

Diabetes care in primary health settings

Dr Gary Deed

Chair Diabetes Network RACGP



Royal Australian College of General Practitioners

Healthy Profession.
Healthy Australia.

Diabetes – Context



The GP is central to the care needs of majority of people with diabetes with much of the burden managed in primary care

Over 87.8% of the population visit their GP at least once each year → 9% of patients in general practice have diabetes

RACGP strategic support for the NDS

RACGP has clearly articulated primary care diabetes management through its

“Vision for Medical Homes”

Strategically supports primary care through

1. *General practice management of type 2 diabetes (with DA)*
2. *Emergency Management of hyperglycaemia in primary care*
3. Established a *Diabetes network* (>1000 members)
4. Pre and post-vocational education



Emergency management of hyperglycaemia in primary care



Royal Australian College of General Practitioners

Healthy Profession.
Healthy Australia.

Strategies for diabetes prevention

WE NEED National Co-ordinated strategies to bring key players together to align resources

DOHA

RACGP – ADS – ADEA -DA

PHN

Pharmacy/Nursing professionals/allied health

e.g. **Pilot projects need to be aligned to the NDS**

such as South Western Sydney, Darling Downs etc

Strategic work needs to be established around health professional roles with a patient centric approach



RACGP

Royal Australian College of General Practitioners

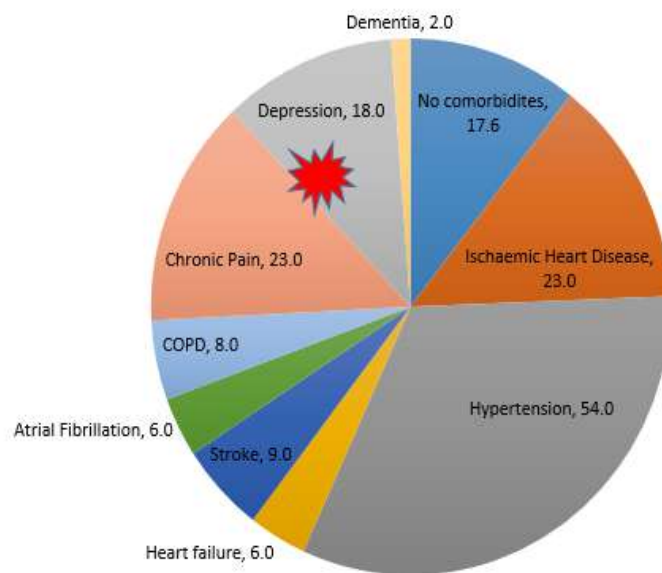
Healthy Profession.
Healthy Australia.

Strategies for Diabetes chronic disease management (CDM)

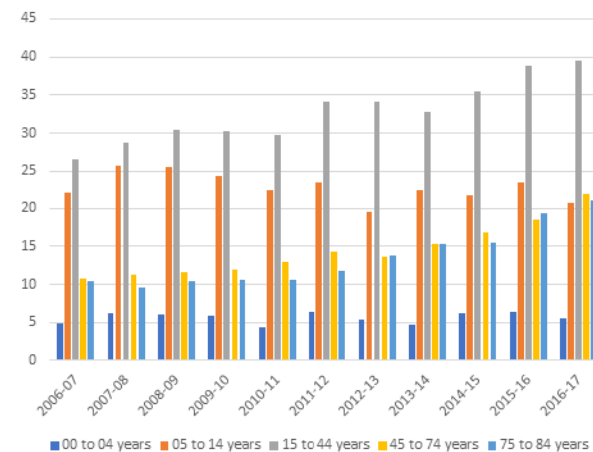
Multimorbidity in a 65 year old patient with diabetes

Mean number of conditions 6.5

Adapted from Guthrie et al BMJ 2012



Diabetes Admissions - Ketoacidosis Age Group
Rates per 100000 population



RACGP

Royal Australian College of General Practitioners

Strategies for Diabetes chronic disease management (CDM)

RACGP is the only health professional organisation capable and motivated to work on over diagnosis, too much medicine and supports the concept of “**too much medicine**”

RACGP should be **funded to make resources and conduct research into systems of care, outcomes of the sector and implementation of stewardship of resources**

1. Revisit the consensus on gestational diabetes (GDM) which have resulted in escalating numbers of women classified with GDM
2. Consensus on the term “prediabetes” – who/when
3. Analysis of elderly admissions for hypoglycaemia and the use of newer glycaemic medications and complications such as ketoacidosis



RACGP

Royal Australian College of General Practitioners

Healthy Profession.
Healthy Australia.

NDS– Summary

General practice is clearly at the forefront of diabetes care, and **strategic solutions without consultation are prone to failure** without full engagement

Major **policy and funding repositioning is needed to integrate General practice consultation at all levels** of policy development and implementation for the prevention and management of this explosion of diabetes patients and their care

**RACGP want to be
avoid
fragmentation**

