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Process and outcome indicators for the integrated care of type 2 diabetes in the Province of Reggio Emilia, Italy

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Background & Aim: In Italy, the increasing prevalence of diabetes, which is predominantly Type 2 (DMT2), and the high frequency and severity of the related complications have led to a shift in the management of DMT2 from Diabetes Outpatient Clinics (DOC) to a more GP-based service. The “Integrated Care Setting” (ICS) program a coordinated care model involving primary care physicians and nurses, and specialized diabetes services was launched in the Province of Reggio Emilia, Italy in 2005. This program is intended to address patients (PTs) with DMT2 who have adequate glycemic control, are not insulin users and are free from severe complications. The aim of this study was to evaluate the quality of the ICS program in Reggio Emilia by developing process and outcome indicators.

Method: The method involved DOCs employing a electronic data recording system that calculates process, intermediate outcome and outcome indicators.

Results: In 2014, 26910 PTs were reported to suffer from diabetes in Reggio Emilia, of which 9962 (35.9%) were in the ICS. That same year, 1164 (4.3%) new patients entered the program. Process indicators: among those in the ICS, 82.7% were given laboratory tests, of which 95.8% had one glycated hemoglobin test/year and 84.0% a lipid profile. 75.3% of PTs were given an assessment of renal function, and 47.3% of PTs went to two-year follow-up Diabetes Clinics. Intermediate Outcome indicators: the HbA1c average was 6.9% (52 mmol/mol); 63.1% had HbA1c < 7%, 53 mmol/mol; 49.2% had LDL < 100 mg/dl; 46.3% had AP < 130/80 mm Hg.; 17.1% of patients were of normal weight and 46.8% were obese. Outcome indicators: Diabetic retinopathy 4.8%; Diabetic nephropathy 5.7%; Foot ulcers in place 0.15%; Myocardial infarction 1.3%; Stroke 1.9%.

Conclusion: ICS showed good performance and provided diabetic patients with better quality care.