What Health Indicators should we collect?

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What Health Indicators should we collect?

Clues to Success: [… *if you were starting from scratch*]

- Decide how you want to use the data you collect;
- Decide Why, Who, When, Where & How;
- Look at what else is being done;
- Traditionally – 7 Areas of Diabetes Care:
  - BMI, BP, Lipids, HbA1c, Kidneys [microalbumin; eGFR], Eyes, Feet;
- Don't reinvent wheels;
- One data item, multiple uses;
- Implement as part of daily work practice;
- Feedback to users;
- Start small & build up.

- REMEMBER:

There's a difference between SURVEY Data and DATABASE EXTRACTS
(eg *Infarct / Amputation in the last 12 months*?)

What Health Indicators should we collect?

[… *if you were starting from scratch*]

Two Options

1

Collect everything possible

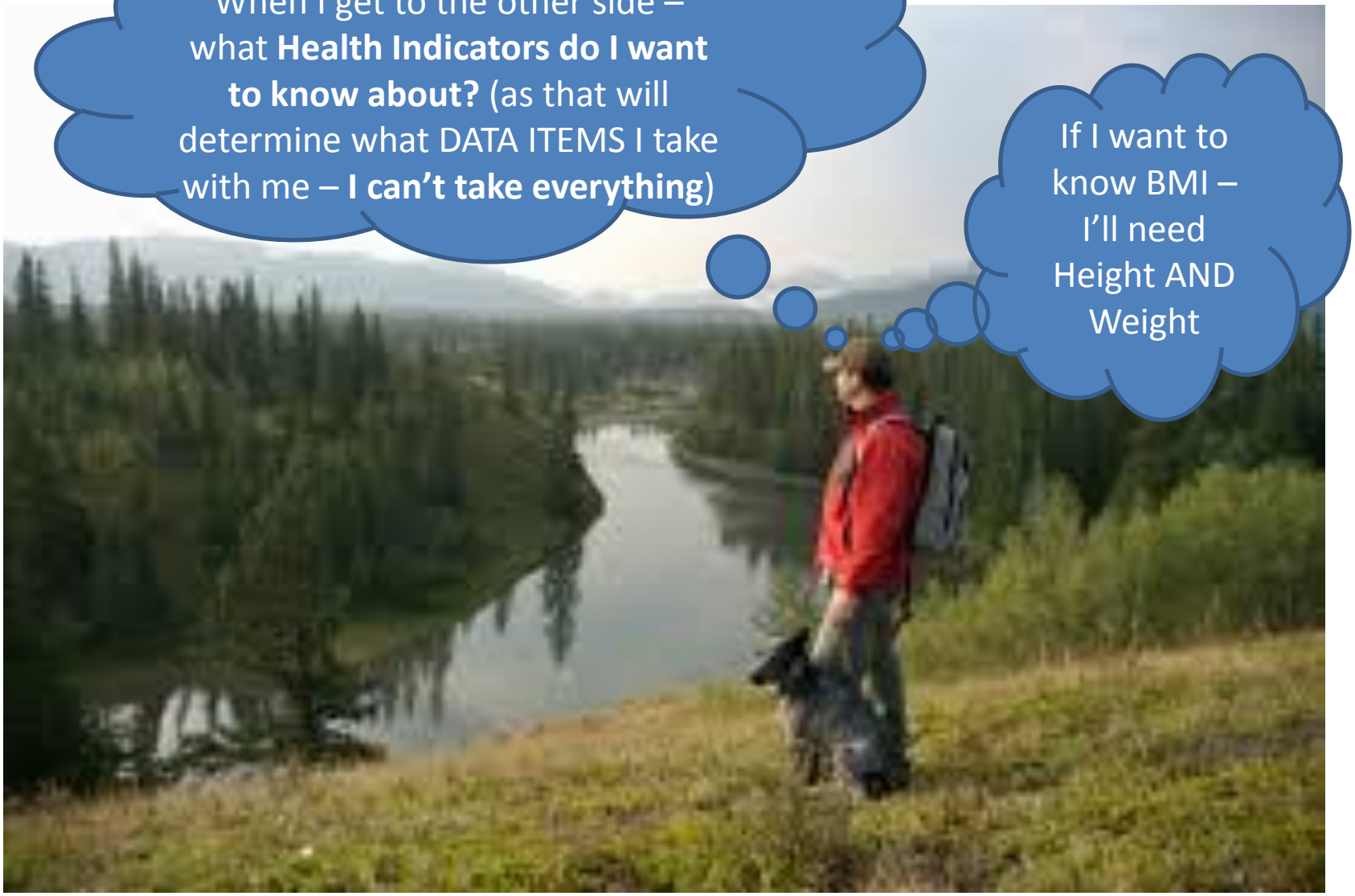
(just in case)

2

Be selective

What Health Indicators should we collect?

[… *if you were starting from scratch*]



What Health Indicators should we collect?

What Health Indicators should we collect?

DON'T TRY TO COLLECT TOO MUCH!

'GOLDILOCKS' [Just Right] !

PROBABLY NOT ENOUGH !!

What Health Indicators should we collect?

[… *Since we are NOT starting from scratch …*]

What have we done previously?

- ANDIAB / ANDA-AQCA 2nd Yearly [since 1998]
- ANDIAB2 / ANDA AQSMA 2nd Yearly

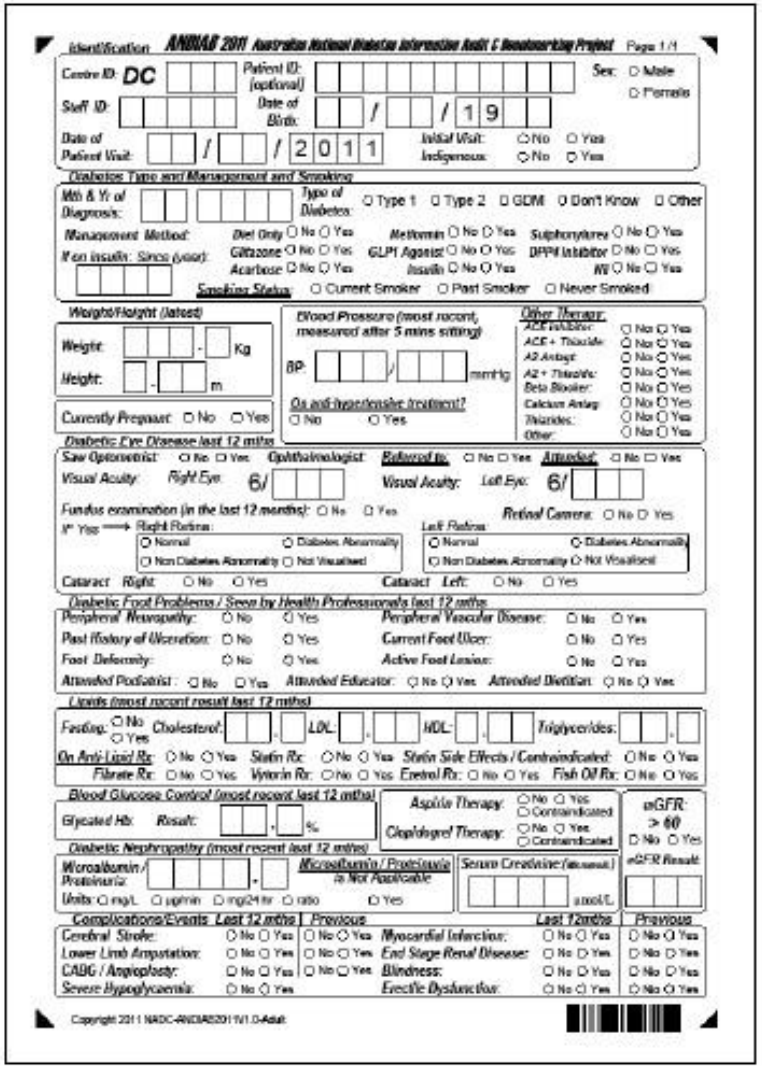
  [2005, 2010, 2012 & 2014]
- ANDIAB Follow-up 2000-2003
- ANDIAB Collaborative 2006 [15 Centres]
- What Outcomes have we found?
- How Can We Use These Indicators?

ANDIAB

ANDIAB was undertaken using a one page scannable Form;

Data sought include: Demographic, Clinical, Laboratory and Outcome Data on the seven identified key aspects of care:

- Eye Review;
- Foot Care Assessment;
- Body Weight;
- Blood Glucose Control;
- Blood Pressure Control;
- Lipids; *and*
- Renal Assessment including Microalbumin.



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ANDIAB

Every data item in ANDIAB had a specific definition, and all definitions are printed on the back of the ANDIAB data collection form for easy reference.

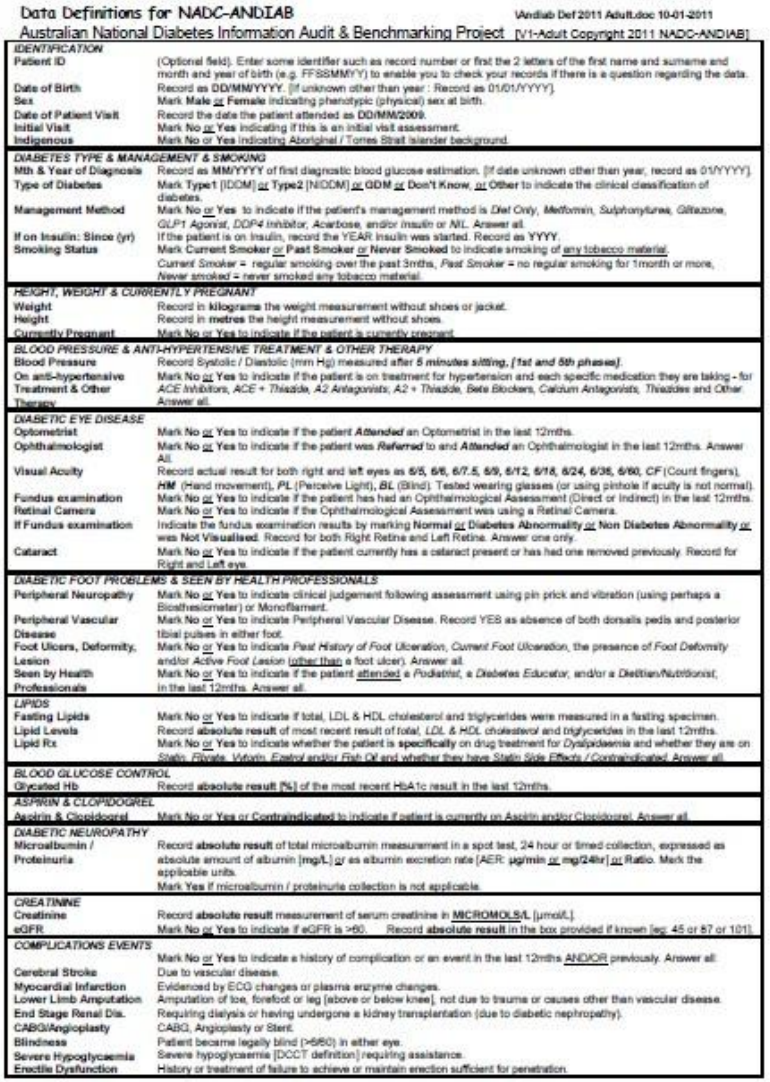
For Example:

Type of Diabetes:

Record the Clinical Classification of Diabetes.

Record as:

Type1 / Type 2 / GDM / Don't Know / Other



Data Definitions for NADC-ANDIAB — \Andiab Def 2011 Adult.doc 10-01-2011

Australian National Diabetes Information Audit & Benchmarking Project [V1-Adult Copyright 2011 NADC-ANDIAB]

IDENTIFICATION	
Patient ID	(Optional field). Enter some identifier such as record number or first the 2 letters of the first name and surname and month and year of birth (e.g. FFSSMMYY) to enable you to check your records if there is a question regarding the data.
Date of Birth	Record as **DD/MM/YYYY**. [If unknown other than year : Record as 01/01/YYYY].
Sex	Mark **Male** or **Female** indicating phenotypic (physical) sex at birth.
Date of Patient Visit	Record the date the patient attended as **DD/MM/2009**.
Initial Visit	Mark No or Yes indicating if this is an initial visit assessment.
Indigenous	Mark No or Yes indicating Aboriginal / Torres Strait Islander background.
DIABETES TYPE & MANAGEMENT & SMOKING	
Mth & Year of Diagnosis	Record as **MM/YYYY** of first diagnostic blood glucose estimation. [If date unknown other than year, record as 01/YYYY].
Type of Diabetes	Mark **Type1** [IDDM] or **Type2** [NIDDM] or **GDM** or **Don't Know**, or **Other** to indicate the clinical classification of diabetes.
Management Method	Mark No or Yes to indicate if the patient's management method is *Diet Only, Metformin, Sulphonylurea, Glitazone, GLP1 Agonist, DDP4 Inhibitor, Acarbose, and/or Insulin* or *NIL*. Answer all.
If on Insulin: Since (yr)	If the patient is on Insulin, record the YEAR insulin was started. Record as YYYY.
Smoking Status	Mark **Current Smoker** or **Past Smoker** or **Never Smoked** to indicate smoking of any tobacco material. *Current Smoker* = regular smoking over the past 3mths, *Past Smoker* = no regular smoking for 1month or more, *Never smoked* = never smoked any tobacco material.
HEIGHT, WEIGHT & CURRENTLY PREGNANT	
Weight	Record in **kilograms** the weight measurement without shoes or jacket.
Height	Record in **metres** the height measurement without shoes.
Currently Pregnant	Mark No or Yes to indicate if the patient is currently pregnant.
BLOOD PRESSURE & ANTI-HYPERTENSIVE TREATMENT & OTHER THERAPY	
Blood Pressure	Record *Systolic / Diastolic* (mm Hg) measured after ***5 minutes sitting, [1st and 5th phase]***.
On anti-hypertensive Treatment & Other Therapy	Mark No or Yes to indicate if the patient is on treatment for hypertension and each specific medication they are taking - for *ACE Inhibitors, ACE + Thiazide, A2 Antagonists, A2 + Thiazide, Beta Blockers, Calcium Antagonists, Thiazides* and *Other*. Answer all.
DIABETIC EYE DISEASE	
Optometrist	Mark No or Yes to indicate if the patient ***Attended*** an Optometrist in the last 12mths.
Ophthalmologist	Mark No or Yes to indicate if the patient was ***Referred*** to and ***Attended*** an Ophthalmologist in the last 12mths. Answer All.
Visual Acuity	Record actual result for both right and left eyes as **6/5, 6/6, 6/7.5, 6/9, 6/12, 6/18, 6/24, 6/36, 6/60, *CF*** (Count fingers), ***HM*** (Hand movement), ***PL*** (Perceive Light), ***BL*** (Blind). Tested wearing glasses (or using pinhole if acuity is not normal).
Fundus examination	Mark No or Yes to indicate if the patient has had an Ophthalmological Assessment (Direct or Indirect) in the last 12mths.
Retinal Camera	Mark No or Yes to indicate if the Ophthalmological Assessment was using a Retinal Camera.
If Fundus examination	Indicate the fundus examination results by marking **Normal** or **Diabetes Abnormality** or **Non Diabetes Abnormality** or was **Not Visualised**. Record for both Right Retina and Left Retina. Answer one only.
Cataract	Mark No or Yes to indicate if the patient currently has a cataract present or has had one removed previously. Record for Right and Left eye.
DIABETIC FOOT PROBLEMS & SEEN BY HEALTH PROFESSIONALS	
Peripheral Neuropathy	Mark No or Yes to indicate clinical judgement following assessment using pin prick and vibration (using perhaps a Biothesiometer) or Monofilament.
Peripheral Vascular Disease	Mark No or Yes to indicate Peripheral Vascular Disease. Record YES as absence of both dorsalis pedis and posterior tibial pulses in either foot.
Foot Ulcers, Deformity, Lesion	Mark No or Yes to indicate *Past History of Foot Ulceration, Current Foot Ulceration*, the presence of *Foot Deformity* and/or *Active Foot Lesion* (other than a foot ulcer). Answer all.
Seen by Health Professionals	Mark No or Yes to indicate if the patient attended a *Podiatrist, a Diabetes Educator*, and/or a *Dietitian/Nutritionist*, in the last 12mths. Answer all.
LIPIDS	
Fasting Lipids	Mark No or Yes to indicate if total, LDL & HDL cholesterol and triglycerides were measured in a fasting specimen.
Lipid Levels	Record **absolute result** of most recent result of *total, LDL & HDL cholesterol* and *triglycerides* in the last 12mths.
Lipid Rx	Mark No or Yes to indicate whether the patient is **specifically** on drug treatment for *Dyslipidaemia* and whether they are on *Statin, Fibrate, Vytorin, Fish Oil* and/or *Fish Oil* and whether they have *Statin Side Effects / Contraindicated*. Answer all.
BLOOD GLUCOSE CONTROL	
Glycated Hb	Record **absolute result [%]** of the most recent HbA1c result in the last 12mths.
ASPIRIN & CLOPIDOGREL	
Aspirin & Clopidogrel	Mark No or Yes or Contraindicated to indicate if patient is currently on Aspirin and/or Clopidogrel. Answer all.
DIABETIC NEUROPATHY	
Microalbumin / Proteinuria	Record **absolute result** of total microalbumin measurement in a spot test, 24 hour or timed collection, expressed as absolute amount of albumin [**mg/L**] or as albumin excretion rate [*AER*: **µg/min** or **mg/24hr**] or **Ratio**. Mark the applicable units. Mark **Yes** if microalbumin / proteinuria collection is not applicable.
CREATININE	
Creatinine	Record **absolute result** measurement of serum creatinine in **MICROMOLS/L** [µmol/L].
eGFR	Mark No or Yes to indicate if eGFR is >60. Record **absolute result** in the box provided if known [eg: 45 or 87 or 101].
COMPLICATIONS EVENTS	
	Mark No or Yes to indicate a history of complication or an event in the last 12mths AND/OR previously. Answer all.
Cerebral Stroke	Due to vascular disease.
Myocardial Infarction	Evidenced by ECG changes or plasma enzyme changes.
Lower Limb Amputation	Amputation of toe, forefoot or leg [above or below knee], not due to trauma or causes other than vascular disease.
End Stage Renal Dis.	Requiring dialysis or having undergone a kidney transplantation (due to diabetic nephropathy).
CABG/Angioplasty	CABG, Angioplasty or Stent.
Blindness	Patient became legally blind (>6/60) in either eye.
Severe Hypoglycaemia	Severe hypoglycaemia [DCCT definition] requiring assistance.
Erectile Dysfunction	History or treatment of failure to achieve or maintain erection sufficient for penetration.

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What Health Indicators should we collect?

What have we done previously?

- ANDIAB / ANDA-AQCA 2nd Yearly
- ANDIAB2 / ANDA AQSMA 2nd Yearly
- ANDIAB Follow-up 2000-2003

  [Longitudinal Data]
- ANDIAB Collaborative 2006 [15 Centres]
- What Outcomes have we found?
- How Can We Use These Indicators?

ANDIAB Follow-up 2000-2003

- Sites were chosen from the ANDIAB 2000 database that had complete data for Blood Pressure[BP], Height/Weight, Cholesterol, HbA1c, Urinary Microalbumin and Serum Creatinine on 30 or more individuals.
- A total of 23 of the 49 sites met this criterion.
- Data on a random sample of 25 of these individuals [575 in total], were printed out for each site on a 2 side A4 data collection form, and were sent to each site through the NADC Secretariat [keeping their identity unknown to us].
- We requested that original demographic data be rechecked and verified, and sought information on whether the individuals were deceased or lost to follow-up, and if not, on endpoints, and the most recent clinical data available for them in the previous year.

ANDIAB Follow-up 2000-2003

- Of the 23 sites, fifteen sites' responsed [13 Diabetes Centres and 2 Endocrinologists in private practice; max 375 patients] are available for analysis, one doctor has retired, and seven sites did not reply.
- We compared biometric, clinical and health outcomes data between the two visits. Prior to analysis and reporting, every effort was made to ensure data were valid and it was only necessary to approach one site to confirm and subsequently correct some questionable data.
- The data have been analysed in total, and several sub-group analyses have been undertaken.

ANDIAB Follow-up 2000-2003

- Data are available for 233 patients, with 20 deaths [5.3%] and 122 lost to follow-up [32.5%]. Endpoint data in the previous year [and 2000] were similar [apart from fewer CABG procedures and new blindness], with 8[9] strokes, 8[10] myocardial infarcts, 4[13] CABG procedures, 4[3] amputations, 2[1] new ESRD and 1[4] new blindness reported.

ANDIAB Follow-up 2000-2003

- In this small cohort, as well as statistically significant *improvements* in Total and HDL Cholesterol and Triglycerides, and *improvements* in diastolic Blood Pressure in Type 2 individuals, and a *reduction* in poor blood glucose control in Type 1 individuals, there were non-significant improvements in mean HbA1c and systolic Blood Pressure, worse BMI and at least 5.3% mortality.
- Further data are needed to assess whether improved outcomes are consistently being achieved. We believe the process was suitable and could be more widely applied to obtain information on a larger group of individuals.

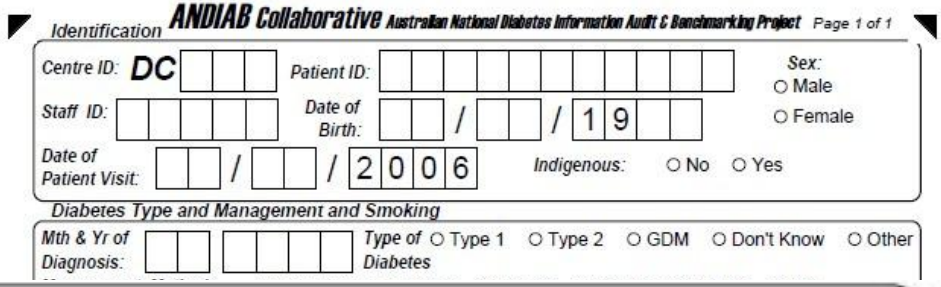
What Health Indicators should we collect?

What have we done previously?

- ANDIAB / ANDA-AQCA 2nd Yearly
- ANDIAB2 / ANDA AQSMA 2nd Yearly
- ANDIAB Follow-up 2000-2003
- ANDIAB Collaborative 2006 [15 Centres]

  [Targeted Assessment]
- What Outcomes have we found?
- How Can We Use These Indicators?

ANDIAB Collaborative 2006 [15 Centres]



ANDIAB Collaborative Australian National Diabetes Information Audit & Benchmarking Project — Page 1 of 1

Identification

Centre ID: DC ___ Patient ID: ___ Sex: ○ Male ○ Female

Staff ID: ___ Date of Birth: __ / __ / 19__

Date of Patient Visit: __ / __ / 2006 Indigenous: ○ No ○ Yes

Diabetes Type and Management and Smoking

Mth & Yr of Diagnosis: ___ Type of Diabetes ○ Type 1 ○ Type 2 ○ GDM ○ Don't Know ○ Other

Antihypertensive Therapy:	PRE-VISIT	Contraindicated OR Side Effects:	Added Today:	OR :	Dosage Adjustment Today:	
ACE inhibitor:	○ No ○ Yes	○ No ○ Yes	○ No ○ Yes	○ Unchanged	○ Increased	○ Decreased
ACE + Thiazide	○ No ○ Yes	○ No ○ Yes	○ No ○ Yes	○ Unchanged	○ Increased	○ Decreased
A2 Antagt:	○ No ○ Yes	○ No ○ Yes	○ No ○ Yes	○ Unchanged	○ Increased	○ Decreased
A2 + Thiazide:	○ No ○ Yes	○ No ○ Yes	○ No ○ Yes	○ Unchanged	○ Increased	○ Decreased
Beta Blocker:	○ No ○ Yes	○ No ○ Yes	○ No ○ Yes	○ Unchanged	○ Increased	○ Decreased
Calcium Antag:	○ No ○ Yes	○ No ○ Yes	○ No ○ Yes	○ Unchanged	○ Increased	○ Decreased
Thiazides:	○ No ○ Yes	○ No ○ Yes	○ No ○ Yes	○ Unchanged	○ Increased	○ Decreased
Other:	○ No ○ Yes	○ No ○ Yes	○ No ○ Yes	○ Unchanged	○ Increased	○ Decreased

Lipids (most recent result in last 3 months or today) and Lipid Therapy

Fasting: ○ No ○ Yes Cholesterol: ___.__ LDL: ___.__ HDL: ___.__ Trigs: ___.__

	PRE-VISIT	Contraindicated OR Side Effects:	Added Today:	OR :	Dosage Adjustment Today:	
Statin Therapy:	○ No ○ Yes	○ No ○ Yes	○ No ○ Yes	○ Unchanged	○ Increased	○ Decreased
Fibrate Therapy:	○ No ○ Yes	○ No ○ Yes	○ No ○ Yes	○ Unchanged	○ Increased	○ Decreased
Ezetrol Therapy:	○ No ○ Yes	○ No ○ Yes	○ No ○ Yes	○ Unchanged	○ Increased	○ Decreased
Vytorin Therapy:	○ No ○ Yes	○ No ○ Yes	○ No ○ Yes	○ Unchanged	○ Increased	○ Decreased
Fish Oil Therapy:	○ No ○ Yes	○ No ○ Yes	○ No ○ Yes	○ Unchanged	○ Increased	○ Decreased

What Health Indicators should we collect?

What have we done previously?

- ANDIAB / ANDA-AQCA 2nd Yearly
- ANDIAB2 / ANDA AQSMA 2nd Yearly
- ANDIAB Follow-up 2000-2003
- ANDIAB Collaborative 2006 [15 Centres]
- What Outcomes have we found?
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ANDIAB Report Output Examples - **Process & Outcomes**

Blood Glucose Control	1998 n = 4535	1999 n = 7110	2000 n = 5680	2002 * n = 3154	2004 n = 3108	2006 n = 1624	2009 n = 8563	2011 n = 4629
≤1% above ULN	34.1%	32.7%	31.4%	35.8%	38.0%	34.3%	25.6%	30.2%
1-2% above ULN	24.9%	25.8%	22.9%	26.3%	26.6%	30.4%	27.8%	27.2%
>2% above ULN	41.0%	41.5%	45.7%	37.8%	35.5%	35.3%	46.6%	42.6%
Mean HbA1c Type 1	8.4 ± 1.7	8.3 ± 1.6	8.6 ± 1.8	8.5 ± 1.8	8.3 ± 1.8	8.1 ± 1.6	8.4 ± 1.5	8.5 ± 1.8
Mean HbA1c Type 2	7.9 ± 1.8	8.0 ± 1.7	8.1 ± 1.8	7.8 ± 1.6	7.6 ± 1.6	7.8 ± 1.6	7.9 ± 1.7	8.0 ± 1.7
Mean HbA1c Type 2 Diet Only	6.6 ± 1.4	6.9 ± 1.4	6.8 ± 1.3	6.4 ± 1.2	6.4 ± 1.3	6.3 ± 0.8	6.7 ± 1.1	6.6 ± 1.2
Mean HbA1c Type 2 Tablets	7.9 ± 1.7	7.9 ± 1.7	8.1 ± 1.8	7.7 ± 1.6	7.5 ± 1.5	7.4 ± 1.3	7.6 ± 1.5	7.5 ± 1.5
Mean HbA1c Type 2 Insulin	8.3 ± 1.7	8.4 ± 1.8	8.4 ± 1.7	8.2 ± 1.7	7.9 ± 1.8	8.2 ± 1.9	8.0 ± 1.6	8.2 ± 1.8
Mean HbA1c Type 2 Ins&Tabs	8.7 ± 1.7	8.6 ± 1.6	8.8 ± 1.7	8.2 ± 1.4	8.2 ± 1.6	8.4 ± 1.6	8.4 ± 1.7	8.5 ± 1.6
BMI & Age & Duration *Esp for Type 2 By DM Type*								
Mean BMI Type 1	24.0 ± 4.8	23.8 ± 4.9	23.9 ± 5.3	24.0 ± 5.3	26.4 ± 5.4	26.2 ± 4.5	23.3 ± 5.4	26.6 ± 6.2
Mean BMI Type 2	30.0 ± 5.9	30.5 ± 6.1	30.7 ± 6.2	31.5 ± 6.5	31.5 ± 6.9	31.3 ± 6.5	32.5 ± 7.2	32.8 ± 7.4
Mean BMI Type 2 Diet Only	29.3 ± 5.9	30.4 ± 6.2	30.2 ± 6.1	30.6 ± 6.5	29.7 ± 6.2	29.9 ± 6.5	31.5 ± 7.7	30.8 ± 7.8
Mean BMI Type 2 Tablets	29.8 ± 5.9	30.3 ± 6.1	30.6 ± 6.2	31.2 ± 6.6	30.9 ± 6.5	30.2 ± 6.1	31.6 ± 6.8	32.3 ± 7.5
Mean BMI Type 2 Insulin	29.5 ± 5.6	29.8 ± 5.9	29.7 ± 6.0	30.6 ± 5.9	30.8 ± 6.8	31.0 ± 7.0	32.1 ± 7.1	32.5 ± 7.4
Mean BMI Type 2 Ins&Tabs	32.3 ± 5.9	32.5 ± 6.2	32.3 ± 6.3	33.4 ± 6.4	33.5 ± 7.1	33.4 ± 6.3	33.8 ± 7.2	33.6 ± 7.0
Mean Age Type 1	33.2 ± 20.4	31.8 ± 19.9	32.1 ± 19.8	29.1 ± 19.6	40.2 ± 17.5	43.9 ± 15.8	21.8 ± 15.7	39.3 ± 17.0
Mean Age Type 2	62.3 ± 12.2	62.3 ± 12.1	62.2 ± 12.2	62.3 ± 12.8	63.2 ± 12.3	63.2 ± 13.0	62.7 ± 13.3	63.5 ± 12.4
Mean Age Type 2 Diet Only	59.9 ± 14.4	60.3 ± 13.0	61.4 ± 12.4	59.4 ± 15.3	63.6 ± 12.7	60.8 ± 16.1	61.4 ± 13.7	63.2 ± 13.9
Mean Age Type 2 Tablets	62.6 ± 11.6	62.0 ± 12.2	61.6 ± 12.3	62.1 ± 12.8	63.3 ± 12.4	63.4 ± 13.0	62.0 ± 13.3	62.5 ± 12.6
Mean Age Type 2 Insulin	63.7 ± 12.3	64.2 ± 12.0	64.2 ± 12.6	64.3 ± 13.8	64.2 ± 13.6	65.0 ± 14.3	64.5 ± 15.2	66.4 ± 13.4
Mean Age Type 2 Ins&Tabs	61.8 ± 10.3	62.6 ± 10.4	62.3 ± 10.4	62.1 ± 10.5	62.6 ± 11.1	62.9 ± 11.3	63.0 ± 11.6	63.1 ± 11.0
Mean Duration Type 1	12.0 ± 11.8	12.1 ± 12.1	12.2 ± 12.4	10.7 ± 11.8	15.9 ± 12.4	17.3 ± 12.2	9.5 ± 10.0	17.8 ± 13.4
Mean Duration Type 2	8.7 ± 8.2	8.7 ± 8.6	8.7 ± 8.4	9.7 ± 8.4	9.7 ± 8.2	11.2 ± 8.4	12.3 ± 9.1	13.1 ± 9.1
Mean Duration Type 2 Diet Only	2.5 ± 4.2	2.1 ± 4.5	2.0 ± 4.2	2.2 ± 3.8	2.5 ± 3.7	4.2 ± 5.3	4.3 ± 4.8	4.6 ± 5.4
Mean Duration Type 2 Tablets	7.2 ± 6.6	7.1 ± 7.0	7.3 ± 7.0	7.7 ± 6.8	7.6 ± 6.9	8.9 ± 7.1	9.3 ± 7.4	10.0 ± 7.6
Mean Duration Type 2 Insulin	14.7 ± 9.4	14.5 ± 9.8	14.4 ± 9.2	14.5 ± 9.6	14.1 ± 9.8	15.6 ± 10.2	17.0 ± 10.4	17.5 ± 10.2
Mean Duration Type 2 Ins&Tabs	12.7 ± 8.0	12.9 ± 7.8	13.2 ± 8.1	13.8 ± 8.0	12.8 ± 7.8	14.4 ± 7.7	15.3 ± 8.5	15.6 ± 8.5

*NOTE *2002 data recalculated- includes extra data from one site that was not included in the released ANDIAB 2002 Report*

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Demographic Data 1999 - 2011		1999 n = 7110	2000 n = 5680	2002 * n = 3154	2004 n = 3108	2006 n = 1624	2009 n = 8563	2009 ** n = 6029	2011 n = 4629
Mean Age [Yrs]		53.2 ± 20.1	54.8 ± 19.1	53.6 ± 20.5	58.6 ± 16.2	60.1 ± 15.3	43.9 ± 24.8	56.8 ± 17.3	**57.2 ± 17.3**
Mean Diabetes		9.5	9.2	9.6	10.6	11.9	10.9	13.3 ±	**13.9 ± 10.6**
									3.8%
Diabete									**2.7%**
									2.5%
									1.9%
	DK	0.4%	0.2%	0.3%	0.4%	0.1%	0.1%	0.2%	**0.3%**
	Other	0.0%	0.2%	0.8%	1.4%	1.2%	0.6%	0.8%	**1.3%**
	?	1.1%	0.7%	2.5%	0.9%	0.4%	1.8%	2.6%	**1.3%**

Relative consistency of findings across the years suggests we WERE getting a true picture of the Clinical Status of patients managed in Specialist Diabetes Services…

1998 & Ag and Du we recalcu in line with the 2000 onwards methodology

DK = Don't Know; ? = Unstated ***NOTE** ***2002 data recalculated- includes extra data from one site that was not included in the released ANDIAB 2002 Report** ****2009 Adult Data***

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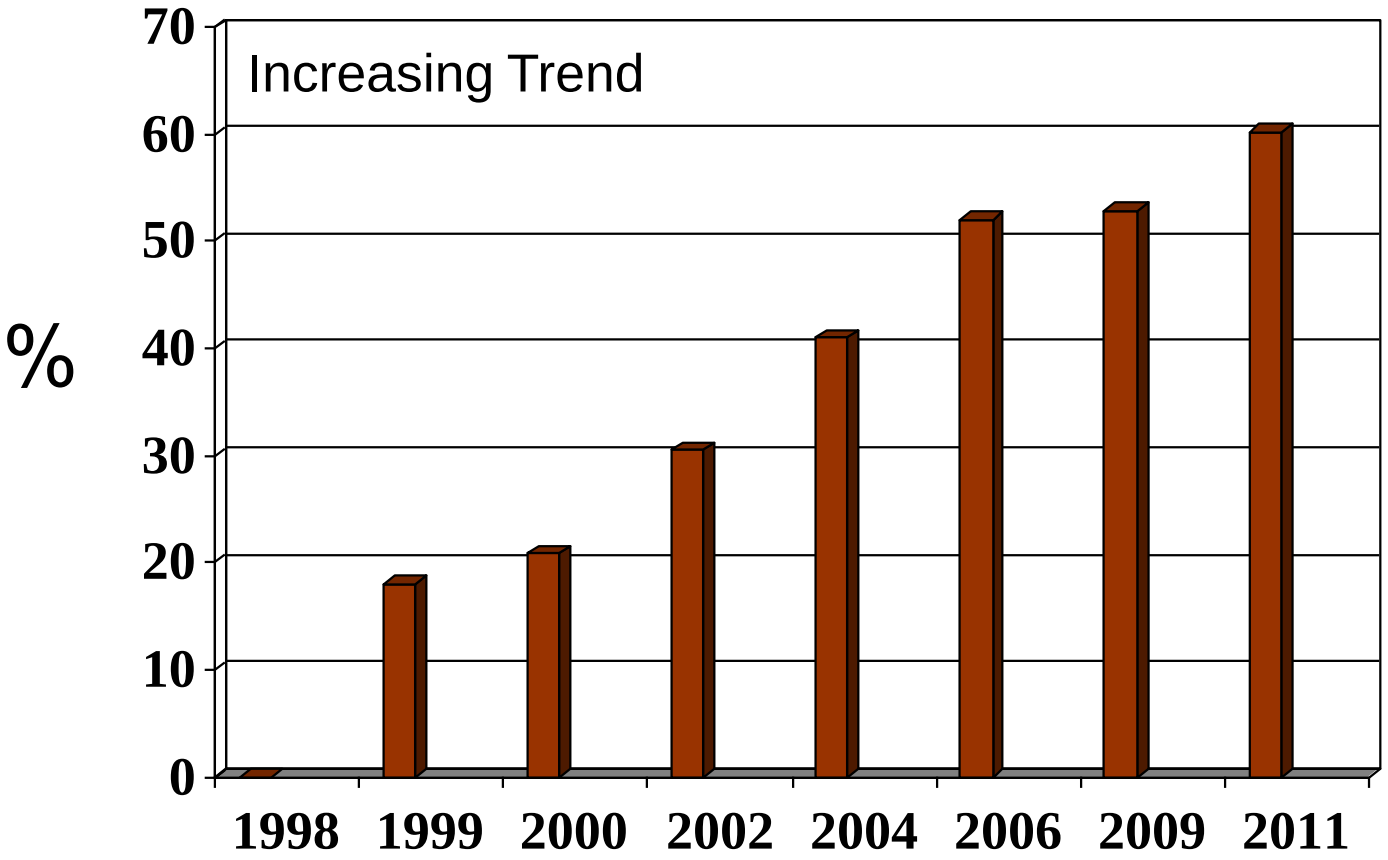
% On Lipid Therapy

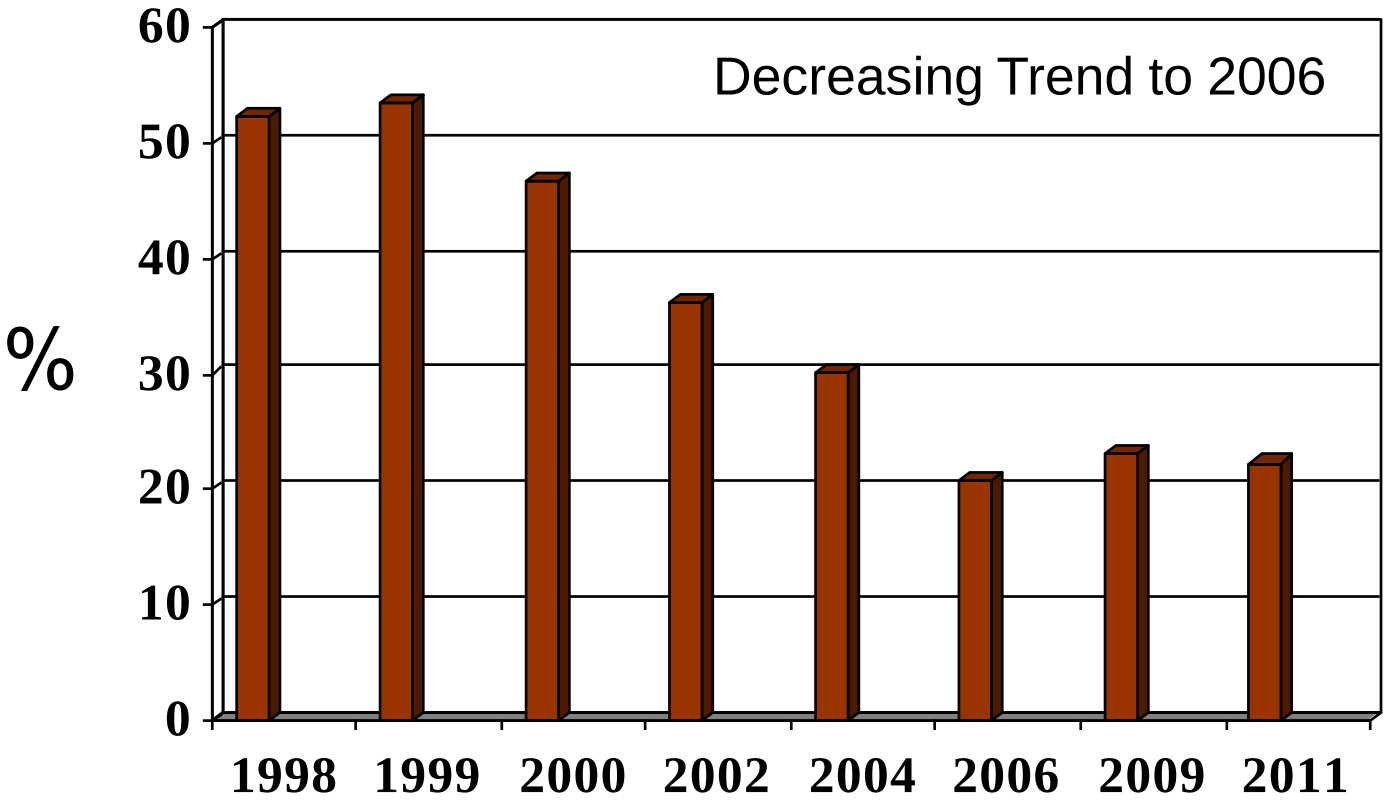


Data Not Collected in 1998

Year of ANDIAB Collection

% Total Cholesterol Above Target [> 5.0]

ALL ADULT FORMS



Year of ANDIAB Collection

What Health Indicators should we collect?

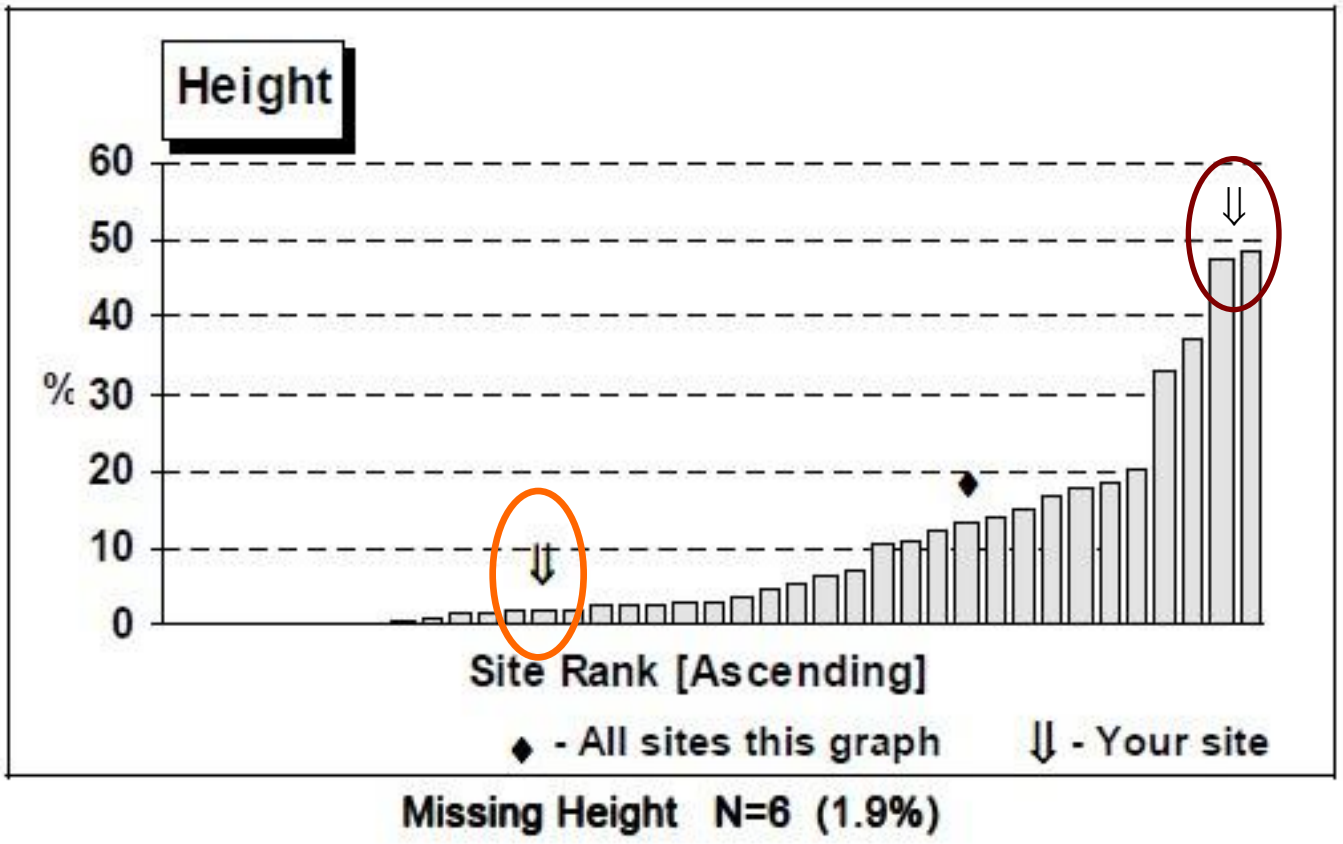
What have we done previously?

- ANDIAB / ANDA-AQCA 2nd Yearly
- ANDIAB2 / ANDA AQSMA 2nd Yearly
- ANDIAB Follow-up 2000-2003
- ANDIAB Collaborative 2006 [15 Centres]
- What Outcomes have we found?
- How Can We Use These Indicators?

Australian National Diabetes Information Audit and Benchmarking : ANDIAB

ANDIAB SITE Report Output Examples – PROCESS

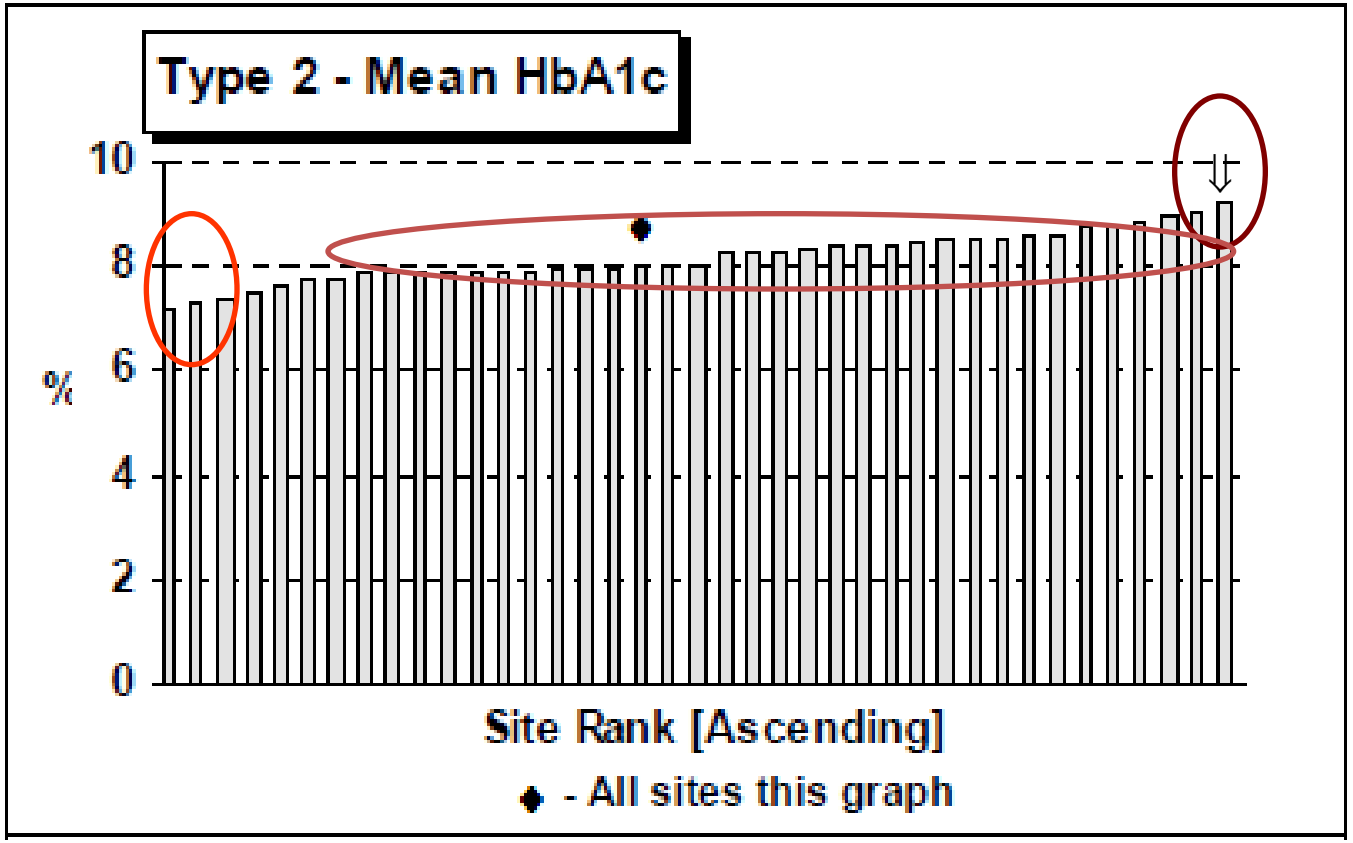
Height - MISSING 2011



Australian National Diabetes Information Audit and Benchmarking : ANDIAB

ANDIAB SITE Report Output Examples - OUTCOMES

HbA1c [Mean] 2011 – Type 2



What Health Indicators should we collect?
How Often Should We Collect Them?
How do we use these Indicators to effect change?

So –

Over to you –

What should we collect?

Breakout Sessions x2 ….

What Health Indicators should we collect?
How Often Should We Collect Them?
How do we use these Indicators to effect change?

So –

Over to you –

What should we collect?

[BROAD CATEGORIES 1st]

…Demographics

… ???

Traditionally – 7 Areas of Diabetes Care:

BMI, BP, Lipids, HbA1c, Kidneys [microalbumin; eGFR], Eyes, Feet;

How Often Should We Collect Them?

Currently 2nd Yearly

How do we use these Indicators to effect change?

How do you use your Reports?