

Appendix A: Summary of key findings and challenges identified in inventories of services

Service Level Indicators	DEPs & Hospital Clinics:	Primary Care Providers:	Pharmacists:	Optometrists/Ophthalmologists:	Chiropracist/Foot Care Nurses:	Dentists/Hygienists:
Knowledge & understanding	<ul style="list-style-type: none"> Limited skills and knowledge around insulin starts for Type 2 diabetes, especially basal insulin and insulin adjustment There is no coordination of self-management programs and difficulties promoting existing programs 	<ul style="list-style-type: none"> General discomfort with insulin and newer tx. Limited knowledge Lack of time to initiate insulin starts 	<ul style="list-style-type: none"> Limited tools & resources to provide education No available tools to provide education –Stanford self-management Insulin pump therapy and poor glycemic control are the most frequently reported criteria's for referrals (38% and 34% respectively) 	<ul style="list-style-type: none"> Low tracking mechanism to identify Pts with diabetes (71%) 40% provided their patients with educational material related to diabetes and eye care 	<ul style="list-style-type: none"> Low rate (31%) of initial assessment related to general diabetes education, blood glucose counselling, glycemic control, and monitoring BP as well as performing monofilament assessment (62%) 	<ul style="list-style-type: none"> Don't identify diabetes in people through their exam Limited tools & resources to provide specific to diabetes and oral health Keep updated about diabetes through journals seminars and internet Not aware of the ODS
Advocacy	<ul style="list-style-type: none"> Concerns with prediabetes education No consistency among programs for the delivery of GDM 	<ul style="list-style-type: none"> Limited access to lifestyle counselling and supportive services to help patients learn how to cope emotionally with their condition 	<ul style="list-style-type: none"> Unsure of system for referring patients to DEPs Low rate of counselling on insulin pump, exercise counselling, hypoglycemia management, sick day management, smoking cessation, insulin adjustment and insulin 	<ul style="list-style-type: none"> 19-24% refer to diabetes education or endocrinologist 	<ul style="list-style-type: none"> 72.7% identify challenge with "lack of awareness of care" 	<ul style="list-style-type: none"> Assess glycemic control only verbally
Continuity of care	<ul style="list-style-type: none"> Utilization of EMR by 72% Different software applications No protocols or pathways in place for d/c from hospital to DEC 	<ul style="list-style-type: none"> Difficult to navigate the system of care (referral process) Utilization of EMR by 78% 	<ul style="list-style-type: none"> Most of pharmacies do not have DEP in place Low referral rate to PCP and DEP 	<ul style="list-style-type: none"> 87% report sending summary report to family physician 87% book return appt Low referral rate to DEP or endocrinologist, between 19 and 24% 	<ul style="list-style-type: none"> 36.4% identify challenge with access to wound care specialist 	<ul style="list-style-type: none"> No referral process Less than 13 % of dentists recommend clients to visit PCP
Communication	<ul style="list-style-type: none"> Varying data collection methods Limited awareness/marketing of diabetes education program Not clear role and definition of programs No networking of educators outside of community 	<ul style="list-style-type: none"> Limited information on available health and social resources in the community 	<ul style="list-style-type: none"> Limited communication with PCP (59% send a copy of the pt's assessment to PCP) Limited communication with DEPs 	<ul style="list-style-type: none"> Limited communication with PCP (87% send a copy of the pt's assessment to PCP) Follow –up with patients through the phone (59%) and through the physician (19%) 	<ul style="list-style-type: none"> Low # of referrals from DEP, from 14% on a regular basis to 43% occasionally Limited communication between chiropracist and physician 	<ul style="list-style-type: none"> Rely on patient to pass communication to other HCPs
Access	<ul style="list-style-type: none"> High volumes of patients Limited access after hrs support during Saturday, Sunday & Stats Holiday Difficult to navigate the system of care (referral process) Long wait time Limited outreach services to people with diabetes who live in 	<ul style="list-style-type: none"> Limited access to foot care specialists Note long wait times for DEPs Need for specialized programs such as prediabetes; culturally specific 	<ul style="list-style-type: none"> Practice primarily in city/urban communities Limited wheelchair transit Limited access after hrs support during Sunday & Stats Holiday Self-referral access (48%) High volume (>50 clients per week) - 56% Challenges with clients without 	<ul style="list-style-type: none"> Practice primarily in city/urban communities Fee for service Challenge with clients with limited benefits 	<ul style="list-style-type: none"> Challenge with access to wound care specialist Fee for service (91%) Most of the time self-referrals -95.2% Challenges with clients with limited benefits and without PCP High volume of clients with 	<ul style="list-style-type: none"> Challenges with clients with low income, limited benefits and without PCP

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<p>diverse communities and rural areas</p> <ul style="list-style-type: none"> • Catchment barriers and physician privileges barriers 		<p>PCP, with limited benefits, and long wait time to access DEP</p>	<p>neuropathy (about 25%)</p>
<p>Patient-centered decision making</p> <ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> • Lack of time to caring for patients with diabetes • Lack of skills and confidence in essential elements of self-management • State patients don't want to attend DEPs—conflicts with patient survey 	<ul style="list-style-type: none"> • 31% respondents spent an average >30 min with client • Good relationships with patients 	

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