

Using Population and Individual Level Reports to Affect Change and Improve Outcomes

Effective Chronic Disease Management strongly supports the use of population level reports to influence practice and enhance outcomes.

The Diabetes Care Program of Nova Scotia (DCPNS) Registry provides individual Diabetes Centres (DCs) in Nova Scotia with access to individual and population level data. Initiated as a centralized provincial database in 1994 to collect demographic information on persons with diabetes referred to Nova Scotia's DCs, this dynamic registry has evolved to on-site use for the capture of additional utilization and outcomes data (inclusive of specific clinical and self-care indicators). Working to meet the immediate needs of the DC staff, the Registry allows individual DCs to produce both individual and population level reports (for DC and District staff as well as providers) for use in quality initiatives.

This presentation will highlight the features of the DCPNS Registry along with specific results from one DC (Valley Regional Hospital Diabetes Centre) that used its population level reports (DC specific and provider-specific) as the basis for a 9-month quality improvement project. This project aimed to improve blood pressure management in individuals attending this DC. Data from the Registry was analyzed pre and post an operational intervention that involved DC staff, individuals with diabetes, and their physicians. Population level reports were analyzed to determine the proportion of individuals with BP values within target according to the 2003 CDA Clinical Practice Guidelines. Provider population reports were used to engage referring physicians in the 9-month project and to track progress overtime. Significant improvement in blood pressure was demonstrated following the 9-month intervention in both the cross-sectional population and in matched cases.

These types of reports generated by and for front-line care providers allow for targeted interventions that influence program delivery, long-term operations, and diabetes management decisions. The DCPNS will continue to encourage use of these reports in future programming planning initiatives. It will also set provincial targets for key indicators using available population level data for the province as a whole.

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