COMPLICITY IN COMPLEXITY

Promotion of an interdisciplinary approach in primary care needs a new setting for consultations.

THE TEAM FOR THE PROJECT

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OBJECTIVES

We thought about new strategies of collaboration that will help strenghten the interdisciplinary approach and the participation of the patient

We wanted to implement the follow-up care of the patient thanks to the participation of the family doctor on the long term and to settle the patient in the center.

RECOMMANDATIONS OF THE AMERICAN DIABETES ASSOCIATION.

Components of the initial visit

- **Medical history**
- Symptoms, results of laboraiory tests, and special examination results related to the diagnosis of diaberes
- Prior A1C records
- Eating patterns, nutruional status, and weight history; growth and development in children and adolescents
- Details of previous treatment programs, including nutrition and diabetes self-management education, attitudes, and health beliefs
- current treatment of diabetes, including medications, meal plan, and results of glucose monitoring and patients' use of data
- Exercise history
- Frequency, severity, and cause of acute complications su ch as ketoacidosis and hypoglycemia
- Prior or current infections, particularly skin, foot, dental, and genitourinary infections
- Symptoms and treatment of chronic eye; kidney; nerve; genitourinary (including sexual), bladder, and gastrointestinal function Cincluding symptorns of celiac disease in type 1 diabetic patients); heart; peripheral vascular; foot; and cerebrovascular complications associated with diabetes
- Other medications that may affect blood glucose levels
- Risk factors for atherosclerosis: smoking, hypertension, obesity, dyslipidemia, and family history
- History and treatment of ether conditions, including endocrine and eating disorders
- Family history of diabetes and other endocrine disorders
- Lifestyle, cultural, psychosocial, educational, and Economie factors that might influence the management of diabetes
- Tobacco, a\cohol and/or controlled substance use
- Contraception and reproductive and sexual history

- **Physical exarnination**
- Height and weight measurement (and comparison to norms in children and adolescents)
- Sexual maturation staging (during pubertal period)
- Blood pressure determination, including orthostatie measurements when indieated, and comparison to age-related norms
- Fundoscopic examination
- Oral examination
- Thyroid palpation
- Cardiac examination
- Abdominal exarnination (e.g., for hepatomegaly)
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- Hand/finger examination
- FOOl exarnination
- Skin examination (for acanthosis nigricans and insulin-injection sites)
- Neurologieal examination
- Signs of diseases that can cause secondary diabetes (e.g., hemochromatosis, pancreatic disease)
- **Laboratory evaluation**
  .hbAlC
- Fasting lipid profile, including total cholesterol, HDL cholesterol, triglycerides, and LDL cholesterol
- Test for mieroalbuminuria in type l diabetic patients who have had diabetes for at least 5 years and in all patients with type 2 diabetes.
- Sorne advocate beginning screening of pubertal children before 5 years of diabetes.
- Serum creatinine in adults (in children if proteinuria is present)
- Thyroid-stimulating hormone (TSH) in all type 1 diabetic patients; in type 2 if clinically indicated
- Electrocardiogram in adults
- Urinalysis for ketones, protein, sediment
- Referrals
- Eye exarn, if indicated
- Family planning for women of reproductive age
- MNT, as indicated
- Diabetes educator, if not provided by physician or practice staff
- Behavioral specialist, as indicated
- Foot specialist, as indicated
- Other specialties and services as appropriate

What's new ?

To propose an interdisciplinary approach to the patient

Inside the family doctor office

METHOD

On request of the physician,

a nurse specialised in diabetes care

comes to join him in his practice.

They set a

« joint consultation » with the patient.

« all-together consultation » 1

they evaluate

- the medical situation,
- the needs and expectations of the patient, and answer his questions.

they built-up together the follow-up

- settle the priority therapeutic aims according to the individual needs of the patient.
- delegate the teaching of technical skills, such as self-monitoring of blood glucose, injections,etc.

« all-together consultation » 2

During follow-up, they can meet

- in the begining and/or at the end of every nurse's consultation
- or by regular appointements

RESULTS 1

The specialised nurses had 297 consultations.

- 33% (99) were interdisciplinary with the physician at his consultation room.
- 67% of the consultation were individuals with the patient and sometimes a member of his family. They happened either in the
- same place (8%) or
- the nurse's own office (35%),
- the patient's residence(24%).

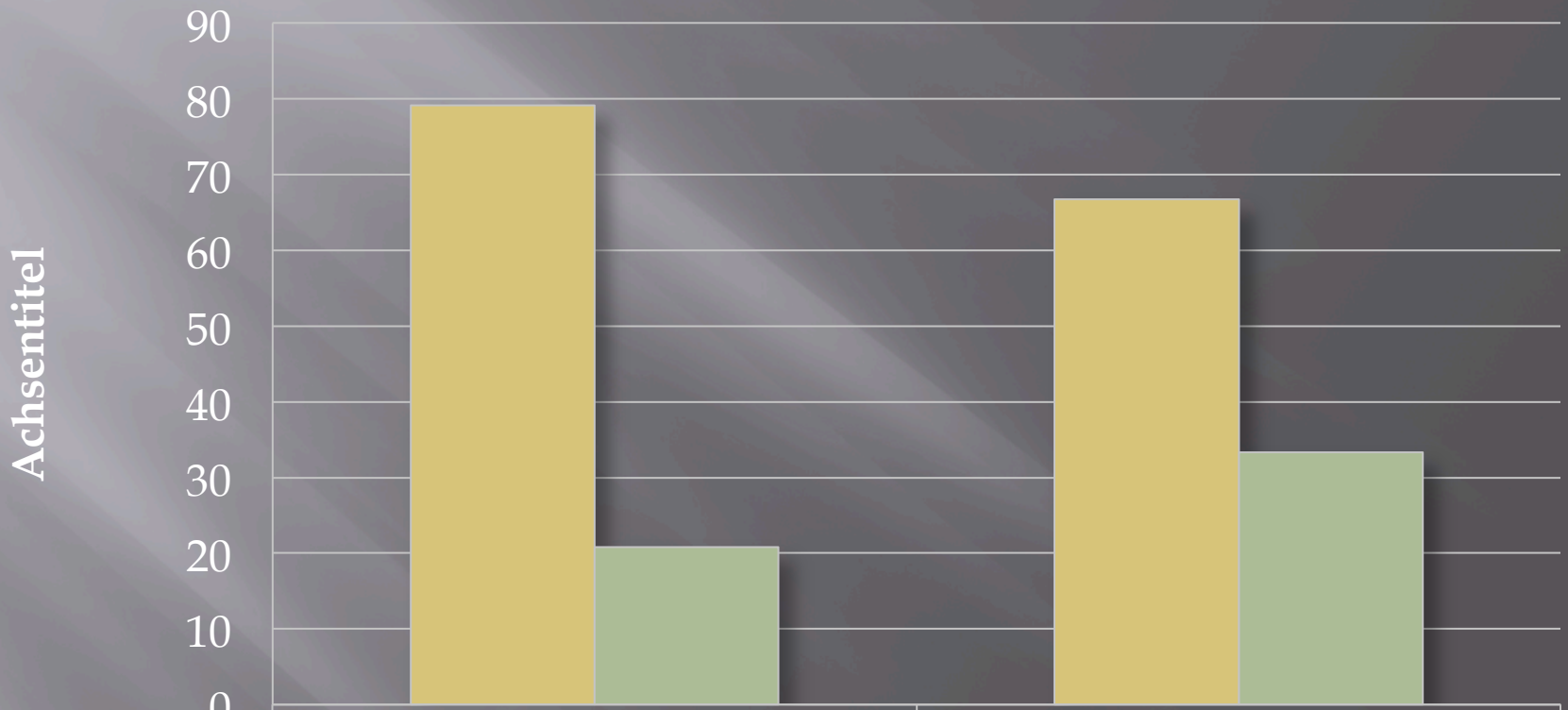
RESULTS 2

Half of the patients answered the evaluation.

73% had a « joint consultation ».

Their answers showed a tendancy to feel more closely integrated in their follow-up when they had experienced the joint consultation.

Did you feel integrated in your follow-up?



	with joint consultation	without joint consultation
yes	79.2	66.7
rather yes	20.8	33.3

CONCLUSION 1

The all-together consultation patient-nurse-family doctor helps to set the interdisciplinary approach in the primary care.

For the patient, it could enhance the feelling of beeing integrated in their own follow-up care.

CONCLUSION 2

To enhance the feeling of participation integration of the patient to his follow-up care was the ultimate goal of our project.

Because an involved active patient and the quality of his relationship to his family doctor are major factors of his cooperation in the long term.