

Learnings from the Inner North West Diabetes Quality Improvement Project (DQIP)



Background

3.6 per cent of residents in the inner north west Melbourne region have diabetes. In addition, ambulatory care sensitive conditions rates for diabetes complications are 17.83 per 1000 population, which is the highest cause of avoidable hospitalisation. These rates are above the state average and present a considerable burden across the health system.

The Inner North West Melbourne Health Collaborative agreed to work together to address this local priority, recognising the need for a joint approach across the primary and acute care sectors.

Project aim

The project aimed to increase the capacity of primary care to effectively manage patients with type 2 diabetes in the community and reduce the need for unnecessary specialist care in hospital.

The intervention

The intervention was piloted in eight general practices over a nine month period and consisted of:

- Two education workshops.
- In practice quality improvement support to establish diabetes registers, undertake clinical audit and develop practice improvement plans.
- Provision of in-practice specialist education and support by an endocrinologist and diabetes educator through case reviews with GPs and practice nurses.
- Development of local type 2 diabetes web-based pathways to support ongoing management of patients in primary care and provide local referral guidance.

Participants

- 8 general practices
- 24 general practitioners
- 10 practices nurses
- 4 endocrinologists
- 1 diabetes nurse educator

Reach

In total 12 General Practice visits were conducted by Endocrinologists and Diabetes Nurse Educator.

- 55 patient cases with 4 review discussions
- 42 practice support visits conducted by Melbourne Primary Care Network
- 7 clinical decision support tools implemented in 4 general practices (PEN CAT)

Evaluation

- Clinical measures of patients on the practice diabetes register
- Health professional survey at the project commencement and on completion

Outcomes

Pre-project survey

What are your expectations from this program?

- “Improved clinical outcomes for type 2 diabetes patients”
- “Have more accurate access to data”
- “Improved understanding of diabetic detection, control and management in our practice”
- “Development of systematic approach to managing our diabetics”

Post-project survey

What have you done differently in diabetes management since participating in the project?

- “Set up a register and recall system”
- “Making sure Diabetes Cycle of Care is up to date”
- “Introduction of insulin when on maximum oral therapy”
- “Set up a diabetic clinic”
- “Expanded the range of medications I would consider using in diabetics”
- “Improving screening and follow up of diabetics”

On completion of the DQIP participants self-reported an increase in confidence to:

- ✓ Manage diabetes within general practice
- ✓ Manage and screen diabetes complications
- ✓ Use and prescribe additional medication therapies
- ✓ Initiate, monitor and educate patients on insulin
- ✓ Use CDM MBS item numbers

Improvements

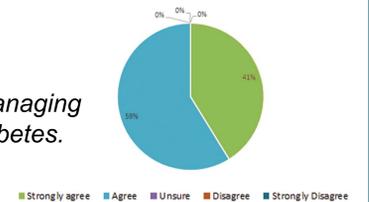
- ✓ Increased accuracy of diabetes register
- ✓ Increase in diabetes annual cycle of care items completed per patient
- ✓ Some improvement in patients being managed to target for blood pressure
- ✓ Some improvement in patients with a HbA1c <= 7
- ✓ Decrease in patients without a HbA1c and blood pressure recorded

Conclusion

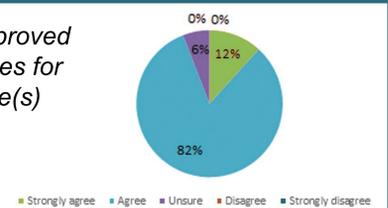
Health professional confidence to manage type 2 diabetes can be increased by providing in-practice specialist advice and support. The integration of targeted practice support with specialist advice encouraged improvement in practice systems and patient care. PHNs are well placed to develop sustainable in-practice specialist support models for their region to build the capacity of primary care.

Results: Clinicians response

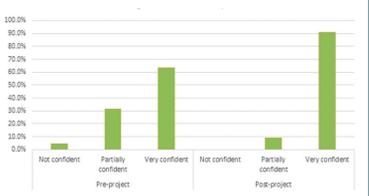
The project has increased my knowledge of managing patients with diabetes.



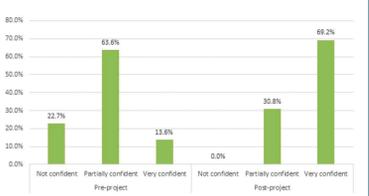
The project improved clinical outcomes for the patient case(s) discussed.



Screening for diabetes complications.

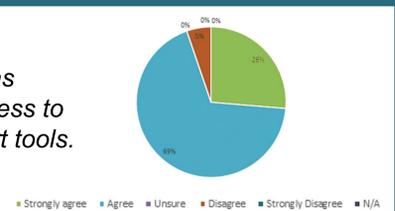


Managing diabetes complications.



Results: Clinicians and practice managers response

The project has increased access to clinical support tools.



Rating of support provided by DQIP

