WP6

Development of common guidance and methodologies for care pathways for multi-morbid patients

Presentation of Data Analysis of TUD

CHRODIS
ADDRESSING CHRONIC DISEASES & HEALTHY AGEING ACROSS THE LIFE CYCLE

TECHNISCHE UNIVERSITÄT DRESDEN

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Health Sciences/Public Health

WP6

2 Data sources:

1) **NBLIII-database of 1.000 employees in Saxony (in 2008)**

2) SDMP-database of the Saxonian integrated care model with 300.000 patients (2000-2002)

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This presentation arises from the Joint Action addressing chronic diseases and healthy ageing across the life cycle (JA-CHRODIS) which has received funding from the European Union, under the framework of the Health Programme (2008-2013).

1 NBLIII-database (1.000 employees)

Research question:

- How prevalent is the multimorbid Metabolic Vascular Syndrome (MVS) in the population of employees depending on age?

Setting:

- Public Health, population based (workers in different branches of industry)

Method:

- Questionnaire for identification of MVS

Outcome:

- Waist, BMI, blood pressure, lipid trias, plasma glucose

The Metabolic Syndrome questionnaire

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The Metabolic Syndrome questionnaire

Patient ☐☐☐☐☐

1. What is your height? ☐☐☐ cm
2. What is your weight? ☐☐☐ kg
3. How would you estimate yourself?
   - ○ **underweight**
   - ○ **normal weight**
   - ○ **slightly overweight**
   - ○ **overweight**
4. Do you usually have at least 30 minutes of physical activity daily (at work, e.g. filling of storage racks, at char e.g. windows cleaning, during leisure time e.g. cycling, at a fast pace, some exhausting gardening)?
   - ○ **yes**
   - ○ **no**
5. Smoking:
   - ○ **I have never smoked**
   - ○ **I smoke up to 20 cigarettes per day**
   - ○ **I smoke more than 20 cigarettes per day**
   - ○ **I have not smoked for** ☐☐ **years.**
6. Have you ever been found to have high blood glucose (e.g. during an illness, during pregnancy)?
   - ○ **yes**
   - ○ **no**
7. Have you ever been found to have high blood fat (e.g. high cholesterol)?
   - ○ **yes**
   - ○ **no**
8. Are any of your immediate blood relatives (parents, sister, brother, child) overweight?
   - ○ **yes**
   - ○ **no**
9. Have you ever been found to have high blood pressure in health examination?
   - ○ **yes**
   - ○ **no**
10. Have any of your immediate blood relatives (parents, sister, brother, child) been diagnosed with arterial hypertension (increased blood pressure)?
    - ○ **yes**
    - ○ **no**

Variable	regression coefficient	OR	p
Intercept	-25.07		
BMI linear	1.16	3.20	<.001
BMI square	-0.01	0.99	<.001
Self-analysis			
- under- / normal weight		Ref.	
- slightly overweight	0.91	2.48	0.03
- overweight	0.26	1.29	0.65
< 30 min. of physical activity	0.60	1.83	0.03
Smoking			
- non-smoker/<20 cigaret./d.		Ref.	
- non-smoker ≤ 1 year	1.23	3.65	<0.05
- non-smoker > 1 year	0.73	2.08	0.01
- smoke ≥ 20 cigarettes/day	1.19	3.28	<.001
High blood glucose	-1.22	0.30	0.02
High blood fat	0.68	1.97	0.02
Overweight in family	-0.64	0.53	0.02
High blood pressure	0.56	1.75	0.04
Art. hypertension in family	0.53	1.70	0.05

Regression coefficients are added to total logit and estimated probability (p) for „intervention is required“ is calculated for each person:

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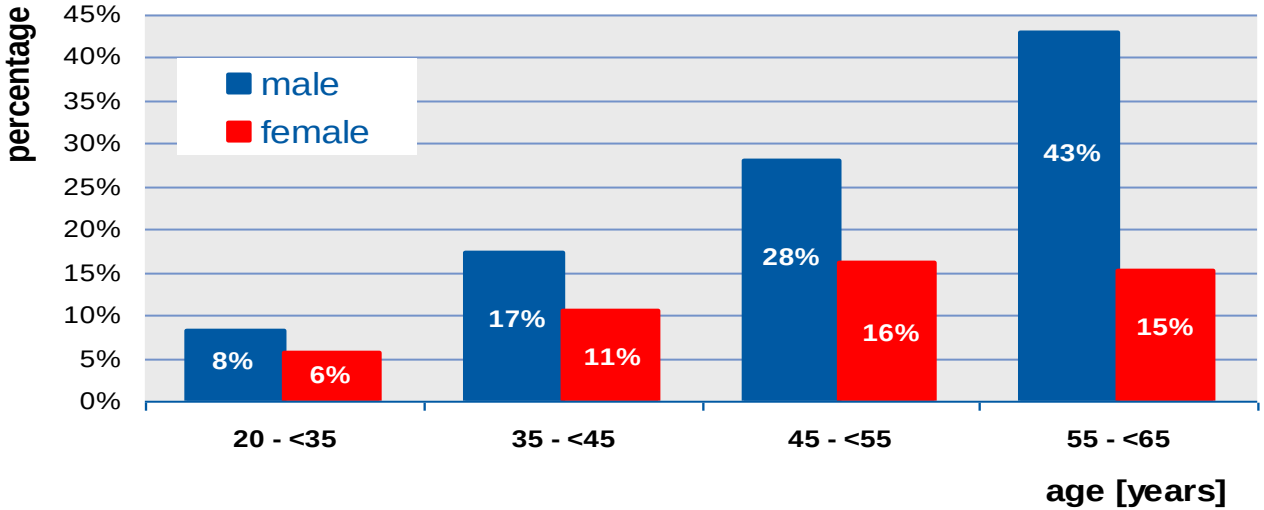
1 Results: Prevalence of the MVS



	no MS		MS	
	N	mean age	N	mean age
male	516 (80%)	40,6 ± 8,3	133 (20%)	45,7 ± 8,3
female	308 (88%)	42,3 ± 9,0	41 (12%)	45,5 ± 8,3
total	**824 (83%)**	**41,2 ± 8,6**	**174 (17%)**	**45,7 ± 8,3**

2 SDMP-database (300.000 patients)

Research question:

- What are the most co-existing conditions in case of diabetes and the Metabolic Vascular Syndrome, respectively?

Setting:

- SDMP-database of the Saxonian integrated care model (2000-2002)
- Primary and secondary – integrated outpatient – care for patients with DMT2 and co-morbidities (community and population based, resp.)

Methods:

- Pay for performance and pay for outcome, resp.

Outcome:

- HbA1c and blood pressure

2 Results: Diabetes Care 2008;31:863

Clinical Care/Education/Nutrition/Psychosocial Research
ORIGINAL ARTICLE

Evaluation of a Diabetes Management System Based on Practice Guidelines, Integrated Care, and Continuous Quality Management in a Federal State of Germany

A population-based approach to health care research

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Diabetes Care 31:863–868, 2008

OBJECTIVE — The aim of this study
gram (SDMP), which is based on integr
quality management. The SDMP was implemented into diabetes contracts between health insurance providers, general practitioners (GPs), and diabetes specialized practitioners (DSPs) unified in the Saxon association of Statutory Health Insurance Physicians.

RESEARCH DESIGN AND METHODS — The evaluation of the SDMP in Germany represents a real-world study by using clinical data collected from participating physicians.

The growing interest in evidence-based medicine and outcome and a commitment to integrated care across primary and secondary care sectors all contribute to making disease manage-
ment an attractive idea (1). The disease
largely untested, making evaluation essential.

There is evidence of regional variations in diabetes management in different primary care settings within the same

The Joint Action on Chronic Diseases and promoting healthy ageing across the life cycle (JA-CHRODIS)*

* THIS PRESENTATION ARISES FROM THE JOINT ACTION ON CHRONIC DISEASES AND PROMOTING HEALTHY AGEING ACROSS THE LIFE CYCLE (JA-CHRODIS) WHICH HAS RECEIVED FUNDING FROM THE EUROPEAN UNION, IN THE FRAMEWORK OF THE HEALTH PROGRAMME (2008-2013)

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