10% relative reduction in diabetes prevalence

40% relative reduction in tobacco use

0% increase in obesity prevalence

MOST PEOPLE
HAVE NO IDEA THEY HAVE DIABETES

MOST PEOPLE HAVE NO IDEA THEY HAVE DIABETES

"I didn't know I had diabetes.

It was back in 2003. I felt a bit unwell one night and went to after hours.

I ended up going in to hospital to have a gall stone removed and while I was there they discovered I had diabetes as well."

Joseph, Christchurch.

MOST PEOPLE HAVE NO IDEA THEY HAVE DIABETES

“I should have known better because it runs through my family.

My father lost both his legs, before passing away. My sister and one of my brothers both died as a result of diabetes related issues and my two remaining brothers have both been diagnosed with it.”

Joseph, Christchurch.

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WHAT WE KNOW (THE EVIDENCE)

OPENING QUESTIONS:

1. **At what rate are the number of diabetes diagnoses increasing each year?**

   8%

2. **What positive outcomes are we seeing?**

   Declining rate of amputations & heart events despite overall rise in number of people with diabetes

1. **For diabetes or other LTCs and NCDs, what is working well in your practice?**

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DIABETES - WHAT WE KNOW

7% **OF ADULT POPULATION**

(But higher for Māori, Pacific & Indo-Asian)

DIABETES - WHAT WE KNOW

8%

ANNUAL GROWTH RATE

(Diagnosed diabetes 2006-2012)

DIABETES - WHAT WE KNOW

OUR LARGEST,

FASTEST GROWING

HEALTH ISSUE

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DIABETES - WHAT WE KNOW

50%

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DIABETES - WHAT WE KNOW

33%

DIABETES - WHAT WE KNOW

HOWEVER…

WE ARE IDENTIFYING EARLIER & ACHIEVING GREATER CONTROL AFTER DIAGNOSIS

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DIABETES - WHAT WE KNOW

AMPUTATIONS

(2006-2012)

Total number up 29%
Diabetes population up 63%

Overall rate of amputations for people with diabetes down 15%

DIABETES - WHAT WE KNOW

HEART EVENTS
(2006-2012)

Total number up 17%
Diabetes population up 63%

Overall rate of heart events for people with diabetes down 44%

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DIABETES - WHAT WE KNOW

GREATER IDENTIFICATION
MORE EFFECTIVE INTERVENTION
MORE EFFECTIVE MANAGEMENT

FUTURE CHALLENGE:
BETTER PREVENTION

PEOPLE NEED HELP TO MANAGE
ESPECIALLY AT THE BEGINNING

PEOPLE NEED HELP – ESPECIALLY AT THE START

"At the start, when I needed it, they helped manage me. I'm pretty much self-managing now but I couldn't' have done it without the support I had.

I feel like I've been really well monitored – without the meds my quality of life would have been rotten.

Now I can say there's definitely life after it!"

Alan, Hawera.

PEOPLE NEED HELP – ESPECIALLY AT THE START

"It's a real challenge. Most of us have very low understanding of the language of diabetes.

One moment you're just living your life and the next you've been diagnosed with a condition and people are talking to you using terms you just don't understand – HbA1c's and so on. Let alone the various medications.

There's a lot we could do to make the journey easier and less intimidating for people."

Margaret, Kapiti Coast.

MAKING MANAGEMENT OF LONG-TERM CONDITIONS EASIER

MAKING MANAGEMENT EASIER

We need to take a dual approach:

- ***High-quality individual care***
- ***Population management***

DIABETES – POPULATION MANAGEMENT APPROACH

- **Identification:** ***More Heart & Diabetes Checks***
- **Management:** ***Diabetes Care Improvement Package***
- **Prevention & Management:** ***Green Prescriptions***

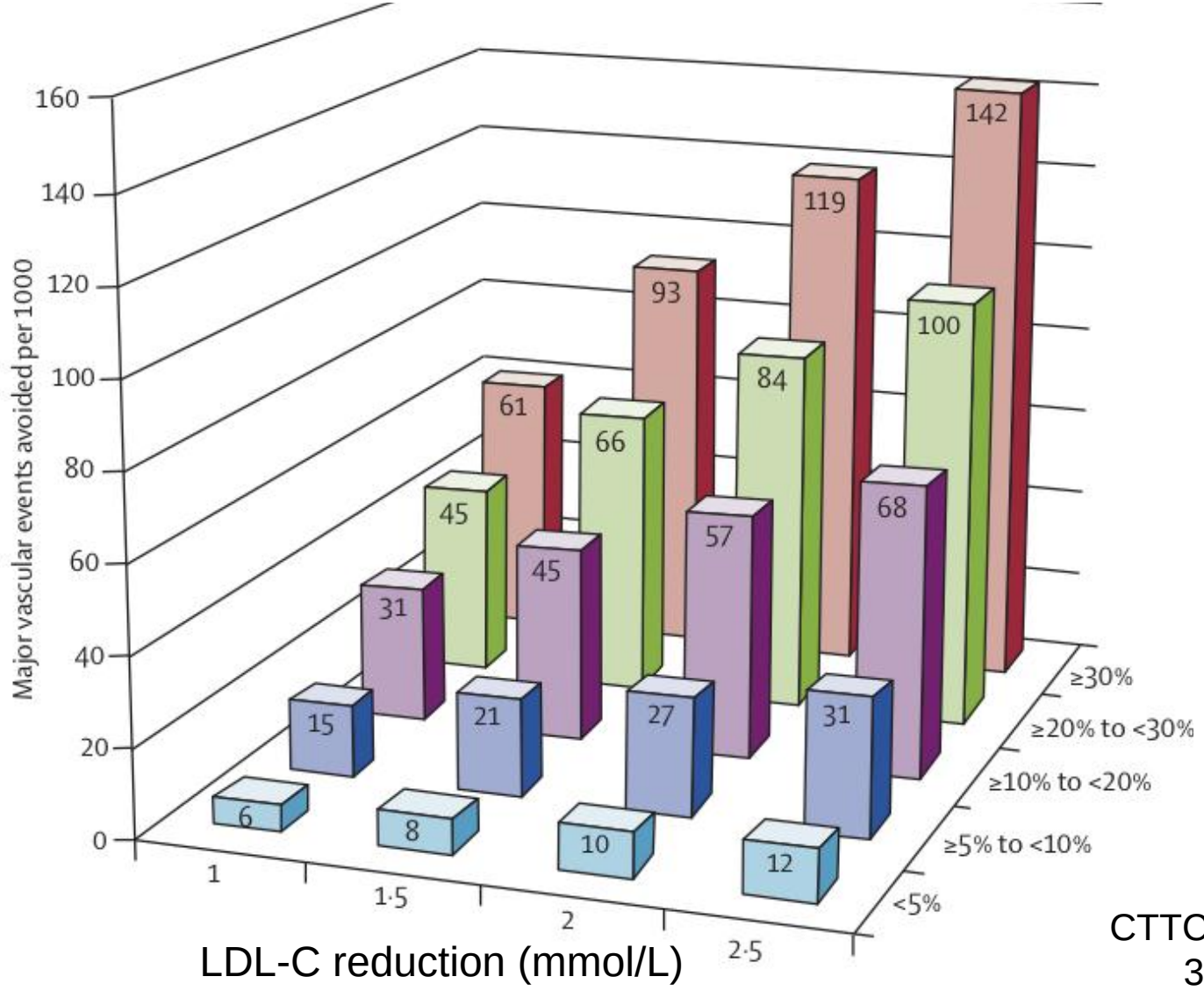
MANAGING 'PRE-DIABETES'

Losing 5-10% of overall body weight reduces risk by 50%

MANAGING 'PRE-DIABETES'

1. *Provide lifestyle advice*
2. *Link with community support & activities (GRx)*
3. *Address other contributing issues (depression, nutrition etc)*
4. *Agree a schedule of follow up intervals*

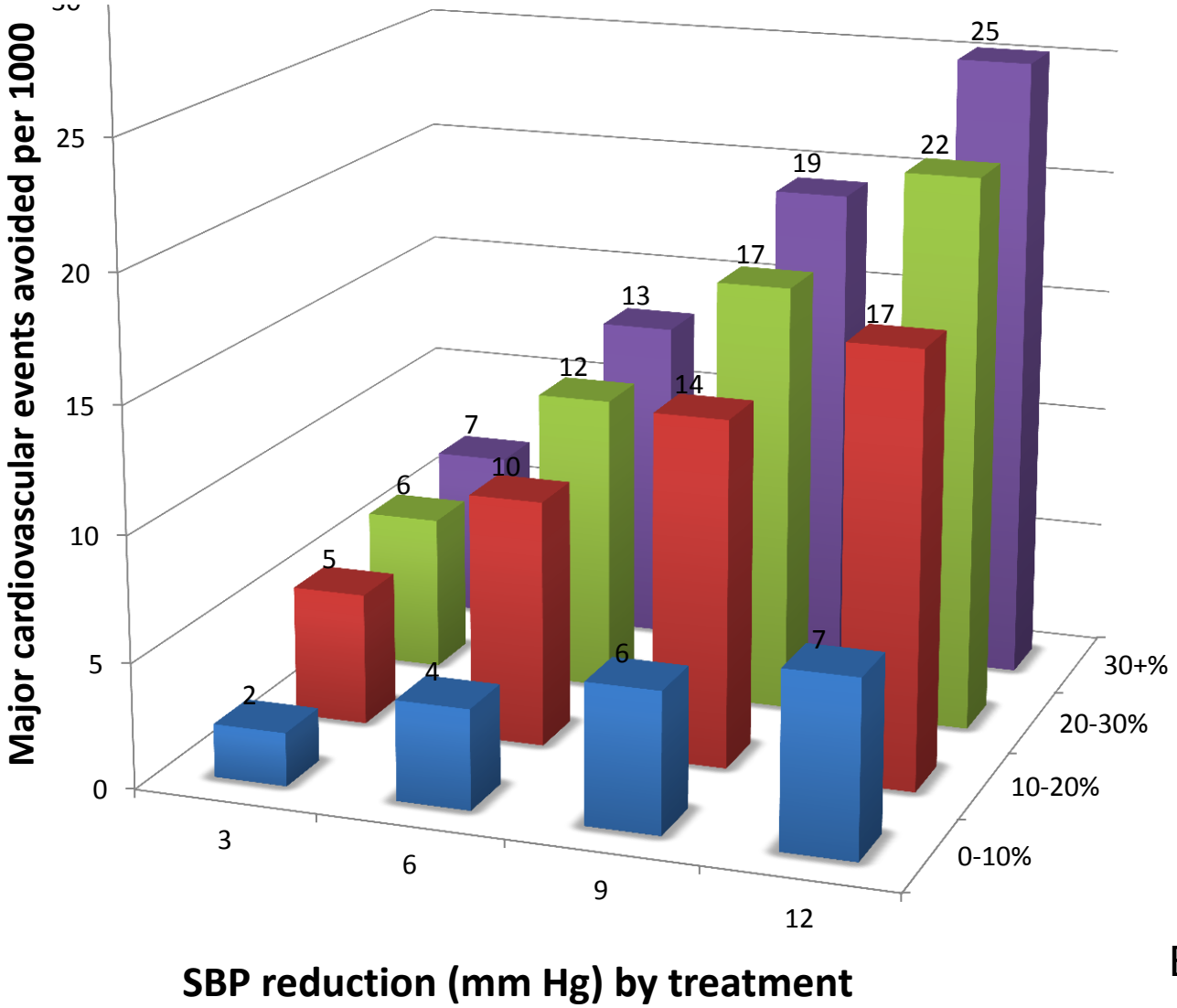
Predicted benefits of increasing LDL-C reductions with statins by baseline absolute CVD risk: vascular events avoided per 1000 treated for 5 yrs



CTTC. Lancet 2012; 380:581-90

Predicted benefits of increasing SBP reduction with drugs by baseline absolute CVD risk:

CVD events avoided per 1000 treated for 5 yrs



BLTTC unpublished 2013

MAKING MANAGEMENT EASIER

Having up to date disease coding for your enrolled population is essential for active management.

- ***Identify those who might need proactive check ups.***
- ***Due to co-morbidities, actively managing one condition can help prevent or control others.***

MAKING MANAGEMENT EASIER

Identify the risk level for your population, then arrange the care to match.

MAKING MANAGEMENT EASIER

In some areas access is the issue
(*mobile outreach, transport subsidies, community clinics*)

In other areas, education is the challenge
(*nurse-led clinics, conversation maps, information evenings, various health literacy initiatives*)

What are the main challenges in your practice, for your population?

LIFESTYLE CHANGE IS DIFFICULT

PEOPLE NEED HELP – ESPECIALLY AT THE START

"My GP put me on the Green Prescription programme which has been great. I'd never heard about it.

They got me started at my local gym. However the gym manager told me that they don't want me there if I can't sort out my blood pressure in case I have a stroke. That wasn't too welcoming.

Still I've got to do my part and not be a couch potato. I need to just do it and get outside my comfort zone."

-

Joseph, Christchurch.

WITH APPROPRIATE SUPPORT,
PEOPLE CAN SELF-MANAGE VERY EFFECTIVELY

WITH SUPPORT PEOPLE CAN SELF-MANAGE EFFECTIVELY

"I got back into water walking, gym, and going for walks. I ended up losing 16 kilos which has made a big difference.

In the beginning I beat myself up about it and was a little too dramatic about what I thought I couldn't eat.

"I don't find it a struggle at all now. Diabetes is just something I live with. I still need to be disciplined and watch my diet and exercise – but that's good advice for anyone really."

- **Deb, Auckland.**

WITH SUPPORT PEOPLE CAN SELF-MANAGE EFFECTIVELY

"I truly think and feel that I am in better health for having had a diagnosis of diabetes than I might have been.

It led me to actively manage my own health and wellbeing. It motivated me to keep to a healthy level of physical activity and manage what I eat.

I know I'm the better for it and I'm extremely grateful for that."

- **Margaret, Kapiti Coast.**

FOR DISCUSSION

1. **What is working well in your practice?**
2. **What challenges do you face?**
3. **What support do you need?**

FEEDBACK, DISCUSSION & QUESTIONS: