



The APCC Program is delivered by the



Wave 3

Diabetes, Coronary Heart Disease and Access & Care Redesign

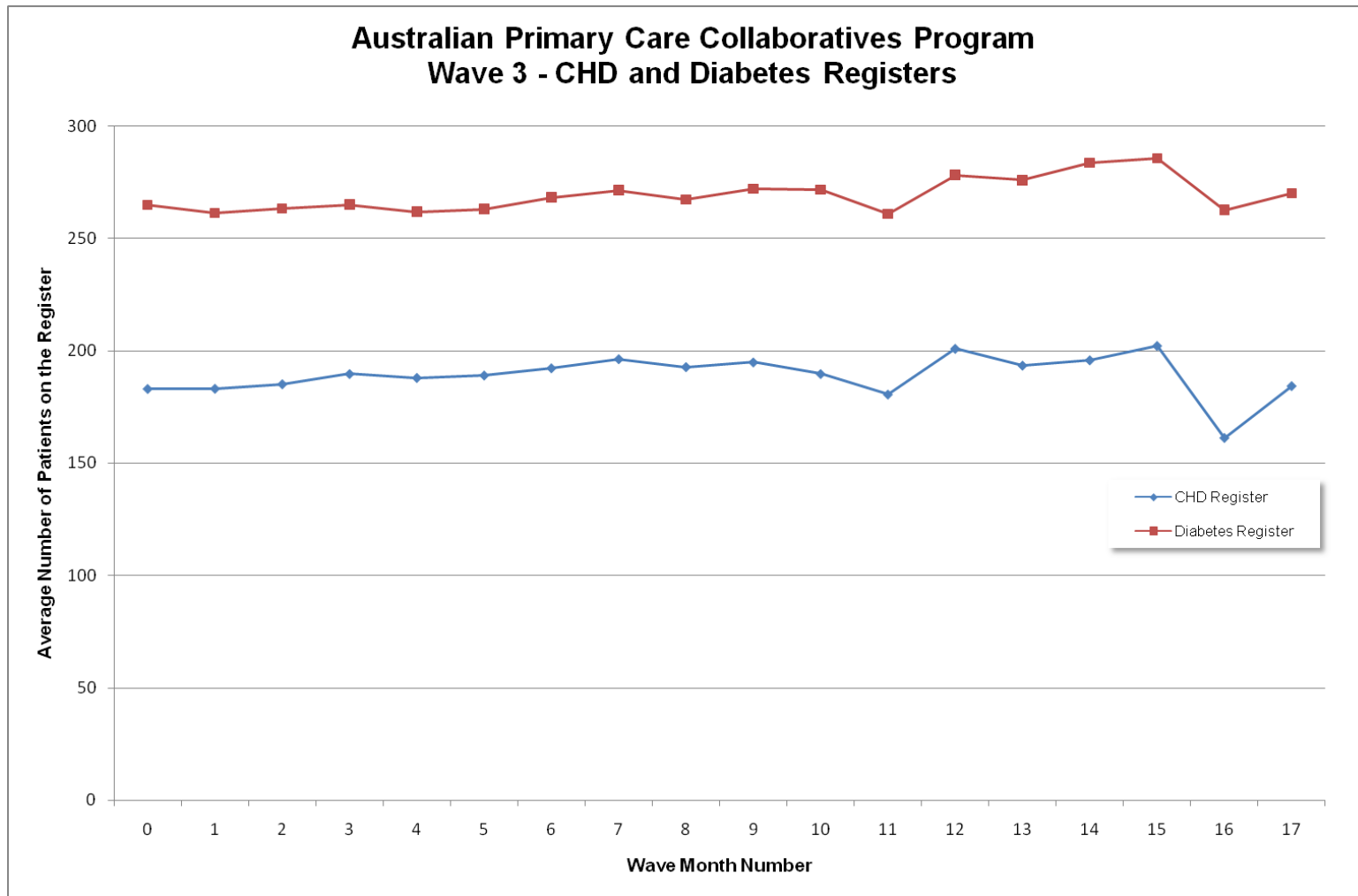
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Prepared by
Improvement Foundation

Diabetes, Coronary Heart Disease and Access & Care Redesign

Wave 3 (Victoria & Tasmania) Results (from baseline to month 17)

CHD and Diabetes Registers – Mean number of patients per health service



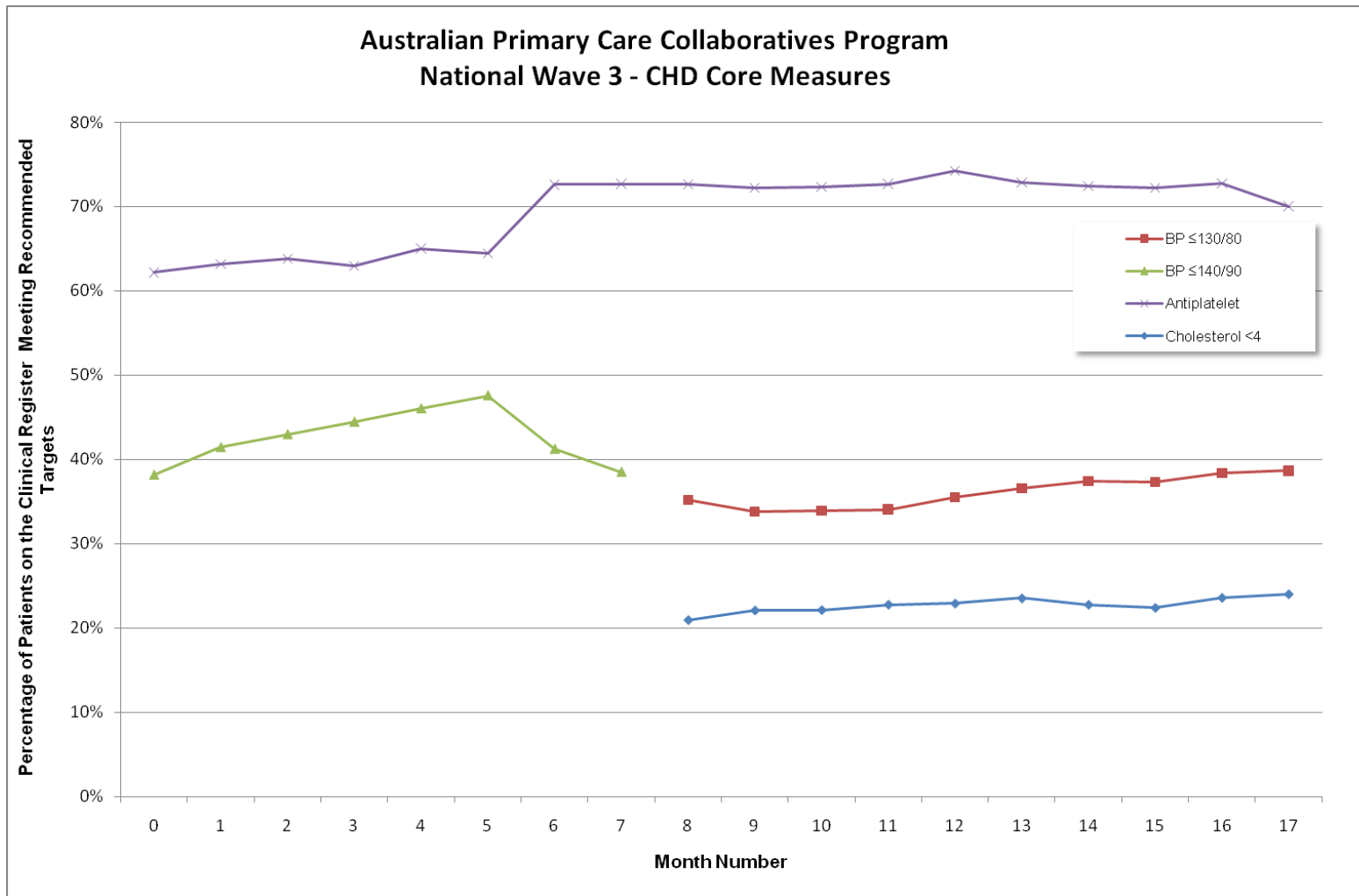
CHD and Diabetes registers: The number of people within the clinical database that are coded with a diagnosis matching the CHD and/or Diabetes definition.

At months 15/16 one of the extraction tools (a tool used by health services to extract data from their clinical software) was changed. When this change occurred, not all CHD and Diabetes patients were counted, which affected the register results at this time. While this issue was resolved within a short time, some of the health services did not update their extraction tool, which affected the data to the end of the wave.

Diabetes, Coronary Heart Disease and Access & Care Redesign

Wave 3 (Victoria & Tasmania) Results (from baseline to month 17)

CHD Percentage Measures, including the legacy BP Measure



MEASURES

BP ≤130/80: The % of people on the CHD register who have a blood pressure record in the last 12 months of ≤130/80.

BP ≤140/90: The % of people on the CHD register who have a blood pressure record in the last 12 months of ≤140/90.

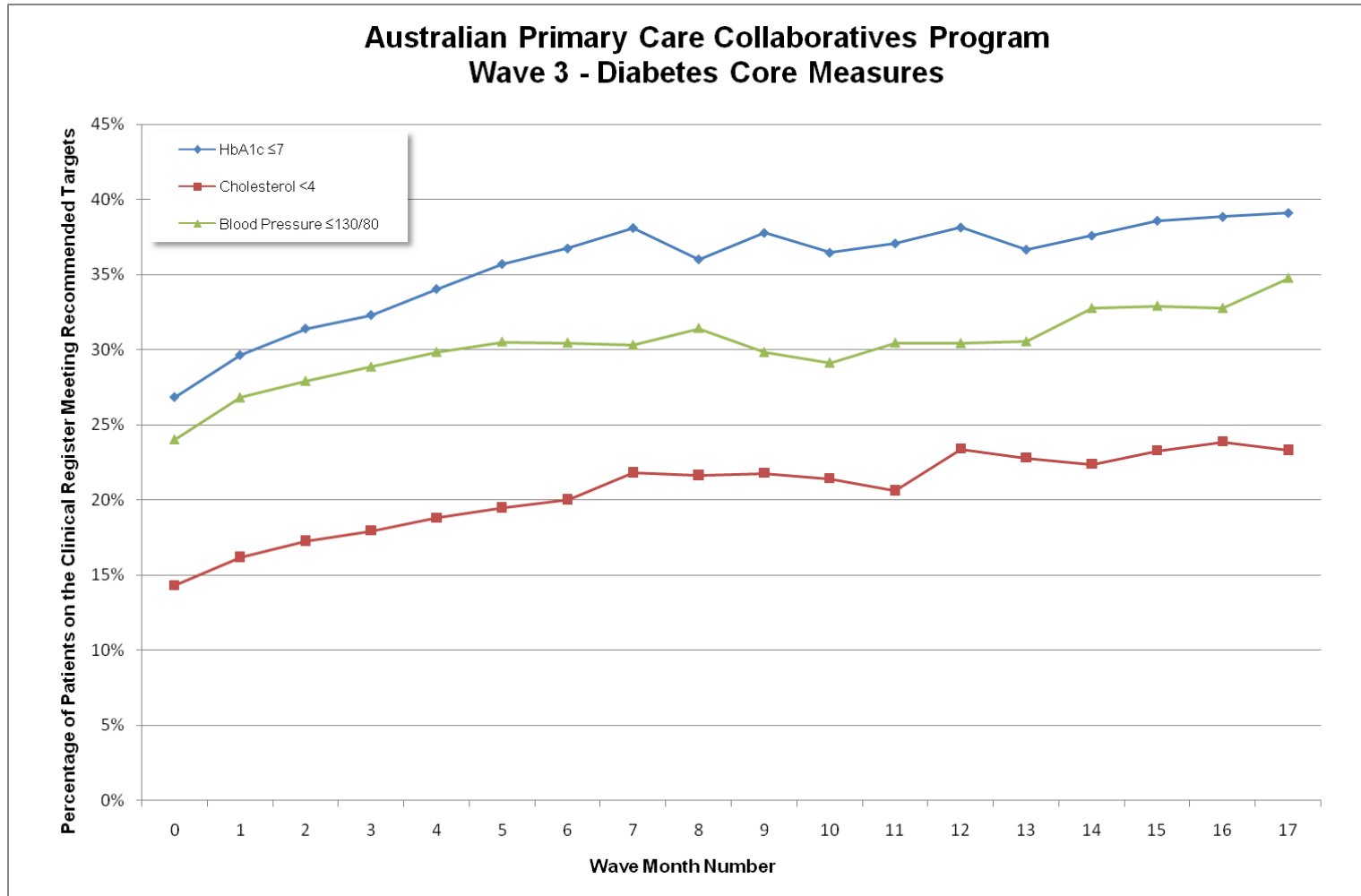
Anti-platelet: The % of people on the CHD register who are prescribed an anti-platelet agent.

Cholesterol < 4: The % of people on the CHD register whose cholesterol was recorded in the last 12 months at <4mmol/L.

At months 7/8 the BP measure data requirements were changed from ≤140/90, to ≤130/80. By month 17, there was a 4% improvement in the BP≤130/80 measure, which occurred over a 9 month period. The anti-platelet measure recorded an 8% improvement from baseline to month 17.

Diabetes, Coronary Heart Disease and Access & Care Redesign Wave 3 (Victoria & Tasmania) Results (from baseline to month 17)

Diabetes Measures



MEASURES

HbA1c ≤7: The % of patients on the diabetes register with a recorded HbA1c measurement within the last 12 months that is ≤7%.

Cholesterol <4: The % of people on the diabetes register whose cholesterol was recorded in the last 12 months at <4mmol/L.

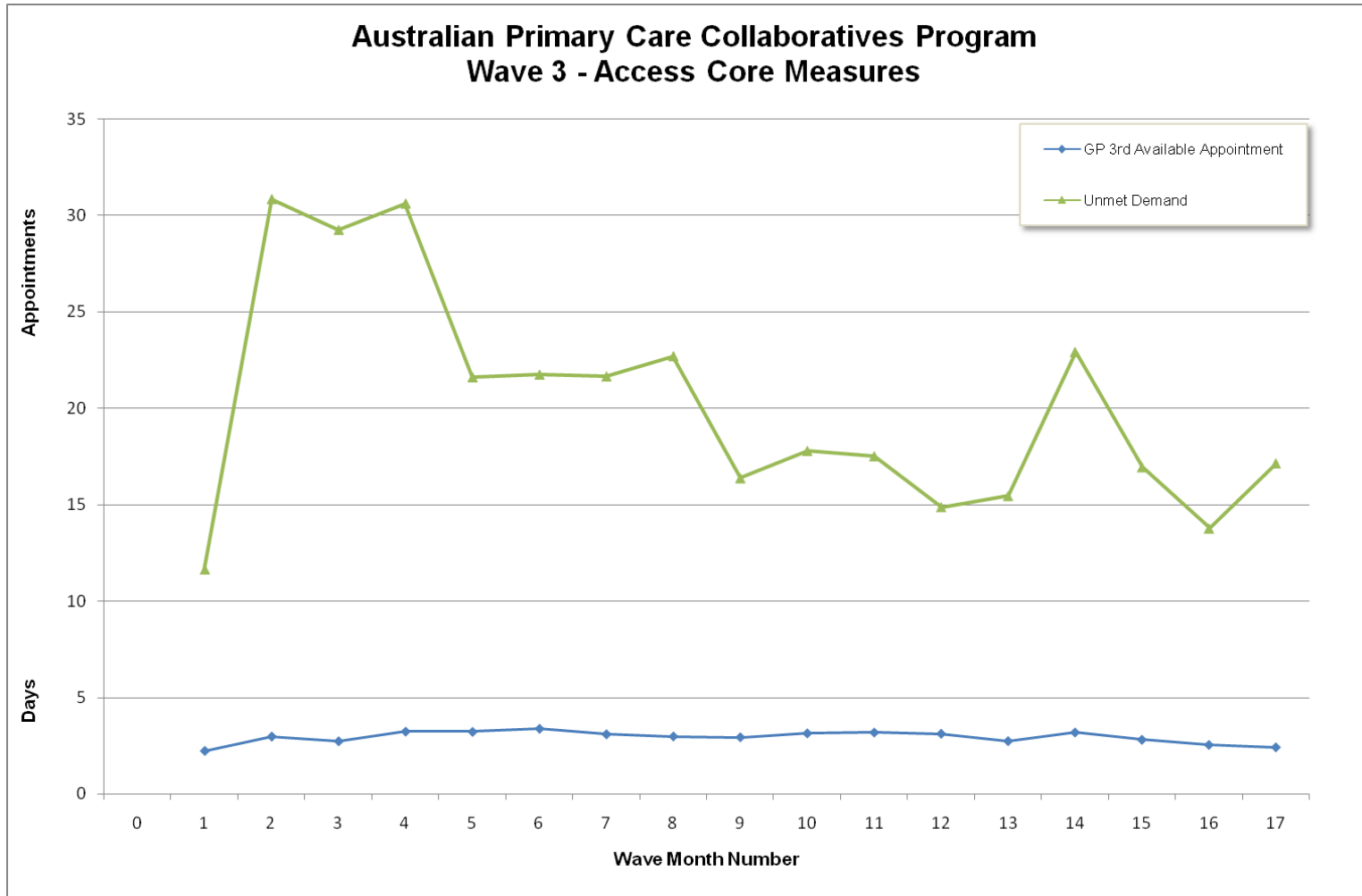
BP ≤130/80: The % of people on the diabetes register who have a blood pressure recorded in the last 12 months of ≤130/80.

The cholesterol measure saw an improvement of 9%, the blood pressure measure improved by 11% and the HbA1c measure improved by 12%, over the course of the wave.

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Wave 3 (Victoria & Tasmania) Results (from baseline to month 17)

Access Measures



MEASURES

GP 3rd Available

Appointment: The number of days at any given time until the third next appointment is available.

Unmet Demand: The number of patients whose appointment demands were not met.

The baseline measures for access begin at month one, which occurs after the first learning workshop. This gives participants more opportunity to understand the access measures. An overall decrease (i.e. improvement) in Unmet Demand is evident from months 2 to 17. This shows that there were fewer patients whose appointment preferences could not be met, over the period of the wave.