How Well Do Nova Scotia Diabetes Centre Follow-Up Patients Meet Current Treatment Goals.

MARGARET J. DUNBAR*, IGOR GRAHOVAC, ELIZABETH A. CUMMINGS. Diabetes Care Program of Nova Scotia (DCPNS), Halifax, NS.

Diabetes Centres (DCs) in NS provide valuable services to physicians in both urban and rural areas. In keeping with Chronic Disease Management, interdisciplinary teams (RNs and RDs) provide initial and often ongoing supportive care to persons with diabetes (DM). A registry (Reg) for DM can monitor trends in treatment and time-sensitive approaches to care for specified populations.

Using 2006 data from DCs that use the DCPNS Reg on-site, we reviewed the status of all adult (≥ age 19 years) follow-up visits (FUVs) (excluded newly diagnosed and related FUVs) for individuals with types 1 & 2 DM only (excluded prediabetes and all pregnancy visits). A total of 6550 individual cases were reviewed from 12 DCs.

Descriptive findings: 50% female; mean age 64.6 yrs; mean duration of DM 10.1 yrs; 23% diet controlled, 50% oral agents (OA), 27% insulin-(In) requiring (16% In only, 11% InOA); 47.8% with BMI ≥ 30. Utilization (frequency of measurement) findings per 12-month period: mean # of person visits 2.4 (3.5 for In); A1C 1.7; lipid profile 1.2; serum creatinine 1.4. Outcomes findings (at last recorded visit): 57.3% A1C < 7% (mean A1C 7.05%), 10.2% A1C > 8.49%; 43.4% BP < 130/80, 28.4% S BP ≥ 140 or D BP ≥ 90; 55.4% with ratio TC:HDL-C < 4, 8.4% with ratio ≥ 6; 58.7% LDL < 2.5, 10.5% LDL ≥ 3.5; 2.4% CrCl < 30 ml/min; recording of eye and foot exam, 84% & 36.5%, respectively. Variations exist across treatment types and by individual DCs; e.g., DCs % with A1C within target (< 7%) range from 44 - 77%.

Review of key clinical indicators provided a snapshot of current DM care in DCs in NS. Achievement of clinical targets appears to meet or exceed recently published Canadian studies on physician practice; however, no effort has been made toward direct comparison. Improved data capture is required in some areas, and this will be enhanced in the near future through direct interface with Lab services. Providing summary data to the District Health Authorities (DHAs) and DCs allows for identification of best/better practice approaches and assists with targeted programming interventions at the local level. Provincial targets will be set for specific clinical indicators using available data.