

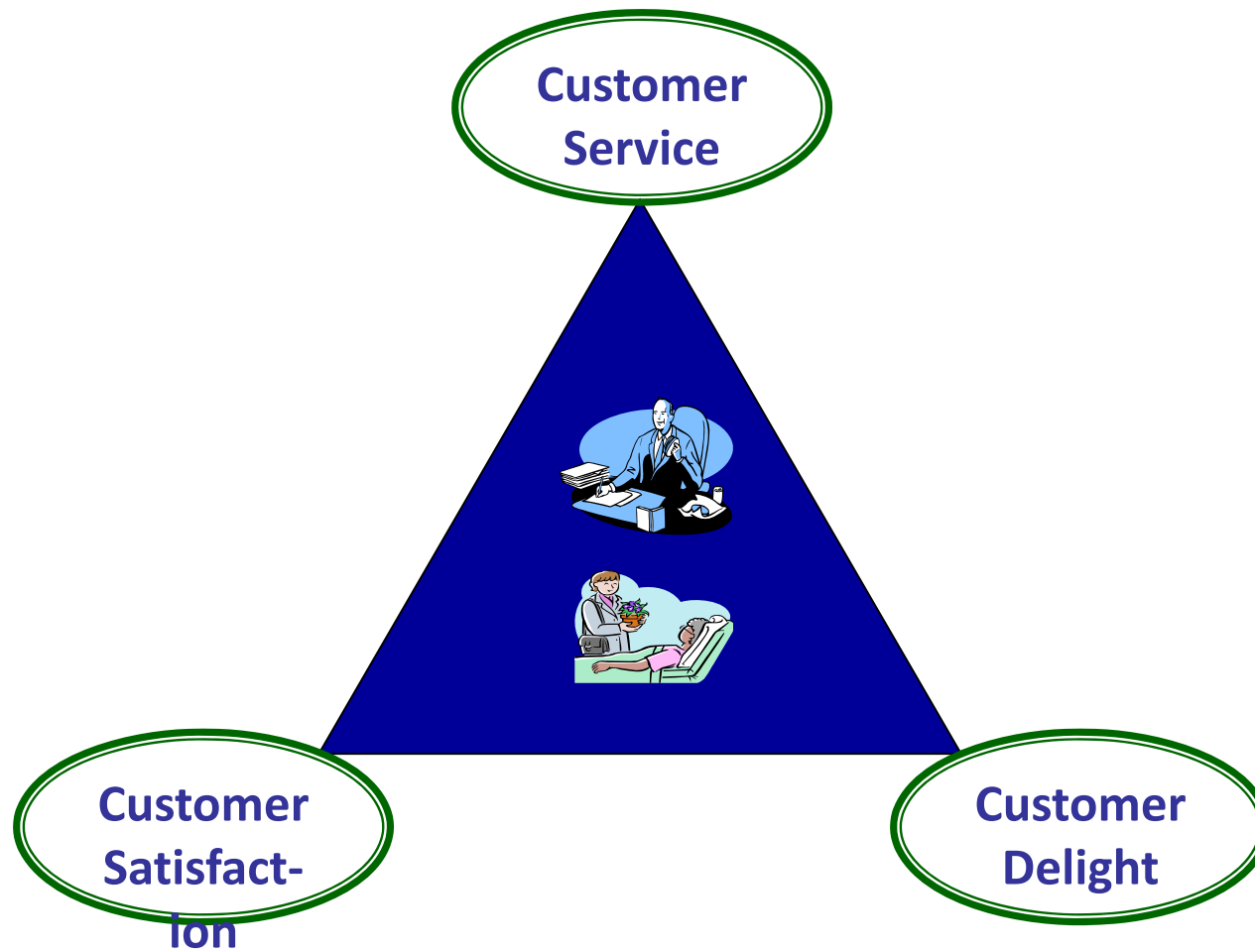
What best describes the doctor in You?

How would you like to be known 5 years from now ?

What do you need to do to get there ?



Where Am I ?





The truth about Customers...

- ❖ On an average, for each customer who complains there are 26 who feel the same way and don't speak up.
- ❖ Customers relate to people...not organizations
- ❖ The customers who feel poorly served will tell between 8 and 16 people about their negative experience.
- ❖ Customers are lost primarily due to indifference and not dissatisfaction

People talk
about
Bad Service

People don't
talk about
Adequate
Service

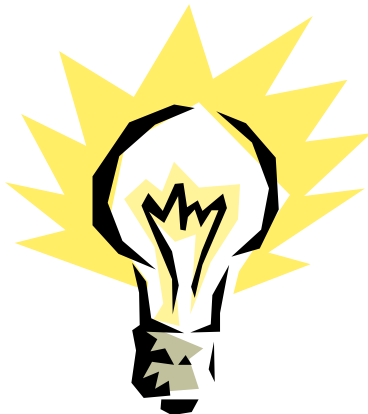
People talk
about
Customer
Delight



Actually...



- ❖ Customer expectations are typically not very high
- ❖ Your job is to *Surprise* them
- ❖ Customer Delight is doing what they *haven't even imagined*
- ❖ What will cause them to say *WOW!*
- ❖ *You* know what you can do , *they don't !!!*



What should we be doing?

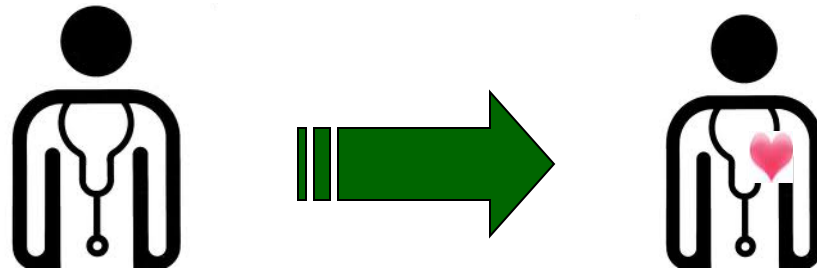
To stand out in the crowd

To create a life changing experience

To create stories about us

To create Patient Delight !!!

Patient Empathy- *The Differentiator*



*You do not merely want
to be considered the best of the best....
You want to be considered
the only one who does what you do !!!*



How our patients see us...



- **The Doctor is held in high regard by patients**
 - A heroic figure, who is my ally in fighting against my diabetes,
 - My Dr continues to deliver despite being under significant time pressures
- **The Doctor is the primary information source**
 - Most authoritative, most credible, best person to consult

BUT

Doctors are time poor and can only provide limited consultation time

BUT

Doctors do not treat me as an individual

BUT

Doctors can be judgemental






What do they feel...



- ❖ Only **one in four** see their physicians **once a month** or more often while **majority of three in four** see their physicians about **once in two months or less** frequently.
- ❖ **One in five** respondents see their physicians for **less than ten minutes** at each consultation on average, some as short as **two or three minutes**.
- ❖ Only **one in ten** respondents get to see their physicians for at least **20 minutes** on average.

COUNTRY	TYPE OF HCP CONSULTED	VISITS DOCTOR ONCE A MONTH OR MORE	VISITS DOCTOR LESS THAN ONCE A MONTH	AVERAGE CONSULTATION TIME
India 	GP – 5 in 6 Specialist – 1 in 6	1 in 4	3 in 4	<10mins: 1 in 5 >20mins: 1 in 10



“I trust my doctor, I depend on him, he is professional, he takes responsibility for my health, however, he does not always have time to discuss with me.”



Treat the 'Person' with the 'Disease'



Education	Counseling
Meaning of a diagnosis	Accepting the diagnosis
How can it be managed	How you can manage it
Why take treatment	How treatment can make you feel better
Do's and don'ts for the family	Enabling open communication between patient & family
"This is what you need to do"	"You can do it!"

- **Education gives knowledge and awareness so that the expected behavioral change is well-understood.**
- **Counseling is preparing the mind to be open to receive a new belief.**



Voices of Patients- Exercise



- 1. “I don’t want others to know I have diabetes”**
- 2. “Diabetes can be a very lonely world for me”**
- 3. “Treat me like an individual, not a patient”**
- 4. “I can never switch off”**
- 5. “I want to be in control of my diabetes, not the other way round”**



Voices of the patients: I don't want others to know I have diabetes

- **There is a perceived stigma about diabetes due to the association with diet, in particular sugar, and sedentary lifestyle.**
 - many people believe that diabetes is in some ways a self inflicted condition and patients only have themselves to blame.
- **The general public has a poor understanding of diabetes**
 - If people know that you are a diabetic patient you are likely to have an awkward, frustrating conversation. Patients are quizzed on what they can and cannot eat/drink, how diabetes affects their lives and how it is treated.
- **This lack of understanding can also manifest itself in negative ways. Some patients prefer not to make it known they are diabetic in case it harms their career.**
- **Diabetics do not want to be thought of as being different or special.**
 - If its known you are a diabetic people stop thinking of you as just another person and start seeing you as an invalid.
 - Diabetic patients think of themselves as a person who happens to suffer from diabetes not simply as a diabetic.

Is the above Good to Know or Need to Know ?



Voices of the patients: Diabetes can be a very lonely world for me



- **Diabetes sufferers do not want to be a burden on their family members**, nor do they want to worry them. As such, they **tend to bottle up their emotions** leading to a sense of isolation.
- The doctor is too busy, friends and family don't understand them, they don't want to be a burden to those close to them.
- However there was also a reluctance to attend meetings and seminars because patients do not want to be in a **roomful of sick people, listening to other people complain**.
- Therefore although they are lonely **there is a reluctance to reach out and connect** with others

Treat me like an individual, not a patient

- **Patients feel that they are losing part of their identity.**
 - Doctors have such limited time they tend to treat the individual as just one more insulin patient.
 - Education materials are too generalized to be of much use.
 - Some of the respondent have been living with diabetes for more than 10 years therefore they do not want to go to a seminar for recently diagnosed patients
- There is a sense of frustration amongst the patients interviewed that doctors and the healthcare industry treats them as just another diabetic. **There is a desire to be treated as an individual**

KYRA SHROFF

Age: 18 **Sport:** Tennis
Medal Tally: At just 15, she became India's number 1 in the under-18 category and has to her credit 15 double and 12 single titles at AITA

“The media has given more importance to my diabetes rather than my game”

In her walk and talk, Mumbaikar Kyra Shroff exudes confidence. Pitched as the next Indian tennis sensation after Sania Mirza, Kyra has already made her mark in Indian Tennis with 15 doubles and 12 singles at AITA (All India Tennis Association) national tournaments. At 15 years, she became India's No. 1 in the under-18 category and maintained the ranking till last year. She hails from a family of sports enthusiasts — father Firdaus Shroff played county cricket in England; mother Gulshan Shroff was an athlete and she has two siblings who are also into various sports.

Kyra talks like a seasoned interviewee — expecting ‘certain’ questions and giving answers effortlessly, almost like reading a page out of her favourite book. She's miffed at the media for giving more emphasis on the insulin shots she takes off the court than on her on-court performance (she's type-1 diabetic). But Kyra's not convinced her success is sweeter because she fights a medical condition while winning. “It's not a crippling disease. It's just a body condition. What has it to do with my game?” she retorts.

Well, it looks like her game is doing all the talking these days. And Kyra, today, has a world ranking high of 81. She started playing tennis at the age of six at the Wodehouse Gymkhana in Mumbai with her dad. When she was 10 years old, she moved to the Bhupathi's Tennis Village in Bengaluru where she was trained by Krish Bhupathi. She had already played 18 nationals when she was barely 13 years of age. According to former tennis ace and her coach Prahlad Srinath, Kyra has what it takes to scale the world ranking with her supreme strength in all court games, foot work and mental agility.

When not playing, Kyra likes to listen to her favourite music or relax with a book in her hand. She watches soccer matches and is in awe of Indian athletes.

STYLED BY NIKHIL D. HIRI AND MAKEUP: SABRINA SUHAL

STYLED BY ALISHA MEDGONKA, HAIR AND MAKEUP: ANU RAMBHA



Sweater and cuff, both Vero Moda; plaid dress, Esprit; Converse shoes, Kyra's own



Voices of the patients: I can never switch off



- Insulinised diabetes patients can never forget they have this condition.
 - Eating the wrong thing, forgetting an injection, switching off for a moment can have enormous consequences.
 - They are constantly asked by family members whether they have had their shot or what their blood glucose levels are
- The constant need to be vigilant acts as a constant strain for the patient.
 - This constant strain can lead to mood swings, anxiety, depression and patients can be short tempered with their family members
- Therefore living with diabetes is not just about injecting and watching your diet there is also the psychological pressure.

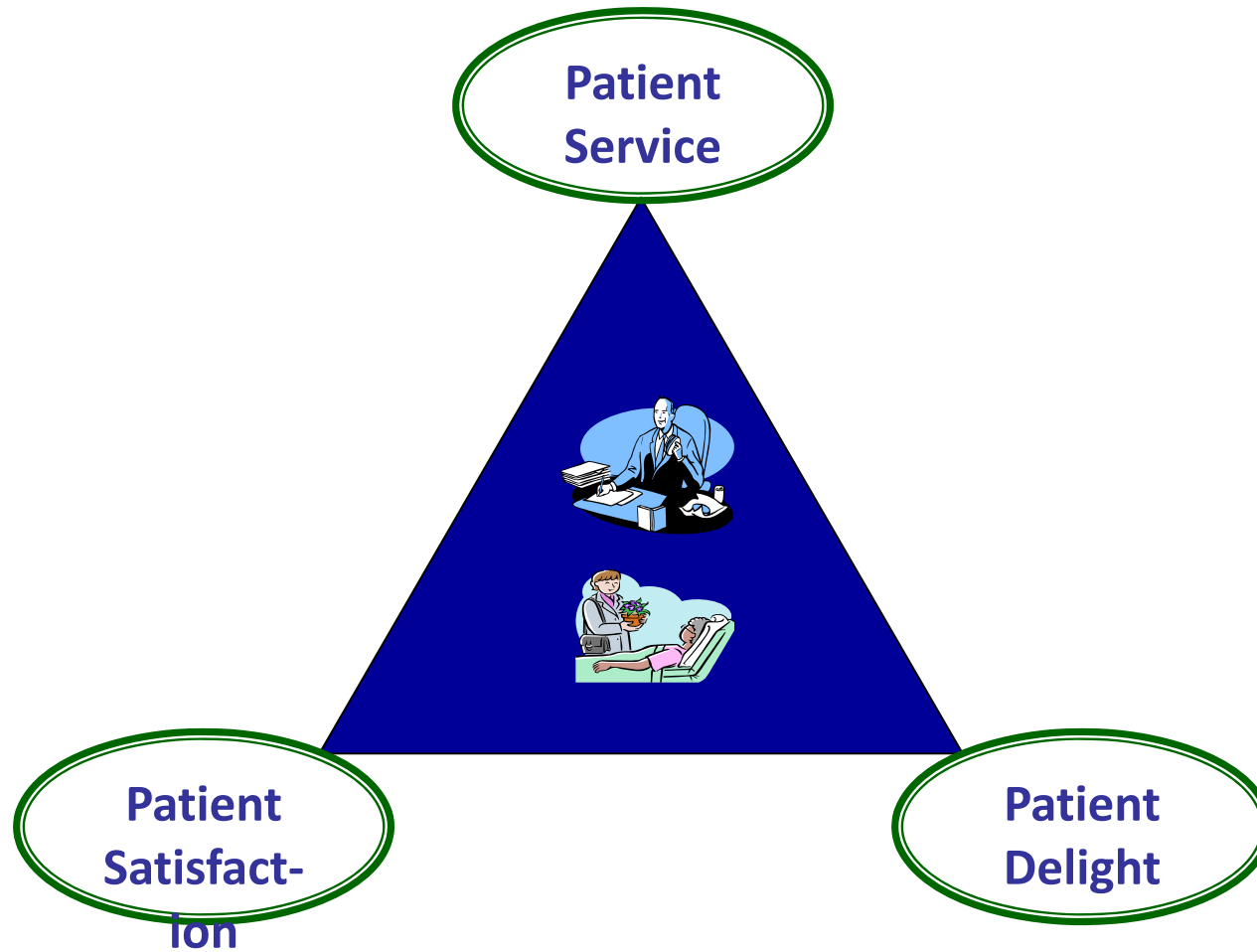
Voices of the patients: I want to be in control of my Diabetes, not my disease in control of me

- Patients would like to know what exactly they can do
 - They want to learn from others who have had similar experiences.
 - They want to hear that, with careful management, it is possible to lead a full and rewarding life in spite of diabetes

Is the above Good to Know or Need to Know ?



Where do I want to be ?





Steps in Counseling



1. Rapport-building
2. Identifying counseling goals
3. Assessment of patient's level of coping
4. Patient typing
5. Practical considerations
6. Counseling intervention



1. Rapport building*

WHY	HOW TO DO IT
<ul style="list-style-type: none">▪ Important – but often overlooked▪ Aims to build a <u>trust relationship</u> → patient feels free to confide in you▪ <u>Listen</u> and respond – do not do all the talking	<p>Ask the patient about themselves (<u>open ended questions</u>):</p> <ul style="list-style-type: none">▪ Where do you come from?▪ What work do you do?▪ Tell me about your family <p>Choose a <u>quiet place</u> <u>Body language</u>, smile, eye contact are important</p>

History Taking

1. How are you?

2. How is your health?

3. Is treatment helping you?

4. Are you facing any problem?

5. How can I help you ?



2. Identifying Counseling Goals



Presenting
problem

- ❖ Help patients and families accept the diagnosis
- ❖ Help equip them with information on disease management
- ❖ Help develop a positive and pro-active approach
- ❖ Help initiate and maintain life-style modifications
- ❖ Help compliance to desired treatment
- ❖ Cope with morbidity of complications
- ❖ Socio-economic support to enable treatment



3. Assessment of patient's level of coping

Staging of disease

- Different patients cope differently when faced with diabetes.
Hence, assessment of the coping level of the patient is
Important to decide on the counseling approach.
- A patient's level of coping may vary at different points of the disease and treatment.

Stage

Age

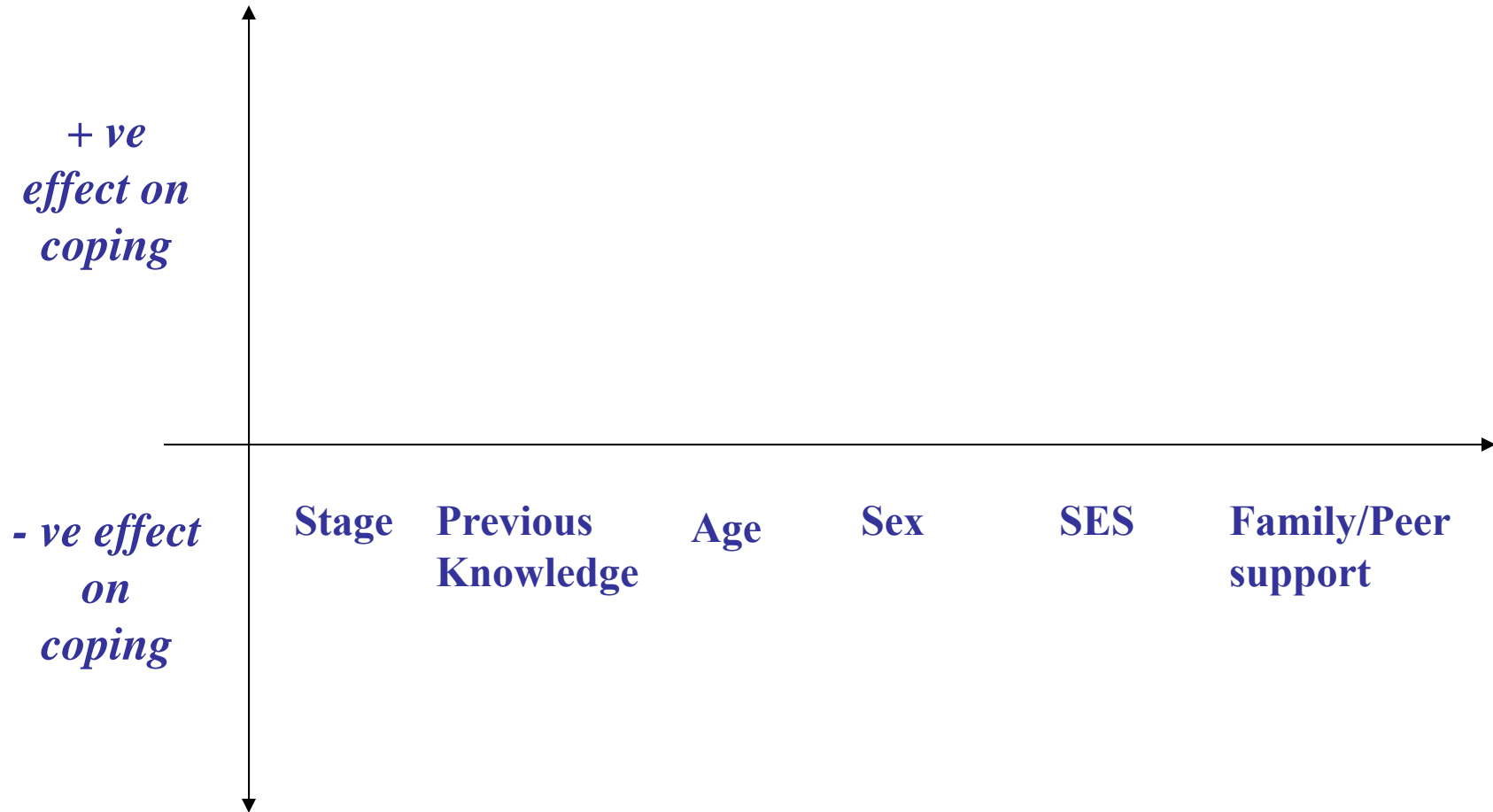
Sex

SES

**Previous
Knowledge**

**Family/Peer
Support**

Coping Map...





Stage...and its possible impact



Assessment of Level of Coping		Counseling Focus
1	Stage As disease progresses → patient begins to lose hope “What were you told earlier about the disease?”	<u>Early stage:</u> -Build hope in the patient -Help him develop positive approach to treatment. <u>Progressive stage:</u> -Filter information -Keep care giver informed -Build positive picture to the patient



Previous Knowledge...and its possible impact



Assessment of Level of Coping		Counseling Focus
2	Previous knowledge of disease A. The amount and quality of the information B. Previous experience with the disease	Evaluate what the patient knows about Diabetes Any myths / misconceptions? Fill in the gaps in knowledge in a non-threatening way



Age...and its possible impact



Assessment of Level of Coping		Counseling Focus
3	Age <ul style="list-style-type: none">▪ Related to family support and economic status▪ May have +/- ve effect on coping▪ Middle aged person + good family support + means to take Rx → copes well▪ Breadwinner – disease may affect income generation → may cope badly▪ Elderly – often fatalistic → usually accept the disease easily except in the absence of family &/or financial support	<ul style="list-style-type: none">▪ Map the patient: age, stage of disease, previous knowledge, socioeconomic status & family support▪ This helps to recognize where the patient needs help



Sex...and its possible impact



Men and women could be affected differently.

Assessment of Level of Coping		Counseling Focus
4	Sex <ul style="list-style-type: none">▪Men: Disease seems to take away a sense of control → dependency → anger, irritability → some may mask fear by denial▪Women: Often feel guilty because of extra financial burden on the family.	<ul style="list-style-type: none">▪Men: How to bring back the control▪Women: Value of self-care▪Both: Good self management will ultimately benefit themselves and their families



SES...and its possible impact



Assessment of Level of Coping		Counseling Focus	
5	Socio-economic status	<p>Has direct effect on coping because of the <u>cost of Rx</u> and <u>loss of income</u> due to the disease</p> <p>In India, This burden is felt across socio-economic strata</p>	<ul style="list-style-type: none">▪ Assess the pt's need▪ Ensure provision of affordable Rx options▪ Advise means of seeking financial assistance where necessary▪ Emphasize that timely & regular Rx will save long term costs



Fly/Peer Support...and its possible impact



Assessment of Level of Coping			Counseling Focus
6	Family / peer support	Patient with good support system will cope much better than the patient who is considered a burden by his family	For patients with little /no family support, Counselor needs to support the patient while gradually helping him to become independent, self-reliant and confident.



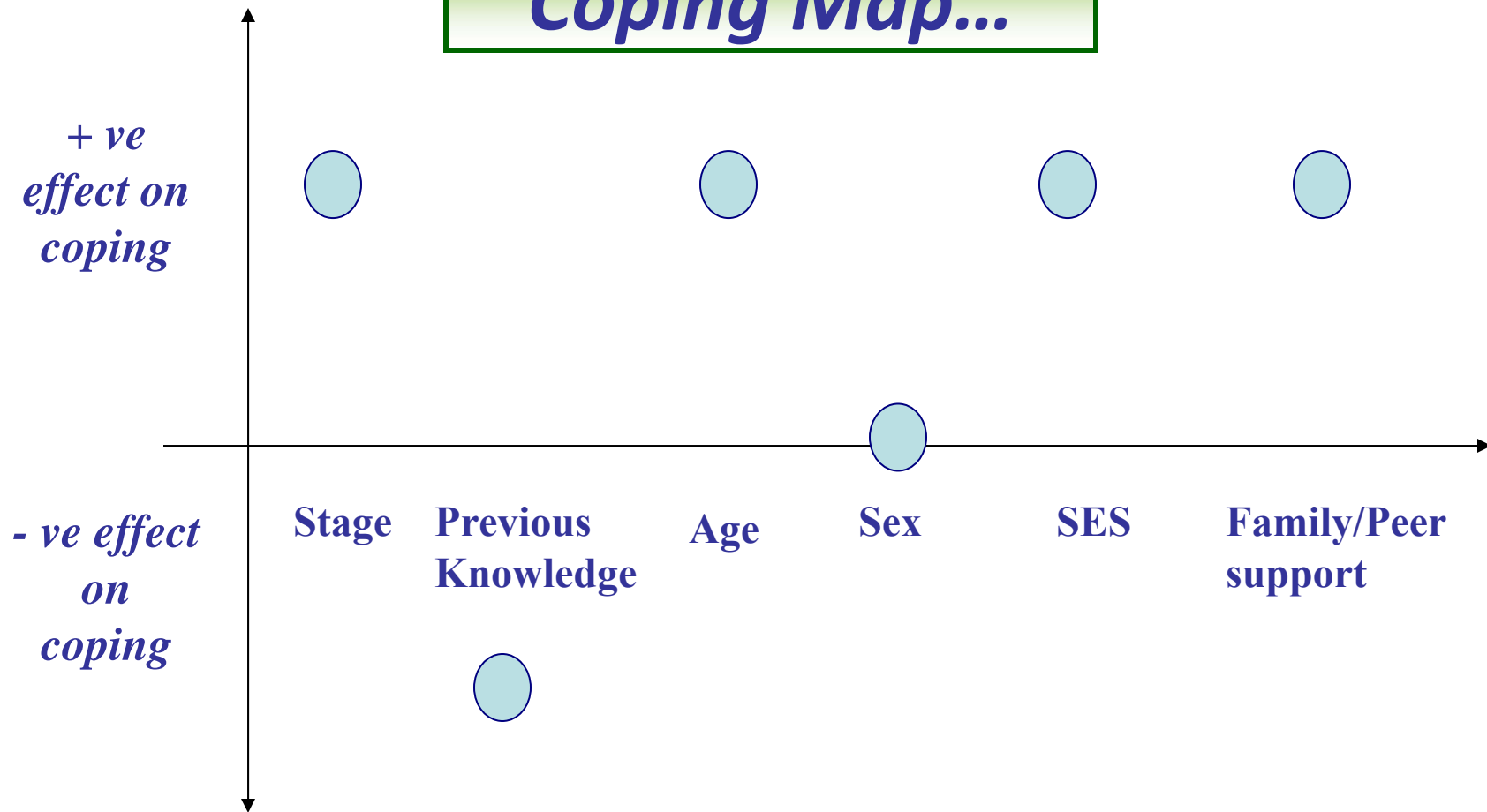
Coping Map...



To assess the overall coping level by seeing how each of these positively or negatively affects coping.

Mrs. S knows she has an early stage disease which can be controlled. However, she is very fearful of treatment which she has heard is very painful. She is young, has a good socio-economic support so can afford the treatment, and has a very caring husband.

Coping Map...



Therefore, the counseling will focus on

- Clearing her myths about treatment,
- Importance of timely treatment since it is an early stage disease and Emphasizing on her age and favorable prognosis
- Family support & responsibility towards them



*4. Patient typing **



- ❖ The Pro-Active patient
- ❖ The Skeptical patient
- ❖ The Overconfident patient
- ❖ The Resigned patient
- ❖ The Casual patient



•The Pro-Active patient

Characteristics	Attitude to Diabetes	Attitude to Controlling Diabetes
<ul style="list-style-type: none">▪ Knows severity of the disease▪ Independent & curious by nature▪ Motivated for self-care▪ Well informed	<p>“I will keep my Diabetes under control”</p> <p>“I have a serious problem, but it is not the end of the world – I just have to make adjustments”</p> <p>“This will actually help me discipline my life”</p>	<ul style="list-style-type: none">-Fully involved-Optimistic-Regular for follow-up-Follows dietary restrictions-Takes drugs regularly and on time-Exercises regularly



•The Skeptical patient

Characteristics	Attitude to Diabetes	Attitude to Controlling Diabetes
<ul style="list-style-type: none">▪Wants good results with low inputs▪Low awareness▪Lives for today – short term benefits more important than long term benefits▪Looks for low-effort, convenient options	<p>“This can wait – I have other things to do” – postpones treatment</p> <p>“I do not want to take Insulin” – looks for alternate drugs / home remedies even though insulin is essential.</p> <p>“Doctor, can you tell me when I can stop treatment?”</p>	<ul style="list-style-type: none">-Average involvement-Irregular for follow-up-Lenient in following dietary restrictions-Comfortable with OHA; avoids Insulin-Exercises sporadically; tends to give excuses



•The Over-confident patient

Characteristics	Attitude to Diabetes	Attitude to Controlling Diabetes
<ul style="list-style-type: none"> ▪ Low awareness – claims that he knows it all ▪ Self-medication ▪ Relies on friends & relatives for advice rather than on his doctor ▪ Stubborn ▪ Lifestyle changes inconsistent 	<p>“This is not serious – I can manage”</p> <p>“This drug has not worked – let me try that other drug” – tends to experiment</p> <p>“I won’t see the doctor this month – I am doing okay!”</p>	<ul style="list-style-type: none"> -Needs flexibility in routine – prefers not to be bound by fixed dietary regimen -Does not feel the need for follow-up with the doctor after initial diagnosis and prescription -Likes to choose his medications



•The Resigned patient

Characteristics	Attitude to Diabetes	Attitude to Controlling Diabetes
<ul style="list-style-type: none">▪ Fear drives him to treatment – “Diabetes will kill me silently”▪ Curses fate “Why me?”▪ Poorly aware – does not seek to know better▪ Lacks self confidence▪ Depends on others▪ Goes by the rules	<p>“This disease will affect my whole life and will finally kill me”</p> <p>“There is no cure – I just have to obey the Doctor’s orders”</p> <p>“I cannot enjoy my life anymore”</p> <p>“I must somehow save myself from coma, heart attack and blindness”</p>	<ul style="list-style-type: none">-Mechanically follows instructions-“Doctor’s exercise routine”-“Doctor’s medication”-“Doctor visits”-“Doctor’s diet orders”



•The Casual patient

Characteristics	Attitude to Diabetes	Attitude to Controlling Diabetes
<ul style="list-style-type: none">▪ Not bothered about self care, health or diabetes▪ No drive to know more▪ “Fate brought this disease – let fate take care of me”▪ Everything else is more important than self or diabetes▪ Defeatist attitude	<p>“This disease is nothing serious – it can be controlled easily!”</p> <p>“I know I need to exercise control” – but unwilling to practise it</p> <p>“I don’t need a regimen to tackle my problem”</p> <p>“I am feeling tired today – I must remember to take my drugs”</p> <p>“Treatment of Diabetes is too costly for me – it is not worth the expense”</p>	<p>-Does not practise control regularly</p> <p>-Escapist attitude – gives lame excuses</p> <p>-Health is last priority</p> <p>-Treatment of Diabetes is for getting rid of symptoms and to keep his family happy – not for self</p>



5. Practical considerations



- **Time per patient**
- **Duration of association**
- **Information-sharing: how much is too much ?**



6. Counseling Intervention



Types of Intervention	Models of Behavior change
Basic Health Education	Health Belief Model
Individual case-work	Empowerment Model
Indepth case-work	
Referral to Psychiatrist	

Doses/
Cycles

Therapy Options



Types of Intervention

Basic Health Education	At Diagnoses stage/Initiation Stage. Should be provided to each and every patient irrespective of the setting.
Individual case-work	At each visit to clinic/hospital Means working with particular patients over a period of time- <i>set their treatment goals, following their progress, addressing their problems and queries</i>
Indepth case-work	Undertaken for patients who face difficulty in adjusting to the demands of the disease. Joint effort required
Referral to Psychiatrist	Signs of psychiatric illness are indicative of a need for referral to a clinical psychologist or psychiatrist.



Models of Behavior Change



Health Belief Model

This model states that people calculate 'return on investment' based on own perceptions. Factors considered important in healthcare decisions [Richards 1997]

- **Perceived severity**
- **Perceived susceptibility**
- **Value of the treatment**
- **Cost of treatment – physical and emotional**



Correlation of Health Beliefs with Patient Types



Patient Type	Perceived Severity	Perceived Susceptibility	Value of treatment / life-style modifications	Cost (Tangible / Intangible)
Pro-active patient	High	High	High	Low
Skeptical patient	High	High	Low (Seeks immediate answers)	High (unless results are immediate)
Overconfident patient	Unsure (pretends otherwise)	Unsure (pretends otherwise)	Low	High
Resigned patient	High	High	High (Anxiousness negatively affects approach to Rx)	Low (Will do anything to take diabetes away)
Casual patient	Unsure	Unsure	Unsure	High



Models of Behavior change



Empowerment Model

This model states that that our job is not to make people change, but to provide information, inspiration and support that will enable them to make the changes of their own choosing.

- **Identify the problem**
- **Explore feelings**
- **Set goals**
- **Make a plan**
- **Evaluate the results**



Key points...

- ❑ **Identify the problem:**

*from the **person's perspective**, ask questions which help the person **to obtain clarity**, ask questions that will help people **to identify a solution**.*

- ❑ **Explore feelings:**

*Feelings are not problems to be solved . Ask people to **describe their thoughts**.*

- ❑ **Set goals:**

*help people to **decide** on their objectives, find out people's level of **commitment***

- ❑ **Make a plan:**

*help people to identify one action towards their goal. **A plan should be:** Realistic, Completely within their control, Measurable and Personally meaningful*

Exercise: "Bring your sugar level in control"

- ❑ **Evaluate the results:**

*encourage people with diabetes to think of these steps in terms of **experiments***

rather than successes or failures

In summary...

	HEALTH - BELIEF MODEL	EMPOWERMENT MODEL
<u>Basic Principle:</u>	In this model, people's beliefs are the key factors; <i>people calculate 'return on investment' based on own perceptions</i>	According to this model, we need to acknowledge that <i>our job is not to make people change, but to provide information, inspiration and support that will enable them to make the changes of their own choosing.</i>
<u>Suggested for:</u>	Initiating desired behavior change	Maintaining behavior change
<u>Intervention through:</u>	Assessment and Addressal of: <ul style="list-style-type: none">• Perceived severity• Perceived susceptibility• Value of the treatment• Barriers to treatment• Cost of treatment – physical and emotional	Self-directed goal setting: <ul style="list-style-type: none">• Identify the problem• Explore feelings• Set goals• Make a plan• Evaluate the results



What patients would like to know: If I can Understand Diabetes I am Better Prepared to Control it

Condition	
WHY?	<ul style="list-style-type: none"> Limited understanding of the condition, what it entails, why it happened, and that it is manageable Addressing this knowledge gap can help patients feel more confident in managing the condition and less depressed about the state of their health <p style="text-align: right;"><i>“All knowledge and information that I have gathered so far, I would like to include so that everyone can know and learn how to maintain their diet and maintain their daily routines and meet their normal life.”</i></p>
What?	<ul style="list-style-type: none"> Cure- what the next big thing? Cause – is it hereditary? Symptoms of deterioration Complications – feet, liver, kidneys Prevention <p style="text-align: right;"><i>“Everybody says that it is hereditary so I used to feel so bad about it. My daughter is very healthy now, I don’t worry for myself now the concern is more towards her, I don’t want her to be suffer from this disease.”</i></p>
When?	<ul style="list-style-type: none"> At first diagnosis
How?	<ul style="list-style-type: none"> Seminars/lectures Face to face Consultative element Needs to be supported/managed by medical professionals <p style="text-align: right;"><i>“Seminars should be arranged because people will attend the seminars.”</i></p> <p style="text-align: right;"><i>“There should be patient and doctor interaction and what questions we ask they should tell, like the food and diet and insulin and what are the problems that we may face after some time, if there are new medicine they should tell.”</i></p>

Customize to patient: Coping level and Patient type



What patients would like to know: Understanding my Medication will help me be more Compliant

Medication		
WHY?	<ul style="list-style-type: none">• Limited understanding of the medication used and how to administer it• Addressing this knowledge gap can help better manage their medication and improve quality of life	<p><i>"I will ask the way to destroy diabetes and what are the bad effects we face from diabetes and new medicines. I want to ask about the eyes and kidneys."</i></p>
What?	<ul style="list-style-type: none">• Pharmacology of medicine• Guidance on how to take medication – dosing, what to do when missed, how to inject• Side effects• Length of treatment• Other types of medication available – better ones, oral options (insulin), differences	<p><i>"Different people have different medication and body type is also different."</i></p> <p><i>"How long I have to take insulin?"</i></p>
When?	<ul style="list-style-type: none">• At first diagnosis• On going – for new and existing diabetic patients• 24/7, easy access (especially for emergencies)	<p><i>"Only when people who are suffering from diabetes."</i></p> <p><i>"Emergency and during weekends."</i></p>
How?	<ul style="list-style-type: none">• Seminars/lectures• Telephone/Call centres• Needs to be supported/managed by medical professionals	<p><i>"We need call centers and doctors to be there so that we can get immediate response."</i></p>

Customize to patient: Coping level and Patient type



What patients would like to know: Understanding Treatment Innovations helps me stay positive

Innovations		
WHY?	<ul style="list-style-type: none"> • Want to keep abreast of developments, search for alternative treatments • Desire to stop medication, especially insulin • Developments in medical sciences and alternative therapies give a sense of hope 	<p><i>“Tell us about new medicines and new developments.”</i></p> <p><i>“Any new medicine to fully cure diabetes?”</i></p>
What?	<ul style="list-style-type: none"> • New treatments available • Other treatments – e.g. stem cell transplant, surgery • Latest research trials 	<p><i>“I would ask about pancreas secreting insulin again and if there is there any new technology to transplant the pancreas”</i></p> <p><i>“Medicine and new ones – people should tell me about it.”</i></p>
When?	<ul style="list-style-type: none"> • On going – for new and existing diabetic patients • Convenient, at patient’s leisure 	
How?	<ul style="list-style-type: none"> • Telephones • Face to face 	<p><i>“Telephones are very necessary. “</i></p>

Customize to patient: Coping level and Patient type



What patients would like to know: How can I Improve my Day-to-Day Management?



Day to Day Management	
WHY?	<ul style="list-style-type: none"> • Need to have a better understanding of what they can do, what they can eat, why blood glucose level fluctuates, and how to deal with complications • Improving knowledge on these areas will help patients have better control over their condition <p style="text-align: right;"><i>“It will have information on food (diet to be eaten), exercise, and managing stress.”</i></p> <p style="text-align: right;"><i>“My father use to say without eating food we will die and after eating food also we will die, then I prefer a death with food.”</i></p>
What?	<ul style="list-style-type: none"> • Food/Diet • Exercise • Blood glucose control and monitoring • How to deal with hypoglycaemia • How to treat/prevent infections/wounds <p style="text-align: right;"><i>“Recently I know that you should avoid the potassium rich food because over a period of time it might affect your kidney.”</i></p> <p style="text-align: right;"><i>“Why my sugar level not going down?”</i></p> <p style="text-align: right;"><i>“How to avoid hypo?”</i></p>
When?	<ul style="list-style-type: none"> • At first diagnosis • On going – for new and existing patients
How?	<ul style="list-style-type: none"> • Seminars/lectures • Telephone • Needs to be personalised, each patient is different <p style="text-align: right;"><i>“There should be call centers and they should be able to tell what kind of food we should take and how to control everything.”</i></p>

Customize to patient: Coping level and Patient type



What patients would like to know: Where do I turn to for emergency & peripheral support?

Emergency & Peripheral Support		
WHY?	<ul style="list-style-type: none"> • Need access to advice in times of emergency • Assistance with getting medical attention • Assistance in times of need will help patients in the management of their disease 	<p><i>“We need call centers and doctors to be there so that we can get immediate response”</i></p> <p><i>if there is a call center and a specialist doctor ready to attend us then it would be really good. In emergencies we can call, we can avoid so many problems. We can ask many questions when there is an emergency, if I eat more sweets that day, if there is new service its will be good.”</i></p>
What?	<ul style="list-style-type: none"> • Questions on medicine – what to do when missed a dose • What to do when there experiencing hypoglycaemia • Transportation (to hospitals) 	
When?	<ul style="list-style-type: none"> • On going – for new and existing diabetic patients 	
How?	<ul style="list-style-type: none"> • Telephone/Call centres (for emergencies) • Home care service 	<p><i>“Telephones are very necessary...for emergency and in general holidays.”</i></p>

Customize to patient: Coping level and Patient type



What patients would like to know: Where do I turn to for financial support?



Financial Support		
WHY?	<ul style="list-style-type: none">• Diabetes is a long term disease and medication is expensive• Helping lower income patients with their financial difficulties will help to reduce some of the anxiety they experience with having this condition	<p><i>“At the age of 35 I am suffering for sugar, which is very costly and painful. Will it cure permanently?”</i></p> <p><i>“It’s a serious disease and incurred huge cost.”</i></p>
What?	<ul style="list-style-type: none">• Cost of medications• Cost of tests	<p><i>“It would be good if they can get free medicine, free treatment.”</i></p>
When?	<ul style="list-style-type: none">• At first diagnosis• On-going – for lower income patients/those with financial difficulties	
How?	<ul style="list-style-type: none">• Free medication• Better insurance coverage – to include blood glucose tests	<p><i>“The patient support programme should help patients get free medicine, free treatment.”</i></p>

Customize to patient: Coping level and Patient type



What patients would like to know: Emotional Needs – Mental Well-Being



Mental Well-Being		
WHY?	<ul style="list-style-type: none">• Need to relieve stress and improve psychological well-being• Increased information on condition, medication and management from onset will better equip and reassure patients that this is manageable, and reduce the stress and anxiety associated with diabetes	<p><i>"Its very stressful because of my age."</i></p> <p><i>"If we can control diabetes then we can live happily."</i></p>
What?	<ul style="list-style-type: none">• Stress/mood management• Reduce fear associated with having diabetes• Develop and maintain positive thinking• Learn from others, and not feel alone	<p><i>"Why do I feel so anxious? How can I best manage the way I feel? It would be good if there are other patients to discuss with also?"</i></p>
When?	<ul style="list-style-type: none">• At first diagnosis• On going – for new and existing diabetic patients	
How?	<ul style="list-style-type: none">• Social groups• Telephone• Public education on diabetes	<p><i>"A phone facility to call and discuss with any doctor and other patient."</i></p> <p><i>"It is a social stigma also."</i></p>

Customize to patient: Coping level and Patient type



Counseling care-givers...



How much do caregivers know?

Many caregivers feel they do not know enough about diabetes management

Elements of condition	Causes of diabetes	Treating condition with medication	Coping strategies to minimize the impact	Avoid complications	Able to find information	Support a patient in self-management
	Four in five caregivers feel they don't know enough	Three in five feel they don't know enough	Four in five caregivers feel they know enough	Three in five feel they don't know enough	Three in five caregivers feel they don't know enough	Three in five caregivers feel they know enough
Reasons	Caregivers are concerned about how to help patients, not why they got the disease	Physician is the only source, and sometimes difficult to understand	Physicians explained clearly. Caregivers feel they know enough just to follow instructions	Physician's information is not well enough	Discuss with doctors not really sure where to find	Have been a caregiver for years.
Quotes	<i>"I am not interested why he got his diabetes, but how can I help him to control the disease"</i>	<i>"I just receive some advice from the doctors, but I don't really understand."</i>	<i>"Physician explained to me what and how should I do clearly, I feel I can just follow his instructions."</i>	<i>"Physician just told us to avoid complications, but didn't tell me how to do."</i>	<i>"If I have any questions, I would just go asking the doctors, I don't really know other sources"</i>	<i>"I took care of him for 8 years, I feel much more experienced now, I believe I could do a good job."</i>



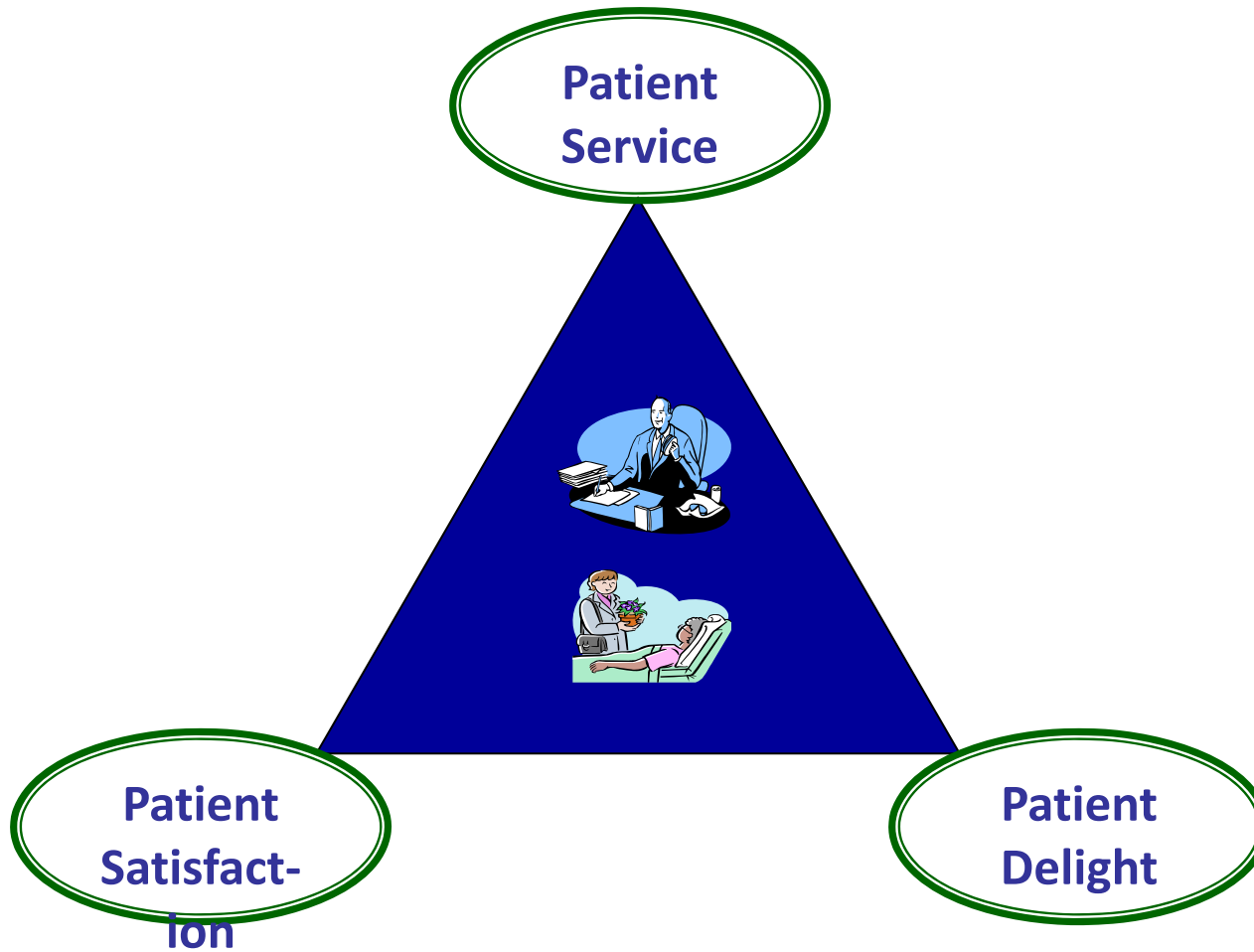
Counseling care-givers...



- **Basic Health Education-** to equip them with information related to managing the patient with regard to treatment
- **Individual case-work for 'care-giver stress'**- Caring for their loved ones can make caregivers forget themselves. They feel guilty if they leave the patient unattended, they stop going out due to social pressure, and this leads to burnout or 'care-giver stress'. This also brings in feelings of guilt in the patient. Therefore, counseling on the importance of self-care is a must.
- **Family therapy-** involves opening up communication channels between patients and their families.



Where do I want to be?





*Moments of Truth**



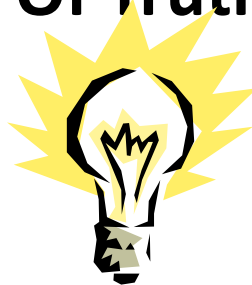
**First
Interaction**

*Entry into
System*

**Subsequent
Interactions**

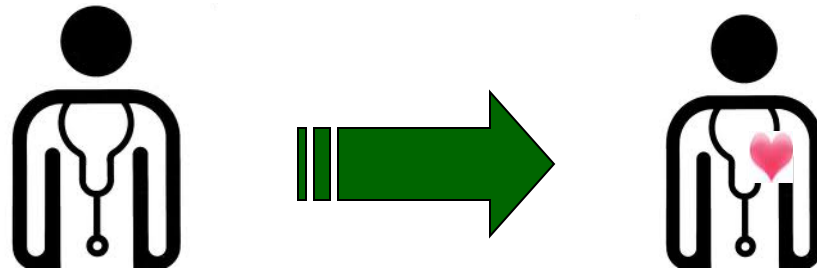
*Proactive
or Reactive*

**Moments
Of Truth**



**Patient
Delight**

Patient Empathy- *The Differentiator*



*You do not merely want
to be considered the best of the best....
You want to be considered
the only one who does what you do !!!*

Thank You

1. How did you find this session ?
2. One thing you will try to do differently going forward