Australian National Diabetes Audit

Australian Quality Self-Management Audit 2016

Anthony Pease and Sophia Zoungas









Overview

- 1. Background and aims of ANDA-AQSMA 2016
- 2. Methodology
- 3. Strengths and limitations
- 4. Results
 - Glycaemic control
 - Medications & monitoring
 - General health maintenance & self care practices
 - Health care utilisation
 - Self assessment of mental health / quality of life

5. Summary

Background

ANDA is a well-established annual quality improvement activity

Alternating audit:

- Australian Quality Clinical Audit, AQCA
 - Clinical indicators
- Australian Quality Self-Management Audit, AQSMA
 - Self-management indicators

Background

The National Association of Diabetes Centres (NADC)

- National collective of diabetes centres.
- Establishes and promotes effective health care practice.
- Aims to achieve better outcomes for people with diabetes.
- NADC champions ANDA collection as part of quality assurance and benchmarking.

Key strategies:

- Development of standards of care and quality review initiatives.
- Information provision, training and support.

Aims

Overview

Provide an overview of the clinical status of people with diabetes who attend services in diabetes care around Australia

Comparison

Provide current data which enables comparisons to data from previous years

Benchmarking

Allow participating diabetes centres to evaluate their individual site data against peers

Outcomes

Enable centres to identify and implement mechanisms to improve outcomes for their patients







Methodology – Timeline

Feb-April 2016 May/June 2016 Expression of July to Sept 2016 interest Data collection Oct to Nov 2016 Site codes by participating Data received allocated centres Data entry Data analysis Distribution of Post collection Data validation Pooled report forms questionnaire Site reports







Dataset

Derivation:

- National Diabetes Outcomes Quality Review Initiative (NDOQRIN) dataset
- Outcome data items have standardised definitions
- Has been promulgated for collection in all clinical practice settings

Enhancement/addition of data fields:

- Past smoker cessation method from single Yes/No to 'tick all that applies'
- A change in wording 'Do you have difficulties following your <u>prescribed</u> diet?' to 'Do you have difficulties following your <u>recommended</u> diet?'







	ANDA-AQSMA 2016 andc				
Australian National Diabetes Audit - Australian Quality Self Management Audit					
Section 1. Patient	• 1				
Medical Record No.	Centre ID Site Staff				
1.1 Date of birth	/ / /				
1.3 Date of visit	/ / / 2 0 1 6 1.4 Initial visit No Yes 1.5 Abortginal/Torres No Yes				
1.6 Interpreter required No Yes 1.7 DVA patient No Yes 1.8 NDSS member No Yes					
1.9 Country of birth					
	s Type & Management & Lifestyle Issues				
2.1 Ye ar of diagnosis Type 1 Type 2 GDM Don't Know Other					
2.3 Management Diet Only Injectables Insulin+Tablets+Injectables Insulin II INSULIN -> 2.3.1 How long ago < 1yr was insulin started? 1-5yrs Tablets Injectables Insulin+Tablets NII was insulin started? 5-5yrs					
	y sufficiency Sufficient Insufficient Sedentary				
2.5 Have you had a flu vaccination in the last 12 months? No Yes					
2.6 Have you had a pneumococcal vaccination in the last 12 months?					
2.8 Glycated Hb res	sult				
Section 3. Medical					
3.1 Do you ever forget to take your medications? No Yes					
3.2 Do you usually take all your medications?					
3.3 Do you sometimes stop taking your medications when you feel better?					
3.4 Do you sometimes stop taking your medications when you feel worse? 4.8 Dietitian 4.8 Optometrist					
3.5 Are you using a complementary therapy or dietary supplement or 4.4 Psychologist 4.9 Dentist 4.9 Dentist 4.9 Dentist 4.5 Social Worker 4.10 Exercise Physiologist 4.10 Exercise Phys					
<u># YES</u> → 3.5.1 Have you told your doctor or educator about using complementary, dietary supplement or OTC Rx?					
Section 5. Patient Self Care Practices Section 6A. BCD					
5.1 Do you have difficulties following your recommended diet? NO Y88 Over the last couple of weeks has the patient been: NO Y88 ### YES Do the following apply?					
	ough time to prepare healthy meals 6A.2 Feeling unhappy or depressed				
5.1.2 It costs too much to eat well 6.3.3 Feeling unable to overcome difficulties					
	at foods are best to eat 6A.4 Dissatisfied with their way of doing things				
	nd find it hard to eat well Section 6B. Treatment No Yes				
5.1.5 If Type 1 - it is too hard to count carbs/weigh food 5.2 Do you check your blood glucose level as often as recommended? 6B.1 Is the patient taking antidepressants					
No Yes Unsure of recommended testing 6B.2 Psych. treatment/counselling - past 5.3 If you are on injectables or insulin, do you rotate your injection site? No Yes 6B.3 Psych. treatment/counselling - now					
Section 7. Quality of Life Assessment					
Part A: Self-assessment of health status					
7.1 Own health state rating (0-100)	7.4 DDS 17 Questionnaire done NO Yes				
7.2 Screening Scale Q1 7.3 Screening Scale Q2					
ANDA-ACISMA 2016 Data Collection From Version 1.1					

Patient demographics, NDSS member

Diabetes Type & Management

Physical activity, Vaccination, Smoking

Medication use, Health professional attendances

Self-management,
Depression

QOL, DDS 17







Handling of Data

- Unique codes allocated by the secretariat
- Double blind data collection
- Coordinated by the ANDA secretariat based at Monash
- All contact with participating centres was made via the secretariat







Strengths and Limitations

Strengths:

- National database
- Increasing numbers of individual participants from each centre
- Same time each year good for assessing the stability of cohort

Limitations:

- Data collection is not completely random
- Cross-sectional without longitudinal follow up
- Missing data







Australian National Diabetes Audit Australian Quality Self-Management Audit 2016

FINDINGS and RESULTS







Overview

Demographics

Glycaemic Control

Medications & Monitoring

General Health Maintenance

Self Care Practices

Health Care Utilisation

Mental Health







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Number of participants Patient characteristics

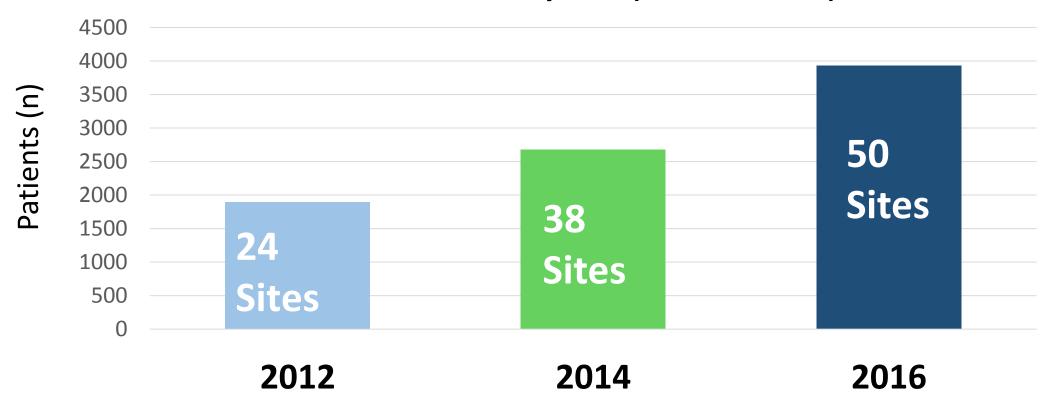






Study Sites and Patients

Patients and Sites by Year (ANDA - AQSM)



Year of ANDA – AQSM Questionnaire

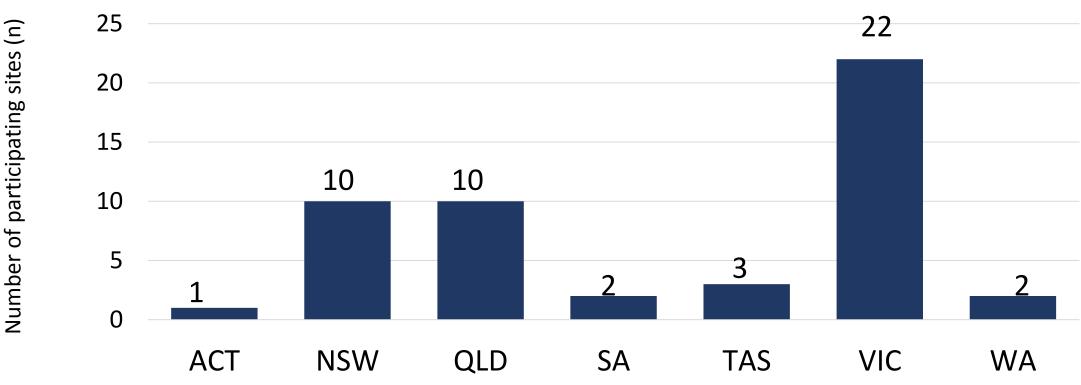






State Breakdown

Number of participating sites by state (2016)



States / Territories represented in 2016







Demographics



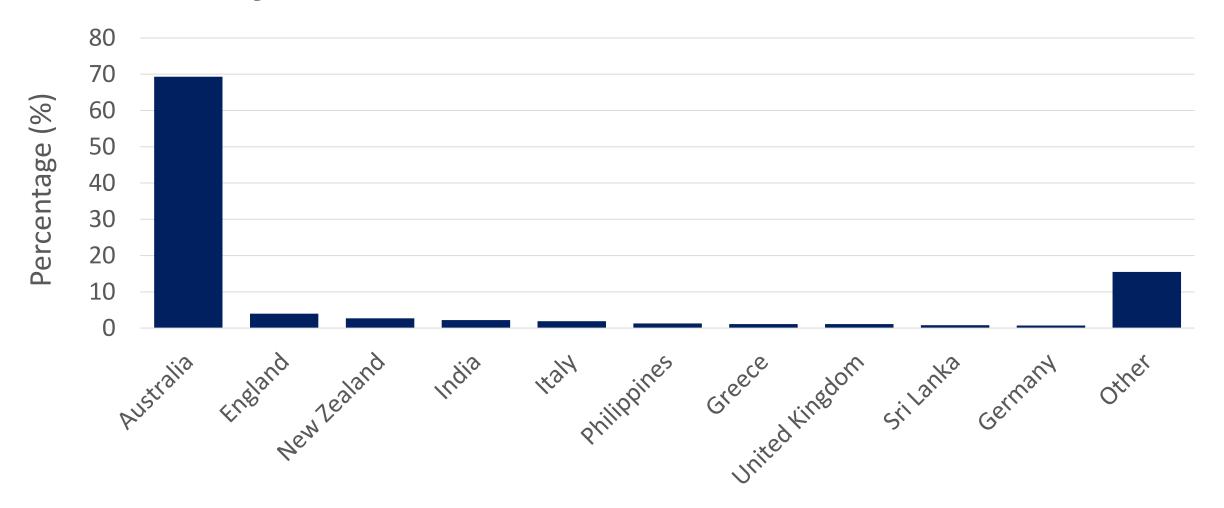
Patient Characteristics	2012	2014	2016
N	1892	2681	3930
Age mean ± SD (years)	54.0 ± 16.8	55.0 ± 17.5	55.3 ± 17.4
Gender (%male)	47.1	50.7	49.7
Duration of Diabetes mean \pm SD (years)	10.1 ± 10.4	12.3 ± 11.3	13.0 ± 11.7
Identifying as Aboriginal or Torres Strait Islander (%)	9.7	4.0	4.5
Interpreter required(%)	3.5	4.4	3.9
Pregnant (%)	34.1	28.1	29.6
Initial visit (%)	27.3	17.0	19.8







Country of Birth

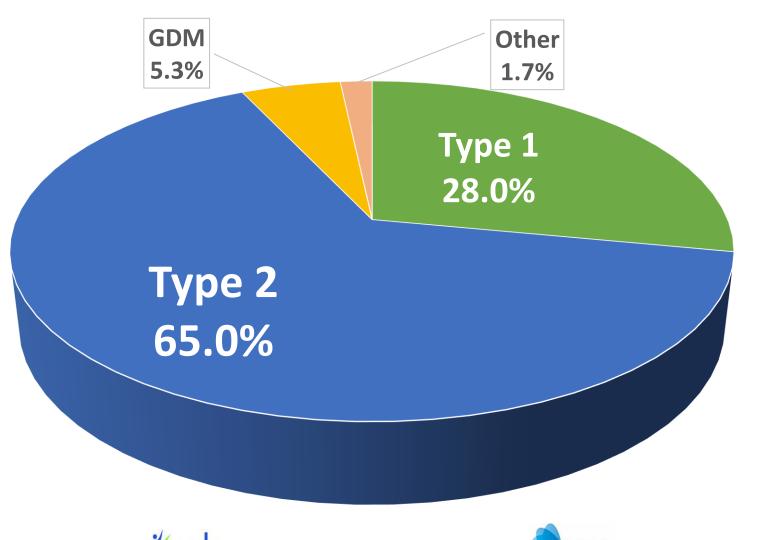








Diabetes Type



- Type 1 Diabetes Mellitus
- Type 2 Diabetes Mellitus
- Gestational DiabetesMellitus
- Other: 'Other' types, 'Don't know', 'Not stated'







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HbA1c Glucose lowering agents in T2DM







Glycaemic Control: HbA1c

• Type 1 Diabetes \rightarrow HbA1c 8.4% \pm 1.7

• Type 2 Diabetes \rightarrow HbA1c 8.3% \pm 1.9

• All types \rightarrow HbA1c 8.3% \pm 1.9

Stable over time:

8.1% in 2010

8.3% in 2012

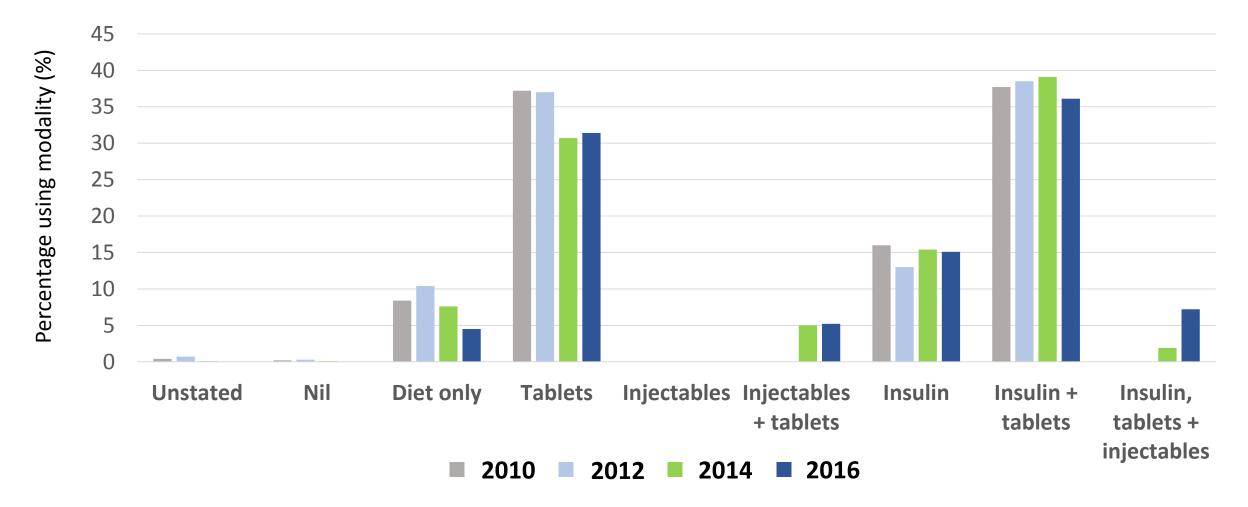
8.2% in 2014







Treatment Modalities (T2DM)

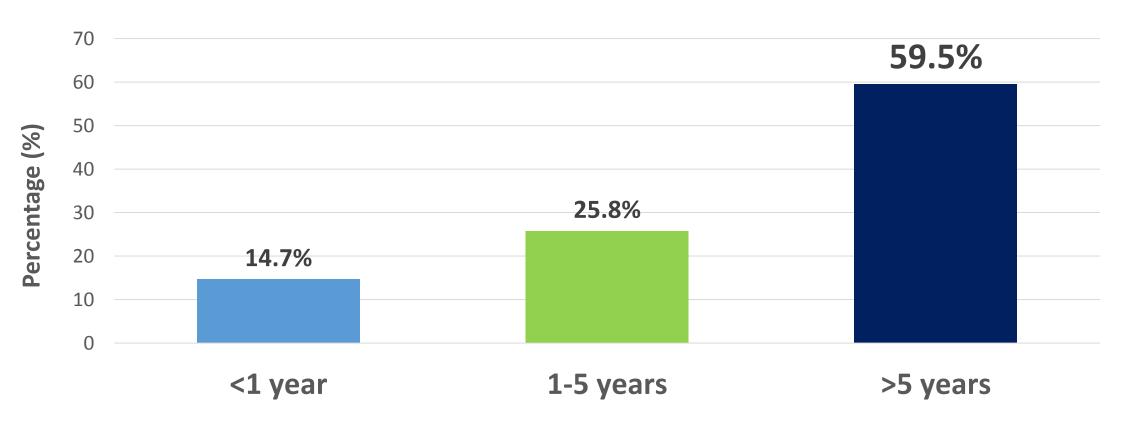








Insulin Duration



Duration taking insulin (Categories as reported)







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Administration Self monitoring blood glucose levels







Medications and Monitoring

Rotating injection sites

→ 96%

Taking all their medications

→ 92%

Never forget to take their medications

→ 73%

• Do not test blood glucose levels as directed → 26%

• Unsure of how often to test → 6%







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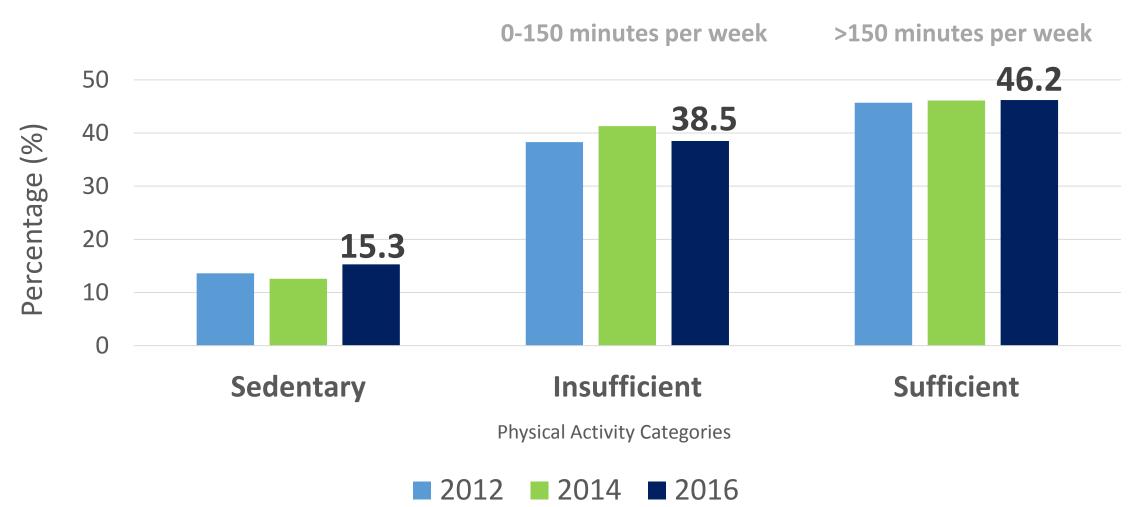
Physical Activity Smoking Vaccination







Physical Activity

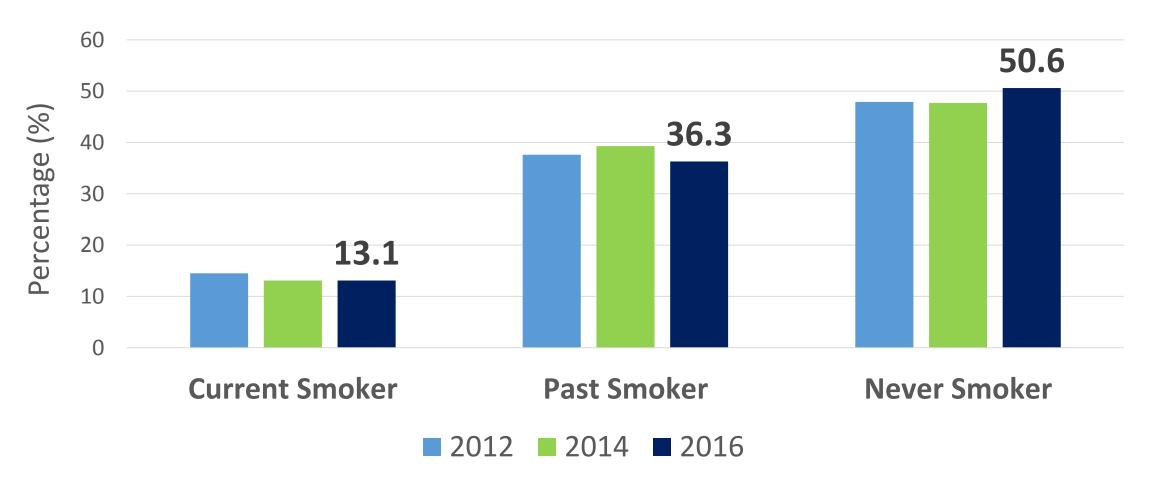








Smoking Status

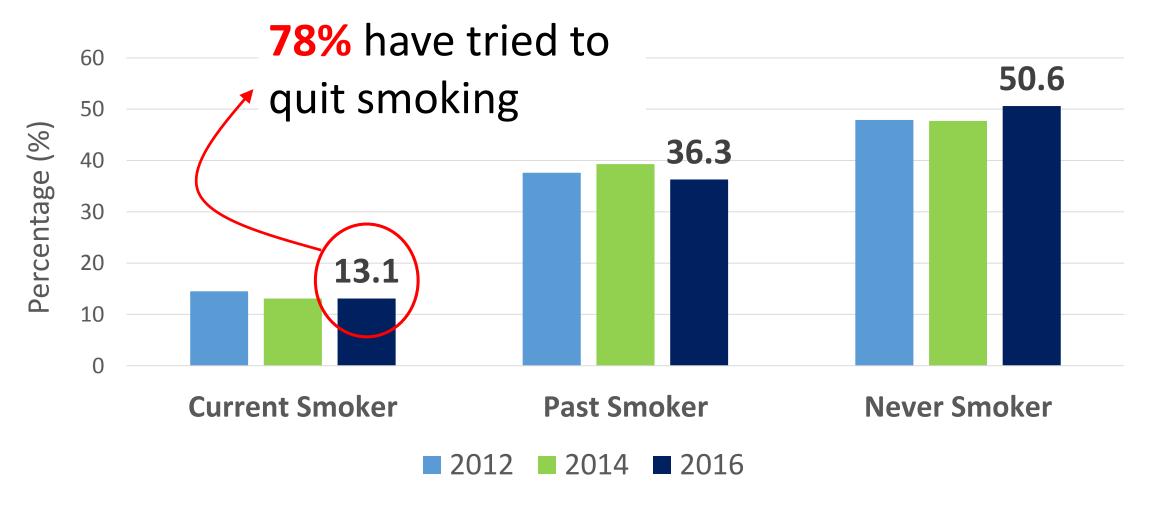








Smoking Status

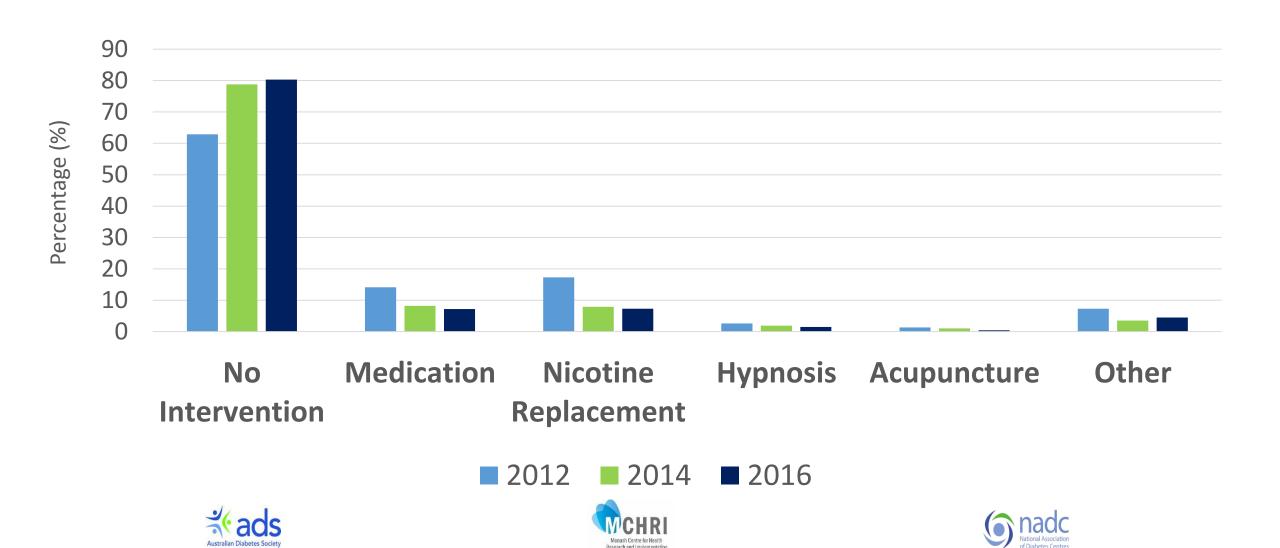




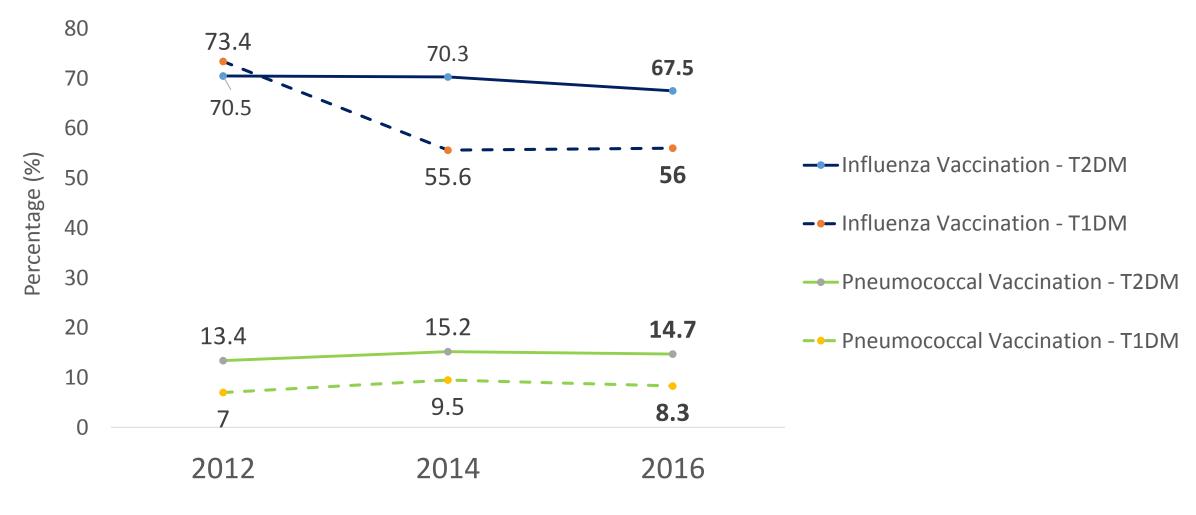




Smoking Cessation Methods (Past Smokers)



Vaccination Status









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Recommended dietary advice Carbohydrate counting







Dietary Factors

• Difficulties following recommended diet → 36%

• Type 1 Diabetes \rightarrow 50%

Barriers:

• Time to prepare healthy meals → 33.2%

• Costs too much \rightarrow 30.4%

• I don't know what foods are best \rightarrow 28.2%

Only half had attended dietitian review in the last year







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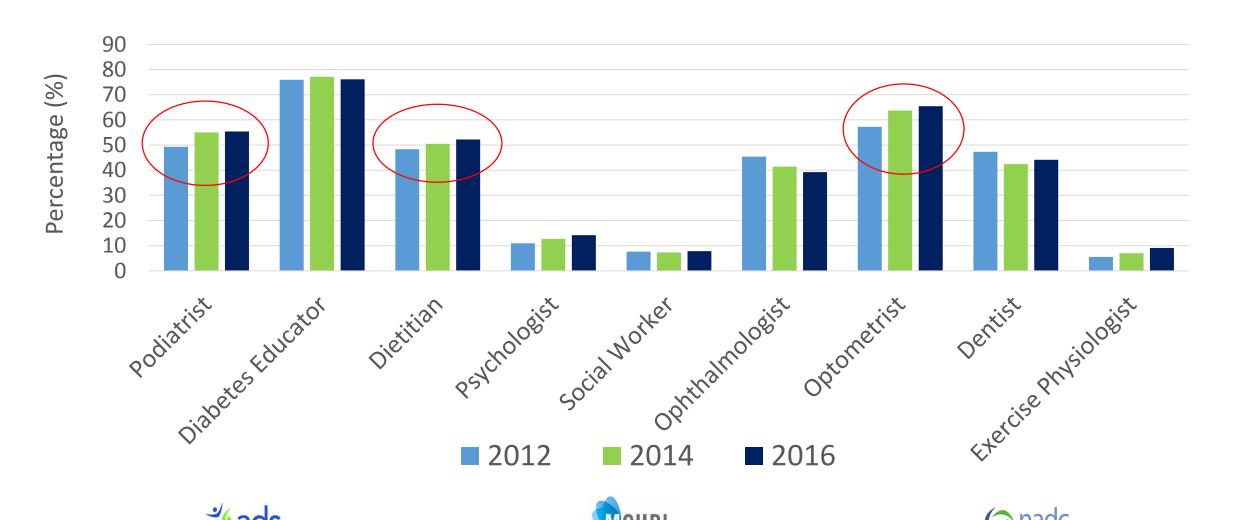
Attendance within the last 12 months







Health Professional Attendance



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Self assessment Depression & Quality of life







Patient Wellbeing and QoL Assessment

The Brief Case Find for Depression (BCD)

Own Health Rating (EQ-5D Euro Quality of Life Group 2000)

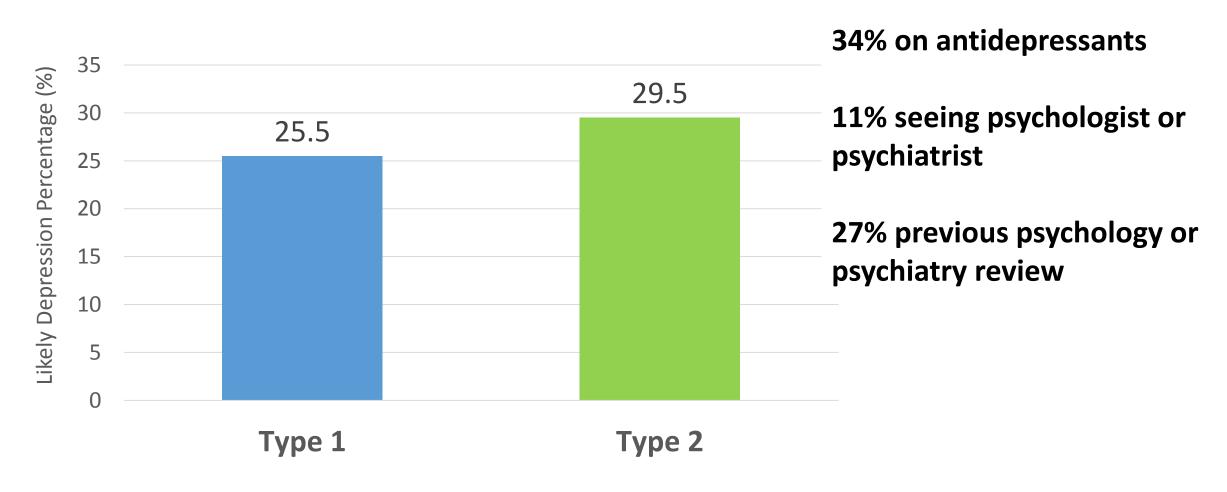
• Diabetes Distress Scale 17 (DSS17)







Likely Depression (Brief Case Find Tool)

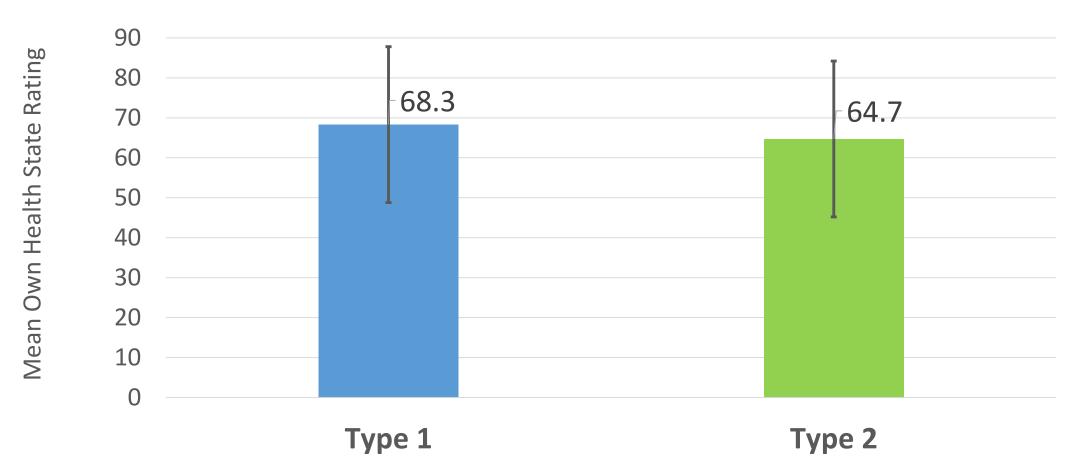








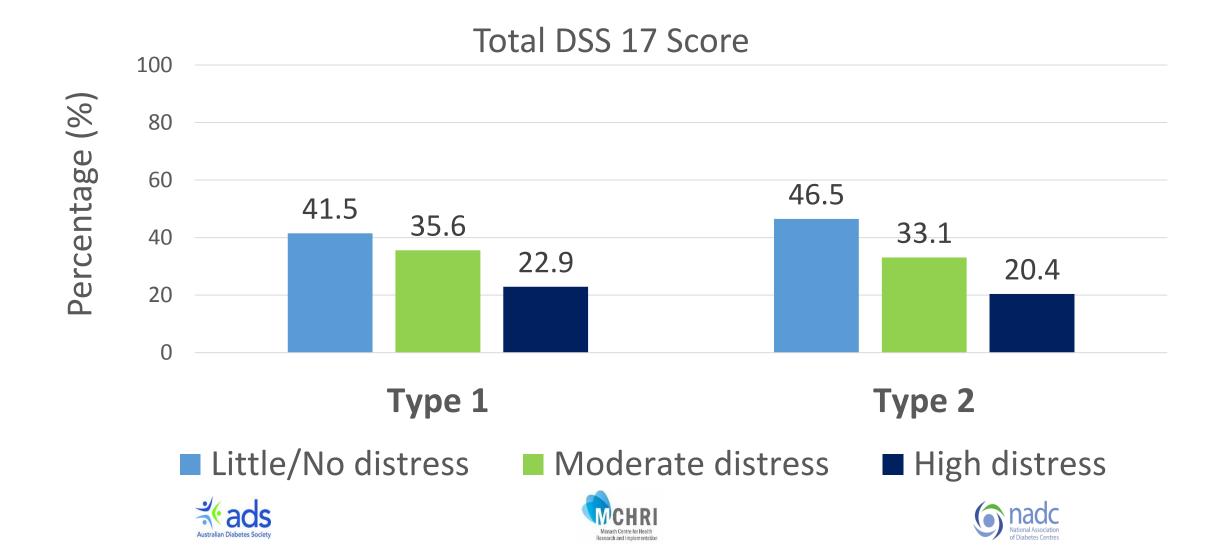
Mean Own Health State Rating

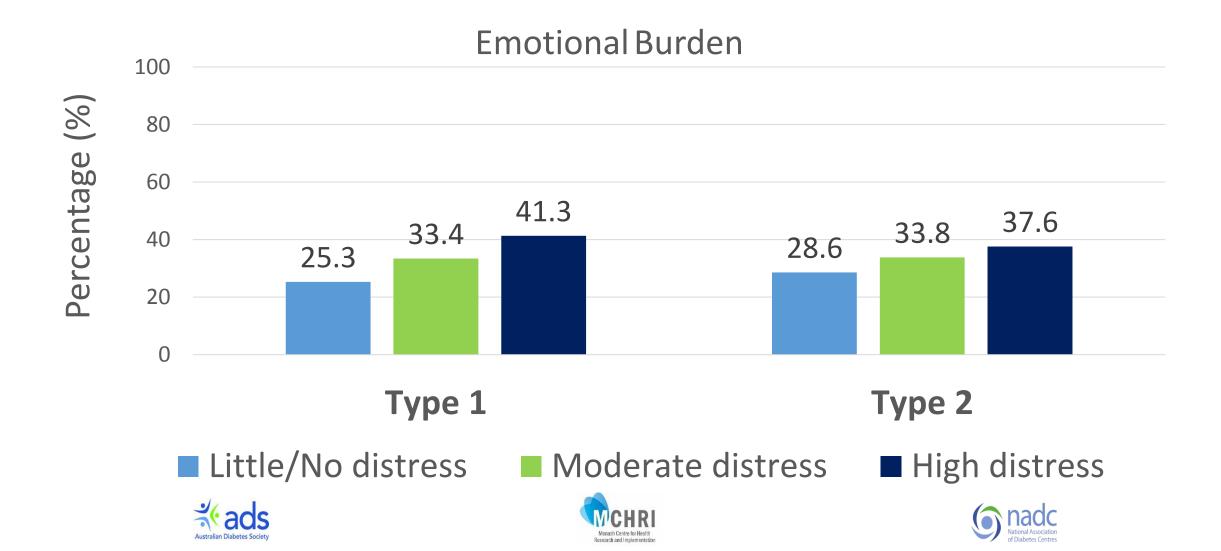


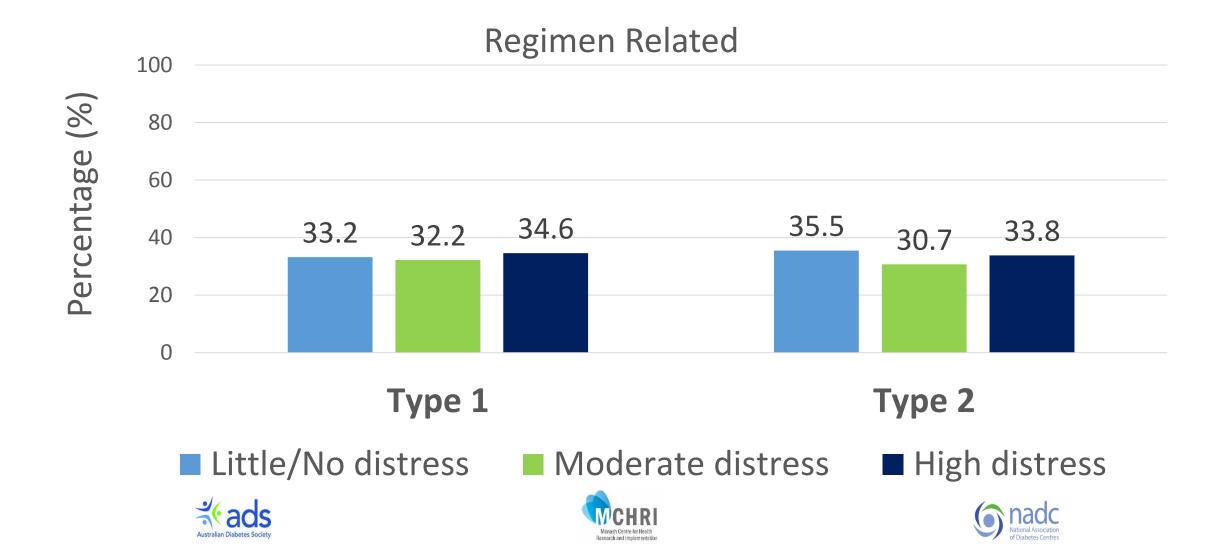


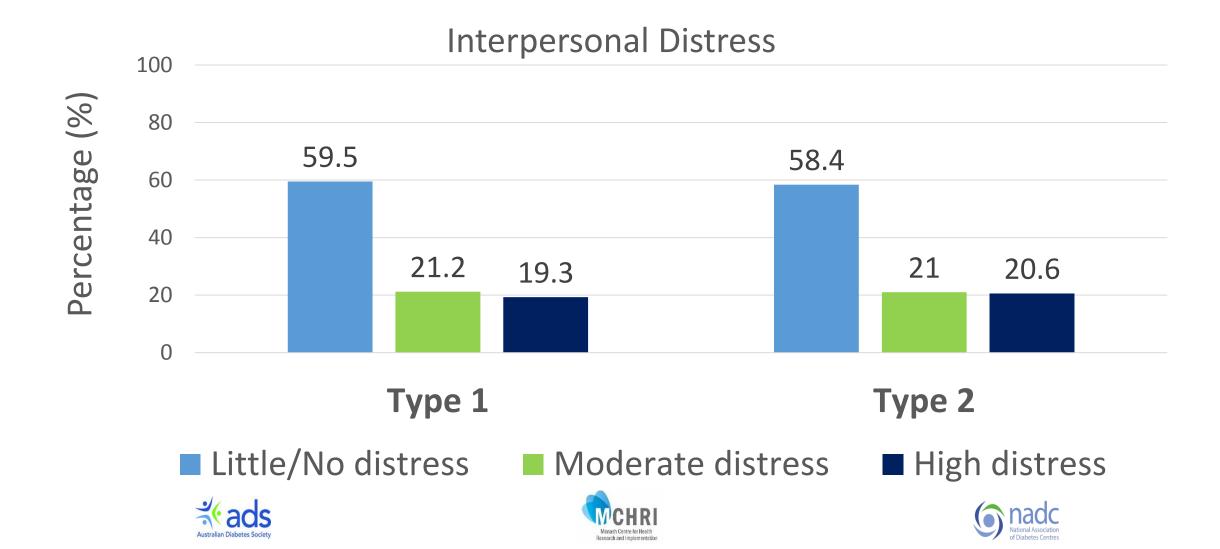


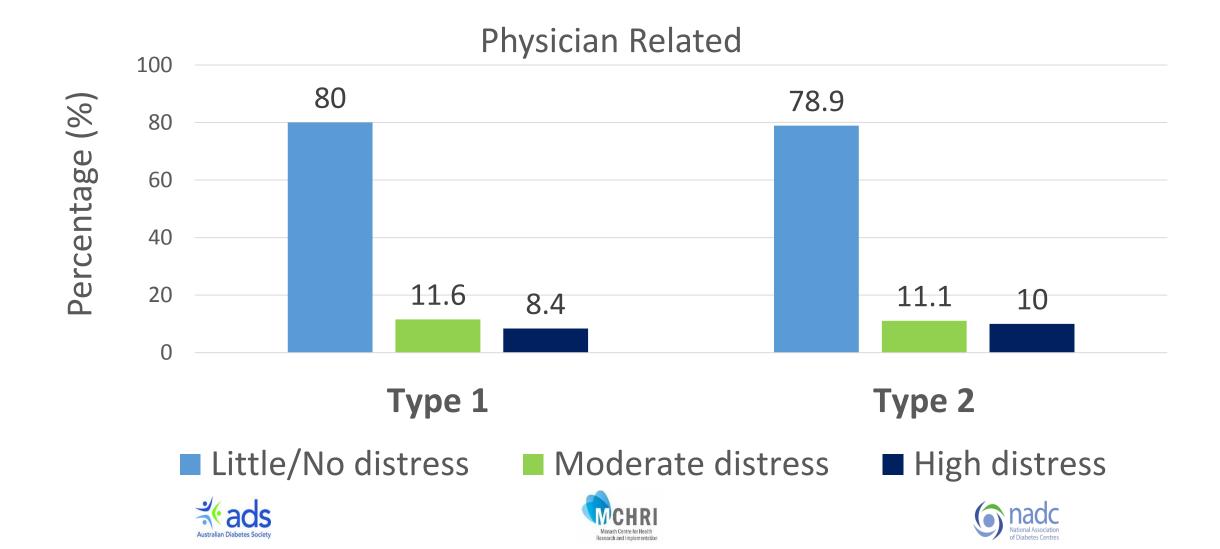












Key Messages

- Considerable diabetes related distress & reduction in wellbeing
- 27% of patients experience "likely depression"

• ~1 in 10 patients usually do not take all their medications

• 26% do not monitor their blood glucose levels as recommended

• Of 13% current smokers, ¼ had tried to quit







Key Messages

- 54% of patients do not engage in sufficient physical activity
- 1/3rd had difficulty adhering to a recommended diet
 - But only half had seen a dietitian in the last 12 months

• 45% of patients had not seen a podiatrist in the last year







Future Steps

- Review dataset
- Continue to reduce missing data
- Encouraging use of electronic data collection system as capabilities develop







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