

KEY MESSAGES

Integrating best practice and filling knowledge gaps in remote Aboriginal diabetes detection and care: Improving case detection and service delivery

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Policy context

Sensible diabetes screening in primary health care (PHC): Type 2 diabetes mellitus (T2DM) and associated complications are a significant health problem facing Aboriginal people in Australia. The early identification of diabetes provides an opportunity to institute effective preventive approaches shown to reduce the subsequent development or progression of complications of diabetes (e.g. kidney disease). However, diabetes remains undiagnosed in up to 50% of people. A new way of screening for diabetes that utilises point-of-care (POC) glycated haemoglobin A1 (HbA_{1c}) testing was introduced in the Kimberley region of north Western Australia in 2015.

Systems approach to T2DM management and continuous quality improvement (CQI): There is little long-term evidence of the effectiveness of diabetes care in real world PHC settings. Despite a decade of activity and financial investment in CQI in Aboriginal Community Controlled Health Services (ACCHSs) across Australia, anticipated improvements in quality of care and patient outcomes have not been achieved. We have demonstrated that Kimberley ACCHSs can successfully provide high quality diabetes care using local CQI processes over 10 years, with the potential to expand this experience across multiple sites.

Key messages

- > We have demonstrated some successes with implementing the new Kimberley diabetes screening algorithm. There was a two fold increase in the number of regular patients audited who had HbA_{1c} measurements recorded in 2015 compared to 2014. Implementing this screening algorithm requires several system level changes:
 - New equipment was purchased and clinicians were trained to use them, and POC HbA_{1c} measurements can be recorded in electronic records system (MMEx), and
 - However, POC analyser use was low, some measurements were recorded in the wrong MMEx field, there was low level of screening of patients 15-25 years of age and significant delays in assigning diabetes care plans.
- > KAMS has also started building the foundation on which the development of sustainable chronic disease programs will be based. These include supporting local Aboriginal Health Workers, developing a new model of care, and improvements to CQI processes.
- > Implementation is a complex, at times fragmented, ongoing process that requires detailed planning. CQI processes need to be built into the implementation of new programs and should be adequately resourced.

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