

More coordinated diabetes care

April 1, 2013 – Late in 2012, the Ministry of Health and Long-Term Care began the process of transitioning the province’s regional coordinating role for diabetes services to the 14 Local Health Integration Networks across Ontario.

In Northwestern Ontario, 11 of the 18 Diabetes Education Programs previously managed by the Northern Diabetes Health Network were transitioned to the North West LHIN on December 1, 2012. The remaining seven programs will follow over time.

The transition makes perfect sense, and is an opportunity to work together with system partners to improve the coordination of care for people living with diabetes, said Susan Pilatzke, Senior Director of Health System Transformation at the North West LHIN.

“The North West LHIN was created to improve the integration of our health care system at the local level,” she explained. “In an integrated system, care is more cohesive and providers work in improved coordination. In short, with this transition, the system is beginning to operate more like a system.

Rates of diabetes in the North West LHIN are among the highest in the province and improving the prevention and management of the disease has been identified as a priority in both the *North West LHIN Integrated Health Services Plan 2013-2016* and the *Health Services Blueprint*.

In fact, the Blueprint – a 10-year plan to reshape and transform health care in the region – identified diabetes as one of three high impact conditions in the North West LHIN.

“The province has a chronic disease framework in place that highlights a set of practices and system changes that have been proven to prevent and manage chronic diseases,” Pilatzke said. “We will now be able to build an integrated diabetes program that is consistent with that framework. This will improve the care of people living with diabetes, and streamline the services available to them.”

The first step in developing a system-wide coordinated approach to diabetes care is to conduct a thorough environmental scan to assess the current state of diabetes and diabetes care in the Northwest. That is currently underway, said Heather Gray, Senior Planning and Integration Consultant at the North West LHIN.

“We need to know what the patient journey looks like now in order to decide how to improve access to programs and services for the future,” Gray said. “We know we have issues with the transition of patients along the continuum of care and this is something that needs to be addressed. Also, admission to hospital for diabetes is very high when compared with the province. Much of this care could really be happening in the community.”

Diabetes in Northwestern Ontario *...by the numbers*

13%

of diabetics in the North West have no access to a family physician

131%

higher use of emergency departments for diabetes

50%

higher mortality rate for diabetes

230%

higher amputation rate

Indeed, over-reliance on acute care for the treatment and management of diabetes is a particular concern in the Northwest because:

- Hospital discharges for diabetes are the highest of any LHIN in the province;
- The hospital length of stay for diabetics is more than double the provincial average; and
- 13 of every 100 adults living with diabetes in the North West LHIN will have at least one admission to hospital or visit to the emergency department for a skin and soft tissue infection or foot ulcer – more than double the Ontario average.

“The North West LHIN will continue to work with health care providers to create an integrated system of care for patients with diabetes,” Gray said. “We are going to work closely with providers and encourage them to work with one another to find ways of delivering the best possible diabetes programs and services, in the most efficient way possible, ultimately improving health outcomes for individuals who have diabetes.”

North West LHIN’s Commitment to Diabetes

Having the diabetes education programs accountable to the North West LHIN will result in:

- improved coordination and streamlining of care;
- more access to programs and services for patients, closer to home; and
- increased transparency and accountability.

“I know that we all remain committed to addressing the growing prevalence of diabetes in our region,” said Laura Kokocinski, CEO of the North West LHIN. “We are committed to ensuring that the people of Northwestern Ontario will continue to access the diabetes services they need, when they need them, without interruption.”