Executive Summary

Type 2 diabetes affects nearly 20% of veterans who use the VA health care system or over 800,000 individuals at any given time. Diabetes is a leading cause of blindness, end stage renal disease, and amputation in the U.S., with at least three quarters of non-traumatic amputations in VA involving patients with diabetes. Further, up to 80% of patients with diabetes will develop or die from macrovascular disease, such as heart attack and stroke. While there is a growing array of therapeutic options and efficacious treatment strategies to prevent or delay some of the most severe diabetes-related complications and enhance quality of life, there remain significant gaps in the use of these treatments. For example, tight blood pressure control for patients with diabetes can substantially lessen macrovascular complications, as well as development of renal failure and eye disease. Yet, the majority of VA patients with diabetes do not approach these tight levels of blood pressure control. Consequently, the Diabetes Quality Enhancement Research Initiative (QUERI-DM) has been and remains committed to research and operations-related activities that promote the use of effective treatments or care strategies to decrease the number of patients who experience diabetes-related complications.

Our projects to date have focused on documenting and understanding important gaps in care for veterans with diabetes, developing and disseminating recommendations for blood pressure control and the timing of eye screening examinations, and elucidating key organizational factors in VA facilities that may influence quality of care (e.g., use of coordination and feedback strategies to decrease ulcers and amputations). Further, we have worked with patients and providers to improve blood pressure, lipid and glycemic control for high-risk patients.

The work of the QUERI-DM and other essential VA offices and programs, such as Patient Care Services, the Office of Quality and Performance, and the Office of Policy and Planning's Healthcare Analysis and Information Group, have led to significant improvements in VA diabetes care quality over the past 5-10 years. For example, the mean hemoglobin A1c value, a measure of average glycemic control, was 8.3% in FY96, decreasing to 7.8% in FY98 and 7.4% in FY01. Nonetheless, more needs to be done. Blood pressure control remains suboptimal, preventable instances of visual loss and amputations occur all too frequently, and patients need more help with self-management and dealing with co-morbid chronic conditions. Therefore, within our overarching goal of reducing preventable morbidity and mortality among veterans with diabetes, our future projects will focus on optimizing management of cardiovascular risk factors to prevent macrovascular complications of diabetes and on

decreasing rates of end-stage microvascular complications, with particular attention to preventing visual loss and lower-extremity ulcers and amputation. Further, our future studies will strive to identify ways to improve patient self-management and the management of those with multiple major co-morbid conditions.