

## Using an Indicators of Care Database to Link Outcomes to Utilization Data

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The DCPNS Indicators of Care (IOC) Database has the ability to benchmark individual diabetes (DM) education programs while also allowing for the comparison of regional populations and specific outcomes (clinical and self-care). It also has the potential to answer specific questions related to frequency of visit (utilization of service) and patient outcomes. During 1998 and 1999, data was gathered from 7 diabetes education centres (DECs) in 2 different health regions. Randomly selected patient records (all use a standardized flow sheet) were abstracted (region A, n = 400; region B, n = 322). Populations were analyzed for differences in gender, age, BMI, duration of DM, type of DM treatment, length of time attending the DEC, and mean number of visits. Outcomes data such as BP, HbA<sub>1c</sub>, ratio TC:HDL-C was also collected. Analysis showed no significant differences between regions with regards to gender; type of DM treatment; age (64 ± 12.4 yrs v 66 ± 11.9 yrs); duration of DM (8.57 ± 7.93 yrs v 8.76 ± 7.39 yrs); BMI (30 ± 6 v 30.3 ± 6.6); HbA<sub>1c</sub> (7.1% ± 1.8 v 7.3% ± 1.5). BP variation was insignificant (of note, only 24% had BP < 130/85 mmHg). Significant differences were noted in the mean # of visits in the 15 month period (4.52 ± 2.8 v 3.59 ± 1.4)  $P < .003$  and length of time attending DEC (7.33 ± 6.97 yrs v 5.31 ± 4.50 yrs)  $P < .0005$ ; and TC:HDL-C (4.9 ± 2.2 mM v 5.2 ± 1.9 mM)  $P < .003$ . We have been able to gather and review data on a cross section of the province's patients attending two different sets of DECs. Since populations and outcomes appear to be similar, further review of the number of visits per person is essential. In this time of fiscal responsibility and cost cutting, evidence in support of adequate outcomes should be considered in recommending frequency/utilization of service.

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