CORRESPONDENCE

Prevalence of Diabetes Mellitus and Quality of Care in Hesse, Germany, 1998–2004

by Prof. Dr. med. Hans Hauner, Ingrid Köster, Dr. rer. soc. Ingrid Schubert, in volume 41/2007

Valuable Data

The authors are to be congratulated, because the presented data are of great value both for setting out guidelines and recommendations and for health services research. It is a shame that only AOK data were presented, as the risk of bias due to the different insurance structures among the insured patients cannot be excluded. Another criticism relates to the fact that patients' use of services on the one hand is given equal weight to doctors' adherence to recommendations on the other hand, which every practitioner is familiar with. Although the overall trend is positive, it is notable that the percentage of patients treated in an inpatient setting is not falling. As this is economically highly relevant, the causes should be urgently studied, especially as in 1998–2004 the density of specialist outpatient centers for diabetes increased enormously. My subjective impression is that patients are still admitted unnecessarily who could have been treated as outpatients.

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Conflict of interest statement

Dr. Hoß has received honoraria for lecturing from several pharmaceutical companies (Sanofi-Aventis, Takeda, Lilly, NoroNordisc, Merck, Berlin-Chemie).

In Reply:

Many thanks for the reader's letter, which is constructive and addresses relevant questions. It is correct that our sample of AOK insurance customers is not representative of the overall population and that a certain amount of bias in the results can therefore not be excluded.

Our analysis is based exclusively on the retrospective evaluation of accounting data and reflects the quality of the process. This means that adherence to therapeutic guidelines can be captured only indirectly. Any particularities inherent in the use or provision of services were not captured by our methodological approach. The observed trends, however, favor the assumption that the billed services have become closer to the established therapeutic guidelines over time. Since we can report only average values, it is entirely possible that a proportion of doctors – especially those

with a qualification in diabetology – act in close adherence to the guidelines, whereas another proportion does not really observe the recommendations to a sufficiently high degree. We think it is entirely plausible that the unmistakably positive trend is the result of the improved structures in diabetes care.

Like Dr. Hoß, we were surprised to find no unequivocal decrease in the number of inpatient admissions. The suspicion that many admissions were unnecessary may thus be correct. Another explanation may be that these days, patients with diabetes live longer, thanks to improved care provision. The older the patient, the more difficult it is to resolve therapeutic problems in an outpatient setting. Further, it should not be forgotten that only a minority of diabetes patients receives care in specialist centers for diabetes. This may mean that the potential for better integrated care is high.

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