



Bettering the Evaluation and Care of Health (BEACH) is a continuous, national survey of general practice activity in Australia in which ever changing random samples of about 1000 GPs per year take part. It commenced in 1998.

Diabetes policy and general practice activity

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BEACH data reveal the impact of government policies and initiatives on diabetes management in general practice

The BEACH (Bettering the Evaluation and Care of Health) survey recently investigated changes in management of type 2 diabetes between 1998–1999 and 2006–2007 in relation to government policy initiatives that have occurred during the same period.¹ Policies associated with type 2 diabetes were:

- the lowering of the international diagnostic value for fasting plasma/ blood glucose concentrations by the World Health Organization in 2000
- the National Integrated Diabetes Program and the Annual Cycle of Care initiative of 2001
- the government action plan on diabetes in 2004
- the 2004 Australian Primary Care Collaboratives Program, which included improving the care of patients with diabetes.

There has been an almost 40% increase in the management rate of type 2 diabetes in general practice, from 2.3 per 100 encounters in 1998–1999 to 3.2 per 100 in 2006–2007. There has also been a significant increase in the rate of new diagnoses (ie. identification rate) of type 2 diabetes. The rate of management steadily increased for patients aged 45 years and older and applied to both male and female patients.

Although the prescription rate for both oral blood glucose lowering medications and insulin remained relatively constant, the use of aspirin, antihypertensives and lipid lowering agents for type 2 diabetes

increased significantly from 2.0 per 100 type 2 diabetes problems managed in 1998–1999 to 10.3 in 2006–2007.

The increase in prescribing rates of these medications was much higher for type 2 diabetes than it was in the total BEACH sample. The increase is probably due to initiatives encouraging GPs to manage hypertension and hyperlipidaemia at a lower clinical threshold for patients with diabetes and to provide antiplatelet therapy for those with added cardiovascular risk.

The number of pathology tests ordered increased from 60.1 per 100 type 2 diabetes problems managed in 2000–2001 to 85.6 per 100 in 2006–2007, probably due to the introduction of the Annual Cycle of Care initiative in 2001, which required GPs to measure diabetes patients' glycated haemoglobin, cholesterol, triglycerides and high density lipoprotein cholesterol levels at least once each year.

There was a significant increase in the rate at which patients were referred for type 2 diabetes, from 7.6 per 100 in 1998–1999 to 10.7 in 2006–2007. The major increase occurred between 2000–2001 (8.2) and 2001–2002 (11.4), which included a doubling of the rate of referral to allied health professionals. This may have been due to the National Integrated Diabetes Program, which encouraged partnerships with other health care professionals and gave support for the divisions of general

practice to work with GPs and other health professionals to improve access to better care for people with diabetes. The level has been maintained through subsequent years.

Conclusion

It appears that these initiatives have been associated with the following desired effects:

- increased identification rates of new cases
- increased management rates in patients aged 45 and over
- increased management rates of blood pressure and lipids, and provision of antiplatelet therapy, as part of diabetes management
- increased number of pathology tests
- higher referral rates, suggesting improved patient access to other health professionals, particularly allied health. ♦

The use of aspirin, antihypertensives and lipid lowering agents for type 2 diabetes increased from 2.0 per 100 in 1998–1999 to 10.3 in 2006–2007

1. Britt H, Miller GC, Charles J, et al. General practice activity in Australia 2006–07. GP series no. 21 AIHW cat. no. GEP 21. Canberra: Australian Institute of Health and Welfare, 2008.