



Quality Care in Quesnel

For most of her 52 years, Debbie Hanrahan has enjoyed not-so-frequent visits with her doctor, Andrew Sear. "He delivered both my daughter and my granddaughter," the petite brunette explains, "Dr. Sear is quite a fixture here in Quesnel. He has certainly been a great asset to our small community." Blooming with good health and busy living, she just didn't need to see her doctor all that often. Lately, however, she has been visiting more regularly, as part of a highly successful program Dr. Sear initiated in his practice to help his patients manage their chronic disease. Debbie Hanrahan has diabetes and high blood pressure.

"It has only come to light in the last couple of years, when I went in for some minor surgery, but I certainly know where this can lead. My father is diabetic. He is on insulin and suffers all kinds of heart related problems – he's got congestive heart disease, night time dialysis, and he's had quadruple bypass surgery. I certainly appreciate the seriousness of the situation. I know if unchecked this can lead to major problems because I've seen them."

Dr. Sear has seen the problems too, in his thirty-six years as a prominent family physician in General Practice, Obstetrics and Anaesthesiology in this central B.C. town. Dr. Sear has always been motivated to improve outcomes for his patients, and especially those with chronic diseases. "I couldn't get into the Congestive Heart Failure Collaborative, but when the Diabetes Collaborative came by I jumped in very quickly and took on the guideline care with the flow sheets with great enthusiasm." Dr. Sear attended the learning sessions sponsored by the BCMA in Vancouver and began to transform his practice. "One of the advantages of the CDM toolkit is that it is a computerized, central record, so one of the requirements is to do an inventory of all our patients with diabetes. I found I had 60 patients. Entering those into the toolkit required me to go through piles of charts. I had a pile by my desk and put in 3 or 4 in the morning when I first came in, over lunch-time another 4 or 5, and another 2 or 3 at the end of the day. It didn't take that long really. I managed to get all of them entered with their baseline readings."

Dr. Sear deployed his part-time stenographer, Rosalind Schimelfenig, to do the data entry. "I realized that data entry was one of the most important parts of maintaining standards, especially for the guidelines," says Dr. Sear.

What began as a way of giving his office worker some extra duties to keep her from going elsewhere reaped a double benefit. Rosalind found she really enjoyed learning about the Collaborative model and began to participate beyond just doing the paperwork. "I was overwhelmed at first as I became aware of just how big the problem is," she says, "It was frustrating not be able to just do it all. But we're pioneers. There are no instant solutions."

Rosalind attended one of the collaborative learning sessions and came to a new appreciation of how she could contribute further. With guidance from Collaborative coach, Connie Sixta, she learned about patient empowerment and helping people set self- management goals. She also learned how to conduct diabetic foot exams following the guidelines.

Upgrading Rosalind and using her differently as an MOA was the first of three significant changes Dr. Sear made to his practice. "Once a month, using a spare room in our office, Rosalind books 8 people for about 15 minutes each. She sees the patient first for about 10 minutes; goes through

the flow sheet, discusses goal setting with them and identifies any deficiencies on the lab form for me to follow up. Then I see them for about 5 minutes.”

“By empowering her, it means when she has time, she rings up people and asks them how they’re doing with their goals and writes that up in their chart. So it helps me when I see patients. I can congratulate them if they’re doing well or encourage them if they’re not. It has empowered her to really take part in the health care team and it also has improved data entry, because of course these are her figures as well as mine.”

So now Rosalind, the former steno, conducts the foot care exams and helps patients with their goal setting. “Personally, I think I’ve grown with it. I like it and feel that I have more of a relationship with the patients. It’s helped my self-confidence so much that I even helped “present” to a group last October.” Dr. Sear is comfortable with the change. “When other doctors tell me, ‘My MOA couldn’t do that’, I say, ‘Have you asked them?’”

Dr. Sear sees his diabetic patients at least every 3 months for a medical consultation. During those visits he empowers his patients with information. “Every time I have contact with a diabetic patient Rosalind has printed out the current flow sheet and there are two copies. One is for me and one is for the patient. So every time I see the patient I give them a copy of their latest lab results and show them where they’re sitting in relation to their goals.”

As a patient, Debbie Hanrahan likes the new approach. “Before, I didn’t go to see Dr. Sear unless there was a problem. Now it’s a different mind set – friendlier. I think every 3 months is about right. It’s not too often to be intrusive.”

The second big change that Dr. Sear instituted in his practice is group visits. Using the local Diabetes Education Center, Dr. Sear’s team organizes information sessions for his patients. Diabetic information about topics such as medications, diet, and exercise is provided by health professionals like Julie Gonzales, a Diabetes Nurse Educator and a major contributor to the progress of the program.

Block booking is the third significant change in Dr. Sear’s practice. “What I learned from obstetrics, is to block off a time and just deal with those patients and their babies. When I do the same for my diabetes patients, the charts are marked, so the MOAs know that they’re just dealing with diabetics and they need to take them into the room; get their blood pressure and get the charts ready. Things get done much more efficiently.”

Debbie Hanrahan is making good progress with her self-management. Her desk job keeps her in front of a computer so she doesn’t get as much exercise as she would like, and a chronic back problem slows her down. Her diet, she admits, could be better, but at least she never skips breakfast anymore. She has found the counselling sessions with the diabetic health dietician very helpful. And, motivated by Dr. Sear’s “Walk to Whistler” program, Debbie now uses a pedometer to help keep track of her daily walking distances and make progressive improvements. She is actively participating in her care, and that gives her hope. “I’ve used the handouts and gone online to find more information. I know my blood pressure and cholesterol are under control. The program kind of keeps it in the forefront of your mind.”

Dr. Sear’s program has good results. He attributes the achievements to three factors, “We got good results by first establishing an inventory as quickly as possible; secondly, using a recall list to get people in so we can see them, and thirdly by instituting the group visits. Patients like them.” For diabetic patients with extremely high A1C levels, he has also found that dealing with those patients suffering from depression, using the Depression Screening Toolkit, the compliance rate for the diabetes guidelines has been significantly improved.

Dr. Sear’s success has had a multiple effect on the medical community of Quesnel. With the support and encouragement of Margie Weibe, the RN who is the Primary Care Coordinator in

Quesnel, Dr. Sear is spreading the word. "Margie got me to go to the other clinics in town and talk with them about guideline care and about the diabetes toolkit and we managed to persuade them to change all of their practices so they are all on-line." Now all 19 GPs in town are practising diabetic care using the diabetes toolkit. "Margie re-enforced it by having monthly meetings and providing lunch. I tried motivating them by showing them that it meant good care and that if they didn't do it they were leaving money on the table. Margie motivated them with food." With the aggregate data now on-line and visible to all the participating doctors, Margie also encourages friendly competition between the doctors to show who can have the best results – that is, the most patients meeting the guidelines.

The changes Dr. Sear has made in his practice have already brought exciting results, but he sees them as just a first step. "I'd like to do the same for other chronic diseases coming on line, including hypertension, asthma, and depression which could be given better guideline care. I think what we all need is electronic medical records throughout the province. That would make all of this much easier and less time consuming. We're toying with that idea now. It is complicated and expensive but I think it will lead to improved care."

Dr. Sear admits that the collaborative approach is not for all patients, and a few have left his care. But he has come to the conclusion that patient autonomy depends on empowerment, knowledge, and the will to change. "When I see my patients really come onboard then I feel that's a major change. Now I'm not looking after your diabetes, I'm providing the information for you to manage your own diabetes. When I see some of my patients start altering their own insulin to keep their blood sugars down that gives me a real thrill. You know, they feel confident enough to do that. And they're checking their sugars – that's the most important thing."

MOA Rosalind Schimelfenig adds, "It's a good feeling when I see the patients taking charge of their health. It's very small steps for some of them, and that's OK."

Debbie Hanrahan is confident that with this program, her experience with diabetes will be different from her father's. "I don't worry about it because I feel like we're in control and we're doing all the right things." And she has a final thought about how the people of Quesnel regard Dr. Sear. "He has really served this community. He has stayed so long and worked so hard and yet he can still be so innovative and come up with new things. I really admire that."



Dr. Andrew Sear, Julie Gonzales (Diabetic Nurse Educator), MOA Rosalind Scimelfenig, and Margie Weibe (RN Primary Care Coordinator in Quesnel)