

THE ROLE OF STANDARDIZED DIABETES DATA SET IN IMPROVING THE QUALITY OF CARE AT PRIMARY CARE LEVEL



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Background

- Prevalence of diabetes the highest among adults over 65
- It is important to postpone development of chronic complications of diabetes and maintain quality of life
- Implementing standardized data set for diabetes (SDDS) monitoring ensures treating all patients by the same clinical standards, and is efficient in improving quality indicators

Material & Methods

- Educating family physicians (FPs) about diabetes registry, and giving them a feedback about their SDDS
- Mixed methods approach was performed (using both qualitative and quantitative methods)
- Quantitative methods - analysing SDDS and availability of key quality indicators
- Qualitative methods - in depth insight in FPs' usage and attitudes towards SDDS

Results

- Average number of patients with fulfilled SDDS per FP increased for 52.30% from 20.2 before to 30.8 after intervention
- Qualitative part revealed the recommendations for improving SDDS and quality of care: *Implementing albumin/creatinine index in laboratories on primary health care level, SDDS feedback to FPs, involving nurses in SDDS, reducing number of standardised data sets and number of indicators per data set, making their patient management software more user friendly, and additional funding*



Conclusion

- FPs mostly have positive attitudes towards SDDS and use it as reminders in regular monitoring of patients with diabetes
- However, educating FPs about SDDS, and giving them feedback on their work, might further contribute to better monitoring of patients with diabetes
- Other possible improvement areas which might additionally improve SDDS and quality of care are ensuring monitoring of major quality indicators, higher involvement of nurses, optimisation of patient management software, and additional funding

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