Quality of Diabetes Care in Disease Management Programmes in Germany

Thomas Elkeles (University of Applied Sciences Neubrandenburg, Dept. of Health, Nursing, Management), Wolf Kirschner (Research, Consulting service + Evaluation, (FB+E, Berlin), Christian Graf (BARMER Health Insurance, Wuppertal), Petra Kellermann-Mühlhoff (BARMER Health Insurance, Wuppertal)

Context, problem and aim

Brief outline of context and problem: Intensive efforts have been made in Germany since the late 1990s to enhance integration and quality management within the fragmented health care sector, especially in diabetes care.

Strategy for change: In 2002 Disease Management Programmes (DMP) were introduced by legislation to improve quality of care for the most common chronic diseases, one of them diabetes. DMP involve the statutory health insurance funds (SHIs) receiving additional compensation if their chronically ill customers enrol in these programmes.

Assessment of problem and analysis of its causes: Apart from official evaluation methods, there are now approaches to compare process and outcome measures using a control group design. One of these is to compare the views of patients enrolled in a DMP for diabetes with non-participants who continue in regular care.

Data and methods

A representative survey of diabetics aged 45 to 79 years who were insured with BARMER health insurance in 2007 was carried out (total: 11 209). Responses were received from 38.5% of the random sample. On the basis of other investigations, a standardised questionnaire was developed with 51 questions for both DMP-patients and non-participants addressing the following topics: health status, life quality, duration of disease, type of treatment, comorbidity, disease coping, frequency of visits to doctors, care, therapy objectives, satisfaction with the treatment for the diabetes, and the relationship with the doctor and medical personnel; information and participation in training courses; diabetes check-ups; customer satisfaction and knowledge about the DMP. In the second part of the questionnaire, the DMP participants were asked in 13 further questions about their motives for taking part in the programme, changes since they started participating, and their satisfaction with the programme.

Results

Analysis DMP-participants and non-participants in comparison

Type of treatment, satisfaction with the care and characteristic differences

Slightly more non-participants than DMP-patients had been receiving treatment from a general practitioner in the last twelve months. But a much higher proportion of DMP-patients were receiving treatment at a diabetology office (nearly twice as many as non-participants (Fig.1). Overall, the DMP participants showed a considerably higher level of satisfaction with the care they received for diabetes (Fig.2). Other characteristic differences are their better school qualification, better information, and better process parameters in diabetes care compared with DMP participants.

Multivariate analyses

To clarify whether the perceived benefits of the programme differ as a result of a selection effect from educational status, multivariate analyses were carried out. For this the two highest categories of health satisfaction (completely and very satisfied) were combined in one group, and the other three categories (satisfied, less satisfied, and not satisfied) were combined in a reference group. The resolution between the groups in the model is significant (above 99%).

Analysis of the DMP participants

Reasons for participating in the DMP

The most important reasons for the decision to sign up for the DMP related to expectations about the quality of care and the doctor-patient relationship. A monetary motivation, which is frequently proposed as a control instrument in the health-policy discourse, was only important for a smaller number of health insurance customers: the financial bonus of 40 euros was offered only ranked fifth on the list of reasons given for participation in the DMP (Fig.4).

The main reasons given for participating in the DMP were anticipated improvements in the quality of care and in the doctor-patient cooperation.

Medication for 58.7% of participants was not changed after joining the DMP. A change in medication was found above all for those who had been participating in the DMP for a longer period. More than a quarter of the participants said that the doctor advised them to adopt a diet (Tab.2).

For 54.8% of the participants, the frequency of visits to the doctor remained unchanged, 36.7% went more frequently, and only 5.6% went less often. With increasing length of participation in the DMP, the patients visit the doctor more frequently. 61.3% of participants are of the opinion that the doctor takes more time for them, and here too this proportion increases with longer participation in the programme (Tab.2).

Conclusion

Lessons learnt and message for others: We conclude that the political decision to run disease management programmes nationwide has resulted in a marked improvement in the quality of diabetes care in Germany, and this quality of care will continue to improve. Patients obviously appreciate the fact that the health personnel and the insurance company are taking increased interest in their disease.