

National Divisions Diabetes Program



Division diabetes registers

- population reach

National Divisions Diabetes Program
Divisions Diabetes & CVD Quality Improvement Project

*Divisions improving quality of care &
health outcomes in chronic disease*

November 2003

1.1 Purpose of the study

The study aimed to describe the population reach of diabetes programs using population figures and prevalence estimates. Population reach means the proportion of the estimated population with diabetes who are on a diabetes register based at the Division.

The data presented are data from sixteen Divisions of General Practice with an active diabetes program using CARDIAB as the Division register.

1.2 Methods used

Divisions with a diabetes program were identified from responses to the Annual Survey of Divisions. These Divisions (n=101) were invited to participate in the DDCQIP project. Seventy-nine Divisions responded.

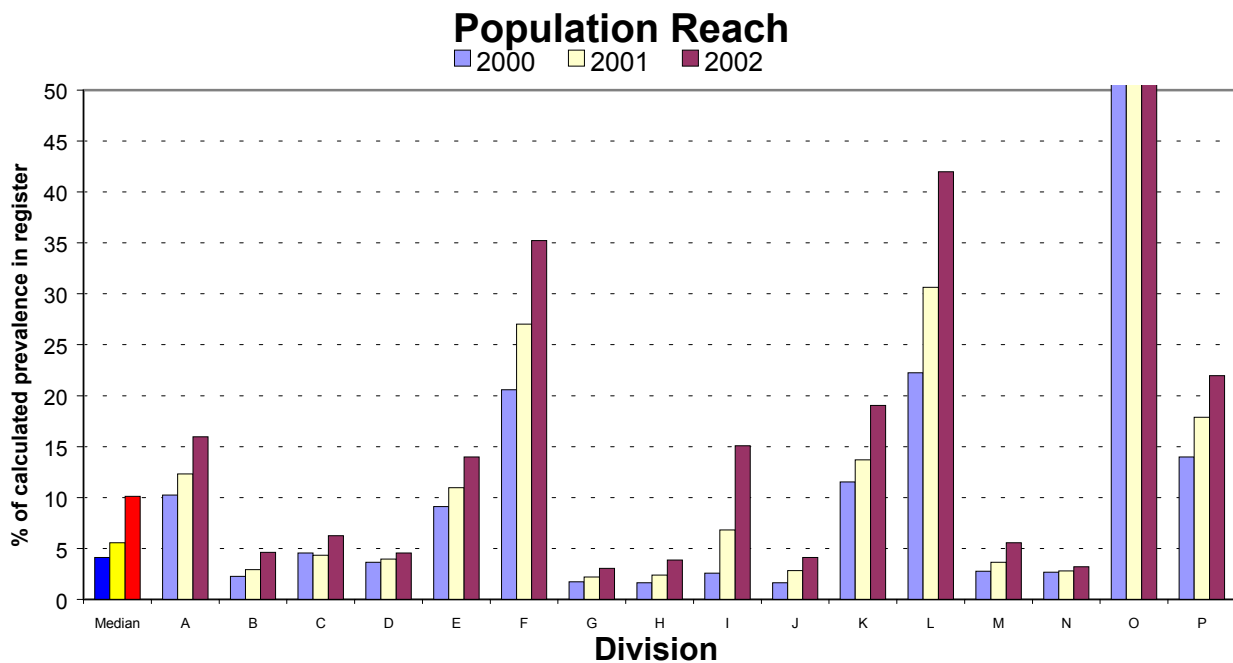
The NDDP calculated population reach as follows: Division population numbers were calculated using the Australian Bureau of Statistics (ABS) supplied Basic Community Profiles for postal areas based on place of enumeration for the 2001 Census; diabetes prevalence estimates were based on the Australian Diabetes, Obesity and Lifestyle Report 2000 (AusDiab study) and adjusted for age.

Program reach was defined as the percentage of estimated people with diabetes who are on a Division register.

Criteria for inclusion: reach data was only included for Divisions where the program extended over the three years of the study. Only Divisions with active registers were included (n=16).

1.3 Key findings

- Population reach varied widely in participating Divisions across the three years 2000-2002 (see Figure 1).
- The range across Divisions for program reach in 2000 was from 1.5% to 39.8%, for 2001 was 2.2% to 72.3% and for 2002 was 2.2% to 87.9%.
- The reach of diabetes programs increased in all but one Division with an active diabetes register.
- The median reach across participating Divisions was 4.1% in 2000, 5.6% in 2001 and 10.1% in 2002.
- Program reach increased by 37% from 2000 to 2001 and by 80% from 2001 to 2002.

Figure 1: Population reach of Division diabetes program, 2000-2002, (n=16)

1.4 Implications

Consumers:

Participation in a diabetes program with a diabetes register resulted in improved quality of care and health outcomes for patients in this study (see the reports in this series '*Diabetes Quality of Care*', and '*Diabetes Health Outcomes*'). The majority of estimated patients with diabetes are not on Division based registers.

GPs:

GPs need support and encouragement to register all patients with diabetes on a register to enable regular review and recall.

Divisions:

Divisions can assist with recruitment of both GPs and patients to diabetes programs.

Policy makers:

Patients who take part in a diabetes program which have a diabetes register attain improved health outcomes over time (see report in this series '*Diabetes Health Outcomes*'). Whilst population reach has increased over time in 2002, the median across Divisions was 10.1%, leaving room for improvement in ensuring good quality of care and health outcomes for patients with diabetes. The large improvement from 2001 to 2002 in program reach may be associated with the introduction of GP incentives as part of the NIDP – further research is needed to establish this beyond doubt.