

## VA Diabetes Care Better than Commercial Managed Care

Type 2 diabetes affects about 17 million people and contributes to more than 200,000 deaths each year in the United States. However, despite many cost-effective treatments diabetes care remains suboptimal. More than 800,000 patients with diabetes receive care through the VA healthcare system. This is the first study to compare the quality of diabetes care among patients in the VA and commercial managed care (CMC) organizations using comparable sampling, data collection, and quality measurement methods. Investigators in this study conducted a cross-sectional patient survey or interview, along with a retrospective review of medical records for patients who received care at one of five VA medical centers (N=1285), or from one of eight CMC organizations (N=6920). VA and CMC facilities were in five matched geographic regions. Quality of care measures were compared for 7 diabetes processes of care (e.g., hemoglobin A1c test and eye exam), 3 diabetes intermediate outcomes (e.g., blood pressure and cholesterol control), and 4 dimensions of satisfaction (e.g., getting needed care, how well doctors communicate). Measures used to adjust for patient differences included demographic and clinical characteristics, as well as the number of doctor visits and the date of survey completion. Data for this study was collected as part of the Translating Research into Action for Diabetes (TRIAD) initiative – a collaborative effort to evaluate the quality of diabetes care in CMC organizations and in VA.

Findings from this study show that VA patients had better scores than CMC patients on all assessed quality of care measures, including better annual hemoglobin A1C testing (93% for VA vs. 83% for CMC), aspirin counseling (75% vs. 49%), eye exams (91% vs. 75%), and foot exams (98% vs. 84%). VA patients also had better LDL control and were slightly more satisfied with the overall quality of diabetes care. These results suggest that a federally sponsored national healthcare organization can provide care that is equivalent to or better than that provided by high performing CMC plans. The authors of this study believe that if commercial plans are going to achieve the same high standards, they may need to make major parallel investments in multiple domains of clinical care structure, such as information technology, care integration, performance monitoring, and payment incentives.

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