RESULTS

NSIPP Population

- Stable enrolment between September 2013 and March 2016 at 18 enrolees per year (total = 148)
- Equal number of males and females
- Geographic distribution of enrolees was consistent with overall population distribution
- Some enrolees could not access an NSIPP approved Diabetes Centre (DC) close to their home or place of work

NSIPP Enrolment Meeting and Maintaining Eligibility Criteria

Most enrolees met the appropriate Medical Eligibility criteria at or post-enrolment
- 100% had type 1 diabetes
- 72% were <20 years old
- 100% assessed by DC team (Medical Eligibility requirement)
- 24% had 2 or more DC visits in the 12th post enrolment
- 92% of enrolees were followed by at least one DC team physician
- 78% met the personalized A1C goal in the 12th post enrolment
- Only 20% met their goal in the 12m prior to enrolment

The major exception was the percentage of enrolees at or moving toward their personalized A1C goal
- Only 20% met their goal in the 12th post enrolment
- This percentage remained low post-enrolment (15% in 1st and 2nd year post-enrolment)
- 35% were within 1.0% of their goal in the 12m prior to enrolment, decreasing to 44% and 25% in the 1st and 2nd year post-enrolment
- Fire enrolees met their personalized A1C goal, in part, because it was often set as the age-specific target rather than a more realistic and attainable value

AIC VALUES AT ENROLMENT AND CHANGES OVER TIME

- A1C did not change in the first year post-enrolment
- Although numbers were small, initial change post-enrolment for new or existing enrolees was not for or against children and young adults
- In the first year post-enrolment, A1C was lower for those who renewed (85%) versus discontinued (88%) coverage
- By the second year, it was similar for both groups
- Fewer (14%) met age-specific A1C targets in the 12m prior to enrolment
- This percentage decreased post-enrolment (10% in 1st and 2nd year post-enrolment)

Use of Healthcare Services

- All enrolees use a primary care provider (85%) and an ophthalmologist (100%), at least once in the 12m prior to enrolment
- This percentage remained high post-enrolment for those who maintained coverage, but decreased for those with young physicians - especially the second year
- Fewer enrolees (17%) were admitted to hospital in the 12m prior to enrolment
- This percentage decreased post-enrolment

CONCLUSIONS

- Medical eligibility criteria were set up to help guarantee safety of program enrolees
- There was good adherence to these criteria
- The low rate of achieving age-specific A1C targets speaks to the difficulty of achieving these targets
- Highlights the importance of working with specialized diabetes care teams to set realistic, measurable goals based on improved glycemic management
- Evaluation highlighted areas to target for improvement
- Better targeting of communication to young adults given their lower participation in the program
- Work on setting and documenting appropriate A1C goals
- Improve access to local specialized diabetes care for pump users
- Better understand why some enrolees did not continue in the program to ensure we are serving the needs equitably

DIABETES CARE PROGRAM OF NOVA SCOTIA

Website: diabetesnova.ca

The Diabetes Care Program of Nova Scotia (DCPNS) was originally one of the Provincial Programs funded by the Nova Scotia (NS) Department of Health & Wellness. In April 2013, the DCPNS transitioned to the Nova Scotia Health Authority (NSHA). Implemented in 1991, the DCPNS has been critical to understanding and improving the quality of care provided through Nova Scotia’s 38 Diabetes Centres. The DCPNS:

- Advises on service delivery models
- Provides support, services, and resources to diabetes healthcare providers
- Establishes and maintains adherence to diabetes guidelines
- Cultures, monitors, and disseminates diabetes care for NS

DCPNS mission: To improve, through leadership and partnerships, the health of Nova Scotian living with, affected by, or at risk of developing diabetes