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Poster Abstract

Diabetes care in the Netherlands: ranking up from silver to gold?

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Abstract

Context: Diabetes care in the Netherlands is acknowledged to be outstanding and ranked second in the latest Euro Diabetes Index. Type 2 diabetic patients are treated predominantly in the primary care groups. Patients with more complex co-morbidities and type 1 diabetic patients are treated in secondary care. Systematic and nationwide care quality assessment is rather well developed in primary care, but not in secondary care. Due to such lack of information, overall care assessment and further improvement is not possible.

Pilot: In 2014, eight hospitals collaborated with Achmea the largest Dutch healthcare insurance company and the diabetes centre Zwolle to perform a first formal survey on diabetes core set data in secondary care in the Netherlands. This was an observational pilot study to test the feasibility of standardised data collection in secondary care comparable to the methods used in primary care in the Netherlands.

An e-diabetes core dataset was already developed within the National Program Diabetes (NAD). This data set contains items as also described in national guidelines, related to measurements to be performed and treatment goals to be attained. The items in this core data set are used to formulate quality indicators and are acknowledged both in primary and secondary care in the Netherlands. In this poster we present the results of a first survey on a survey of medical data in secondary care. Much attention was focused on the reliability of data, the set validity, the possible extra registration burden, and the possible usefulness of this core data set as a basis for quality assessment of total diabetes care.

Pilot in steps:

- 1: assessment of (im)possibilities to register and extract the core data set within the electronic patient record system used in the various hospitals
- 2: analysis of the information gained and reordering of the available information into reports comparable to those provide to primary care organisations
- 3: interpreting the then available information for each separate hospital and comparing data between hospitals to assess whether the first result would allow any conclusions regarding quality or causes of differences in results

Results: Data were obtained retrospectively from electronic patient records and hospital records on approximately 13,000 patients with diabetes type 1 and type 2 over the year 2013. Results were presented in process and intermediate outcome indicators. At this stage, results were

compared between hospitals and with the information of InEen, the Dutch primary care organisation focusing on improving primary care initiatives. The plenary discussion of the benchmarked results led to insight in potential areas of improvement on outcomes and stimulated discussions among and between the eight hospitals.

Lessons learnt: This project has shown the importance of building strong coalitions between different organisations (e.g. diabetes care chains, health care insurer, researchers, diabetes care societies). For solving the identified ICT issues which bother data extraction needed for quality assessment a strong coalition is necessary. It requires highly motivated people, patience and trust to realise a national registry.

Keywords

diabetes; data; registry; cooperation

PowerPoint presentation

<http://integratedcarefoundation.org/resource/icic15-presentations>