

Testing of Blood Glucose

Based on a national survey of physicians, Harris (1) estimated that patients with diabetes average 2.7 medical visits/yr for continuing care, and a test for blood glucose was performed an average of 1.9 times/yr. It is also interesting to note that primary-care physicians in group practices tested for glucose more often than solo practitioners. It is unclear whether the number of practitioners influences the frequency of visits or whether care in the group-practice setting only influences glucose testing because of laboratory availability.

In a detailed review of 429 charts of diabetic patients from seven clinics in the New York metropolitan area, we found the average number of visits and the number of glucose tests performed to be considerably higher than those reported by Harris (2,3). In our study, there were an average of 7.4 visits/yr, and blood glucose was measured an average of 5.1 times/yr. Additionally, we found that glycosylated hemoglobin was not measured in three of the seven clinics. In the other four clinics, glycosylated hemoglobin was measured in each patient an average of only 1.5 times/yr. Similar to Harris's findings, we found an alarmingly low rate of self-monitoring of blood glucose. Only 3% of the patients monitored capillary glucose, and the frequency of monitoring only increased to 10% when we included urinary glucose testing.

We found a frequency of visits that was, on average, 2.7 times greater than that reported by Harris. Whether the apparent discrepancy in the number of visits reported by Harris and our group was related to methodological differences in data collection or was characteristic of the clinics we audited is uncertain. With respect to frequency of visits, our findings were similar to the visit frequency reported by Payne et al. (4) in their

audit of medical records from clinics in the Denver Department of Health. Patients enrolled in comprehensive health-care clinics may be seen more frequently than other medical patients.

Even though audit studies have found that diabetic patients are seen more frequently than Harris's estimate of the national average (1–4), all of the studies seem to indicate that analysis of current health-care delivery is needed to determine why minimal standards for continuing care of diabetes are not being met in the United States (5).

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