

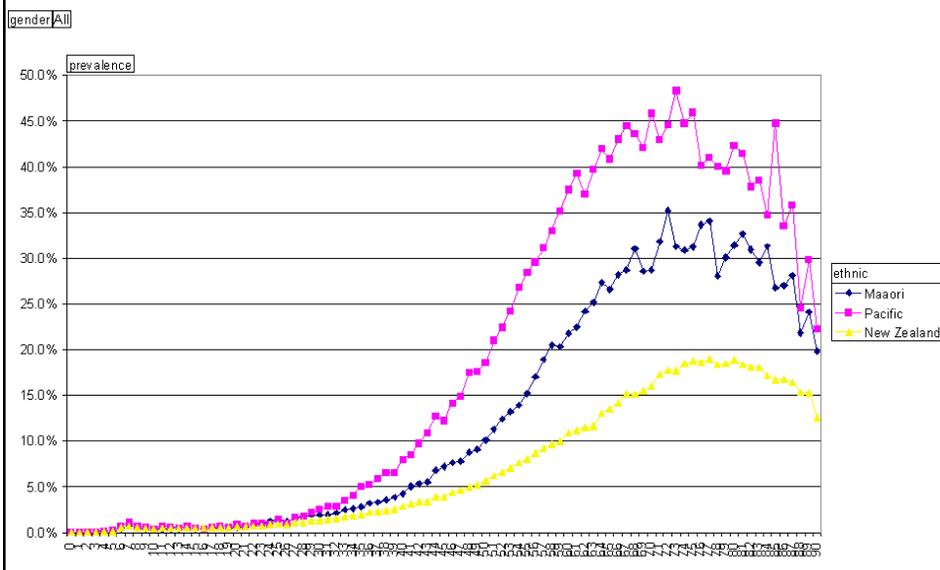
# RapidE

A case study in  
Type 2 Diabetes





## Ethnic differences in prevalence



# Introduction

In New Zealand, funders perceive both high cost and low impact of traditional clinical guidelines:

- Slow
- Expensive
- Difficult to use at point of care



# Definition of RapidE

*'A short-cycle, evidence-based, change package'*

- Priority areas
- Draws where possible on existing international guidance
- Emphasis on implementation



# RapidE Key Steps

1. Identify 'priority change' areas
2. Evidence review
  - Clinical evidence review
  - Implementation evidence review
3. Implementation plan
4. Production of resources/change tools for active sector engagement



## 1. Priority Change Areas

- Best practice uncertain or practice variable
- Criteria\*:
  - High degree of variation from best practice
  - Potential for high clinical impact
  - At risk populations: Maori, Pacific and South Asian
  - More efficient use of resources
  - Reach critical points in care pathway sooner
- Interview to elicit candidate priority areas
- Modified Delphi technique to prioritise
- Scope limited



\* Adapted from NICE, Topic Selection Process Manual, 2008

## Four Priority Change Areas

- Early identification of patients at high risk of diabetes-related complication
- Effective diabetes self-management education
- Management of raised blood pressure and microalbuminuria
- Management of glycaemic control including insulin initiation



## Previous Guideline Topics

- Epidemiology
- Definition/diagnosis/glucose intolerance
- Prevention/pre-diabetes
- Optimal lipid levels
- Gestational diabetes
- Diet
- Weight management
- Physical activity
- Smoking cessation
- Māori perspectives
- Pacific Island perspectives
- Children and adolescents with type 2 diabetes
- Diabetes cardiovascular risk
- Lifestyle interventions in CVR in diabetes
- Drug interventions in CVR in diabetes
- Antiplatelet therapy
- Diabetic eye disease
- Diabetic foot disease
- Chronic kidney disease
- Insulin analogues



## 2. Evidence Summary

- Clinical evidence review
  - Recommendations in priority areas
  - Considered NZ context
- Implementation evidence review
  - International systematic reviews
  - Local case studies



## 3. Implementation plan

- General dissemination and promotion strategy
- Consensus definition of patients most at risk
- Diabetes data toolkit
- National curriculum in diabetes self-management education (DSME)
- National standard for DSME
- Algorithm: blood pressure & microalbuminuria
- Algorithm: glycaemic control
- Algorithm: insulin initiation



## 4. Resource development

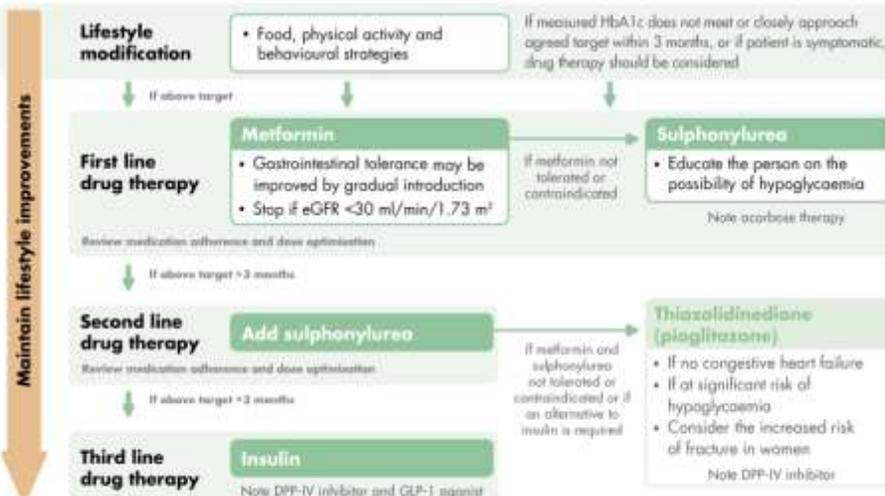
In three priority areas:

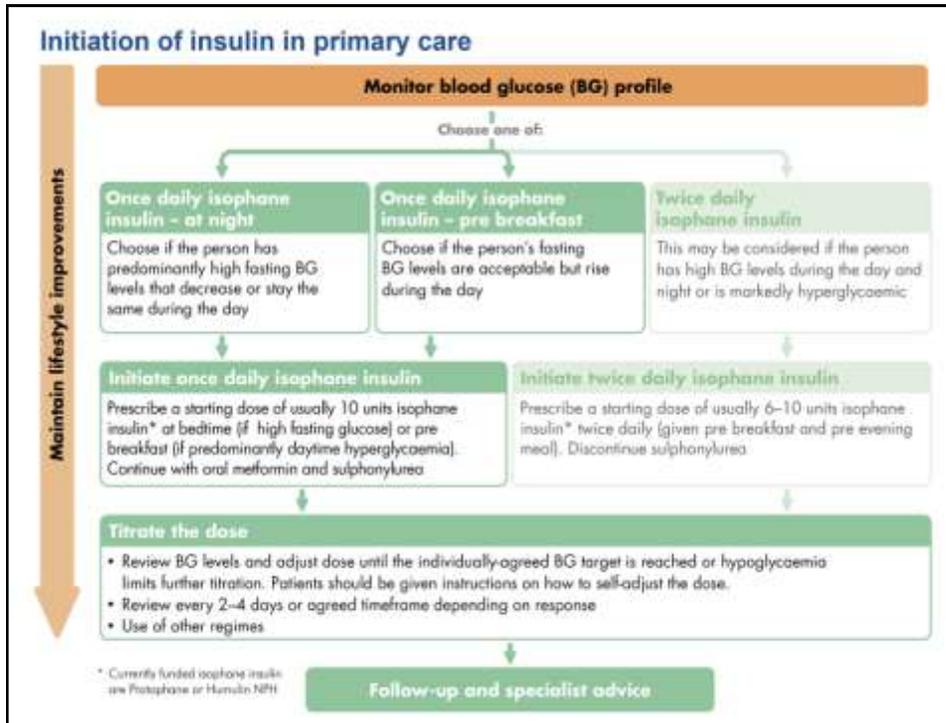
- Early identification of patients at high risk of diabetes-related complication
- Management of blood pressure and microalbuminuria
- Management of glycaemic control including insulin initiation



### Management of glycaemic control

Target HbA1c 50-55 mmol/mol or as individually agreed





## Implementation initiatives

- Interventions directed at health professionals
  - Guidance document
  - Quick reference card
  - Presenter slide set
  - Accredited CME module
- Dedicated e-resource suite



## Implementation initiatives *cont.*

### Systematic, planned dissemination:

- Journal and newsletter coverage
- Wide email promotion
- Conference presentations
- ‘Train-the-trainer’ seminars
- IT system and workflow integration:
  - electronic Clinical Decision Support integration
  - ‘Pathway’ integration on DHB intranets
- Champions critical success factor

## Challenges

- Aligning our groups clinical questions of interest with other groups clinical questions
- Generalisability to NZ - especially Māori and Pacific Island population
- Integrating guideline recommendations into broad clinical workflow
- Aspects of NZ primary care setting creates barriers to programmatic practice change



## Positives

- Quick - a year cycle from contract negotiation to a suite of resources
- Cost-effective
- Wide uptake facilitated by:
  - Sector networks and consultation
  - A focus on active outputs that are useful at the point of care and take into account context as well as evidence



## Sector Feedback

- *'This is exactly what we need'*
- *'Very positive reception from both specialist and primary care teams. Very broad acceptance that the advice given is totally appropriate and fits really well esp in primary care. Resources thought to be good too.'*
- *'Informative guidelines, useful information to take to practices.'*



## Conclusion

Sacrificed scope for reach....

Not without its pitfalls and shortcomings

Sector feedback is positive

