

POSTER 84

ASSESSMENT OF QUALITY OF CARE FOR TYPE 2 DIABETES

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Background: The Diabetes epidemic is associated with huge human and economic costs. Diabetes related morbidity and mortality may be prevented or delayed by improving diabetes care. We tried to study documentation of care provided to people with type 2 diabetes in a University and VA hospital in Columbia, Missouri.

Methods: Data was collected randomly on patients with diabetes type 2 attending the Diabetes Clinic during 2006 and 2007. A chart review was done for documentation of diabetes indicators including annual HbA1c, eye exam, urine for microalbumin, LDLcholesterol, and statin use.

Results: 170 patients were included in our study. 69 % were VA patients. The clinic notes documented that 70 % of the patients had an eye exam, 48% had LDLcholesterol checked, 57 % had an Hba1c checked, and 24 % had urine microalbumin checked. Further analysis showed that in the University patients 84% had documented yearly HbA1c, whereas in VA patients only 38% had documented HbA1c.

Conclusion: As per 2010 ADA guidelines, A1c should be performed at least twice a year in patients who are meeting treatment goals and quarterly in patients whose therapy has changed or who are not meeting glycemic goals. Our results show that many patients in our clinical setting may not be getting optimal diabetes care. We are not sure if poor documentation is contributing. We propose that a simple action like a computer alert to prompt physicians to document HbA1c while seeing diabetic patients will enhance management and follow up of diabetic patients.

