

Health *Matters*

A patient magazine.



Inside June 2013

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Welcome to your magazine

A message from the CWC PCN

The Calgary West Central Primary Care Network (CWC PCN) was established nearly seven years ago with the goal of providing excellence in community based comprehensive primary health care. But what does that really mean for patients?

Every patient should have a medical home in a physician's clinic, where they are surrounded by the teams and programs to improve their quality of care. The CWC PCN wants to augment your doctor's practice with resources to help provide patients with enhanced access through allied health teams and empowerment through health information.

In this issue of *Health Matters*, we examine the roles of the teams that work with many of our member physicians. These professionals include nurses, pharmacists, dietitians, behavioural health consultants and others such as social workers or physiotherapists. As you will read, collaborative care is about facilitating the right service at the right time for patients through physician-led teams.

PCNs continue to work with family physicians to enhance the way primary health care is delivered. In that context, *Health Matters* is designed to be a bridge linking you to CWC PCN programs and services available through your physician's membership.

In each issue, we will also explore health-related topics identified by our network of physicians that are consistent with the types of issues they see every day, including diabetes, high blood pressure and chronic disease management.

Feel free to view this magazine online or pass it on to a friend. We also welcome ideas, feedback, suggestions and your stories for consideration in future issues.

Dan Doll
Executive Director

Dr. Jane Ballantine
Medical Director

Dr. Thomas Tam
Board Chair



Tackling tobacco with the CWC PCN

Quitting smoking isn't easy. Your health care team at the CWC PCN knows what a challenge it can be to make the decision to quit and is here to support you when the time is right.

If you think the time is now, talk to your family physician about a referral to the smoking cessation program called Tackling Tobacco Together (3T), available at the CWC PCN Clinic at Westbrook. The program is referral-based and offered at no charge to patients of member physicians. It runs every month with facilitators, including pharmacists, behavioural health consultants and registered nurses.

The program is broken down into four one-hour nightly sessions that aim to help you prepare for quitting, manage withdrawal symptoms, identify triggers that create your urges, learn about medications that can help, develop new skills to help you remain smoke-free and form a support network.

Pharmacists are the primary facilitators since one of the key aspects is offering advice on medications that can significantly reduce withdrawal symptoms and increase the patients' chances of success. Options include nicotine-free medications or nicotine replacements such as nicotine patches, gum, inhalers and lozenges.

Since the program launched in the fall of 2010, over 1,000 patients have been referred to the smoking cessation program, and of those who successfully completed the program, about 50 per cent have either cut down on smoking or quit entirely.



When I finally came to the realization that I couldn't quit smoking without help, my doctor referred me to the Tackling Tobacco Together program.

No one is more surprised than I am that I've successfully stopped smoking, and no one is happier about it either.

~ Deanna W.



Calgary West Central Primary Care Network

401, 1812 4th Street SW
Calgary, AB T2S 1W1

P: 403.258.2745
F: 403.258.2746

To share your suggestions, feedback or experiences, please email us at communications@makinghealthhappen.com

What is a Primary Care Network?

Primary Care Networks (PCNs) were established to improve access to family physicians and other frontline health providers in Alberta. Each network develops programs and services in a way that works to meet the specific health needs of patients in its area. PCNs are established within the framework set by Alberta Health, the Alberta Medical Association (AMA) and Alberta Health Services (AHS). There are currently 40 PCNs in Alberta, and the CWC PCN is one of the largest.

The CWC PCN is made up of approximately 330 primary care physicians representing 302,000 patients, working in 107 clinics to enhance patient care. Many of these physicians work closely with allied health professionals, including behavioural health consultants, dietitians, nurses, pharmacists, physiotherapists and social workers to collaborate on patient care.

Your physician is a member of the CWC PCN, and as a patient this offers you access to a number of services and programs at no out-of-pocket expense to you. Visit www.makinghealthhappen.com for more information.

Conquering depression: Betty's story

“

I can only hope this service will be expanding in our city and province. ~ Betty Parr

”

Betty had witnessed the effects of depression most of her life. She watched her mother and brother deal with various mental health issues and was thankful for her father's support. It was only after her father's death when Betty was in her 40s that she, herself, experienced her first concerning episode of depression.

By that time, Betty was married with a family of her own. She went on antidepressants for the first time when her father died, then again when she retired in 2002 from her career as a school teacher. All the while, her husband of 36 years, Calvin, was also dealing with his share of anxiety and depression.

In August 2007, Calvin passed away. Betty then channeled her energy into being a caring, compassionate confidant to her mother, who had since overcome her mental health issues, according to Betty. But when her mother passed away in November 2011, Betty truly felt the impact of both losses.

“I had just lost my mother at the age of 94 and I realized that I was sinking into a bit of a depression that was being compounded by the fact that four years prior, I lost my husband,” says Betty. “I was rolling the two into one in terms of grief.”

“The best boost I could get”

At the encouragement of her children, Betty decided to see her family physician, Dr. Peter Thornton. Dr. Thornton mentioned that his clinic used the services of a behavioural health consultant (BHC), who is part of the Alberta Health Services Shared Mental Health team working in conjunction with Primary Care Networks (PCNs).

BHCs see patients for a variety of issues, depression being the most common.

“The fact that this service was offered in my doctor's office and recommended by someone I thought highly of was huge,” says Betty. After her first meeting with Kelli McMillan, the BHC at Dr. Thornton's clinic, four additional sessions every two weeks were scheduled.

“Over a period of eight weeks, this was the best boost I could get at the time,” says Betty. “Kelli was the right person for me at the right time. She aimed me in the right direction.”

Teamwork and support

The BHCs who work within PCNs are part of multidisciplinary teams that also include registered nurses, pharmacists, social workers, dietitians, kinesiologists and physiotherapists (availability varies by clinic and PCN). Betty believes these teams support family doctors much like the support staff she used to work with as a teacher.

“When I taught, there were supportive people in the school to help carry the load,” says Betty. “We know our doctors are so overworked, and here's a way to make it work more efficiently and effectively. The fact that I could have that appointment in that office was important.”

Several months later, and in a much better mindset, Betty returned to her doctor's office for an unrelated matter when she saw a profile of her BHC, Kelli, in her PCN's *Report to the Community*. It prompted her to write a letter to her physician, her PCN and the provincial government in support of the services provided through her PCN.

“I was not really aware of the Primary Care Network structure before this,” says Betty. “I can only hope this service will be expanding in our city and province.”



Misconceptions of the diabetic diet

More patients are being diagnosed with Type 2 diabetes, a disease in which your pancreas does not produce enough insulin, or your body does not properly use the insulin it makes. Below are some frequently asked questions our dietitians address in terms of the diabetic diet.

Q. Will I have to eat differently from the rest of my family?

A. *Not at all. Healthy eating is important for the whole family and this is an opportunity for your family to eat more nutritional, well-balanced meals.*

Q. What is a healthy portion size of vegetables, grains and starches, meat and alternatives, and fats?

A. *Use the “handy” portion guide. Eat more vegetables – half of your plate should be vegetables of two or more colours. A fist-sized portion of starch might include whole-grain pasta, bread and rice. For protein, choose a palm-sized serving of chicken, lean meat, fish, tofu, beans or lentils. Have a glass of low-fat milk and a piece of fruit to complete your meal. Fats should be limited to an amount the size of the tip of your thumb.*

Q. Can I still eat carbohydrates?

A. *Yes, but carbohydrates should always be much less than 50 per cent of your total food intake at any meal. When consuming carbohydrates, it is advisable to choose whole grains, a variety of colourful fruits and lower-fat dairy products. Ask your doctor or a dietitian for a copy of the Diabetes Food Guide for additional tips.*

Sources:

CWC PCN & SCPCN dietitians

Canadian Diabetes Association. Recipes: “Chunky Grilled Vegetable Guacamole.” Accessed May 24, 2013. www.diabetes.ca/diabetes-and-you/recipes/chunky-grilled-vegetable-guacamole/

Q. When reading the nutrition labels on foods, is sugar the only consideration?

A. *No, you should also be aware of the total carbohydrate content of foods. Also, choose foods that have more fibre, calcium, vitamin A and iron. Choose foods with a daily value that is low in fat, saturated and trans fats, and sodium.*

Q. Is it better to have natural honey than refined white sugar?

A. *Actually, no. It makes no difference which type of sugar you consume, and you should always be mindful of the daily value on nutritional labels.*

Q. Do I have to stop eating candy and desserts?

A. *Not at all. However, you should eat sweets on occasion and in moderation. Don't feel guilty!*

Q. Is it true that eating too much sugar causes diabetes?

A. *Absolutely not – this is a myth! Genetic and lifestyle risk factors can play a role.*

Q. Can I consume alcohol?

A. *Alcohol can affect blood glucose levels and cause weight gain. Talk to your doctor or a multidisciplinary team member to determine if you can include alcohol in your meal plan.*

Chunky grilled vegetable guacamole

WHAT YOU NEED:

- 2 Tbsp (30 mL) canola oil, divided
- 1 small zucchini, cut lengthwise (in 3 long strips)
- 1 red bell pepper, cored, sliced in half
- 1 just ripe avocado, peeled, sliced in half
- ½ small red onion, sliced in half
- Juice of 1 lime
- ¼ cup (60 mL) cilantro, minced

WHAT TO DO:

- 1) Prepare grill by brushing with canola oil.
- 2) Preheat grill to medium-high.
- 3) Lightly brush both sides of vegetables with 1 Tbsp (15 mL) of the canola oil. Place zucchini strips, bell pepper, avocado halves and onion on the grill for about 3 to 4 minutes per side.
- 4) Remove from grill. Finely dice zucchini, pepper and onion in large bowl. Add avocado and mash in.
- 5) Stir in remaining canola oil, lime juice and cilantro. Refrigerate.



Nurses specialize in care for the elderly

Collaborative Care Teams are physician-led teams of health care professionals who assist with chronic disease prevention and enhanced care of medically complex patients. In this issue of *Health Matters*, we will review the role of the Primary Care Network's nursing team, particularly those with a focus on the senior population.

The medical needs of senior citizens are often quite complex and require extra time from a team of dedicated health care providers. This is where the Calgary West Central Primary Care Network (CWC PCN) geriatrics team fits into the picture.

Professionals like Nicole Kendall, RN, and Jolene Peters, LPN, collaborate with member physicians to ensure that elderly patients receive the care they need. Nicole is one of many CWC PCN nurses who work in various physician clinics throughout southwest Calgary, meeting one-on-one with seniors every day.

"Some of the common patient concerns relate to memory, fall prevention, depression, incontinence, frailty and access to resources," says Nicole, adding that other issues include nutrition, management of multiple chronic diseases and driving safety.

One of the reasons patients appreciate this service is that they don't have to go to another location, because the services are provided within their own physician's clinic or sometimes, within the patient's home. "It's comfortable for them," says Nicole.

If patients do require additional care, they can also be referred to the Geriatric Assessment and Support (GAS) program at the CWC PCN Clinic at Westbrook.

Jolene works exclusively with the GAS program at Westbrook, where patients can come for a three-hour comprehensive visit with a team of geriatric professionals, including a geriatric nurse consultant, physician and pharmacist who will then collaborate to develop a patient care plan. Through the GAS program, patients also have the opportunity to see a geriatric psychiatrist, neurologist or geriatrician, if necessary.

"We always ask patients to bring a family member with them for this session," says Jolene. "That's important, especially when we're dealing with patients with cognitive issues like dementia."

The team also helps with educating families and patients about common medical conditions seen in aging patients and how to navigate the health care system so that all of their needs are taken care of.

Jolene explains that after patients are seen initially at the clinic, they continue to be monitored while they work toward meeting goals to improve their health. All the while, updates are communicated to the patient's family physician, who manages the patient's care going forward.

In some circumstances, a comprehensive geriatric assessment at the clinic results in referrals to other CWC PCN professionals such as a social worker or behavioural health consultant, or to other outside resources where seniors can receive home care assistance and aids to daily living. The end goal is to help patients stay in their homes longer and maintain their independence and quality of life.



Stop losing sleep

How to catch more ZZZs *By David Whitsitt, R. Psych*

David Whitsitt is a behavioural health consultant (BHC) with the South Calgary Primary Care Network. Poor sleep and insomnia are frustrations for which many of his patients seek help.

Not surprisingly, sleep – or, more specifically, a good night's sleep – is something that many people find elusive. Problems falling asleep, wakefulness during the night and poor quality of sleep are common concerns when patients describe sleep issues. But when these conditions occur for at least one month and begin to affect someone's social and work lives, that person may have insomnia, a condition that keeps about 30 per cent of the population up at night.

What causes insomnia?

Several factors can contribute to insomnia:

- Medical conditions
- Stressful life events
- Poor sleep habits
- Inaccurate attitudes about sleep (e.g., "I need eight hours, or else!")
- Lack of exercise
- Excessive worry about sleep
- Attempts to control sleep

Age, shift work, travel, substance abuse, depression and long work hours are also risk factors for insomnia.

How is insomnia diagnosed?

A functional assessment of a patient's sleep problems is conducted to diagnose insomnia. The assessment focuses on the history of the problem, the sleep environment, pre-bedtime behaviours (alcohol, exercise), in-bed behaviours (what the person does upon awakening during the night) and the consequences of the sleep problems.

What can patients do?

While some sleep problems can be fixed by changes in lifestyle, some patients require behavioural therapy.

- If the problem is difficulty falling asleep, there are physical and mental relaxation exercises available to help calm both body and mind.
- If the problem is difficulty maintaining sleep, possible solutions include stimulus control procedures, such as getting up and staying up until becoming sleepy again, or sleep restrictions, which involve going to bed later but getting up at the same time.
- If the concern is poor sleep quality, patients should examine their sleep hygiene behaviours related to the sleep environment, pre-sleep behaviours, eating, exercise and medication.
- In some cases, it may help patients to examine if they have unrealistic expectations about sleep or faulty beliefs about sleep-promoting practices.

Because insomnia can take its toll on your health, it's best to seek help if you believe you are dealing with chronic insomnia.



Did you know?

If you are sick and your doctor's office is closed, you may be referred to the **After Hours Clinic at Westbrook.**



Call **HEALTH
LINK ALBERTA**
403.943.5465

Tell them your physician is a member of the Calgary West Central Primary Care Network.

The After Hours Clinic is open
Weekdays: 5:30 - 8:30 p.m.
Weekends & Holidays: 1 - 4 p.m.

Check out our other CWC PCN programs and services at www.makinghealthhappen.com

