

Intervention ups appropriate dysglycemia screening

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The researchers found that the baseline monthly proportion of eligible patients receiving testing varied from 7.4 to 10.4 percent. Screening doubled after the intervention (mean increase +11 percent; 95 percent confidence interval [CI], 9.0 to 13.0). The proportion of ineligible patients also increased (+5 percent; 95 percent CI, 3.0 to 8.0), with no change seen in cholesterol testing (+0 percent; 95 percent CI, ?0.02 to 0.05). Both before and after the intervention, about 59 percent of test results in eligible patients showed dysglycemia.

"Implementation of a policy for systematic dysglycemia screening including formal training and EHR templates in urban academic primary care clinics resulted in a doubling of appropriate testing and the number of patients who could be targeted for treatment to prevent or delay type 2 diabetes mellitus," the authors write.

Two authors disclosed financial ties to the pharmaceutical industry.

More information: Full Text (subscription or payment may be required)

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(HealthDay)—Implementation of an intervention, including electronic health record (EHR)-based decision support and training for use of the American Diabetes Association guidelines for dysglycemia screening, is associated with an increase in appropriate dysglycemia screening, according to a study published online June 15 in *Diabetes Care*.

Jeanine B. Albu, M.D., from the Icahn School of Medicine at Mount Sinai in New York City, and colleagues identified 40,456 adults without type 2 diabetes or recent screening with a face-to-face visit in five urban clinics using EHR data. The authors examined the impact of the intervention (system-wide primary care diabetes management program, including targeted guidelines for type 2 diabetes and dysglycemia screening) on trends in three outcomes: the monthly proportion of eligible patients receiving dysglycemia testing; two negative comparison conditions; and the yield of undiagnosed dysglycemia among those tested.



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