

Syringe

Diabetes

Pancreas Food Overweight



THE CHAMPLAIN
CARDIOVASCULAR DISEASE
PREVENTION NETWORK

IDOCC NEWS

The Improved Delivery of Cardiovascular Care (IDOCC) Program is a regional program designed to assist primary health care providers in the Champlain district improve the delivery of evidence-based prevention and management strategies for heart disease, stroke and diabetes within their practice.

Diabetes in the Champlain LHIN

As in the rest of Ontario and Canada, the incidence of diabetes in the residents of the Champlain LHIN is increasing due, in part, to an aging population, increased weight and/or obesity and decreased levels of physical activity. From 1995 to 2005, the number of people with diabetes doubled to 67,050.¹ Another 47,300 cases may develop in the region by 2017.² To help alleviate the burden on family practices, additional diabetes education teams have been set up. Their mandate is to increase available health and nutritional counselling, and to provide tools and resources to assist patients with managing their diabetes

Different models of diabetes programs have been developed throughout the region. Here are two interesting examples.

The Eastern Counties Diabetes Education Program offers pre-diabetes, and diabetes education, and insulin initiation. Even physicians or patients who are not part of le Centre de Santé Communautaire de l'Estrie can refer and attend the CSC Diabetes Education Programs which may have shorter wait times than some hospital programs. Contact the Diabetes Education Programs Manager, Eastern Counties, at Tel: 613-487-1802.

The Rideau Valley Diabetes Clinic Program provides general diabetes education, self management techniques, initiates insulin and follow up to patients identified by the family practice provider. These half or full day sessions are offered by a diabetes nurse educator and a dietician at the family practice office every 2-4 weeks depending on practice needs. For more information visit the website: <http://www.rvds.ca/> or contact the Rideau Valley Diabetes Services Director at Tel: 1-877-321-4500 ext.308.

For a complete listing of diabetes programs, details and contact information, follow the link at: <http://www.champlainhealthline.ca/listServices.aspx?id=1346>

References

1. Champlain Diabetes Strategy (2009).
2. ICES Investigative Report (2010). How many Canadians will be diagnosed with diabetes between 2007 and 2017?

UPCOMING EVENT

IDOCC: FOCUS ON DIABETES

*Tapping into diabetes resources
in the Champlain LHIN*

Sept. 24, 2010 @ the Brookstreet Hotel, Kanata
12:30 – 3:30pm

Ask your Outreach Facilitator for more details



SOME STATS FROM IDOCC PRACTICES

% patients in IDOCC with diabetes

46.7 (n=2,287)

% patients who had 2 HbA1c taken last year

54.7 (n=1,252)

% patients whose first HbA1c was at target of <7.0%

59.2 (n=1,127)

% patients with diabetes whose LDL was at target <2 mmol/L

47.0 (n=834)

HOW LOW CAN YOU GO WITH HbA1c?

For a synthesis of evidence relating to HbA1c target levels, see these resources:

- Park, L & Wexler, D. (2010). Update in diabetes and cardiovascular disease: synthesizing the evidence from recent trials of glycemic control to prevent cardiovascular disease. *Current Opinion in Lipidology*, 21, 8-14.
- Kahn, S.E. (2009). Glucose control in type 2 diabetes: still worthwhile and worth pursuing. *Journal of the American Medical Association*, 30, 15-1592.
- Younis, N., Soran, H., & Hassanein, M. (2009). Cardiovascular disease and intensive glucose lowering in type 2 diabetes. *QJM: An International Journal of Medicine*, 102, 293-296.

DIABETES CARE: WHAT ARE OTHERS DOING?

A new way of practice will begin [in our clinic] in September 2010; clients with prediabetes and diabetes will have scheduled appointments with a diabetes team monthly for the first three months after diagnosis and every three months thereafter. This team will work closely in consultation with the clients' Physician and/or Nurse Practitioner; however it is anticipated clients will only [need to] see their primary provider once annually for diabetes. This change in practice is expected

to improve the quality of care and improve health outcomes. - **CDPM Coordinator, Somerset West CHC**

For people with paper charts [the MOHLTC Diabetes Testing Report] will be a monitoring system that we can use for recall purposes and quality assurance. It makes scheduling for a diabetes clinic feasible for the solo physician. - **IDOCC Phase 1 solo physician**

While it takes [several hours] per patient to input all of their information into the Registry, the time spent is worth it in the long run to better manage my chronic disease patients. I no longer have to search through the paper chart to find information about their last visit or latest lab report; I can search the registry and get the information for all of my patients. - **IDOCC Phase 3 solo physician**

INTERNET RESOURCES FOR YOU AND YOUR PATIENTS

Canadian Diabetes Association
<http://www.diabetes.ca/>

IDOCC Diabetes Resources
<http://www.idocc.ca>

Diabetes Medline Plus
<http://www.nlm.nih.gov/medlineplus/diabetes.html>

Ministry of Health: Stand Up to Diabetes
<http://www.health.gov.on.ca/en/ms/diabetes/en/public.html>

Community Diabetes Education Program of Ottawa
<http://www.diabeteseducation.ca/>

For patients: Order *Your Diabetes and You* Tool Kit. This kit can be ordered in one of two ways:

1. Online at: serviceontario.ca/publications
2. Call the ServiceOntario Contact Centre:
Monday to Friday, 8:30 AM to 5:00 PM
1-800-668-9938 Toll-free
1-800-268-7095 TTY Toll-free

IDOCC NEWS

CONTRIBUTORS:

Clare Liddy, Co-Principle Investigator, IDOCC Program

Kate Nash, Outreach Facilitator, IDOCC Program

Dianne Laferrière, Outreach Facilitator, IDOCC Program

Eileen Vilis, Outreach Facilitator, IDOCC Program

Olga Nikolajev, Outreach Facilitator, IDOCC Program

Alex Cornett, Research Assistant, IDOCC Program (Editor)

CONTACT US:

Arron Service, Project Manager, C.T. Lamont
Primary Health Care Research Centre
Élisabeth-Bruyère Research Institute
43 Bruyère St., Rm. 337-Y
Ottawa (Ontario) K1N 5C8
Tel.: 613-562-6262 x 1458
Fax: 613-562-6099
E-mail: aservice@bruyere.org

The IDOCC program is being coordinated by the Élisabeth Bruyère Research Institute in collaboration with the Department of Family Medicine at the University of Ottawa, the University of Ottawa Heart Institute, and the Champlain Regional Stroke Program.

www.idocc.ca

Working Together to Prevent Heart Disease & Stroke in Champlain Region IDOCC is one of six priority initiatives of the Champlain CVD Prevention Network (CCPN), a network of health and community partners from across the Champlain District dedicated to the prevention of CVD. The CCPN is implementing a five-year CVD prevention strategy in our region.

www.ccpnetwork.ca



The IDOCC initiative is sponsored in part by Pfizer Canada Inc., a Founding Industry Partner of the Champlain CVD Prevention Network. It is also funded by the Champlain Local Health Integration Network and the Ontario Ministry of Health and Long-term Care and the Ottawa Hospital Academic Medical Organization