WaterlooWellington DIABETES

A Road Map To Your Diabetes Care

REGIONAL COORDINATION CENTRE NEWSLETTER Volume 4 —- September 15, 2011

In a position statement published in the July 2011 issue of the Canadian Journal of Diabetes, the Canadian Diabetes Association recommends an A1C >6.5% as a new diagnostic criteria for type 2 diabetes in adults

Special points of interest:

- **Register NOW! For the Self-Management Support Event with Michael Vallis**
- **Gestational Diabetes Pathway Advisory Panel - Represent Your Organization!**
- **Website Coming Soon! We Need Your Input**
- **Diabetes Expo - For Consumers - Patient Focus Groups**

Inside this issue:

Dr. Nadira Husein (Endocrinologist) and Dr. Luciana Parlea (Endocrinologist) weigh in on the matter:

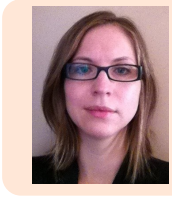
Dr. Nadira Husein

Medical School and Endocrinology Fellowship from the University of Western Ontario.

Currently an Assistant Clinical Professor (Adjunct) with McMaster University and University of Western Ontario

"The rationale to use A1C as a diagnostic tool is that it is related to the development of complications as is the 2 hr postprandial glucose levels. Advantages to the use of A1C is that is can be done at any time of the day and is not subjected to day-to –day variability as a fasting or casual glucose levels may. The A1C test may not capture all people with Type 2 diabetes, just as traditional glucose testing (ie fasting and casual glucose levels) might not but is a useful tool.

This test is to be used as a tool to help diagnose Type 2 Diabetes in adults. The traditional tests (fasting and casual glucose measurements) are still recommended choices. The clinician's decision on which test to use is left to their own discretion."



Dr. Luciana Parlea,

Medical School - University of Ottawa and Internal Medicine and Endocrinology University of Toronto.

Started practice October 2010 in Kitchener.

Currently an Associate Clinical Professor (Adjunct) with McMaster University

"The HbA1c is a more practical test for diagnosis of diabetes than the standard 2hr oral glucose tolerance test (OGTT) or fasting glucose level as it is much more convenient for the patient. It provides an estimate of glycemic status over the last 2-3 months rather than a single snapshot. It also correlates very well with the presence of retinopathy and it is actually a better predictor of macrovascular events than a fasting or postprandial glucose level.

The HbA1c was not used in the past for diagnosis of diabetes due to variations in the assays. Current assays used in major laboratories are standardized to the National Glycohemoglobin Standardization Program and offer reliable results."

Please Note:

- The A1C must be performed with a standardized assay
- In patients with hemoglobinopathies, haemolytic anemias, iron deficiency, or sever kidney or liver disease the A1C may be misleading.
- Certain ethinic groups such as African Americans, Hispanics and Asians tend to have higher A1C than their Caucasian counterparts for the same blood glucose levels
- The A1C test is **not** recommended for the diagnostic purposes in children, adolescents, pregnant women or patients with Type 1 Diabetes

November 2011 Workshop with Dr. Michael Vallis

Dr. Michael Vallis is health psychologist at the Capital District Health Authority and professor at Dalhousie University in Halifax, Nova Scotia. In May 2011, he presented a workshop to diabetes health care practitioners from the Waterloo-Wellington LHIN and we are fortunate to have him return for a repeat offering of his workshop entitled "Construction Ahead: Moving towards Change Support through Self-Management". This is a great opportunity for other practitioners from our LHIN to attend this workshop on November 17th and 18th, 2011 at Delta Guelph Hotel.

Dr. Shannon Currie, psychologist consultant for the Waterloo-Wellington Diabetes Regional Coordination Centre, spoke with Dr. Vallis about his upcoming workshop and the Behaviour Change Institute that he developed.

Dr. Vallis, can you provide a bit of background about your Behaviour Change Institute and current initiatives?

Much of past clinical practice in health has been based on a relationship between the healthcare provider and the consumer that can fairly be described as expert clinician with uninformed help seeker. This is why directive and educative interventions are the current dominant form of behaviour change intervention.

Three factors have come to the forefront that have made this traditional model limited in efficacy. First, the model works well in an emergency or acute medical illness situation. It is much less helpful in the case of chronic disease. Second, industrialized nations have become toxic environments when it comes to health behaviours. North America has become known as an obesogenic society, for instance. Third, sustained behaviour change is less common than more common. Research has identified that sustained change, which is necessary for achieving many health outcomes, happens spontaneously, or with advice only, in a small percentage of cases. The typical individual faces many challenges to their efforts to follow the recommendations of the healthcare provider.

All of these factors result in the need for health professionals to become more aware and skilled in evidence-based behaviour change strategies. These interventions have been developed within the behavioural sciences, but very little attention has been placed into knowledge translation. The Behaviour Change Institute (BCI) is unique in that it specifically provides training, consulting, and research to the healthcare community.

The Behaviour Change Institute offers competency-based training and support in behaviour change interventions. This provides nonbehavioural professionals with the knowledge, skill and confidence to use evidence-based methods for motivational enhancement, behaviour modification and emotion management as these issues impact on health, wellness and the reduction of risk.

You will be offering a workshop on November 17th and 18th, 2011 for diabetes health care practitioners from the Waterloo-Wellington LHIN. What is your workshop about?

The workshop in November will be about putting three clinical skill sets on the table: motivational enhancement, behaviour modification and emotion management. The goal will be to facilitate an increased awareness of these constructs and how to assess and intervene with individuals living with diabetes to improve outcomes using these skills.

What is the format of your workshop? Is it important to attend both days?

The format of the workshop will involve both didactic and experiential activities. Early in the workshop I will present an overview and define the skills involved. This will address the professional-patient relationship needed to support behaviour change as well as the motivational, behavioural and emotional skills. As the workshop progresses more experiential activities will be presented. The participants will be expected to generate clinical scenarios in which behaviour change is the goal and using participant-generated cases roleplays will be conducted to help participants develop the basics of competency.

What can attendees expect to take away from your workshop?

Participants can expect to leave the workshop with an increased awareness of the role of behaviour change interventions in achieving optimal diabetes outcomes, an ability to assess patients regarding motivation, behaviour and emotion and the beginning of confidence in implementing behaviour change interventions. Participants will also become aware of the need for ongoing opportunities to revisit the skills, receive feedback on the use of the skills and develop confidence in using the skills in challenging circumstances.

The Waterloo-Wellington Diabetes Regional Coordination Centre is pleased to offer follow-up sessions to Dr. Vallis' workshop, facilitated by Dr. Currie. These follow-up sessions focus on practicing and applying the skills learned in the workshop to practitioners' clinical work to help build confidence in using the skills in clinical practice. Practitioners who attended Dr. Vallis' workshop in May 2011 are currently participating in follow-up sessions and we look forward to welcoming those who attend the November workshop into these ongoing sessions.

ODS Self-Management Project

Self-Management is the active participation of individuals in achieving their best health and wellness. This involves gaining the confidence, knowledge and skills to manage physical, social, and emotional aspects of life in partnership with health care teams and community supports.

Self-Management Programs: Chronic Disease Self-Management programs are structured time limited workshops designed to provide health information and engage the participants to actively manage their chronic condition with the support of their health care provider and community resources.

What is the difference between Diabetes Education Programs and Self-Management Programs?

Diabetes Education Programs are delivered by health care providers with expertise in diabetes. Self-Management programs are delivered by peer leaders (trained by health care providers) to provide self-management support and guidance to individuals and families who have been living with diabetes for a while. These programs are to compliment diabetes education programs.

Programs are offered throughout the Waterloo Wellington region at no cost to the participants.

Take Charge Workshop

6 week workshop led by 2 Trained Peer Leaders

Guelph CHC - Sept19th – Nov 7th
Langs CHC - Nov 1 - Dec 6th , 2011 and Jan 2012

Craving Change Workshop

Free 3 week program led by a licensed provider To help you to understand why you eat the way you do and to change your thinking, change your eating!

Langs CHC - Oct 7, 14, 21 and Nov 11, 18, 25

Volunteer as a Peer Leader

We offer a free 4 day group training led by Stanford trained Master Trainers to give you the skills and confidence you need and qualifies you to co-lead a Take Charge workshop in your community. This training is open to volunteers and health professionals. Trained volunteer leaders will then co-lead a Take Charge workshop within 6 months of the group training.

Leader Training Sessions
Langs CHC - Oct 17, 18, 24, 25, 2011
Guelph CHC - Nov 23, 24, 28, 29, 2011

Living with Stroke Workshops

The Heart & Stroke Living with Stroke ™ program is a community-based support and educational program designed for stroke survivors and their caregivers to gain confidence in managing the challenges of living with stroke.

The **6 week program** allows you to develop new skills, make new friends and gain confidence in your ability to control your life.

Kitchener -Sept 14 – Oct 18, 2011
St Jacobs -Oct 25 – Dec 13, 2011

Jayne Giroux Self-Management Coordinator, Waterloo Wellington Regional Coordination Centre and Tracey Dodds, Self-Management Program Administrative Assistant

Our role is to coordinate and provide self-management education and skills training to individuals at risk of developing diabetes, those with diabetes and other chronic conditions.

Contact us: Toll free number 1 866 337 3318 or email at

selfmanagement@langs.org

Outreach Planning Day

With over 45 people in attendance from all over the Waterloo-Wellington LHIN the Outreach Planning Day was eventful. As we braved the elements by overcoming the strong winds and dodging all the flying flip charts. It was an exercise of shear willpower to stay focused as the birds sang, the wind blew and the room collapsed.

Many programs are providing programming for outreach services. In order to assist with planning and targeting populations in need, the outreach planning day was organized to review information on the social determinants of health, cultural tailoring, health literacy and community profiling.

"Interventions for socially disadvantaged populations can be effective and have the potential to reduce health disparities in diabetes care and outcomes. The key aspects of tailoring in the reviewed studies were for culture and health literacy"

Coming Soon!

The new central intake process for diabetes education referrals will be available starting November 1st.

Central intake, as a key deliverable from the Ministry of Health and Long-Term Care under the Ontario Diabetes Strategy, will lead to improvements in the navigation of the system, data collection, wait times and patient load distribution.

A Closer Look at Eye Care Services

Stand up to Diabetes

Waterloo– Wellington Diabetes Regional Coordination Centre

895 Langs Drive
Cambridge, Ontario
N3H 5T6

Phone: 519-653-1470 x255
Fax: 519-650-3114
E-mail: rcc@langs.org

The DRCC has recently completed an inventory of services for Optometrist/Ophthalmologist care in the Waterloo-Wellington Region.

Questionnaires were administered to providers where optometry/ ophthalmology service are offered. The questionnaire addressed the following themes: location of practice, screening and identifying patient with diabetes, follow-up and current practice with regard to management of patients with retinopathy.

Completed questionnaires were returned by 72 of the 151 eligible optometrists (48%) and by 3 of the 17 ophthalmologists (18%).

Key Findings:

- Eye care based services are concentrated primarily in city/urban communities (n= 67, 89%)
- The majority of optometrist/ophthalmologist(s) reported having patients with diabetic retinopathy in their practice; the estimated percentage ranged from 1 to ≥41%
- Intraocular eye pressure, visual acuity, fundus and anterior segment (iris and lens) are the most common techniques used by providers in the detection of various clinical signs of diabetic retinopathy
- Between 19 and 24% of respondents are recommending patients with diabetes visit diabetes education programs or endocrinologist , and
- 87% of respondents send a summary report to the primary care provider

A key indicator for the Ontario Diabetes Strategy is to have 80% of diabetes patients receiving a retinal eye exam in the recommended interval of 1 to 2 years.

Langs
Community. Health. Wellness.

Diabetes Educator: Fall Courses

THE Michener INSTITUTE For Applied Health Sciences®

Time is running out to register for Fall courses in Michener's Diabetes Educator program, including:

- Diabetes Educator Graduate Certificate
- Diabetes Management in the Elderly
- Diabetes in Children and Adolescents

Application deadline for Fall session: September 16, 2011

For more information on Diabetes Educator courses and how to register, see the website

Upcoming Events:

The Lifestyle Balance Program—Orientation Session Mount Forest For more information, please contact Diane Horrigan at 519.323.0255 ext 5016	Wednesday, October 19th, 2011 5:30PM– 6:30PM
Canadian Diabetes Association Professional Conference To register visit www.diabetes.ca	October 26-29—Toronto
Diabetes From Head to Toe—An Event for Pharmacists For more information or to volunteer, please contact Sarah at sarahc@langs.org	Wednesday, November 2nd, 2011 Location: TBD
Diabetes Expo—A Consumer Event/Focus Groups For more information or to volunteer, please contact Sarah at sarahc@langs.org	Saturday, November 12, 2011 8:30AM-1:00PM Location: St. Mary's High School, Kitchener
World Diabetes Day	Monday, November 14th, 2011
Supporting Self Management with Michael Vallis, Ph.D. To Register 1.866.337.3318 or selfmanagement@langs.org Registration Fee: $75.00 Accredited by the College of Family Physicians of Canada and the Ontario Chapter for up to 9.5 Mainpro-M1 credits	Thursday, November 17th from 12:00PM-5:00PM and Friday, November 18th from 8:30AM-3:30PM Locations: Delta Guelph Hotel, Guelph
Gestational Diabetes Pathway Advisory Panel If interested in participating, please contact Sarah at sarahc@langs.org	Wednesday, November 23rd, 2011 6:30PM-9:00PM Location: Bingeman's Conference Centre, Kitchener