# Wisconsin

## Establishing Statewide Guidelines and Promoting Provider Collaboration to Reduce the Burden of Diabetes

### Public Health Problem

In 2000, an estimated 326,000 adults in Wisconsin had diabetes. This estimate includes both diagnosed and undiagnosed diabetes. In 2000, there were 78,790 diabetes-related hospitalizations in Wisconsin, costing more than $1.03 billion.

### Evidence That Prevention Works

National and international studies have shown that improved diabetes care and patient self-management can delay blindness, lower-extremity amputations, kidney disease, and other adverse outcomes in people with diabetes. Recent diabetes prevention clinical trials clearly have demonstrated that, among those with prediabetes, the onset of diabetes can be prevented or delayed significantly through modest improvements in nutrition, weight control, and exercise levels.

### Program Example

In 1998, the Wisconsin Diabetes Advisory Group (DAG) developed and published *Essential Diabetes Mellitus Care Guidelines* as a way of improving diabetes care through health care providers and health systems. Over 70% of Wisconsin's licensed health maintenance organizations (HMOs) adopted or adapted these guidelines. The Wisconsin Diabetes Prevention and Control Program, in partnership with the University of Wisconsin Department of Population Health Sciences, members of DAG, and state HMOs developed the Wisconsin Collaborative Diabetes Quality Improvement Project. Broadly, the Collaborative Project's strategic goals include evaluating the implementation of the *Essential Diabetes Mellitus Care Guidelines;* sharing resources, population-based strategies, and best practices among collaborators; and improving diabetes care through collaborative quality improvement initiatives. Aggregate data from the project's third-year evaluation show that the Wisconsin collaborators performed at a level that exceeded the National Committee on Quality Assurance (NCQA) regional and national averages on each of the six diabetes measures (A1C monitoring, A1C control, LDL-cholesterol screening, LDL-cholesterol control, eye exams, and kidney disease screening). Additionally, the majority of Wisconsin's HMOs currently participate in the project. The collaborators also initiated a statewide quality improvement intervention to increase eye exams and improve reporting of exam results and recommendations.

### Implications

This program demonstrates the importance of promoting collaboration to share best practices and effective strategies that lead to quality interventions to improve diabetes prevention and control measures.



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