

### When Practice Makes Perfect

In October 2002, 89 family physicians received letters of congratulations from the BC Medical Services Commission for providing optimal care to patients with diabetes. A subsequent survey of these physicians was conducted to learn more about their clinical practice. The following profiles introduce you to two of these physicians, who share their approach to effective diabetes care.

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#### Dr. Paletta

When it comes to providing good diabetes care, Dr. Michael Paletta is one of BC's top performing physicians. If you wanted to sum up the key to his success, it would be having good information and knowing how to apply it for maximum patient benefit.

His emphasis on having a good clinical process can be traced back 13 years ago when, as a locum, he noted that practices providing the best care used clinical guidelines, screened their high-risk patients for diabetes, had patient health summaries, and incorporated preventive interventions.

When he later established his own primary care practice in the lower mainland, he embedded diabetes best practices into his clinical work, and encouraged his patients to participate in good diabetes management.

"As a physician, you want to be sure that what you do will make a difference. At the same time, patients want to be confident that what you're asking them to do is worth the effort," notes Dr. Paletta.

Objective, evidence-based guidelines on diabetes care provided this assurance, and Dr. Paletta incorporated best practices into his practice in a variety of ways.

"The vast amount of clinical information out there, and the amount of paper in patient files is overwhelming," he notes. Having had the advantage of developing their own clinical information system, the practice incorporated diabetes care guidelines and patient diabetes flowsheets into the office's computerized management system.

"Computerizing your office doesn't make up for a lack of good clinical process," emphasizes Dr. Paletta. "But it does help you organize and quickly access information." The technology has reminders that prompt follow-up on certain issues or patient call back when they are due for their next test.

As part of educating his patients in managing their diabetes, he discussed the purpose of various diagnostic tests, gave them a schedule of when their next tests were due, and encouraged them to be proactive in their care.

Dr. Paletta stresses that it is critical to empower patients so they feel they can take steps to improve their health and well being. The first step is having evidence-based information on what works, and then communicating this information in terms that people can easily understand.

“To help a patient make changes, I would use the evidence to paint a picture of where they are now, where they will be if their diabetes is not kept under control, and where they can be if they worked with me in managing their diabetes. This often took the form of a graph showing how you can make a big difference from making small changes. Something as simple as a 20 minute walk each day makes a huge difference in controlling diabetes and stopping the development of serious complications.”

The information on how to control diabetes needs to be applied. “Once they have the information, many patients don’t know what to do next...where do they start? The challenge was, how do I get my patients to move from points A to B.”

This involved developing a step by step process in which Dr. Paletta worked with his patients to develop an action plan that involved setting realistic goals, following-up with patients to review their progress, and going over the results of diagnostic tests. “Specifically, discussing what the numbers actually meant in terms of keeping their diabetes under control and stopping the onset of serious complications.”

“Everything is a planned process,” notes Dr. Paletta. “Break things down. First start exercising, and then stop smoking. Change takes time. Setbacks occur, but don’t get discouraged.”

“One of my roles was to guide my patients through this change process...be their coach and explain what they would get out of what they were doing, why they were taking certain medications...and to be their personal ally giving them a sense of achievement when they reached goals, and helping them when they were struggling.”

Dr. Paletta also looked to resources available in the community that could assist his patients in making lifestyle changes. “Receiving quality dietary advice early on is very important in achieving good health outcomes,” he adds. “Early after diagnosis, I would refer my patients to the local diabetes clinic for sound, professional advice on healthy eating choices from a registered nutritionist.”

Dr. Paletta has many perspectives on the importance of good diabetes care since his medical career has included both fee-for-service family practice and hospital care, where he has witnessed first hand the devastating results of poorly managed diabetes, including the end stages of heart disease, kidney disease, amputations, and other serious complications requiring hospitalization.

“A feeling that something is futile is the greatest obstacle to change. We know, however, that good diabetes care makes a difference and it needs to be optimized at the community level,” says Dr. Paletta. He also notes that since diabetes is often first diagnosed when a person is in hospital, hospital-based physicians should also be aware of diabetes standards of care for discharge planning purposes.

Primary care is a leveraging point for improving chronic care management. It offers the best opportunity for screening, prevention, early intervention and effective management. Dr. Paletta’s approach to diabetes care is an excellent example of how to provide optimal care to patients.

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## **Dr. Kilpatrick**

To say that Dr. Nevin Kilpatrick provides good diabetes care may be a bit of an understatement. After all, the level of diabetes care he has achieved not only makes him one of BC's top performing family physicians, but it also ranks among the ten best results achieved in the province.

Dr. Kilpatrick credits his excellent results to his commitment to providing high quality, patient-centred care.

His approach stresses the importance of a well-informed physician, a knowledgeable and activated patient, and a good therapeutic relationship between patient and physician.

Dr. Kilpatrick has incorporated best practices into his diabetes care and emphasizes the importance of having objective clinical guidelines based on the best scientific evidence. He notes, "A mountain of health information currently exists, but you have to carefully evaluate it to make sure it is based on scientifically sound medical research." One of his goals is to help patients become experts on their own health, and he finds it counter-productive when they receive diabetes information that reflects certain biases.

Intrinsic to his approach to diabetes management is patient education on the nature of diabetes and its serious health consequences, the importance of diagnostic testing and reviewing what the test results mean with patients, and how medication and lifestyle change can help control diabetes.

Coaching patients on how to make the lifestyle changes that will help them achieve better diabetes control (e.g., increased exercise, weight loss, stopping smoking) is an important part of their care. Dr. Kilpatrick works with each patient to develop an individualized care plan that sets out realistic goals and introduces lifestyle changes so they become habit – just another part of one's daily activities.

"Not only do you have to be well-informed about the evidence, you also need to be well-informed about your patient. You have to know if he or she is ready to make changes – what kind of changes are they ready to make – how much change at one time is possible. You also have to prioritize what is most important to get under control now, and what can be dealt with later."

He also regularly follows-up with patients and asks about their progress, provides encouragement, and helps set more manageable goals when a patient is struggling.

Dr. Kilpatrick does not rely on clinical information system technology to provide reminders for patient recall when someone is due for their next diagnostic test. Instead, he keeps a note in their chart and provides a reminder during the patient's next office visit. He also gives his patients a timeline of when their next tests are due, and expects them to be proactive in making sure they are up-to-date.

He adds, "The nurses on our health care team are an integral part of the practice and play an important role in diabetes care. They undertake glucose and urine testing, teach patients how to test their blood glucose levels and how to use insulin. They also provide education on foot care, which is a critical aspect of diabetes care."

Dr. Kilpatrick emphasizes that fragmentation of care is the worst thing for a patient. "The family doctor is the portal into the health care system, and continuity of care is very important. In terms of

chronic disease management, 'carve-out' models have been shown to be ineffective in reducing the burden of chronic disease.”

“The most important thing I can do for my patients, is give them peace of mind,” notes Dr. Kilpatrick. Providing evidence-based diabetes care and empowering patients to become experts on their own health is certainly a first-rate way of achieving this goal.

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