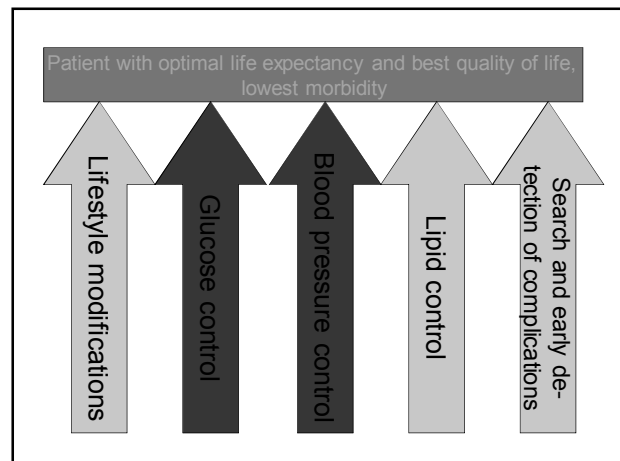
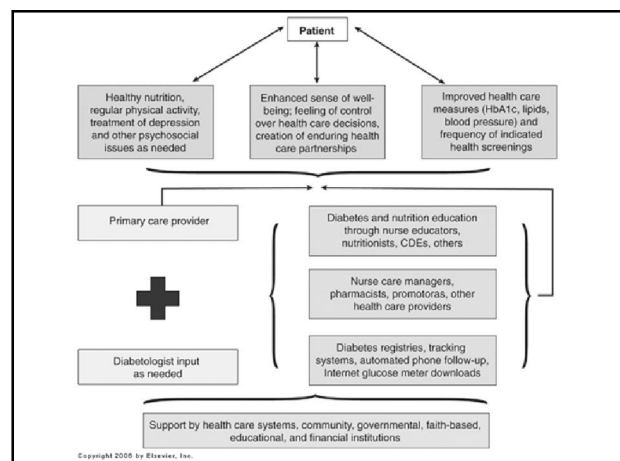
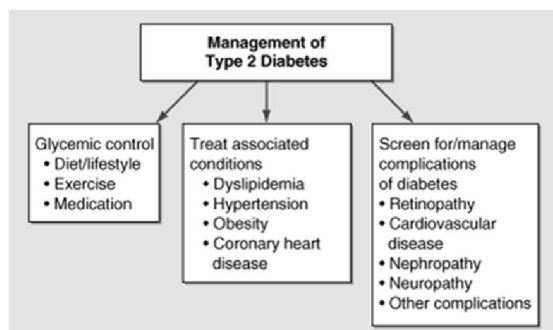


Organization of Diabetes Care Delivery

DG van Zyl



What the doctor do!



The Problem of Caring for Patients with Chronic Diseases

- Time
- Doctor fatigue
- The trap of the "Quick prescription"
- Patient compliance
 - If the doctor don't care why should the patient
 - If the patient don't care why should the doctor
- Boredom?? Every visit the same?

Profile of Doctor Not Working According to a Plan

- Postpone uncomfortable examinations and investigations
- Keep poor records
 - Do not recognize changes
 - Do not recognize improvements or deterioration
- Do not give proper patient education
- Always in a hurry, see more patients than time allows

The Result?

EMBARRASSMENT

Structure

- For every chronic disease the patients caregiver should have a plan or a schedule
- 4 scheduled visits per year, three short and one for thorough check
- 4 scheduled visits with a different aim every time

If you aim at nothing,
you are sure to reach it

The Kalafong Clinic Schedule

The form includes sections for:

- Patient Information: Name, Address, Phone, Date of Birth, Sex, Race, Ethnicity, Religion, Marital Status, Education, Occupation, Insurance, Referral Source.
- Medical History: Presenting Problem, Past Medical History, Surgical History, Family History, Social History, Allergies, Current Medications, Recent Lab Tests, Recent Imaging, Recent Procedures, Recent Hospitalizations, Recent Consultations, Recent Referrals, Recent Follow-up.
- Physical Examination: Vital Signs, General Appearance, Head and Neck, Eyes, Ears, Nose and Throat, Heart and Lungs, Abdomen, Genitourinary, Musculoskeletal, Neurological, Skin, Feet.
- Diagnosis and Treatment: ICD-9-CM, ICD-10, CPT, HCPCS, Billing, Insurance, Referral, Follow-up.

The PAH Schedule

The form includes sections for:

- Patient Information: Name, Address, Phone, Date of Birth, Sex, Race, Ethnicity, Religion, Marital Status, Education, Occupation, Insurance, Referral Source.
- Medical History: Presenting Problem, Past Medical History, Surgical History, Family History, Social History, Allergies, Current Medications, Recent Lab Tests, Recent Imaging, Recent Procedures, Recent Hospitalizations, Recent Consultations, Recent Referrals, Recent Follow-up.
- Physical Examination: Vital Signs, General Appearance, Head and Neck, Eyes, Ears, Nose and Throat, Heart and Lungs, Abdomen, Genitourinary, Musculoskeletal, Neurological, Skin, Feet.
- Diagnosis and Treatment: ICD-9-CM, ICD-10, CPT, HCPCS, Billing, Insurance, Referral, Follow-up.

Things That Needs to be Done in all Diabetic patients

- Glucose control and monitoring
- Hypertension control
- Lipid management
- Long term complications screening
- Patient education
- Support

Know and follow a recognized guideline

ADA
SEMDSA
IDF
EASD

Each visit

- Blood pressure
- Blood glucose
- Weight
- Never lose an opportunity to educate

Annually

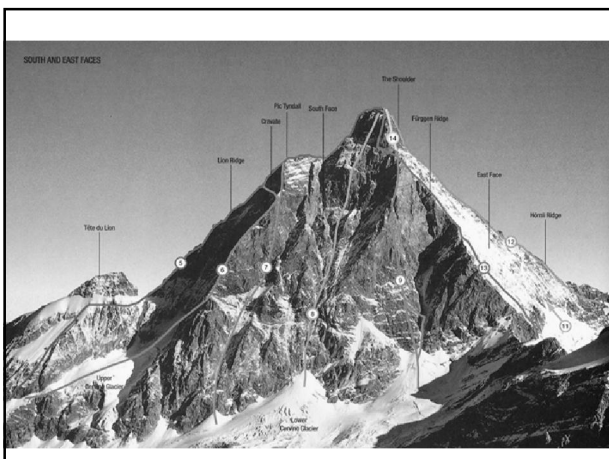
- Cardiovascular assessment
- Foot examination
- Eye screening
- Renal assessment
- Referral to dietician
- If available referral to diabetes educator

Special Investigations

- HbA1c – 2x/year
- Lipid profile – annually
- Renal function – annually

Strategies for Every patient

- Minimal cost
- Minimum weight gain
- Minimal injection
- Minimal insulin resistance
- Minimal effort
- Hypoglycaemia avoidance
- Postprandial targeted



The management of diabetic patient is a challenge.
It requires dedication and tenacity
from both caregiver and patient.