

## Executive Summary

The Australian National Diabetes Information Audit and Benchmarking [ANDIAB] is now a well established initiative that provides a platform within which Diabetes Service Providers [Diabetes Centres and Specialist Endocrinologists] can submit a standardised data set of items [with specific definitions]<sup>1</sup> on patients with diabetes attending their Centre / Practice. ANDIAB collects demographic, clinical, biomedical, investigation and outcomes data that could be reasonably expected to be collected at least annually on every person with diabetes being assessed by a health professional or team. The data are collected in a deidentified fashion through a trusted third party and are collated and cleaned [verified & validated] thence analysed and reported through a variety of standardised report formats that enable sites to benchmark their Process and Outcomes data against other Centres / Specialists. ANDIAB collections have been undertaken in 1998 [Pilot] 1999, 2000 thence bi-ennially in 2002, 2004, 2006 and thence 2009<sup>2</sup>. The format has been utilised to benchmark General Practice Diabetes data [2000 and 2003] and Diabetes in Pregnancy / GDM data [Pilot 2004 and 2006]. An ANDIAB Patient Follow-up audit was undertaken in 2003.<sup>3</sup> Funded by a 2004 ADS-Servier National Action Plan Grant, we piloted ANDIAB2<sup>4</sup> in 2005 collecting and benchmarking 'Education and Patient Self-care' focused data versus the 'Medically' focused ANDIAB data.

In 2010, funded by the Commonwealth Department of Health, ANDIAB2 again collected and benchmarked Education and Patient Self-care focused data similar to the 2005 collection. Thirty five NADC member Diabetes Centres responded to an expression of interest and **twenty seven** participated from: **NSW 10; VIC 7; QLD 6; TAS 2; WA 1; ACT 1.**

Data from these **27** sites were provided for assessment on **2131** individuals [with similar demographic findings to those in ANDIAB 2009, [see **4.2 Table 2 Page 7**].

Key Findings are summarised below

- There were **12.9%** overall *Current Smokers*, **73.5%** of whom reported they had tried to stop smoking;
- Adequacy of *Physical Activity* was adjudged as 'sufficient' in only **44.0%**;
- Some **60.0%** had had a *Flu Vaccination* and **20.6%** a *Pneumococcal Vaccination*;
- Only **65.4%** of individuals *Carry Identification* indicating that they have diabetes;
- Only **60.4%** of those on insulin or sulphonylureas *Carry Hypoglycaemia therapy*;
- Only **60.8%** [**80.0%** of Type 1 individuals] had told the traffic authority they had diabetes [**64.6%** of those on therapy other than diet]. These data exclude those who do not drive (as opposed to ANDIAB2 2005 where this was not done);
- **79.5%** on insulin or sulphonylureas were adjudged to be *Hypoglycaemic Aware*;
- Individuals were asked whether they knew *Who to Contact for medical/health advice about their diabetes* and of those who did [**91.8%** of all individuals], **over 96%** had a *Contact Number* in order to do so;
- Of those on Insulin, **13.8%** had *Lipohypertrophy*, **1.8%** *Lipoatrophy* and a further **1.5%** had *both*;
- **92.8%** claimed to *always take all of their medicines as prescribed* [therefore **7.2%** admitted to NOT do so];
- Whilst **27.8%** admitted to the *Use of Complimentary Medicines*, almost three quarters [**82.5%**] of these stated that they had informed their Doctor;
- Using the Brief Case Find tool [BCD © 1993 Monash University Department of Psychological Medicine], a BCD calculation could be done for **90.4%** of individuals [*compared with just 99.6 % of individuals in ANDIAB2 2005*]. The reported *Likely Depression* was **25.6%** versus 26.1% in ANDIAB2 2005;
- The reported *Current and Previous Psychiatric Treatment* were **6.4%** and **19.2%** respectively; very similar to what was reported in ANDIAB2 2005;

- A total of **15.4%** of all patients were reportedly *On Antidepressants* – the overwhelming majority being those with Likely [versus Unlikely] Depression as per the BCD [**30.8%** versus **9.1%** respectively];
- As regards *Health Professional Attendance*, **over two thirds** had seen a Specialist and/or a Diabetes Educator in the last 12 months, **almost half** had seen a Dietitian, **48.0%** a Podiatrist, and **76.0%** had seen either an Ophthalmologist or Optometrist or both. Relatively few had seen a Psychologist, Social Worker or Exercise Physiologist.

Patient *self-assessed health status* was measured using the Visual Analogue Scale of the EQ-5D as was used in 2005, and the Diabetes Distress Scale [DDS] instrument [See 4.9 Pages 12-15 and Tables 12-14[b] for detailed explanation]. Of note: irrespective of diabetes type, 'Own Health Status' rating was similar, with the overall health rating being 63.1 (max rating 100) [See Table 12 Page 13].

ANDIAB2 has thus built on the successful, well-established ANDIAB initiative, and the 2005 Pilot, and has provided data on individuals attending Specialist Diabetes Services that were not previously available. We believe that this initiative has been successful on several fronts:

- There were very little missing data compared with ANDIAB 2009 and whilst much of the ANDIAB 2009 missing data relate to Fields such as Eye Data which may not be available to the Clinician, there would appear no doubt that the ANDIAB2 completeness of data collection is a testament to the diligence of those who participated [including the individuals themselves in completing the DDS component];
- Each site received an individual report benchmarking their findings against others from which they can identify areas of service or patient self-care that may be deficient, and for which changes or educational strategies may need to be instituted;
- Some general observations [and potential points for intervention] on the findings listed above include:
  - It is noteworthy that of the 12.9% current smokers – over 73% claimed to have tried to cease (and they may be amenable to further attempts to assist them to quit);
  - Physical Activity was adjudged as 'sufficient' in only 44.0%;
  - Over 7% admitted to NOT taking all of their prescribed medications;
  - Many [82.5%], *but not all*, of the 27.8% who admitted to the Use of Complimentary Medicines, stated that they had informed their Doctor of this fact;
  - Overall the pilot also identified several areas of patient self-care as deficient, and where strategies could be developed to target and address these areas: [*Carrying Identification : Carrying Hypo Therapy : Informing Traffic Authority*].

### Conclusions

We conclude that ANDIAB2 has been successful and forms the basis by which Diabetes Centre Care Delivery and Patient Self-care practices can be assessed and monitored. Diligence is recommended in assessing areas such as those highlighted in this Report, which should assist in identifying important aspects of self-care about which to educate / re-educate individuals so that they could potentially improve their health and well-being.

### Recommendations

This format and these data items could be utilised for an ongoing quality audit activity in Diabetes Centres fulfilling the NADC desire to establish an Audit Program to be run in alternate years to ANDIAB which is more Patient / Education focused.

It is strongly recommended that NADC consider an Educational Initiative of Local and/or National strategies to attempt to address some of the deficiencies noted in this report, specifically *Carrying Identification : Carrying Hypo Therapy : Informing Traffic Authority*.

### Acknowledgement

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