

**BACKGROUND*****Why Health Care Renewal Matters: Lessons from Diabetes*****Key Findings on Quality of Care**

- **Too many Canadians with diabetes are left vulnerable to serious but avoidable complications because they don't get the help they need to manage their conditions.**
  - Less than half of Canadians with diabetes get all the lab tests and procedures recommended for high quality diabetes care. These tests are important to monitor blood sugar, blood pressure, cholesterol, kidney health, vision and foot health.
  - Canada compares poorly in international comparisons on quality of care. Other publicly funded health care systems are able to ensure that up to 80 per cent of people with diabetes receive all the tests and procedures recommended to help prevent complications.
  - The use of effective drugs for diabetes care is low in Canada, particularly in the combinations recommended for people with diabetes who have also been diagnosed with heart disease.
  - Less than half of Canadian family physicians report that they refer their patients with diabetes to support services such as nutrition and fitness counselling which can help people make healthy lifestyle changes, and more than half of family doctors say they aren't aware if these services are available for patients in their community.
- **Canadians with diabetes appear to have poor control of key risk conditions that can lead to complications.**
  - More than half of Canadians with diabetes have poor cardiovascular health, e.g. high blood pressure or high cholesterol.
  - Half do not achieve recommended levels of blood sugar.
- **With the right care, people with diabetes can often prevent or delay complications, and people at high risk for developing diabetes can prevent or delay the onset of disease.**
  - A one per cent reduction in blood sugar has been linked to a 14 per cent reduction in heart attacks and a 21 per cent reduction in deaths related to diabetes complications.
  - Reducing blood sugar for people with diabetes can lower their risk of developing eye disease by 76 per cent and their risk of developing kidney disease by more than 50 per cent.
  - With a modest weight loss (about 4 kg) over a period of three to six years, close to 60 per cent of people at high risk of diabetes were able to prevent or delay the onset of disease.
- **When people with diabetes receive care focused on preventing complications, they are healthier and spend less time in hospital, with lower public health care costs.**
  - Health care teams (with doctors, nurses and a range of other professionals) have been shown to help patients improve their blood sugar levels. But only about one-third of family doctors in Canada routinely use multidisciplinary teams in delivering chronic care. A full 81 per cent of family doctors in the UK report using teams.
  - The use of information technology, such as electronic health records, has been shown to help more patients get the recommended tests and procedures, and conditions like blood sugar are more likely to improve. Yet Canada has been slow to adopt information technology.
  - In British Columbia, a five-year study found that the combined cost of physician and hospital care for elderly people with diabetes was 47 per cent lower for those who received high quality care (about 70 per cent of the recommended test and procedures), compared to those who received only about 30 per cent of the recommended care (See Figure 16, page 44; The Story of Ruth and Anna, page 45).
- **By changing how the health system works, we can change health outcomes to improve the well-being of Canadians and make our health care system more sustainable.**

For more information, please see the full report, *Why Health Care Renewal Matters: Lessons from Diabetes*, an assessment of how quality of care affects people's health. The report is available at [www.healthcouncilcanada.ca](http://www.healthcouncilcanada.ca).