

IDF - EUBIROD

Use of Diabetes Registries and Quality Indicators for Quality Development

Int. Training Course on Diabetes Registries
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Klaus Piwernetz MD PhD

medimaxx health management GmbH
Über der Klause 2
D-81545 München, Germany
kpi@medimaxx.net

Klaus Piwernetz



Physicist	Diploma, PhD
Physician	MD, PhD
Organisations	Diabetes Center Bogenhausen, Munich Germany DDG, EASD, ADA WHO – Europe IDF - Europe
Health Programmes	St. Vincent Declaration (WHO, IDF) DO IT – Diabetes Care Optimization through IT
Telematic projects	Eurodiabetes DiabCare DiabCard Prestige

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Use of Indicators



- Agenda
 - Definitions
 - Methodology
 - Applications

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Definitions



- Indicator
 - An indicator is a measure allowing for the distinction between good and poor quality
 - Examples: ...
- Reference Level
 - The reference level is the range of values referring to good quality.
 - Examples: ...

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EUBIROD - Quality Indicator



Item	Content
Indicator Reference	e.g. 71
Indicator Title	e.g. Annual incidence of blindness in patients with diabetes (among those visited during the last 12 months)
Numerator	e.g. Number of diabetes patients recorded to have become blind
Denominator	e.g. Number of clinically diagnosed diabetes patients in the study region/country who visited during the last 12 months
Contributing Data Items	e.g. BIRO001: PAT_ID, BIRO002: DS_ID, BIRO003: TYPE_DM, BIRO007: EPI_DATE, BIRO036 BLIND
Source(s)	e.g. EUDIP, modified in the BIRO meeting in Malta
Common Dataset Issues	e.g. Blindness has Medium Validity Scottish definition specifies clinical status, FQSD concerns compensation payments
Comments	e.g. N/A
Could be added	Content
Stratification	Duration, Type of diabetes
Influence factors	Level of care

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BIRO Dataset



Table A.1: BIRO Common Dataset Summary

Ref.	BIRO Name	Description	Data Type	Enumerated Values/ Measurement Units
BIRO001	PAT_ID	Patient ID	String(12)	
BIRO002	DS_ID	Data Source ID	String(10)	
BIRO003	TYPE_DM	Type of Diabetes	Enumerated	1 = Type 1, 2 = Type 2 3 = Other
BIRO004	SEX	Sex	Enumerated	1 = Male, 2 = Female
BIRO005	DOB	Date of Birth	Date/Time	
BIRO006	DIAG	Diagnosis	Date/Time	
BIRO007	EPI_DATE	Episode Date	Date/Time	
BIRO008	SMOK_STAT	Smoking Status	Enumerated	1 = Current Smoker 2 = Ex-smoker 3 = Ex-smoker
BIRO009	CIGS_MAX	Cigarettes per day	Integer	g/week, gr/day
BIRO010	ALCOHOL	Alcohol Intake	Integer	g/week, gr/day
BIRO011	WEIGHT	Weight	Real	Kg
BIRO012	HEIGHT	Height	Real	m, cm
BIRO013	BMI	Body Mass Index	Real	
BIRO014	SBP	Systolic Blood Pressure	Integer	mmHg
BIRO015	DBP	Diastolic Blood Pressure	Integer	mmHg
BIRO016	HbA1C	HbA1c	Real	%
BIRO017	CHOL	Cholesterol	Real	mg/dl
BIRO018	MA_TEST	Microalbumin	Enumerated	1 = MA Normal, 2 = MA Abnormal 0 = No MA Test Recorded
BIRO019	CHOL	Total Cholesterol	Integer	mmol/l, mg/dl
BIRO020	HDL	HDL	Integer	mmol/l, mg/dl
BIRO021	LDL	LDL	Integer	mmol/l, mg/dl
BIRO022	EYE_EXAM	Eye Examination	Enumerated	1 = Yes, 0 = No
BIRO023	RETINA	Retinopathy Status	Enumerated	1 = No Retinopathy, 2 = Background Retin., 3 = Proliferative Retin.
BIRO024	MACULA	Maculopathy Status	Enumerated	1 = No Maculopathy, 2 = Retinal Macul.
BIRO025	FOOT_EXAM	Foot Examination	Enumerated	1 = Present, 0 = No
BIRO026	PULSES	Foot Pulses	Enumerated	1 = Present, 0 = Absent
BIRO027	FOOT	Foot	Enumerated	1 = Present, 0 = Absent
BIRO028	ESRF	End Stage Renal Therapy	Enumerated	1 = Yes, 0 = No
BIRO029	DIALYSIS	Renal Dialysis	Enumerated	1 = Yes, 0 = No
BIRO030	ARTERIAL_PLANT	Arterial Plant	Enumerated	1 = Yes, 0 = No
BIRO031	STROKE	Stroke	Enumerated	1 = Yes, 0 = No
BIRO032	MI	Acute Myocardial Infarction	Enumerated	1 = Yes, 0 = No
BIRO033	LASER	Laser	Enumerated	1 = Yes, 0 = No
BIRO034	HTN_TENSION	Hypertension	Enumerated	1 = Yes, 0 = No
BIRO035	BLIND	Blindness	Enumerated	1 = Yes, 0 = No
BIRO036	EDUCATION	Education	Enumerated	1 = Yes, 0 = No
BIRO037	HYPERT_MED	Antihypertensive Medication	Enumerated	1 = Yes, 0 = No
BIRO038	DRUG_THERAPY	Hypoglycemic Drug Therapy	Enumerated	1 = Insulin Only, 2 = Tablet Only 3 = Sulphon., 4 = Metformin 5 = Glucos. Inhib., 4 = Glitazones
BIRO039	ORAL_THERAPY	Oral Drug Therapy	Enumerated	1 = Sulphon., 2 = Biguanide
BIRO040	PUMP_THERAPY	Pump Therapy	Enumerated	1 = Yes, 0 = No
BIRO041	NASAL_THERAPY	Nasal Therapy	Enumerated	1 = Yes, 0 = No
BIRO042	INJECTIONS	Average Injections	Integer	
BIRO043	MONITORING	Self Monitoring	Enumerated	1 = Yes, 2 = Blood Gl., 3 = Both
BIRO044	EDUCATION	Diabetes Education	Enumerated	1 = Yes, 0 = No
BIRO045	LIPID_THERAPY	Lipid Lowering Therapy	Enumerated	1 = Yes, 0 = No
BIRO046	ANTIPLATELET_THERAPY	Anti-platelet Therapy	Enumerated	1 = Yes, 0 = No
BIRO047	DMP_ENROL	Patient Enrollment in DMP	Enumerated	1 = Yes, 0 = No
BIRO048		for Diabetes		

Biro-Dataset

These data can be
used to calculate
quality indicators.

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Methodology



- Examples
 - Number of leg amputations
 - Incidence of late complications
 - Number of hypoglycaemias
 - Quality of metabolic control
 - Coherence with guidelines

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Methodology



- Aspects for the selection of quality indicators
 - RUMBA
 - Quality indicator versus simple numeric value
 - Time course
 - Proxy indicators
 - Cost of data collection
 - Selection bias
 - The denominator problem
 - The numerator problem

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Methodology



- RUMBA
 - Relevant
 - Understandable
 - Measurable
 - Behaviour oriented
 - Achievable

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Methodology



- Registers are a good start.
 - Benefits
 - Limitations
- Registers plus ...?
 - Hard and soft factors
- Models
 - The bio-chemo-physiological model
 - The psycho-social model
 - The econo-organisational model

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Definitions



▪ EUCID – Indicators

- Fundus tested
- Retinopathy
- Retinopathy and timely laser treatment
- Incidence of blindness
- Creatinine tested
- ESRF (end-stage renal failure)
- Incidence of dialysis and transplantation
- Prevalence of dialysis and transplantation
- Incidence of stroke
- Incidence of myocardial infarction
- Incidence of major amputation

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Definitions



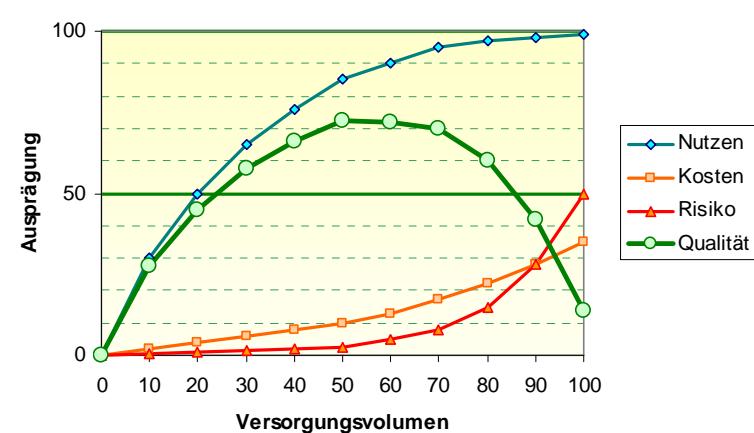
▪ Problems

– Combined indicators

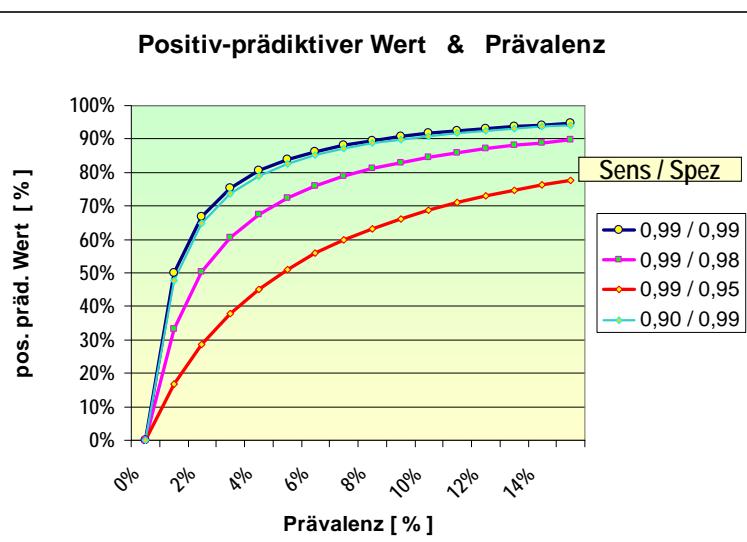
- | | |
|-------------------------|-------------------|
| • Complete measurements | vs. efficiency |
| • HbA1c | vs. hypoglycaemia |
| • Blood pressure | vs. hip fracture |
| • Total Cholesterol | vs. suicide |
| • Inflamed appendix | vs. peritonitis |

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Appropriateness: Quality = Benefit - Cost - Risk



Add-on: Positive-predictive Value



Definitions



- Quality (DIN EN ISO 9000:2008)
 - The totality of features and characteristics of a product or service that bear on its ability to satisfy stated or implied needs.
 - Implied needs
 - Product or service

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Methodology



- Avedis Donabedian
 - [Evaluating the quality of medical care. 1966.](#)

Accessibility	Interpersonal aspects	Continuity
	Technical aspects	

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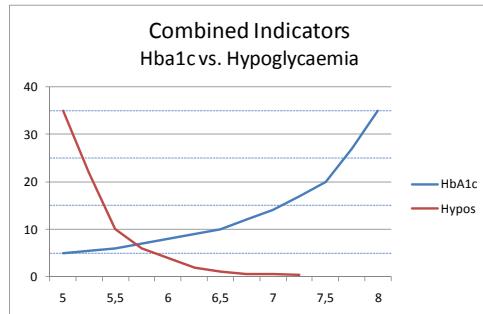
Definitions



■ Problems

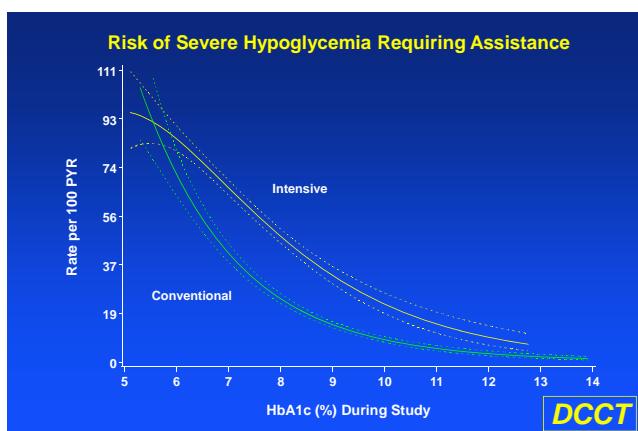
– Combined indicators

- HbA1c vs. hypoglycaemia



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Add-on: Combined Indicators



DCCT

Thanks to J.M.Lachin, DCCT

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Methodology

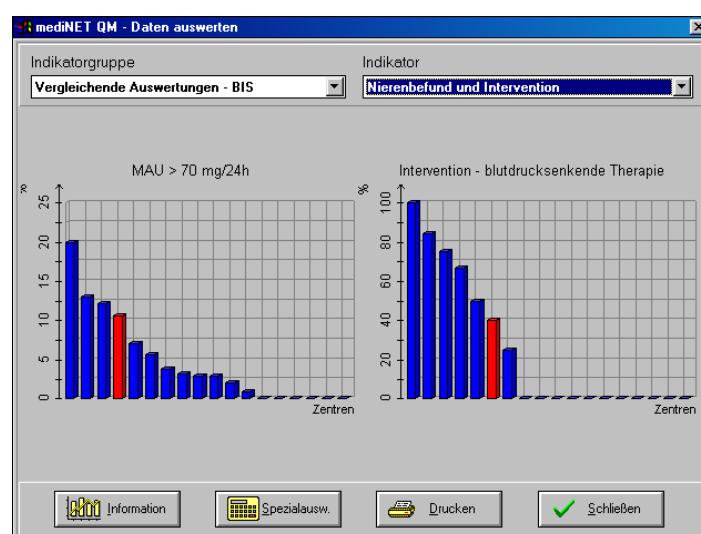


- Problem: Data source

- Mean HbA1c in a specialized practice (N = 100)
- Mean HbA1c in a regional central lab (N = 100.000)
- Number of amputated legs in a hospital
- Ratio of patients with elevated MAU

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Applications: DiabCare Indicators



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Methodology



- Application Level
 - Health Care System
 - Policy making
 - Ressource allocation
 - Benchmarking
 - Organisation
 - Continuous quality improvement
 - Health care management
 - Patient
 - Pathogenic Pathways

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Applications



- Level of the health care system
- Level of health organisations
- Level of health care provision

Health Care System

Organisations

Individual
health care provision

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Applications: Health Care System



- Policy making
- Ressource allocation
- Benchmarking

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Benchmarking



- A process of searching out and studying the best practices that produce superior performance.
 - internal benchmarking: within the same organization,
 - external benchmarking: outside of the organization with another organization that produces the same service or product, or
 - functional benchmarking: with reference to a similar function or process in another institution.

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Applications: Health Organisation



- Health care management
 - In most cases outcomes cannot be measured,
partly so-called proxy-outcomes
 - Assessment of follow-up
 - Concentration on processes and structure
 - Co-operation with referring physicians

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Applications: Health Organisation



- Continuous quality improvement
 - Completeness
 - Correct classification
 - Diagnostic assessment
 - Risk classification
 - Therapeutic consequences
 - Monitoring of treatment success
 - Appropriateness
 - Over-, under-treatment
 - Waiting times

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Applications: health care provision



- Pathogenic Pathways
 - Having the risk of diabetes
 - Always: Metabolic control
 - Being of risk at developing adverse outcomes
 - Staging the risk
 - Prevent from progression

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DiabCare: Pathogenic pathway



Diabetes AU PU BP ↑ Crea ↑ Pre-dialysis

END STAGE
Amputation
Dialysis
Blindness
....

MONITORING

Albumin HbA1c Blood Pressure Protein Creatinin

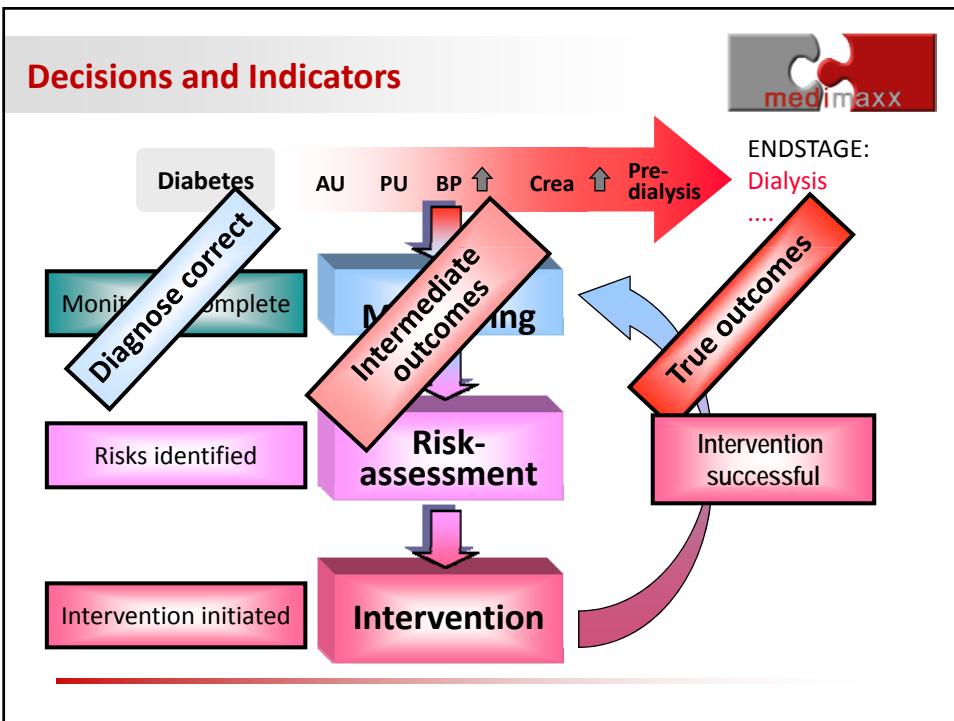
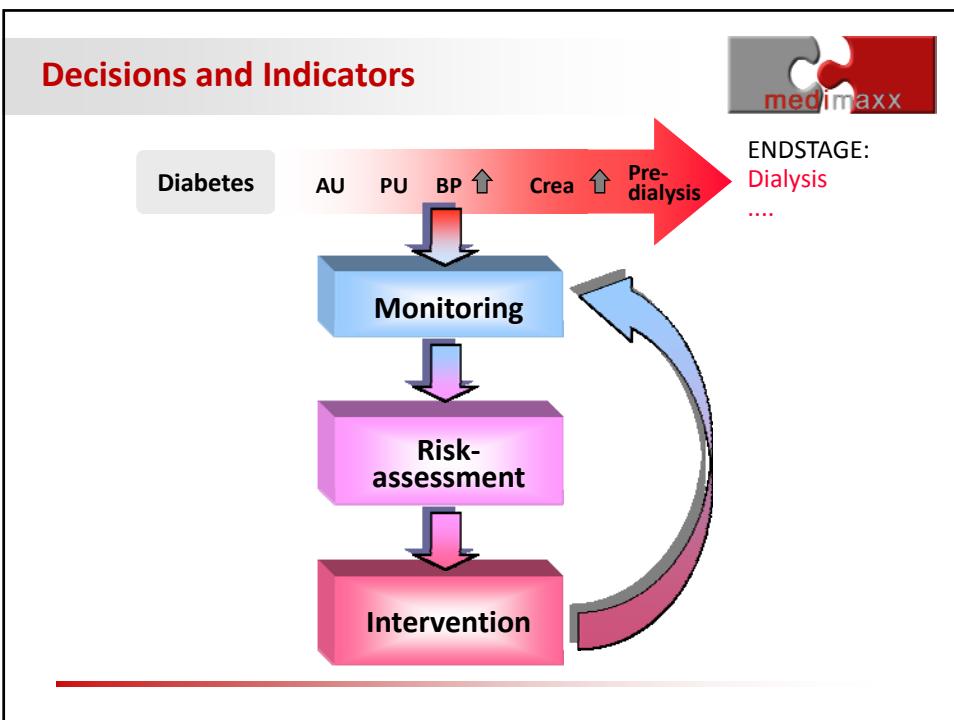
RISK

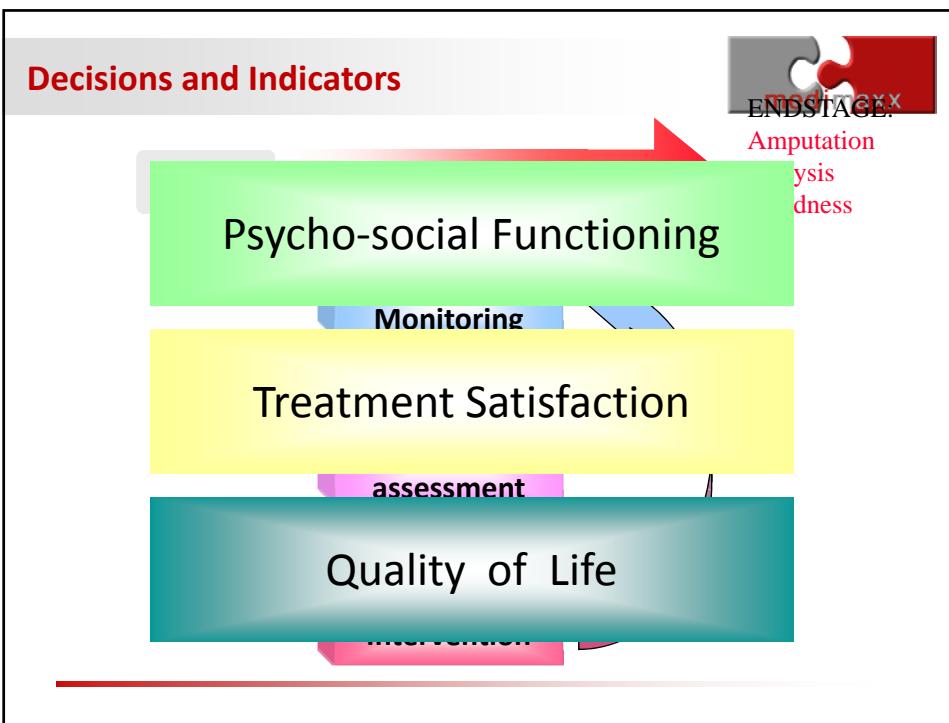
AU > 20 mg/l HbA1c > 8% PU pos. BP > 130/80 mmHg Crea > normal

INTERVENTION

improve HbA1c lower BP
inform, motivate, train, motivate, ...

Dialysis





Psycho-social functioning

Physical fitness

During the past 2 weeks... What was the hardest physical activity you could do for at least 2 minutes?

Very heavy, (for example) run, at fast pace		1
Heavy, (for example) jog, at a slow pace		2
Moderate, (for example) walk, at a fast pace		3
Light, (for example) walk, at a medium pace		4
Very light, (for example) walk, at a slow pace or not able to walk		5

Feelings

During the past 2 weeks... How much have you been bothered by emotional problems such as feeling anxious, depressed, irritable or downhearted and sad?

No at all		1
Slightly		2
Moderately		3
Quite a bit		4
Extremely		5

Daily activities

During the past 2 weeks... How much difficulty have you had doing your usual activities or tasks, both inside and outside the house because of your physical and emotional health?

No difficulty at all		1
A little bit of difficulty		2
Some difficulty		3
Much difficulty		4
Could not do		5

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Conclusions



- Result → Indicator → Data
- Not each calculated result is clinically meaningful.
- Collect data without clear target is often disappointing.
- Data should only be interpreted if you know under which conditions they have been collected.
- Start simple – but start soon!

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Diabetes Registries & Quality Indicators



- Thank you very much!
 - Your questions please.
 - ...
-
- Klaus Piwernetz, MD PhD
 - kpi@medimaxx.net

Dr. Dr. Klaus Piwernetz - medimaxx health management GmbH