

# DEVELOPMENT PROCESS OF MINIMUM BASIC CARE FOR PERSONS WITH DIABETES MEELITUS

## THE PURPOSE

The purpose of the Diabetes Consensus Guideline is to provide concise , updated information to primary care physicians and a wide range of other health care providers who administer direct or indirect care to people with diabetes and to evolve basic minimum care protocols for use amongst primary care providers.

## THE PROCESS

In India most persons with diabetes mellitus initially visit and are diagnosed by primary care physicians or general practitioners. It is therefore important that standards defining basic medical care for people with diabetes are provided to this group of physicians. **The standards defined in the consensus guidelines are not intended to preclude a more extensive evaluation and management of the patient by other specialists as needed.** The multicultural, multifaceted life, attitudes and varying levels of development of patient care, across a vast country required that this group of physicians be drawn up from as wide an area as possible for countrywide representation.

A group of approximately 600 Endocrinologists, Diabetologists and Physicians attending the 9<sup>th</sup> Novo Nordisk Diabetes Update held at Bangalore on February 18-20, 2000 were given the onerous task to identify.

What a primary physician “can do”  
What a primary physician “should do” and  
What a primary physician “must know”

The guiding principle was that the protocol that evolves should be suitable and acceptable, to primary care physicians to enable them use it in day-to-day diabetes care in their practice.

These standards of minimum basic diabetes care seek to provide the primary care physician who treats people with diabetes, a guideline on the following:

Diagnosis of diabetes  
Set treatment goals

Assess the quality of diabetes treatment provided  
Identify areas where more attention is needed  
Define timely and necessary referral patterns to appropriate specialists

## KEY AREAS

The following four areas were identified as the key areas in diabetes practice. A set of a “very few” indicator questions, were given to each group to retain the direction and the focus of the discussions on each of the four topics.

Type 1 diabetes  
Newly diagnosed type 2 diabetes  
Type 2 OHA non-responders  
Type 2 patients with complications

The process by which the consensus was reached, was a 5-step approach.

## Creating the Background

The entire morning session of the 9<sup>th</sup> Novo Nordisk Diabetes update in Feb 2000 was devoted to the topic- The Challenge of Diabetes in the News Millennium. The sessions covered themes such as the epidemiology of diabetes and its complications in India and world wide; the current status of care based on the results of Diab Care Asia and the ASDIAB studies; the economic burden of diabetes in India and world-wide based on the Cost of Diabetes in India (CODI Study) and the Cost of Diabetes in Europe (CODI Study); cost benefits of providing good diabetes care; the importance of Good Clinical Practice; the role of Evidence Based Care and the role of record keeping. The topics were covered by senior diabetologists from India and abroad who have done work on the subjects.

This was to provide a prelude and a common understanding of the issues at hand to prepare the participants for a meaningful discussion later in the afternoon.

### **Discussion, Developing Consensus and Group Recommendations**

All participants were divided into groups to approximately 25. The groups were heterogeneous and each group was well represented from all parts and regions of the country as well as in knowledge, skills and type of practice. These groups of 25 physicians discussed one of the four topics that were allocated to them. Thus one given theme was concurrently discussed by six groups i.e. 150 physicians over a two and half-hour session. Each group had a previously identified leader who noted the points of discussion and summarized the points at the end of the session.

### **Collation of Group Recommendations**

For each topic a Rapporteur and three experts had been previously identified for the four topics. The experts and Rapporteurs were senior endocrinologists or diabetologists. They were requested either not to join or not to actively participate in the group discussions to avoid influencing the decisions of the groups. All group

leaders for each of the topics subsequently met their respective Rapporteur and expert committee members and presented the recommendations made by their respective groups. These recommendations were then discussed amongst this group of experts, Rapporteur and group leaders for an hour. The Rapoorturs in the presence of and with the help of the group leaders and expert committee members summarized the findings of all groups for their respective themes and prepared a presentation.

### **Presentation of Report to the Plenum**

The next day the Rapporteurs presented the draft guideline recommendations for their respective themes at the plenary session. Each theme was again briefly discussed at the plenum and adapted.

### **Dissemination of the Report**

The present exercise is step five. The entire process is being documented and circulated as widely as possible.