GP Diabetes Care – Barriers and Opportunities

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General practice activity in Australia 2012-13 - http://ses.library.usyd.edu.au//bitstream/2123/9365/8/9781743323779_ONLINE.pdf

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OVERVIEW

- Characteristics of GP in Australia
- Characteristics of patients
- Facts related to type 2 diabetes practice
- Barriers and Opportunities relevant to NADC

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Characteristics of GP Practice

- 56.9% were male, and mean age 51.5 years
- 55% were Fellows of the RACGP, and 8.4% were Fellows of the ACRRM
- 52.5% had provided care in a residential aged care facility in the previous month
- 68.8% practised in Major cities
- Averages - 6.5 individual GPs per practice, with a median of 6 per practice , but a median of 4 FTE GPs per practice
- 81.6% of the GPs worked in a practice that employed practice nursing staff with 0.4 FTE practice nurses per FTE GP
- Median Length of consultations 13-14 mins

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Patient characteristics

- Females accounted for 57% of encounters
- Nearly half of the encounters were with patients who held a Commonwealth concession card (46.0%) and/or a Repatriation Health Card (2.3%)
- 12.0% of encounters the patient was from a non-English-speaking background
- 1.5% of encounters the patient identified themselves as an Aboriginal and/or Torres Strait Islander person.

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Health Consults

- Hypertension (8.6 per 100 encounters), check-ups (6.4), upper respiratory tract infection (URTI) (5.8), immunisation/vaccination (5.0), and **diabetes (4.2)**
- Over half of all chronic problems were accounted for by:
  1. non-gestational hypertension (15.4% of chronic conditions),
  2. **non-gestational diabetes (7.6%)**,
  3. depressive disorder (7.3%),
  4. chronic arthritis (6.8%),
  5. lipid disorder (6.0%), oesophageal disease (4.7%), and asthma (3.9%).

Type 2 diabetes

- GPs provide care to patients with Type 2 diabetes at significantly higher levels than to other patients.
- **Length of consultation** with patients with Type 2 diabetes and the frequency with which they are seen, **is significantly higher** than for all patients seen in general practice. **Average time** currently allocated to T2D patients 2.6 hours per year versus 1.6 hours per year for others
- Additional unquantified time is allocated by practice nurses and, as indicated by the referral rate, by allied health professionals.

Type 2 diabetes

- Managing patients with Type 2 diabetes and co-morbidity requires careful monitoring of their clinical state and this is reflected in the high levels of pathology ordering for these patients. Many patients also self-monitor their blood glucose levels in addition to referred pathology testing
- Complexity of management is also reflected in a high level of referrals of Type 2 diabetes patients, particularly to allied health professionals. This ‘team care’ is encouraged by guidelines and MBS incentives for care planning and team care arrangements
- As a consequence of more intensive management, the management rate of diabetes increased 33% over the 10 years from 2003–04 to 2012–13, despite no change in the incidence of new cases

- The management of Type 2 diabetes is very resource intensive and that the resource utilisation is bound to increase in the future.
- It demonstrates the complexity of the care required for these patients, 93% of whom have multiple chronic conditions (multimorbidity). It shows that these patients attend more often and spend longer with their GP, than other patients. They are frequently referred to other medical specialists and allied health professionals, have high rates of pathology testing and medication

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Barriers – Opportunities Discussion

- Barriers
  - Health System issues
  - Practice Issues
  - Patient Issues

Opportunities/Solutions

- System changes
  - National Diabetes Strategy
    - **Recognition of the importance of Primary care** and the need for specific prioritised strategies
  - Diabetes Care Project outcome implications
    - NADC Future directions and **strategic leadership** and liaison ? -> **primary care engagement and co-ordination of stakeholders for Best Practice diabetes management in primary care**
  - NADC resourcing

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