

Utah Health Status Update:

Diabetes Care in Utah: A 1996 Survey of Primary Care Physicians

February 1997

Utah Department of Health

The mission of the Utah Department of Health Diabetes Control Program includes helping clinicians to improve the care they provide to persons with diabetes in Utah. To guide that effort, a mail and telephone survey of Utah primary care providers was conducted to obtain information on clinicians' knowledge, attitudes, practices, and preferred methods of receiving continued education. Included were 240 family physicians (FP) and 129 internists (IM) who spend $\geq 50\%$ of time in direct patient care/consultation and see patients with diabetes. Physician cooperation was good; the response rate was about 77%.

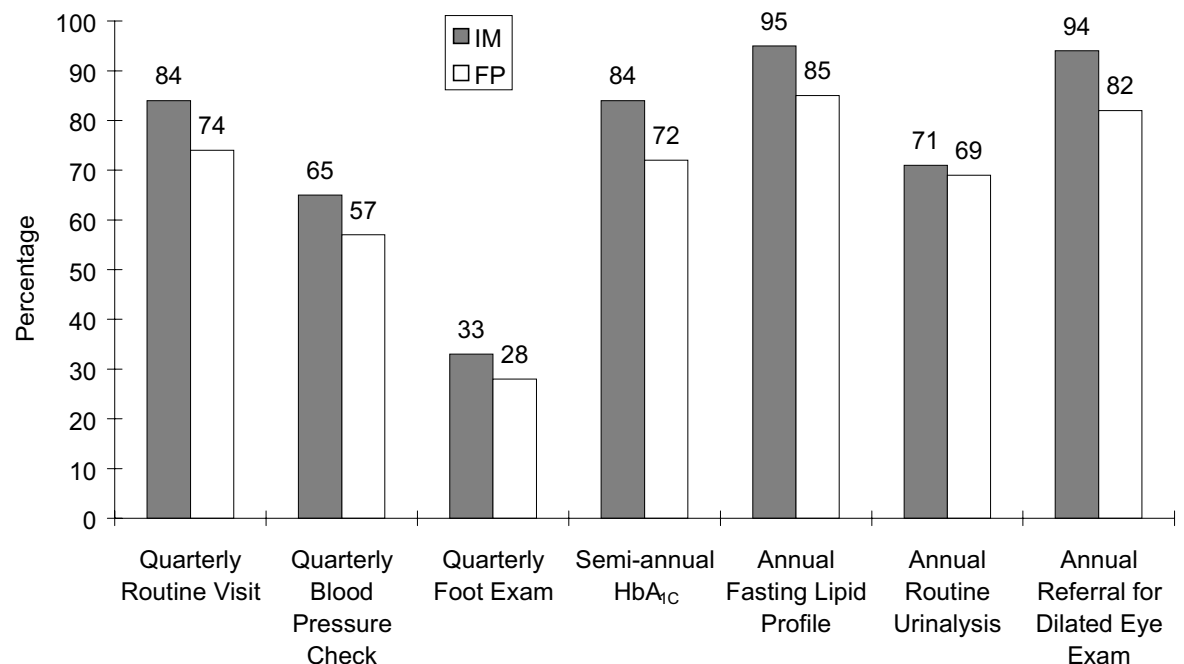
Important findings included:

- 91% of internists and 75% of family practitioners reported having > 20 patients with diabetes in their practice.
- The three most frequently cited barriers to providing care for persons with diabetes were patient nonadherence, insufficient time on the provider's part, and lack of appropriate support personnel.
- 91% of internists and 58% of family practitioners reported having heard of the Diabetes Control and Complications Trial (DCCT) (see insert box).
- More than 80% of physicians reported that an acceptable glycated hemoglobin (HbA_{1C}) concentration was $\leq 8\%$; a response compatible with the results of the DCCT (see below).
- Over 3/4 of physicians reported ordering a HbA_{1C} semiannually and nearly 90% reported referring insulin dependent diabetes patients annually for a dilated eye exam, as recommended by the American Diabetes Association (ADA). However, less than 1/3 reported performing a quarterly foot exam as recommended.

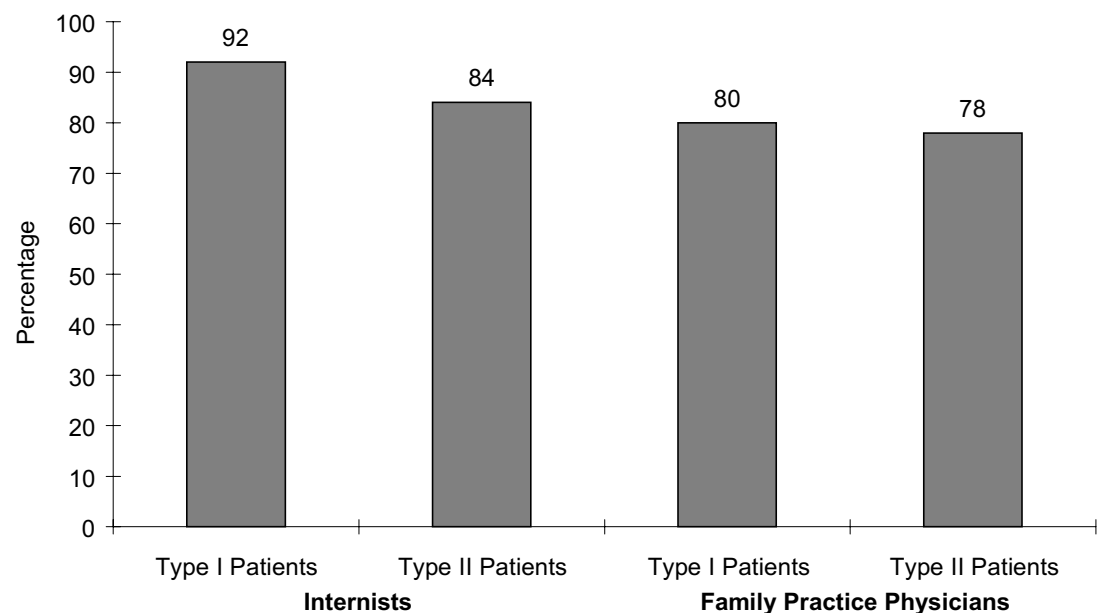
Diabetes Control and Complications Trial* (DCCT)
A landmark prospective study of patients with Type I diabetes mellitus that compared intensive management that achieved near normal glucose levels with conventional management. The intensive management group experienced a 40-70% reduction in retinopathy, nephropathy, and neuropathy. Those gains were achieved with an absolute difference in mean HbA_{1C} between the two groups of about 2%. A threefold greater risk of hypoglycemia also occurred. The effect of tight control on patients with Type II diabetes is a focus of current studies.

* The Diabetes Control and Complications Trial Research Group. The effect of intensive treatment of diabetes on the development and progression of long term complications in insulin-dependent diabetes mellitus. N Engl J Med 1993;329:977-86.

Percentage of Physicians Who Report Meeting Selected ADA Standards of Care for Their Patients with Type I Diabetes

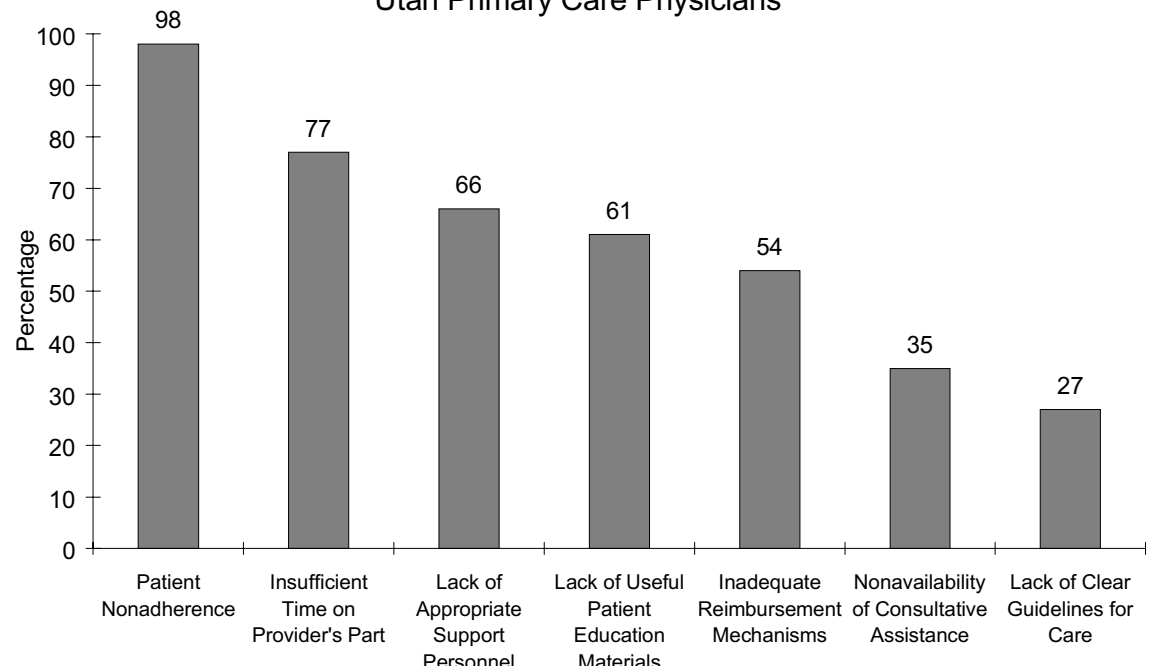


Percentage of Primary Care Physicians Reporting that an Acceptable Glycated Hemoglobin for Their Patients With Diabetes was $\leq 8\%*$



* Using a non-diabetic reference range of 5-7.

Barriers to Delivering Care to Patients With Diabetes Reported by Utah Primary Care Physicians



Conclusions:

These results demonstrate both strengths and weaknesses in care being provided to persons with diabetes in Utah. It should be recognized that these data are self-reported by physicians, who based on other data probably report somewhat better adherence to the recommendations than they actually achieve. These results will guide the program's efforts and will be provided to physicians in Utah. For additional information, please contact Valerie Benner at the Utah Department of Health, Diabetes Control Program 538-6141.

