



THE LEADING EDGE CDM in the Queen Charlotte Islands

Haida Gwaii hosts an annual music festival called 'Edge of the World'. Isolation is a romantic notion, but one that's got a double edge to it, just as wind and rain can be bleak and invigorating at the same time. "It's raw up here," says Ann-Marie Fleming, a diabetes patient living in Masset at the north end of the Queen Charlottes Islands (as non-natives call the Haida homeland). "But the population is stoic, with a strong sense of community. If someone gets ill, people rally around them."

Dr. Vanita Lokanathan found a lot of ill people when she first arrived in Masset five years ago – inflammatory arthritis, diabetes, hep-C, hypertension, obesity, substance abuse, and depression associated with the neglect of any kind of chronic disease. But the prospects of a satisfying career were further mitigated by staffing chaos. She walked into a complete turnover of the three permanent physicians. Nor was there an information system that could provide continuity. In five years, there'd been a 5-times turnover of acute care nurses and office staff. But Lokanathan wasn't the quitting type. She's a young doctor who 'won't leave a rock unturned', as Fleming puts it, to better the health of her patients.

"I was attracted to rural practice because I would get to do all these things," says Lokanathan, "from emergency work in obstetrics, to chronic cases, to complex conditions, all without specialists handy." Coming from Montreal, Lokanathan could easily appreciate all the advantages of a small community -- a politically active population, more frequent discussions around health care, and of course easy access to outdoor recreation.

"On a clear day you can see Alaska from North Beach," says Jim Holland, a retired military man and another of Dr. Lokanathan's diabetes patients. He credits his physician with introducing a new trust and openness into the medical practice in Masset. But at the beginning, Lokanathan admits she was at a loss.

"I was surprised how isolation could negatively affect health care," says Lokanathan. She found increased addictions in Masset, and a general neglect of one's health, not to mention difficulties in transporting emergency cases off-island. Luckily for the 2500 people who live in the Masset area, Lokanathan wasn't daunted. She sought help and found it by participating in two collaboratives down south, first for Congestive Heart Failure, then for diabetes. She emerged convinced that self-management of chronic conditions was the key.

Activated patients + Pro-active practitioners = Practice improvement. That's the goal of the Expanded Chronic Care Model adopted by the B.C. Ministry of Health, so it was good enough for Lokanathan and her remote practice in Masset. "The Collaboratives provided a structure to help look at problems and address them in a systematic way," she says.

The system is 'team-based', and that's exactly what Lokanathan did. She formed a 4-person medical team of physician, dietitian, diabetic nurse educator, and public health nurse. They began entering patients in the registry, a process that took about two months. "Then we looked at where we were, with blood work, for example. Was it up to date? We used a recall system from the provincial CDM Toolkit."

Her team used the Toolkit to identify patients who might work well in groups. Twenty-five patients with chronic diseases were initially invited to attend a group once a month. Ten to fifteen became regulars, but the numbers have since swelled back up to twenty. It's not surprising, since each

group session starts with a free meal. “Where food is involved, it’s a better fit for this culture,” says Lokanathan.

An hour is spent ‘goal-setting’. Each patient makes a Personal Action Plan to work through barriers. They then check their confidence level before committing to it. Then a group discussion ensues. “I started off by sharing my own goals;” says Dr. Lokanathan. “There was more participation after that, as we learned that we all have common barriers to making lifestyle changes.”

“At first I was leery,” says Jim Holland. “Do I want to tell? But now everyone contributes with ideas good and bad, and we learn stuff from each other. Oranges versus orange juice, for instance. Juice by itself has too much sugar. It’s very enlightening. And we’ve all improved since we started. Our numbers prove it.”

Lokanathan is relieved to see those improvements, and delighted again to see how her Masset group fares against the province at large (see chart below). From blood readings to foot examinations, the numbers suggest something radical is happening on the Queen Charlottes.

Diabetes Outcome Measures

Measures	Goal	All BC	Masset	Our Group
Patients will have an A1C of <7.0%	85%	25	52	75
Patients will have a BP of <=130/80	60%	26	52	62.5
Patients will have an annual LDL, <2.5	70%	19	39	60
Patients will have an annual eye exam	70%	?	58	80
Patients will have an annual Albumin Creatinine Ratio <2.0M < 2.8F	85%	18	46	50
Patients will have an annual Foot Exam	90%	20	82	100
Patients will have a self-management goal documented annually.	85%	18	78	100
Patients will have an annual flu vacc		17	67	60

“The group taught me ‘goal-setting’,” says Ann-Marie Fleming. “My diabetes is under control with A1C readings of 4.1 to 6.1, which is well under my target of 7.” Fleming credits Dr. Lokanathan for teaching her to be observant of her own health. Group participation has made her pro-active. She’s become more sensitive and quick to question things, an attitude that led to the discovery of her angina. “We support one another in the group;” Fleming says. “In essence, we in the group have become our own ‘team’. The health professionals have their team, and so do we.”

Cindy Talarico is the diabetes outreach nurse on Lokanathan’s team. She’s motivated by Dr. Lokanathan in her role as the community’s ‘lead doctor’, then again by the ‘team approach’, and again by the positive results she sees. Talarico has noticed that her patients are less

depressed by their chronic diseases. “People are enthusiastic about their care,” she says. “They know what they’re coming in for, which makes doctor’s visits more focused. They might tell the doctor, ‘I’d like to improve my blood pressure,’ for instance.”

Talarico points to an improved atmosphere in Masset, generally. Grocery store managers are now making displays of healthy food choices – ‘no-fat’ cheese, for example. The recreation centre offers free exercise classes, and a community garden is on the drawing board. It sounds like a different Masset than the one Vanita Lokanathan encountered five years ago.

“A health care practitioner arriving in Masset for the first time today would see ‘a system’,” says Cindy Talarico. “They would see something organized, rather than a shambles of paper.” It’s an improvement that has health care providers now competing for permanent positions on the north end of the Queen Charlotte Islands. But perhaps the best barometer for change in Masset is the fewer number of clinic visits versus the demand for Lokanathan’s group sessions. The needle is definitely pointing to greater self-management of chronic conditions. It’s a fair weather report in a land where the sun doesn’t shine, sometimes for months. And the system appears to be on the move.

“I’m being asked to hold sessions across the North,” says Dr. Lokanathan. We’ve already had the opportunity to go to Prince Rupert and Prince George to spread our experience and ideas.”