

Adapting primary care collaboratives for diabetes prevention in high risk women

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Background: The single strongest population risk predictor for Type 2 Diabetes (T2DM) is having gestational diabetes (GDM). GDM and T2DM pose tremendous potential health and economic burdens with increasing incidence worldwide. Coordinated primary care around screening and lifestyle behaviour change is needed for diabetes prevention to be effective. Australian Primary Care Collaboratives (APCC) are effective in improving quality of care and 20% of GPs nationally have been involved in collaboratives.

Objectives: To evaluate the delivery of a mini primary care collaborative for diabetes prevention in women with a history of GDM.

Methods: Five Medicare Locals within rural and metro areas of Victoria will identify five practices per Medicare Local. Each practice will participate in a 12 month mini-collaborative focused on improved screening and lifestyle intervention practices. Practice audits, GPs and women interviews will provide process and impact measures for the evaluation.

Results: The mini-collaborative will provide valuable information on facilitators and barriers to broader implementation. It will generate new resources to support effective scale up into the APCC program waves through integrating the findings into the APCCs handbook for diabetes prevention in collaboratives.

Discussion: The demonstration of the mini-collaborative for diabetes prevention in high risk women will give important insights into issues and possible solutions when scaling up the practice into primary care systems.