

# KEY MESSAGES

## Implementation and Evaluation of Gestational Diabetes Care in General Practice: Development in “Beacon” General Practices

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### Policy context

Gestational Diabetes Mellitus (GDM) is a common pregnancy complication affecting 10-13% of pregnant women. GDM is a strong predictor of type 2 diabetes mellitus (T2DM) which is presently the second highest contributor to the Australian burden of disease and poses an enormous economic burden. Women with a history of GDM are also at greater risk of a recurrence of GDM, cardiovascular disease and metabolic syndrome. A general practitioner (GP) has a key role in providing diabetes care in all forms. We investigated the application of an established model of community care for complex diabetes using a GPs with a special interest (GPwSI), endocrinologist, diabetes educator team to GDM management, and described requirements for a GDM Beacon, generalizable nationally.

### Key messages

Research undertaken by the APHCRI Centre of Research Excellence in Primary Health Care Microsystems in 2011-2014 identified current practice among GPs for follow up care of women with prior GDM (extended to 12 months postpartum) including current knowledge and use of GDM evidence based guidelines <http://aphcri.anu.edu.au/aphcri-network/research-completed/improving-quality-and-sustainability-integrated-phc-gestational>. Building on this work in 2015-2016, a trial of a ‘Beacon-type’ model of care for GDM was conducted in conjunction with a tertiary maternity hospital,

- > The Beacon model is suitable for the management of GDM as well as complex adult diabetes
- > However, the model requires a greater patient load than our pilot to deliver a viable business model. Further discussions with local general practices, the Mater Mother’s Hospital, and local Primary Health Network should proceed to look at further development, with the projected increase in women now meeting diagnosis and treatment parameters. In particular, the pilot highlights the importance and challenges of a communication strategy to alert busy clinicians of new models of care and referral processes.
- > We drew on Tomoaia-Cotisel and colleagues’ (2013) framework to develop our commentary on the requirements and critical success factors for broader implementation of the ‘Beacon’ model. Three levels of context are identified,
  - The **practice** vision for advanced care in the community, employee and clinician mix and employment structure, attitude and training, patient numbers, clinician and management leadership and practice infrastructure are key to success
  - Larger **organisational** issues such as competing priorities, the degree of intervention integration with usual care, contractual arrangements, leadership style, and financial incentives were also key elements in underpinning the teamwork and reformed service model required
  - The **external environments** such as the political environment, level of co-ordination with the community, and potential change in payment models have a major impact on Beacon uptake and dissemination.