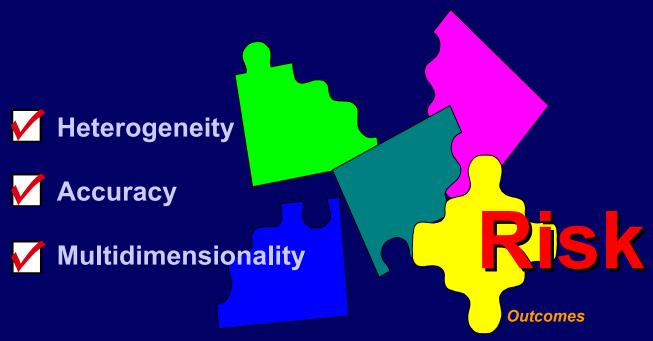
# Exploring adherence to clinical guidelines: application of regression tree analysis in diabetes care

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## **Evidence-based Practice**



Mortality
Hospital length of stay
Chronic disease/morbidity
Physical functional status
Psychosocial functioning
Quality of life
Resource utilization
Disease and medical care
complications
Cost of care

**Predictive model building** 

### Outcome definition

# Mortality

Hospital length of stay

Chronic disease/morbidity

Physical functional status

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Quality of life

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# **Diabetic Complications Study**

#### OUTCOME FOR THE ORIGINAL STUDY DESIGN

#### Cases: DIABETIC PATIENTS EXPERIENCING COMPLICATIONS

- first amputation in the past 12 months or foot complications
- dialysis initiated within the previous 12 months or serum creatinine levels of 3 mg/dl or more
- blindness developed within the previous 12 months or proliferative retinopathy/diabetic maculopathy

#### Controls: DIABETIC PATIENTS WITHOUT COMPLICATIONS

patients without any of the previous complications

Case - Control rate 1:2

# **National Italian Sample**

## **Population**

N/O bis (c)	Total	Cases	Controls
• N (Subjects)	2774	886	1888
Type 1:	379	185	194
Type 2:	1390	212	1178
Type 2/IT:	1005	489	516

• N (Care centers)

Diabetic Outpatient Clinics: 35
General Practitioners: 49

#### **Potential Correlates**

#### **PREDICTORS**

- Age\*
- Diabetes duration\*
- Sex
- Occupation
- Marital status
- Hypertension
- History of myocardial infarction and/or stroke
- Co-morbidity
- Need for help to reach the health facility
- Regular attendance to visits
- Compliance with dietary recommendations
- Self-adjustment of insulin dose
- Self-monitoring
- Frequency of educational interventions
- Smoke
- Alcohol consumption in the past five years

<sup>\*</sup>global adjustment terms and tree predictors

## **Identifying New Outcomes**

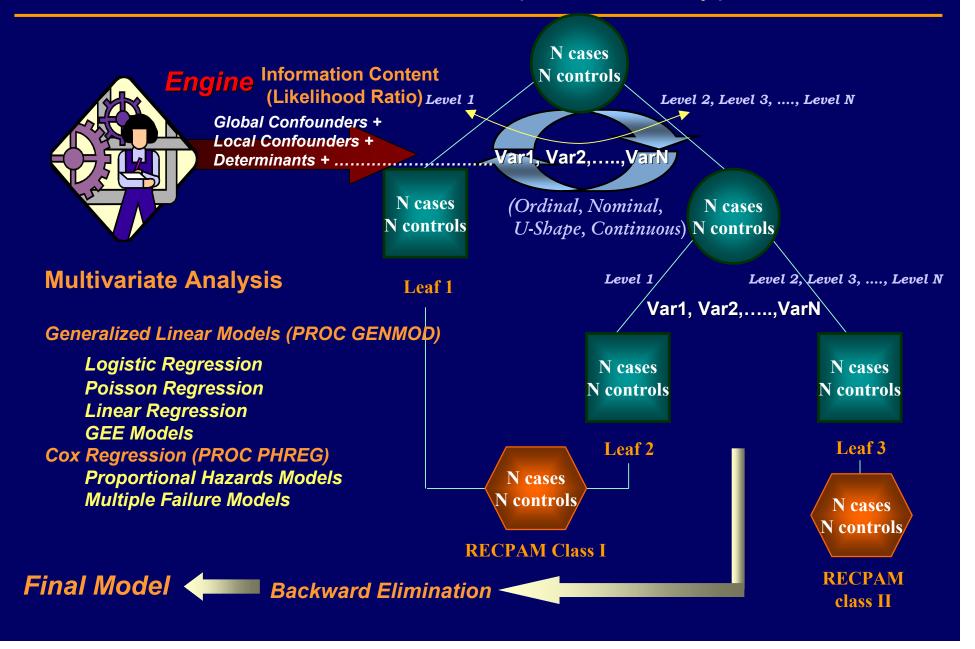
#### **Outcome: quality of care (process)**

- expressed as the rate of execution of the following procedures in the past 12 months (based on the expected number from the application of St. Vincent Decl.'s guidelines):
  - ·use of glycated haemoglobin
  - monitoring of cardiovascular risk factors (blood pressure, blood lipids)
  - •monitoring of renal function (microalbuminuria, macroalbuminuria, serum creatinine)
  - •eye examination
  - •educational interventions on selected aspects of care (diet, self-monitoring of blood glucose, insulin therapy self-management, hypoglycemic emergencies, foot care, physical activity)
  - •frequency of the educational interventions (regular vs. not regular)

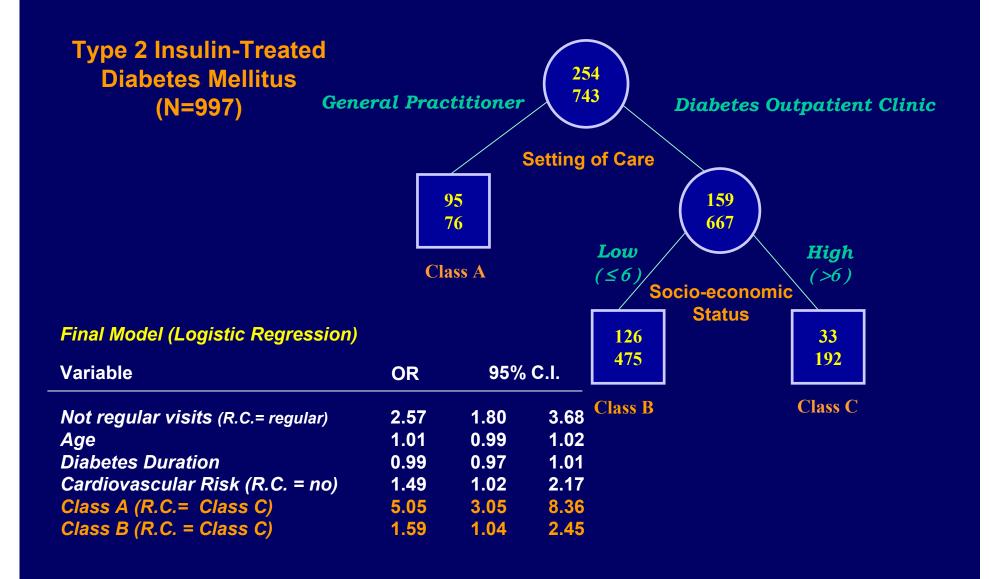
cut-off: 50% (lower quartile)

low quality  $\leq 50\%$ N =689good quality >50%N =2085

# RECPAM/SAS (F.Carinci, A.Ciampi)

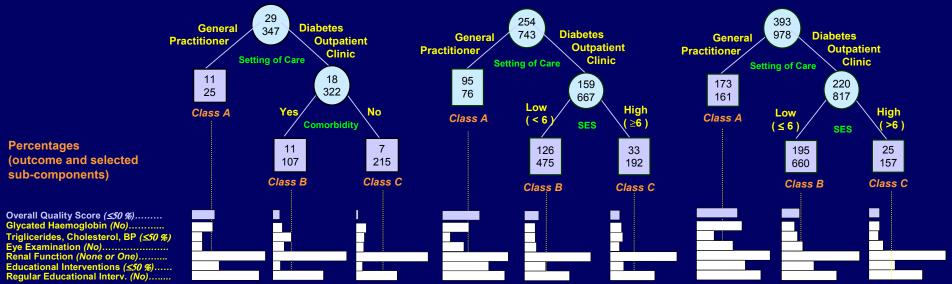


## Quality-based stratification tree + statistical model



# Disease Management Systems Analysis

		TYPE 1 (N=376)			TYPE 2/IT Bootstrap % (N=997)			Bootstrap %			TYPE 2/NIT (N=1371)			Bootstrap %			
Variable	OR	95%	% C.I.	OR	95%	% C.I.	OR	95% C.I.	OR	95%	C.I.	OR	95%	C.I.	OR	95%	C.I.
Regular attend. visits (R.C.=Y)	2.75	1.08	7.01	2.80	1.06	7.30	2.57	1.80 3.68	2.58	1.78	3.73	1.69	1.25	2.29	1.69	1.24	2.29
Age	1.07	1.03	1.10	1.07	1.03	1.11	1.01	0.99 1.02	1.01	0.99	1.02	1.03	1.02	1.05	1.03	1.02	1.05
Diabetes Duration	0.96	0.92	1.00	0.95	0.90	1.00	0.99	0.97 1.01	0.99	0.97	1.00	0.99	0.97	1.01	0.99	0.97	1.01
Previous Cardiov. Dis, (R.C.= N)	-	-	-		-	-	1.49	1.02 2.17	1.49	1.01	2.14	-					
Gender (R.C.= female)	-		-	-	-							1.39	1.08	1.79	1.39	1.07	1.81
Class A	14.81	4.20	52.28	16.58	4.45	79.84	5.05	3.05 8.36	5.14	3.08	8.76	5.49	3.33	9.05	5.60	3.41	9.64
Class B	3.95	1.37	11.43	4.20	1.33	15.41	1.59	1.04 2.45	1.60	1.06	2.53	1.89	1.19	3.01	1.92	1.23	3.21
Class C	1.00						1.59	1.00 -				1.00					



# Evidence-based practice

