DISEASE MANAGEMENT PROGRAMS IN AUSTRIA - EXAMPLE DIABETES

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ABTEILUNG
ALLGEMEIN
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Abtg. Allgemeinmedizin
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CONTENT

Problems in Austria

Solution: Disease Management programs ?

DMP Diabetes inAustria

Experiences and results

Plans

DIABETES IN AUSTRIA - RELEVANCE

- 130.000-500.000 patients ?
- Start of therapy too late ?
- care provided varies
- parallel / multiple investigations result in high costs
- Lack of interface management

DIABETES - CARE PROVIDERS

General Practitioners

Hospitals

Nursing homes

Ambulatory services,

Non-physician providers

Specialized outpatient facilities

Public health institutions

PROBLEMS

Who is responsible ?

Are there enough service facilities ?

Do the patients know them ?

Is the quality of care adequate ?

QUESTIONS

Are there international / national guidelines ?

Are they followed ?

How compliant are patients ?

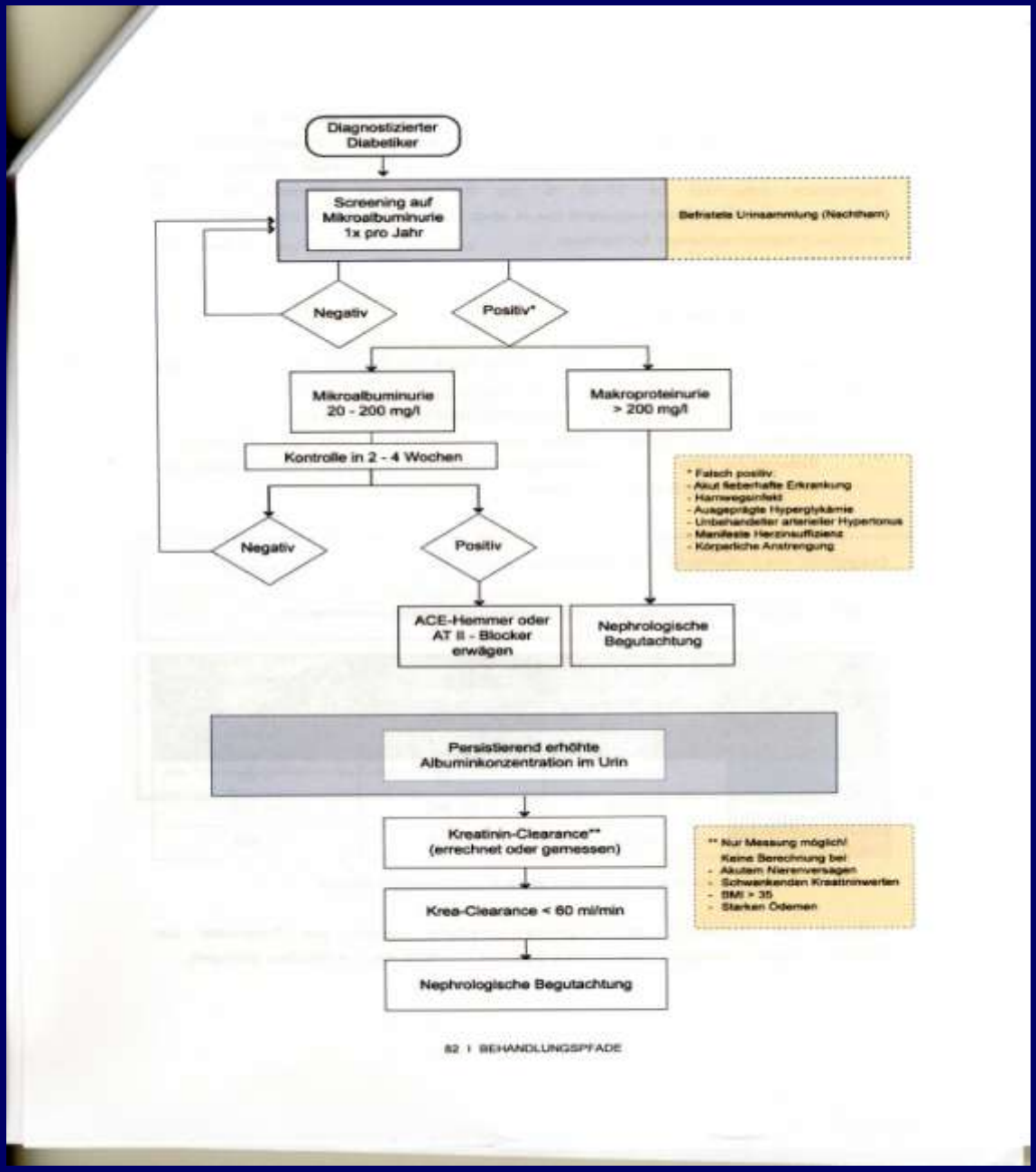
DISEASE MANAGEMENT PROGRAMS

„Systematic, structured health care interventions for patients with chronic diseases based on sound evidence in order to guarantee continuous, high quality care.“

DMP DIABETES - COMPONENTS

- Training of providers
- care based at PHC-level
- Specific payment per patient for GP s
- Use of evidence based guidelines / pathways
- Empowerment / education of patients
- Quality assurance (documentation, feedback)
- Continuous evaluation (outcomes, economics)
- Management of data and information
- Participation voluntary

EXAMPLE


Diagnostizierter Diabetiker
Screening auf Mikroalbuminurie 1x pro Jahr
Befristete Urinsammlung (Nachtharn)
Negativ
Positiv*
Mikroalbuminurie 20 - 200 mg/l
Makroproteinurie > 200 mg/l
Kontrolle in 2 - 4 Wochen
* Falsch positiv
- Akut fieberhafte Erkrankung
- Harnwegsinfekt
- Ausgeprägte Hyperglykämie
- Unbehandelter arterieller Hypertonus
- Manifeste Herzinsuffizienz
- Körperliche Anstrengung
Negativ
Positiv
ACE-Hemmer oder AT II - Blocker erwägen
Nephrologische Begutachtung
Persistierend erhöhte Albuminkonzentration im Urin
Kreatinin-Clearance** (errechnet oder gemessen)
** Nur Messung möglich!
Keine Berechnung bei
- Akutem Nierenversagen
- Schwankenden Kreatininwerten
- BMI > 35
- Starken Ödemen
Krea-Clearance < 60 ml/min
Nephrologische Begutachtung
82 I BEHANDLUNGSPFADE

PATIENT EMPOWERMENT

- Declaration of participation
- Patient education
- Agreement on individual aims/goals
- Patient handbook
- Patient information (eyes, feet,…)
- posters

DMP - BUDGET

- Costs for diabetes-care approx. 1.000 Mio. €
- Costs for DMP diabetes approx. 20 Mio. €
- Financed from a specific budget

DMP - STATUS

- Started in 2007
- Implemented in 6 counties
- Roll out in 3 counties planned
- 572 GP‘s participate (10/2010)
- 15.087 patients participate

PATIENTS VIEW

- 40% believe that their care improved
- Referrals to ophthalmologists increased
- Frequency of feet inspection increased
- Better informed/knowledge
- Care coordination in 81% with GP
- Change in lifestyle in 87%
- Self measurements increased

DMP – EVALUATION (RCT)

- HbA_{1c} significantly lower
- Admission rate to hospitals lower
- Follow-ups for eyes, kidney and feet increased

Preliminary, Sönnichsen et al, Salzburg

PLANS

Program should be more and better promoted

Participation should be improved

Further programs are being developed