



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.

Self Management and My Practice

Chronic disease affects the majority of Canadians, and the cost of chronic disease to the health care system is estimated at 55% of the total and indirect health care costs in Ontario.

Effective use of self-management strategies help decrease this burden by empowering patients and health care professionals to work together towards a common goal: **informed activated patients working with prepared proactive health teams.**

Self-management is a **patient-centered approach** where you assist your patient

to improve his or her self-efficacy strategies and action plans. It elicits increased patient engagement, focuses on prevention, optimizes current management and enhances community linkages

As a component of the Chronic Care Model which helps providers move away from delivering acute-focused patient care, self-management techniques can be used to address common risk factors for chronic disease, such as physical inactivity, smoking, excessive alcohol consumption, and unhealthy diet.

Evidence has shown that self-management support leads to improvements in diabetes, hypertension and congestive heart failure. It has also been linked to lower hospitalization rates, fewer emergency room visits, and decreased follow-up visits. Most importantly, effective use of self-management strategies can improve the quality of life for patients and their families by increasing knowledge of conditions and creating self-efficacy strategies.

(continued on page 2)

INSIDE: IDOCC Collaborative Meeting..... pg 3
Fast Facts - IDOCC Phase I..... pg 3
Upcoming CME Events..... pg 2
Guidelines Update..... pg 4



IDOCC NEWS

DID YOU KNOW?



The MedsCheck Program Benefits Both Patients and Health Care Providers:

Patients with a chronic condition who take three or more prescription medications can have a private 30 minute consultation with a pharmacist, once a year, covered by OHIP. The patient or physician can request this consultation to review and reconcile prescription and over-the-counter medications.

The goal is to offer the patient:

- a better understanding of their medications
- knowledge about medication interactions
- the opportunity to discuss medication management

A copy of the reconciliation report is kept by the patient and the pharmacist. With patient consent, the pharmacist can also fax the report to the patient's health care provider.

Things to remember:

- Providers can request a MedsCheck consultation by writing it on the patient's prescription
- Patients can request a MedsCheck consultation when they drop off their prescription or can call their pharmacist to schedule an appointment
- The patient needs to have their OHIP card with them for the consultation
- A MedsCheck consultation can happen once every 12 months
- The health care provider, pharmacist and patient can receive the medication reconciliation information
- There is provision for a follow-up appointment in the calendar year

Self Management and My Practice *(continued)*

"What can I do in my practice with limited time and resources?"

Try some of these simple self-management techniques.

The 5 As:

1. Ask
2. Agree
3. Assess
4. Assist
5. Arrange

Asking your patients these three simple questions could help them begin to self-manage.

1. What is it about your current health that bothers or worries you?
2. How do you feel about this?
3. What is it that you can personally do about this issue?

You may find that the answers will allow you to have a better understanding of your patient's motivation, confidence and self-efficacy.

Agreeing with your patient's concerns creates a collaborative environment. Remembering that self-management is a patient-centered approach is especially important in this step.

Next, *Assess* the concern the patient has with his or her health. Discuss goals and action plans. What can be done to help the patient get on his or her way?

Assisting the patient is the next step. Help *Arrange* some type of action plan with the patient's input. Following-up with the progress of the action plan is key.

In the Champlain region there are many resources to assist health care providers integrate self-management techniques into practice. There are over 40 patient education programs, more than 25 diabetes-specific programs, and numerous other types of support services such as counselling, prevention and exercise classes. In addition, more community based chronic disease self management programs are starting in 2009 across the region.

Self-management activities are effective; they can be brief and practical activities that are supported by community resources for your patients.

Contact your IDOCC Outreach Facilitator to learn more and receive assistance in implementing self-management techniques into your practice and about your local area resources.

Upcoming CME Events

3rd Annual Recovery Conference – Stroke Survivor's Association of Ottawa
Friday, April 3, 2009
Centurion Conference Centre, Ottawa

58th Annual Refresher Course for Family Physicians
Wednesday - Friday, April 22 - 24, 2009
Civic Campus, The Ottawa Hospital

2nd IDOCC Collaborative Meeting
Late May 2009
Location: TBA

2nd Annual Update in Cardiology
Friday, October 16, 2009
Location: TBA

IDOCC NEWS

IDOCC Collaborative Meeting

Over 30 intrepid IDOCC Phase I healthcare providers and stakeholders from all corners of the Champlain region braved an intense snowstorm to attend the first IDOCC collaborative meeting on January 30, 2009, held at Restaurant E18hteen in Ottawa's Byward Market.

The meeting, *'Empowering Change: Self-Management Strategies to Make the Most of IDOCC'*, was the first chance for providers and project stakeholders to meet, network with colleagues and share their experiences of the IDOCC program thus far.

Dr. Bill Hogg, co-principal investigator for IDOCC and Director of the CT Lamont Primary Health Care Research Centre at the Élisabeth Bruyère Research Institute, began the afternoon with a warm welcome and a presentation of IDOCC baseline data.

He congratulated the group on their excellent delivery of care to high-risk CVD patients. For example, IDOCC providers are:

- prescribing lipid-lowering medications to 90% of patients with dyslipidemia
- prescribing anti-hypertensives to 98% of patients with hypertension
- recommending/ordering lipid profiles for 78% of patients with diabetes

Though these results are very impressive, Dr. Hogg suggested that there are still a reas for improvement. He highlighted the importance of:

- performing lipid profiles every six to 12 months for patients with unstable dyslipidemia
- measuring waist-circumference
- counselling patients who currently smoke

Dr. Hogg made reference to research that suggests self-management has great potential to help improve patient care and outcomes. However, he acknowledged that self-management strategies can be challenging to implement.

Co-principal investigator for IDOCC and Clinical Investigator at the CT Lamont Primary Health Care Research Centre, Dr. Clare Liddy, spoke directly to these challenges during her presentation on self-management in the clinical setting.

Drawing on her experience of implementing self-management strategies in a Family Health Team, Dr. Liddy stressed the difference between patient education and patient self-management. Self-management goes beyond simply giving the patient information; it provides the patient with the confidence and skills to make changes to their lifestyle which will result in improved health outcomes.

For more information about self-management, please see the article on page two, *Self-Management and My Practice*.

An important aspect of self-management is taking medication as prescribed. Dr. Barbara Farrell, Scientist at the Élisabeth Bruyère Research Institute, and Clinical/Research Coordinator in the Pharmacy Department at Bruyère Continuing Care, followed up by explaining how the local pharmacist can support patients. Dr. Farrell described the role that pharmacists play in Primary Care and outlined the Ontario MedsCheck program in detail.

For further information about the Ontario MedsCheck program, check out *Did You Know?* on page 4. (this was correct on the pdf though).

The IDOCC project team wishes to thank those who participated and provided valuable feedback that will be used to plan the next collaborative meeting scheduled for late spring 2009. Contact your Outreach Facilitator for more information.

It promises to be another exciting event. Hope to see you there!

Talk Back

Check out what your colleagues said about the first IDOCC Collaborative Meeting

"The inclusion of pharmacy was a phenomenal idea – great presentation and wonderful practice points!!"

"Excellent speakers!"

"All great ideas!"

Fast Facts - IDOCC Phase I:

IDOCC is rolling out in three phases in the Champlain district. Phase I is taking place in the regions noted below. Phase II was launched in March 2009 and will involve three other regions. Eight practices have already joined Phase II.

Number of physicians enrolled in IDOCC Phase I: 67

Number of practices enrolled in IDOCC Phase I: 27

Number of facilitators out in the field: 4

Regions represented in Phase I:

Ottawa West, Ottawa Downtown, Eastern Counties (e.g. Alexandria, Hawkesbury, Cornwall)

Number of charts abstracted: 1666

Number of FHTs enrolled: 2*

Number of FHGs enrolled: 7*

Number of CHCs enrolled: 4*

Number of FHNs enrolled: 2*

Number of solo-practitioners/unsure enrolled: 12*

*estimates only – data collection not complete and verified at time of printing

IDOCC NEWS

IDOCC NEWS

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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 Champlain Primary Care CVD Prevention and Management Guideline Update

The Champlain Primary Care CVD Prevention and Management Guideline is now available in French and English at www.idocc.ca. The 2009 version is being released soon and updated hard copies will be delivered to all IDOCC practitioners by their facilitator.

The following changes will be incorporated in the updated 2009 Guideline.

Diabetes: Canadian Diabetes Association released their recommendations in October 2008.

Summary:

- 1) The ACCORD¹ and ADVANCE² trials did not show that intense lowering of blood glucose reduced the incidence of major cardiovascular events in diabetic patients. There was evidence that lowering HbA1c levels to 7% or lower could result in fewer microvascular events. The recommendation is to target HbA1c to $\leq 7\%$ and that 6.5% should be considered in select patients to further lower their risk of nephropathy.
- 2) Blood pressure targets now align with Canadian Hypertension Education Program recommendations. They are $<130/80$ mmHg for diabetics.
- 3) Statins are advocated for diabetics to lower LDL-C levels to ≤ 2 mmol/L and to manage dyslipidemia.
- 4) There has been a de-emphasis on the use of ASA for diabetic patients. A physician should use his/her clinical judgement for ASA use in primary prevention.

ACE Inhibitor/ARB combinations: From the ONTARGET Investigators

The ONTARGET Study aimed to evaluate the effectiveness of Telmisartan (an ARB) therapy or Ramipril/ Telmisartan combination therapy compared to Ramipril alone³.

The primary outcome studied was death from cardiovascular causes, myocardial infarction, stroke, or hospitalization for heart failure. The outcomes of the study were published in the *New England Journal of Medicine* and demonstrated that Telmisartan was not inferior to Ramipril in patients who have vascular disease or high-risk diabetes.

Interestingly, the other arm of the study which evaluated the effectiveness of Telmisartan and Ramipril in combination did not result in better outcomes for patients with cardiovascular disease or high risk diabetes and can impose other risks. If using this approach, specialist involvement and careful monitoring should be included.

1. The Action to Control Cardiovascular Risk in Diabetes Study Group. Effects of intensive glucose lowering in type 2 diabetes. *New Engl J Med.* June 12, 2008; Vol. 358 (24): 2545-2559.
2. The ADVANCE Collaborative Group. Intensive blood glucose control and vascular outcomes in patients with type 2 diabetes. *New Engl J. Med.* June 12, 2008; Vol. 358 (24): 2560-2572.
3. The ONTARGET Investigators. Telmisartan, ramipril, or both in patients at high risk for vascular events. *N Engl J Med.* April 10, 2008; Vol. 358 (15): 1547 - 1559.

