Diabetes care in Austria and England: what causes the fivefold higher hospital admission rates?

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Background
This study tries to identify differences in the structure and processes of primary care related to diabetes care in Graz (Austria) and Tower Hamlets (London, United Kingdom). It tries to assess if these observed differences can explain the fivefold higher hospital admission rates due to diabetes in Austria compared with England.

Methods
The study implemented a mixed-method research approach based on a “rapid health system appraisal” focusing on Graz and Tower Hamlets. Quantitative data derived from routine health data on diabetes prevalence, diabetes morbidity and mortality, hospital admissions due to diabetes and human resource data. Qualitative data derived from semi-structured interviews each with twelve policy maker, health professions and academic researchers in both settings.

Results
The preliminary results show largely different structures and processes related to diabetes care which could potentially explain the observed difference in hospital admission rate. Diabetes management in England moved in the last decades from the hospital to the primary care setting, from medical doctors to nurses and receives technical support and financial incentives by the Quality Outcomes Framework. Diabetes management in Graz spreads between primary care, outpatient specialist care and hospital based care, mainly performed by medical doctors, technically supported by those GPs who joined the Disease Management Program and lacks financial incentives.

Conclusions
The large differences in hospital admissions due to diabetes are associated with a stronger, long-term focus on quality improvement initiatives in the primary care sector and the conscious decision to move diabetes management from the hospital sector to the primary care sector and from medical care to nurse-led care.

Key messages:

- Austria experiences five-fold higher hospital admission rates due to diabetes than England
- From a healthcare system perspective, diabetes is very differently managed in those two countries