



FULL DATA CIRCLE

A MONOGRAPH OF THE AMD ANNALS



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INTRODUCTION

- The AMD Annals initiative is in place from 2008 and aims to monitor and continuously improve the quality of diabetes care in Italy [Acta Diabetol. 2015;52:557-71].
- A specific set of 70 quality indicators is measured annually, starting from clinical data routinely collected in electronic medical records (EMRs) by 300 diabetes clinics, without requiring additional tasks to healthcare operators.
- Quality of care is strictly related to quality of data recorded in EMRs. Therefore, AMD promoted a parallel evaluation of quality indicators in those centers ensuring the highest completeness of data (Full Data Circle).
- The primary aim of the Full Data Circle initiative was to assess process and outcome quality indicators using high quality data and to measure the final outcomes indicators for the first time.

METHODS

- Specifically, to be included in the Full Data Circle, diabetes clinics had to show adequate completeness on 4 key parameters: albuminuria monitoring, eye examination, history of myocardial infarction, and history of stroke. These parameters were selected based on the previous AMD Annals reports, as those showing a high missingness rate in many participating centers.

The centers had to meet the criteria of data completeness in 4 critical indicators to be eligible for the Full Data Circle:

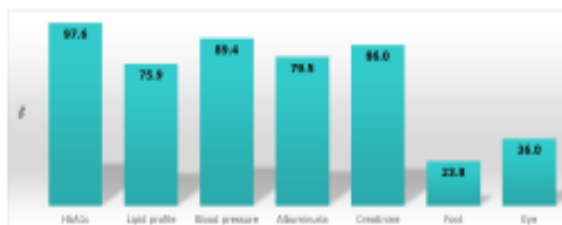
Criteria for data quality evaluation	Minimum percentage requested	Selection criteria of the cut-off
% patients with myocardial infarction*	≥ 5%	*Existing epidemiologic data on the expected prevalence
% patients with stroke*	≥ 2%	
% patients with albuminuria monitoring**	≥ 50%	**Best performance obtained in the previous AMD Annals reports
% patients with eye examination**	≥ 30%	

RESULTS

- The analysis included 47,868 patients with DM2 examined at least once during the year 2015 by 17 eligible centres (men 56.4%, mean age 69.2±11.1 years, mean diabetes duration 12.2±9.3 year).

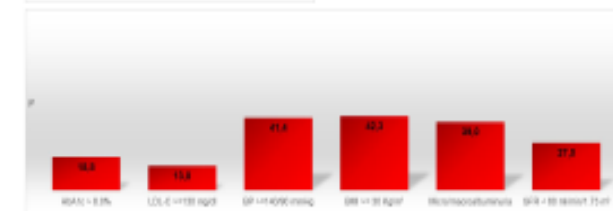
Process indicators

% of patients with at least 1 evaluation during the year of...



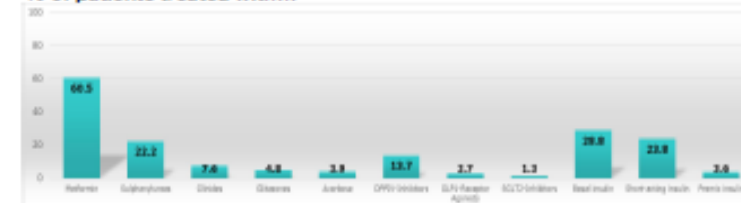
Intermediate outcome indicators

% of patients with...



Use of drugs indicators

% of patients treated with...



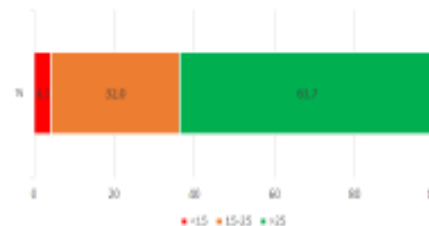
Final Outcome indicators

NEW

% of patients with...



Overall quality of care (Q score)



The Q score ranges between 0 and 40; the higher the score, the better the overall quality of care provided (Nutr Metab Cardiovasc Dis 2008; 18:67-68; Diabetes Care 2011; 34:347-362)

CONCLUSIONS

- Data obtained from Full Data Circle are extremely encouraging: 63.7% of patients have a Q score > 25, supporting the hypothesis that the higher the quality of data, the higher the quality of overall care.
- Some indicators need improvements even in these centers (e.g. eye examination, and proportion of patients with unfavorable outcome indicators).
- The low proportion of patients treated with sulphonylureas as compared to 2011 (36.4%) is an important prescriptive appropriateness indicator.
- The selection of centers with high quality of care allows the regular monitoring of prevalence of diabetes complications.

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