

# Diabetes Alliance Program: A Story of Increasing Scale and Success

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## Introduction:

- Hunter New England Health Local Health District (HNELHD) has challenges in providing optimal diabetes care for more than 100,000 people with diabetes.
- The District covers 130,000sq.km, serviced by 314 General Practices with around 1030 individual General Practitioners (GP), and 3.75 FTE Endocrinologists in public hospitals.
- The Diabetes Alliance Program (DAP) was established in 2014 as a partnership program between HNELHD & Hunter New England Health Central Coast Primary Health Network (HNECCPHN).
- DAP+ supports the health and wellbeing of regional, rural and remote communities by improving access to specialist services, resources, and training that empowers people to better manage diabetes.
- Recently DAP+ received 1FTE endocrinologist, 1FTE program manager, 1 FTE Diabetes Educator and an advanced trainee.

## Diabetes Alliance model of care

Data driven quality improvement activity	Case conferences	Education
Data extraction report produced for each general practices patient cohort with diabetes using Pencat in collaboration the PHN	Specialist team consult patients together, with the patient's GP and Practice nurse at the GP practice	Masterclass events for Medical, nursing and allied health clinicians on caring for people with diabetes
Report presented during lunchtime of case conference days	Significant upskilling and collegial networking opportunity	In house education during case conference clinics



## Access to Specialist care across Regional & Rural HNELHD

Before (2014)

Hunter New England Health



After DAP (2022)

Hunter New England Health



## Progress since DAP launched in 2015

- Program transitioned from a pilot project to business as usual in 2017

### Model:

- More than 141/314 GP practices (44% of all practices within HNELHD geography) with over 500/1092 GP's and 150+ practice nurses having participated
- Over 4,500 case conferences conducted in primary care

### Education:

- 934 attendees at 41 GP masterclasses
- 693 attendees at 25 practice nurse classes
- 69 attendees at Podiatry Master class
- 98% + rated these events as highly satisfactory

## Outcomes:

### Clinical effectiveness of DAP

*Hunter and New England Diabetes Alliance: innovative and integrated diabetes care delivery in general practice*

- One case conference session with primary care clinicians led to significant improvements in HbA1c reduction by 0.9%.
- Significant improvement in lipids, BP and weight control
- Reduction in cardiovascular risk outcomes.

### Unintended benefits

- Secondary diabetes, Type 1 diabetes and monogenic forms identified.
- Significant partnership and trust developed between primary and tertiary care clinicians.
- High levels of consumer and clinician satisfaction rates.

## Implementing our success to increasing scale and impact

- ✓ \$12.4m philanthropic gift from the Colonial Foundation, led by Hunter Medical Research Institute, and in partnership with HNELHD, HNECCPHN and University of Newcastle secured in 2022
- ✓ Launching in 2023, Diabetes Alliance Program Plus (DAP+) will expand the current offerings to include a First Nations adapted model of care, access to a Medibus, urgent care, telehealth, and self-help digital supports for physical activity and nutrition.
- ✓ DAP+ has partnered with key stake holders including Diabetes Australia to improve health promotion, public awareness towards early diagnosis, optimal management of diabetes and de-stigmatisation of people with diabetes.
- ✓ A series of rural and remote town events have been organised.
- ✓ DAP+ team continuously evaluates and modifies its intervention as informed by research and evaluation.



Is there a spill over benefit into all patients at the practice from learning?

Yes!!

- Data from 72 GP surgeries who received 1072 case-conferences intervention, performance appraisal and education.
- 22,706 patients belonging to these practices showed significant improvement in clinical process measures and outcome measures.
- Compared to before DAP, the odds of patients receiving monitoring tests at or above the recommended intervals were significantly higher for all tests after DAP (odds ratio range 1.41—4.45, p<0.0001):
- Absolute mean differences: Weight -1.380 kg, BP -1.12 mmHg for systolic, -1.18 mmHg for diastolic, HbA1c -0.028% or -0.27 mmol/mol, total cholesterol -0.098 mmol/L, and triglycerides -0.019 mmol/L (all p<0.05).

For every 1000 case conferences, 22000 GP practice patients with diabetes benefit from the lessons learned  
When compared with traditional hospital outpatient diabetes, DAP is \$103 less expensive per patient



**Conclusion:** The Diabetes Alliance integrated Program is well suited to cater for the needs of people living with diabetes through multi dimensional interventions. DAP+ now has a vision to scale to other regional areas, beyond the Hunter New England Local Health District, to improve population health and make access to healthcare more equitable.