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### Shifts in Pediatric Care Delivery from Secondary to Tertiary Care Settings

**Background:** Pediatric diabetes care should be provided by skilled diabetes healthcare teams. System changes in healthcare delivery and demands related to increased use of technology by patients may affect where care occurs. We aimed to describe changes in patterns of pediatric diabetes care over a 10 year period in our province.

**Methods:** All newly diagnosed pediatric ( $\leq 16$  years) diabetes cases (all types) from 2004-2006 and 2014-2016 were identified in a provincial registry. Cases were analyzed with regard to location of initial and ongoing care defined as tertiary only, secondary only, or shared, and compared by diabetes type and CSII use.

**Results:** The number and type of diabetes cases (217 vs 221) did not change over time. By 2014-16, the proportion of new diagnoses first seen in the tertiary centre increased 23% ( $p < 0.01$ ). The proportion with care: tertiary only increased 16%; secondary only decreased 31%; and shared increased 36% ( $p = 0.019$ ). Total tertiary visits increased 30% while secondary visits decreased 11%. Changes did not correlate with age, diabetes type or CSII use and were most pronounced in one district.

**Conclusions:** More families are travelling to the tertiary centre for care. Over this time, there has been increased uptake of diabetes technology and change in management structures for diabetes teams (move to primary care). If families are to be supported in their home communities, factors that facilitate pediatric care at secondary sites in some districts should be determined and shared.