

Ms Helen LEONARD

H Leonard^{1,2}, P Graham-Clarke^{1,3}, and K Howe^{1,3}, P Lewis^{1,4}, W Curran^{1,2,3,4}.

¹ The Pharmaceutical Alliance, ² Merck Sharp & Dohme Australia, ³ Eli Lilly Australia,

⁴ GlaxoSmithCline Australia.

Electronic Evidence-Based Decision Support for the Management of Type 2 Diabetes in Primary Care

Abstract:

Purpose: Diabetes poses a significant burden to patients and the healthcare system with only 1 in 7 people being treated for diabetes achieving the targets for HbA1c, lipids and blood pressure¹, despite recommendations in the evidence-based guidelines².

To elicit the reasons why these targets are being missed met by so many, and to identify drivers of successful diabetes management, qualitative research with clinicians and patients was conducted during 2005/2006. This uncovered views of the barriers faced, and gathered recommendations around options for improvement.

Results: Key barriers were summarised according to:

- i) patient: attitude to diabetes; non-compliance; lifetime challenge
- ii) practitioner: lack of/inability to refer to educators; flexible attitude towards targets
- iii) medical: co-morbidities; complications; polypharmacy
- iv) systemic: access to services/practitioners/support networks, short-term intervention focus
- v) social/economic

The focus groups and discussions provided additional information: difficulty in easily and quickly getting an overview of a patient's health information; inability accessing external information; challenges ensuring continuity of patient discussions.

Conclusion: After discussions with an Advisory Group a decision was made to utilise the potential of IT/IM to help with these issues, as electronic decision support (EDS) can improve clinical practice in the primary care setting³.

With active input from clinicians, The Pharmaceutical Alliance is developing a tool to apply the guidelines to the context of a primary care consultation. The tool will integrate with the GP's clinical record system and will incorporate a comprehensive overview of the patient's clinical profile, clear indicators around the annual cycle of care, easy access to patient & education material and facilitate the easy recording of quality data. The tool will be piloted in NSW and Victoria from mid 2008, and will be independently evaluated to measure: its' value to the practitioner, its' impact on the process of care, and its' impact on patients health outcomes.

¹The Pharmaceutical Alliance is a collaboration between Eli Lilly³, GlaxoSmithKline⁴ and Merck Sharp & Dohme² who have been working together for nearly 12 years and are unique and proactive in their commitment to improving the quality use of medicines in the community.

¹ Dunstan DW, Zimmet PZ, Welborn TA, Cameron AJ, Shaw JE, deCourten M, Jolley D, McCarty DJ, the AusDiab Steering Committee: The Australian Diabetes, Obesity and Lifestyle Study (AusDiab): methods and response rates. *Diabetes Res Clin Pract* 57:119–129, 2002

² NHMRC National Evidence Based Guidelines for the treatment of type 2 diabetes

³ Vermeire E, Wens J, Van Royen P, Biot Y, Hearnshaw H, Lindenmeyer A.. Interventions for improving adherence to treatment recommendations in people with type 2 diabetes mellitus. Art. No.: CD003638. DOI: 10.1002/14651858.CD003638.pub2; and Renders CM, Valk GD, Griffin S, Wagner EH, van Eijk JThM, Assendelft WJJ. Interventions to improve the management of diabetes mellitus in primary care, outpatient & community settings.