Hypothesis: Clinicians will treat diabetic patients with limited life expectancy in a more conservative manner. Will primary care VA providers adjust medications in response to A1C levels at the same frequency in individuals with and without a limited life span?

Sub hypothesis: It will be possible to use a VA administrative data set to identify diabetic patients with limited life expectancy

Background: Performance measurement is increasingly encountered in practice environments

- Performance measures are usually founded in clinical practice guidelines
- Measurement use is an attempt to encourage change in provider behaviors
- Guideline recommendations are usually formulated for a single illness, and rarely account for illness severity.

The VA Health system has a diabetes guideline which suggests ‘individualized targets’ for patients with limited life expectancy, and excludes patients with a life expectancy of <6 months from measurement. Few operational definitions exist to aid clinicians in the identification of such patients.


- All VA primary care patients with: 2 outpatient or 1 inpatient DM code, or
- Filled prescription of oral hypoglycemic or insulin,
- or 2 outpatient glucose readings of >200 Fig 1
- A1C determination was the anchor date.
- A1C level of 9 as cut off for ‘controlled’ diabetes

Life expectancy estimates

- Expert panel, lit reviews
- Identify ‘seriously ill’ patients with CHF, COPD, Dementia, Liver disease, Cancer
- Algorithm tested in a 2003 cohort

Results

- 888,626 eligible patients of whom 3.3% met limited life expectancy criteria
- Table 1 reviews demographic data on the 2 populations

Algorithm ‘successful’: 5 yr mortality 55%, control 15%. Text states that age adjustment magnified disparity between groups.
Table 2. Less aggressive control at baseline, less treatment adjustment

**Authors’ conclusions:** Clinicians do recognize life-limiting chronic illness, and do step back from intensive medication adjustment in this group of patients. The official performance measure does NOT exclude most of these patients from calculations, and may encourage over aggressive care.

**My comments:**
HUGE number of patients (all male VA patients)
Very modest target for ‘control’.
“Limited” life expectancy considered 5 years??????
While diabetes complications may take > 5yrs, not all treatment modalities are so lengthy. Would adoption of this algorithm method actually be used to deny treatments?

**PERFORMANCE MEASUREMENT IN OLDER PATIENTS IS VERY COMPLEX.**