

Diabetes Clinics in General Practice

Reference: Whitehorse DGP 2006. Nurse Led Clinics

Employment of Practice Nurses in chronic disease management (CDM) and use of a team approach (GP, Practice Nurse, administrative staff) to CDM improves patient care and outcomes and reduces GP workload. Clinics can improve patient review and recall process and make more efficient use of practice resources in delivery of care to patients with diabetes, and facilitate linkages with Specialist services.

Clinics can also contribute to the long term viability of the practice through increased use of the diabetes SIP and General Practice Management Plans (GPMPs) and Team Care Arrangements (TCAs).

Regular clinic reviews can support and maintain patient self-management behaviours, and patient satisfaction can increase from having their needs met and having adequate time to discuss issues related to their chronic disease.

What is involved

The Practice Nurse has protected time to operate and manage a diabetes clinic, on a set day/s at set time/s. The clinic may involve extended appointments for patients requiring new or a review of GPMPs and TCAs. The clinic could also link with Specialist services to support care planning for complex patients not reaching clinical targets.

The practice needs to have sufficient space to conduct a practical and confidential assessment, protected time for GP and PN, and the necessary systems in place.

There are 4 systems which underpin effective PN led clinics. They are:

- **Marketing** This encourages patients who would benefit from services of the Clinic, to attend.
- **Appointment booking systems** This ensures the clinic is booked to be financially viable (including a steady stream of new patients at each clinic).
- **A clinic billing system** This is reviewed regularly to ensure all appropriate items are being claimed correctly.
- **Recalls and reminders** Each practice will need to determine system that is right for them. A computerized system is ideal, but paper diaries and exercise books can work equally well.



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Case Study

To be financially viable our practice needs to have 75% of all appointments attended, and for patients to have a GPMP and TCA and associated reviews. This meant we had to do things differently and actively manage the clinic appointments. We now:

- Rebook each patients for their next appointment at the end of their clinic appointment
- Send a written confirmation of appointments, which have been booked more than 1 month in advance.
- Telephone all patients to remind them of their clinic appointment 48 hours before they are due to come in
- Ensure all patients who ring up to change an appointment are given another appointment at the time they ring
- follow up all patients who do not attend, or cancel an appointment without rebooking another one.

Business Models

Typical costs include nurse salary and on costs, insurance, clinic consumables and overheads, training and professional development. **SEAGP can provide support to assess these.**

A 5 hour clinic operating once a fortnight, needs to recruit the following numbers of new patients to be financially viable:

1st clinic - 4 new patients

2nd clinic - 2 new patients

3rd clinic - 2 new patients

4th and subsequent clinics 1-2 new patients

This formula allows for existing patients to be booked in for review appointment

Case Studies

1. PN led 4 hour review clinic

5 GP Management Plans (2 new, 3 reviews)	\$432.40
2 PN consultation (#10997)	\$ 22.00

Total	\$454.40
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2. PN led 4 hour recall clinic supported by CDE (from Mater / DAART)

2 GP Management Plans	\$249.50
2 Team Care Arrangements	\$179.90
2 TCA reviews	\$ 125
1 CDE consult (#10951)	\$ 47.85

Total	\$ 602.25
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Assuming overheads and consumables of \$200.00, Practice Nurses salary including on costs of \$30.00 per hour (see Practice Nurse Employment Toolkit 2007 DoHA, p23;) and additional CDE unit costs(Case Study 2) of \$40.00 per hour, the total cost of each clinic would be \$320.00 and \$480 respectively.

N.B. GP and admin staff time (and any income from GP consultation plus Diabetes SIP) have not been factored into the figures listed above