

# Quality of Care of the Initial Patient Cohortof the Diabetes Collaborative Registry®

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## BACKGROUND

- Although guidelines and performance measures exist for patients with DM, adherence to these metrics is not well known.
- The Diabetes Collaborative Registry® (DCR) was formed to understand the quality of DM care across the primary and specialty care continuum.

#### METHODS

- The DCR is comprised of primary care, endocrinology, and multispecialty practices.
- Due to an established IT integration, cardiology sites predominated the initial data sample (>90% of sites).
- Study Population: 861,699 patients across 236 US practices
- We assessed the average rate of adherence to 7 DM quality metrics and variability across sites participating in DCR.
- The last visit in the prior year was used for analysis.

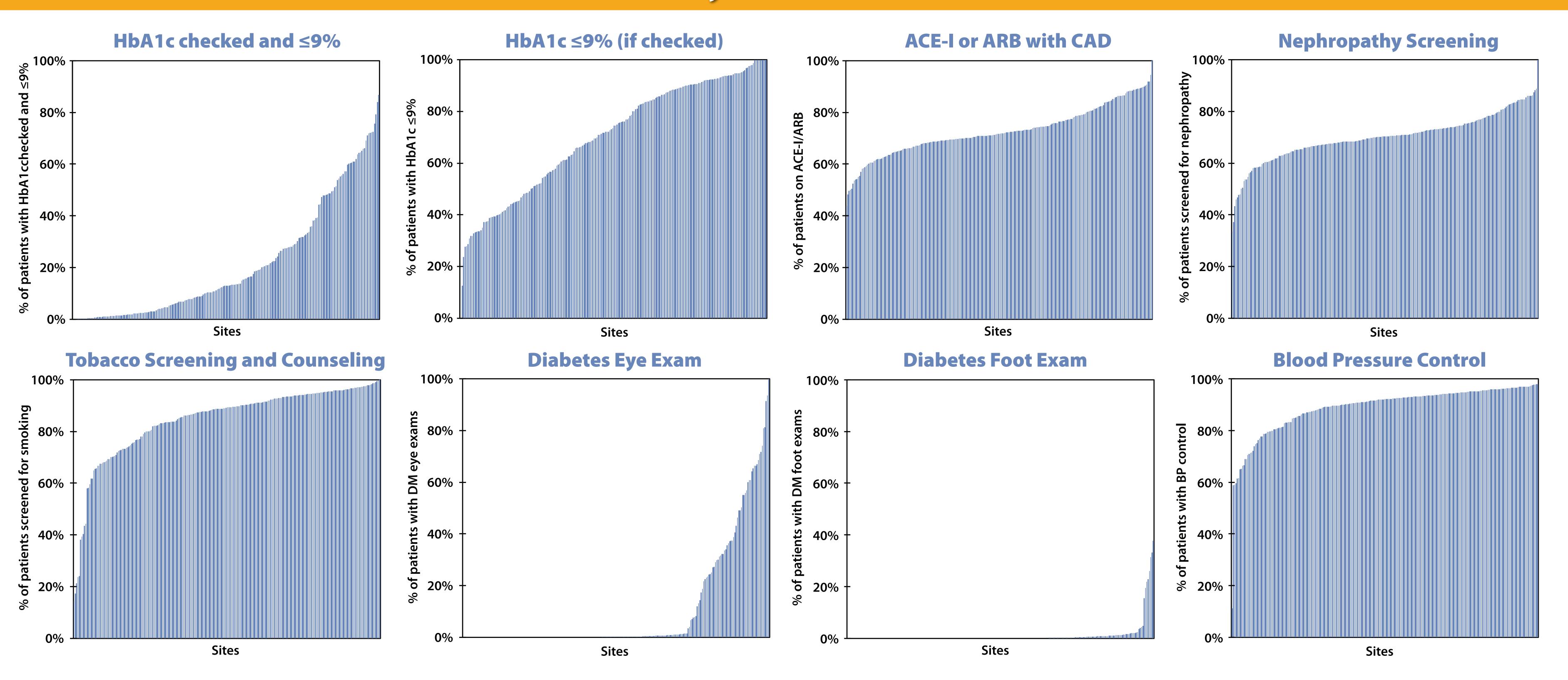
## TABLE 1: Patient Factors

Age	67.9 y
Male sex	54.5%
White race	84.4%
Type 2 diabetes	84.6%
On insulin	19.5%
HbA1c	9.3%
Current smokers	14.7%
Hypertension	86.0%
Coronary artery disease	56.2%
Atrial fibrillation	22.8%
Peripheral artery disease	15.7%
Heart failure	26.6%
Chronic kidney disease	8.1%
Systolic blood pressure	130.2 mmHg

## TABLE 2: Performance on Quality Metrics Across Sites

Quality Metric	Description	Mean	Median	IQR	Range
Glycemic Control	Aged 18-75 years with HbA1c ≤9.0% during prior year	20.0%	9.1%	2.2-31.6%	0-86.7%
<b>ACE-I or ARB with CAD</b>	Aged 18+ years with CAD who were prescribed ACE-I or ARB therapy	72.7%	71.7%	67.8-78.6%	43.9-100%
<b>Nephropathy Screening</b>	Aged 18-75 years with nephropathy or nephropathy screening during prior year	70.1%	70.3%	66.1-74.5%	33.6-100%
Tobacco Screening and Cessation Counseling	Aged 18+ years screened for tobacco use during prior 2 years and, if using, received cessation counseling	84.6%	89.3%	80.2-94.2%	14.5-100%
Diabetes Eye Exam	Eye exam in prior year	11.1%	0.1%	0-7.3%	0-100%
Diabetes Foot Exam	Foot exam in prior year	1.2%	0.0%	0-0.3%	0-37.7%
Blood Pressure Control	Aged 18+ years with hypertension and BP <140/90 mmHg, or BP $\geq$ 140/90 mmHg and on $\geq$ 2 antihypertensive medications	88.9%	92.1%	87.0-94.7%	11.1-97.0%

## FIGURE: Variability of Adherence Across Sites



#### CONCLUSIONS

- The DCR was formed to document and improve the outpatient management of DM.
- While performance on some metrics (BP control) was high, adherence to others (glycemic control) remains suboptimal and highly variable.
- These results may be attributable to several factors:
- Predominance of cardiology sites (e.g., ownership of eye/foot exam)
- Lack of documentation
- True gaps in care, or
- A combination of these
- These findings highlight key opportunities for quality improvement efforts within the DCR and should prompt further research to investigate why these gaps exist.

## DISCLOSURES

- This research was supported by the American College of Cardiology Foundation. Additional organizations partner with ACCF on the Diabetes Collaborative Registry.
- For more information go to:

  <u>www.thediabetesregistry.org</u>
- The views expressed in this abstract represent those of the author(s), and do not necessarily represent the official views of the ACCF or its partnering organizations.
- The registry is sponsored by AstraZeneca (Founding Sponsor) and Boehringer Ingelheim Pharmaceuticals, Inc.