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Implementation of Diabetes Care Programme Standards and Variations in Practice at the Primary Care Setting in Kuwait

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Introduction:

Diabetes Care Programme (DCP) was established in order to improve the quality of diabetes care at the Primary Health Care (PHC) Setting in Kuwait. We carried out this study to evaluate the implementation of the defined standards and to assess the variations between practices.

Methods:

In 2003, an audit has been conducted for 34 centers in the PHC setting that provide diabetes care services by on-site visits and medical record review. Medical records are included only if the patients had had three or more visits during the year. Several factors were included to evaluate the structure and process of diabetes care.

Results:

In 2003, a total of 34 centers were visited and 820 medical records were reviewed. The review revealed that of all subjects, 29 and 22% had fundus and foot examination respectively. The proportion of patients who were asked for smoking status was 19%. Of all subjects 46, 64, and 28% were tested for HbA1c, serum creatinine, and microalbuminuria respectively. The proportion of patients who were tested for triglycerides, total cholesterol, HDL-cholesterol, and LDL cholesterol was 65, 65, 24, and 21 % respectively. There were great variations in

the implementation of these standards between the practices. Patients' adherence to their appointment in the practice affected positively the implementation of the following standards: smoking status, fundus examination, measurement of HbA1c, serum creatinine, HDL-, and LDL- cholesterol. Use of structured visit sheets improved the implementation of assessment of smoking status, foot examination, measurement of microalbumin, and lipid profile. Availability of fundus cameras increased fundus examination significantly. Percentage of GPs with specialized training in diabetes affected assessment of smoking status, foot examination, measurement of HbA1c and HDL-cholesterol, whereas availability of nurses in the practice affected the implementation of measurement of HDL- and LDL- cholesterol.

Conclusions:

Although the defined standards were implemented at the PHC setting, the quality of diabetes care is still not optimal. In addition, the great variations between the practices indicate that further interventions are needed. Strategies that improve patients' adherence to their appointment, use of structured clinical care, conducting continuous medical education programmes and addressing the role of nurses may help to improve the quality of diabetes care provided at the PHC setting in Kuwait.