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But I don’t have time!
- making diabetes care work in your practice

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Disclosure

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- Private rural General Practitioner – Whitsunday Doctors Service
- Member – Australian Diabetes Society & NADC

- Paid presenter or consultant for

Diabetes Queensland	Novo Nordisk
MSD	Boehringer Ingelheim
Sanofi	Mundipharma

No financial incentive applicable to this presentation

Needs and barriers

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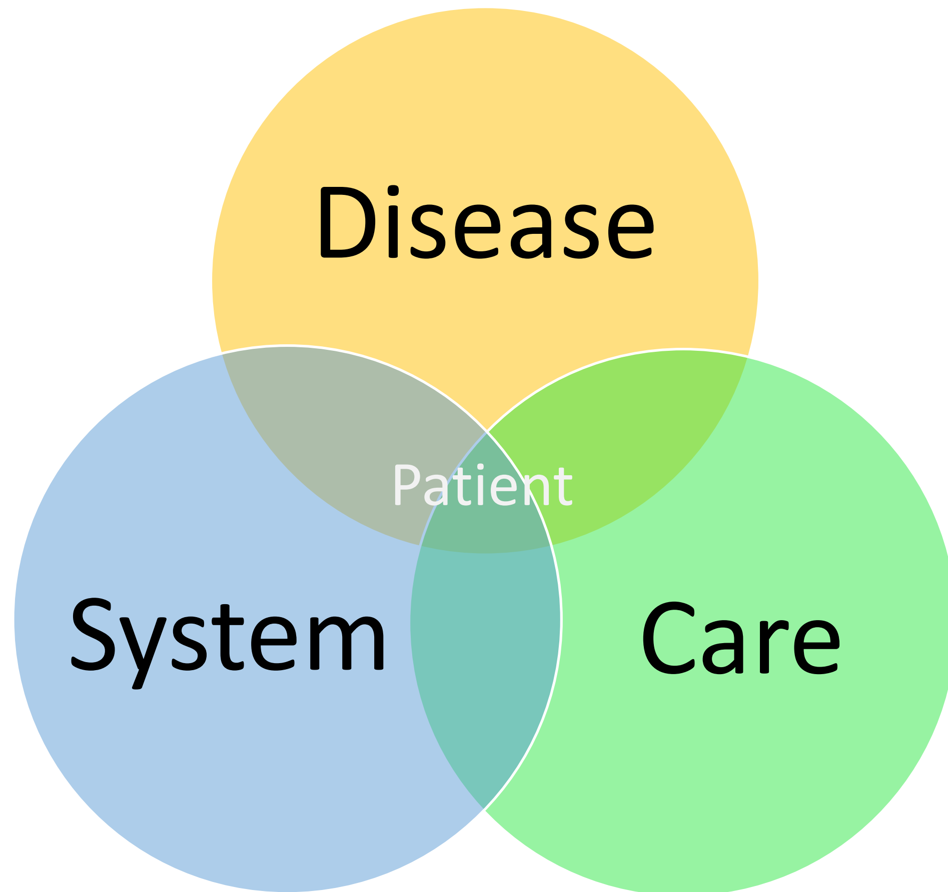
- Quality care
- Screening for complications
- Patient comprehension
- Medication review & titration
- Team care co-ordination
- Appropriate billing

- Inadequate time
- Lack of resources
- Fragmentation of care
- Complex patients
- Administrative requirements
- Changing guidelines

Lots of competing pressures



- Diabetes IS a progressive condition
  - Silent complications develop
  - Usually asymptomatic
- If we focus on system too much, care is compromised
  - Patients don't feel important
  - Management advice gets ignored
- GPs care for our patients
  - Frequent contact over long period
  - Individual application of guidelines
- **REMEMBER WHO IS AT CENTRE**

i) Patient engagement

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1. You’re their doctor, not their parent
   You’re their doctor, not the judge
2. Commit to long term plan
   Whole of practice, if not exclusively yourself
3. Don’t try to cover everything at once
   Adapt information, management and referrals to stage of journey
4. Show that you’re leading the team
   You trust everyone on it and have delegated accordingly
5. Keep the patient in charge
   Refer back to Rule 1

ii) Lead the Team

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1. You can NOT do it all alone
   Surest risk for burnout, omissions, running overtime
2. Don’t try to be everything and everyone
   Know what you can do, and stick to it
3. Empower your Practice Nurse
   Upskill if necessary and allocate time
4. Know your trusted CDE, Dietitian, Podiatrist, Optometrist, Pharmacist,
   They have University degrees too, not just technicians
5. Communicate with the Endocrinologist or clinic
   Clear definition of who manages what rather than just referral

iii) Set up a System

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Patient

- Negotiate goals & targets
- Adapt RACGP / ADS guidelines
- Incorporate other conditions
- Document for patient to keep
- Keep prescriptions / referrals / pathology requests up to date

Practice

- Get Practice Manager on board
- Ensure Reception staff book appropriately
- Chase up notes from other members of team
- See Practice Nurse PRIOR to yourself
- Flag "Cycle of Care" & set recalls

Recently diagnosed (first 6 months)

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Get baseline assessment and screen for complications

- Education & lifestyle modification major priorities
- Register with NDSS, Establish and negotiate Management Plan / TCA
- Get CDE involved early (x 2), Dietitian (x2), Podiatry (x1)
- Consider metformin early and address CV risk factors
- Explain "Legacy Effect"

- Initially 45 mins – 30 with Nurse, 15 with yourself
- 3 monthly reviews of 30 mins, (15 PN, 15 GP)

Ongoing Management (1 – 10 years)

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- Important period of active monitoring and care
- High risk period for complacency
    - From GP as well as from patient
- Asymptomatic, may not be too concerned
    - Preventative care here good for patient overall, not just Diabetes
- Keep good control of Weight, HbA1c, Lipids, Blood Pressure
    - Remember influenza immunisations also
- Maintain annual visits with podiatrist, CDE, optometrist
    - May have 1-2 spare TCA visits for Physio, Psychologist if desired

- 4-6 monthly reviews of 30 mins adequate (15 PN, 15 GP)

Established disease (10+ years)

- Time to reap rewards of early work
- Anticipate and be positive about progression to injectable therapies
- Reviewing self-monitored BGL recordings
- Referral to Endocrinologist
- Adapt targets according to presence of complications or co-morbidities

- 3 monthly reviews of 30mins (15 PN, 15 GP)

In summary….

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- Don't try to do everything yourself
- Have a practice-wide system in place
- Consider different needs depending on diabetes stage
- Keep your patient engaged and in charge