Building a hub-and-spoke model of care for diabetes: *The Physician in the Practice Clinic*



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Toowoomba

125km south west of Brisbane Largest inland city

• Population 125 000

Arafura Sea

NORTHERN

TERRITORY

SOUTH

Mount Isa

PACIFIC OCEAN

airns

Rockampton

ownsville

Bundaber

Mackay

Coral Sea

Brisbane

- Darling Downs District 300 000
 - Land area = 77 000 km2
 - 22 hospital facilities
 - 68 GP practices



- Arrived in 2006
- No Diabetes Service
- Single diabetes educator for whole district
- Solo endocrinologist until February 2015



• = 225 patients only...

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Setting up the PIPC 2010

Audit identified that 75% of referrals came from 25 practices

Endocrine waiting list = 210

• >2 years for new appointment

Diabetes Clinics

- 9 months for new appointment
- 27% FTA rate

Physician in the Practice Clinic

- Visiting 25 GP practices, twice a year
- Toowoomba & 6 towns
- Endocrine & Diabetes patients
- Type 2 DM clinic \rightarrow General Physicians



How does it work?

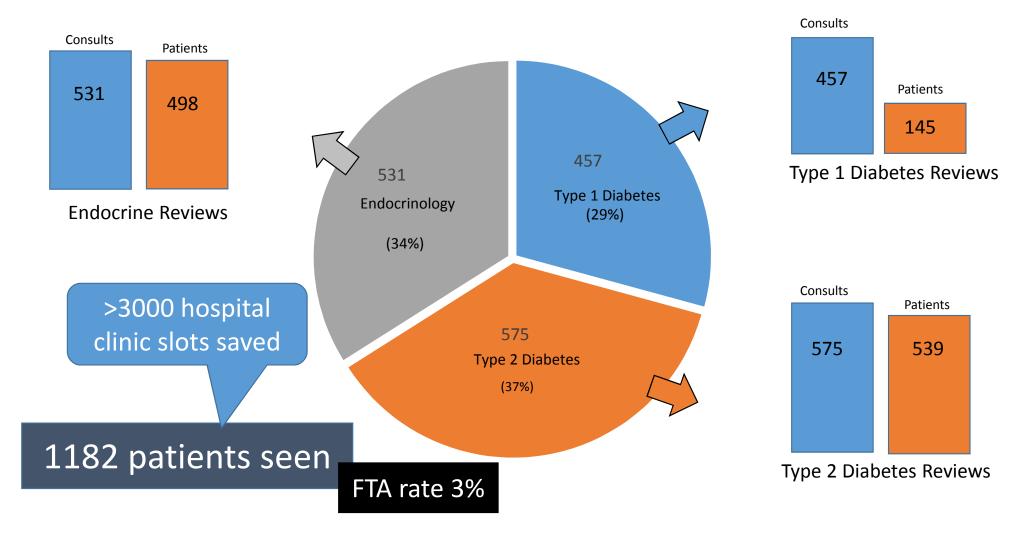


- Joint consultation with the patient's GP
- GP presents the history & results
- Discussion with patient \rightarrow care plan developed
- Education for patient and GP
- GP enters plan electronically
- Specialist letter
- Bulk-billed as case conference item

Discharge to GP

• GP Shared care with specialist

Total number of patient consultations (2010-2015) = 1563



The GPs are the Diabetes Team...

Overall, since 2010:

- Total number of GPs involved = 135
- Total number of GP practices = 36

Currently:

- Number of GP practices = 22
- Number of GPs currently involved = 94

4 regional GP practices are involved in Telehealth clinics



Benefits to GPs...



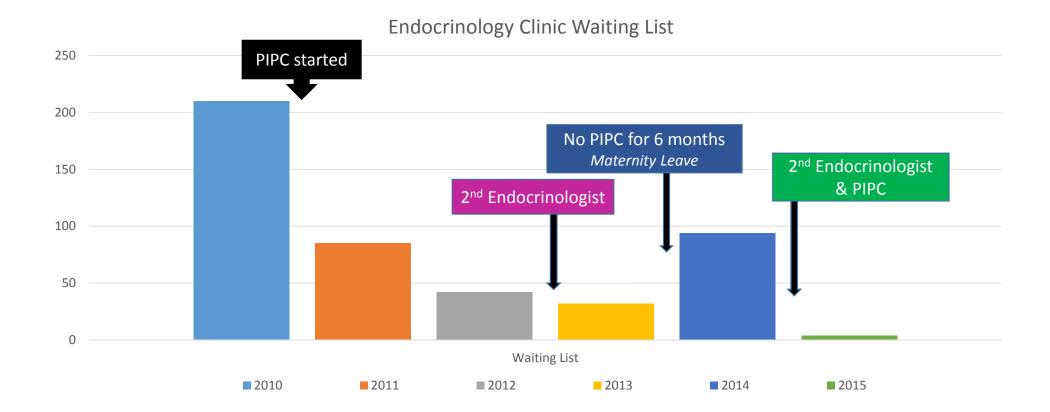
- New knowledge & skills \rightarrow increased professional confidence
- Immediate translation to other patients with diabetes
 - GPs making fewer referrals
 - GPs now starting insulin in their practice
- Improved relationships with specialist & hospital team
- Up-skilled practice nurses managing diabetes care plans

Benefits to the hospital clinic

- Waiting list eliminated (new endocrinologist started Feb 2015)
- Referrals are more complex
 - GPs start insulin
 - GP practice nurses provide support
- Diabetes Service is more targeted to more complex needs



Benefit of PIPC on hospital clinic waiting lists



Benefits to patients...

• Current research project: Hospital clinic vs PIPC



- Reports from patients:
 - Patients are better able to understand the messages in the GP practice
 - Increased confidence in the care provided by the GP
 - Patient can return to GP to reinforce what they learnt in the PIPC
- Reduction in rates of hypoglycaemia (Type 1 DM)

An instructive case... Bill

- 54 year old small business owner, lives 1 hour from Toowoomba
- Type 1 DM for 20 years
 - Frequent overnight hypo's, HbA1c 7.6%
- Attending hospital clinic 3 monthly
- Same issues every visit
- MRI brain normal
- Neurocognitive assessment...

Conclusion: Stress of clinic attendance impaired short term memory and recall...Poor uptake of messages

2nd & 3rd visits: Progressive improvement Normal memory & cognitive function

1st visit: "Poor short term memory & recall"

Bill attended the PIPC in Warwick

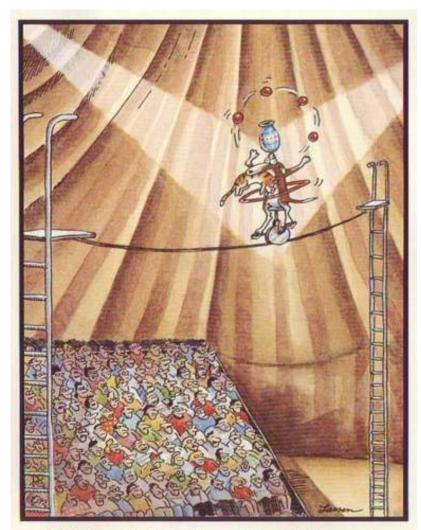
- Locum GP
- Delivered the same messages as at hospital clinic
- 3, 6 & 12 month follow up:
 - NO hypo events
 - First time in 7 years
 - HbA1c 7.1%





Physician in the Practice...

- Up-skills GPs in managing their own patients
- True partnership between primary and specialist care for chronic disease
- Educational benefits for GPs
- Specialist hospital clinics only see more complex patients
- Waiting lists more manageable



High above the hushed crowd, Rex tried to remain focused. Still, he couldn't shake one nagging thought: He was an old dog and this was a new trick.

