INTRODUCTION

Chronic conditions are associated with higher health system use and costs, and a negative impact on health-related quality of life. The North West Adelaide Health Study (NWAHS) examined the impact diabetes has on health service resource use through Health Insurance Commission (HIC) Medicare Benefits Schedule (MBS) rebates paid for eligible services and self reported service use.

METHODS

The NWAHS examined the prevalence of certain chronic conditions, including diabetes, using a representative sample of adults living in the north western region of Adelaide. All households in the north western region with a telephone connected and listed in the Electronic White Pages were eligible for selection. Within each household, the person who had their birthday last and was 18 years or older, was selected for interview and invited to attend the clinic. The clinic participation rate was 69%.

Consent for the release of HIC MBS rebate data was requested from NWAHS clinic participants. Data were matched for 93% (n=2352) of the 2523 participants. HIC data included the MBS item number, the date of use and the rebate paid through the MBS. MBS data are considered to be good indicators of health system use and health status.

Self reported health service use for the past twelve months was obtained from a questionnaire that participants completed prior to their clinic appointment. Participants were asked “How many times in the last twelve months have you used: General Practitioner; Community Health Centre; District Nurse or Other Community Nurse; Psychologist; Psychiatrist; Day Surgery; Hospital A&E; Hospital Clinic (Outpatient/ Specialist); Eye Specialist (Ophthalmologist); Other Specialist Doctor (not in a Hospital); Physiotherapist; Chiropractor; Alternative Therapist; Podiatrist; Dietician; Nurse Educator; Other Health Service in South Australia?”

Participants were defined as having diabetes if they had been told by a doctor that they had diabetes, or if their fasting plasma glucose level was greater than or equal to 7.0mmol/L.

RESULTS

The prevalence of diabetes amongst NWAHS participants for whom MBS data were successfully matched was 8.9%. Of those with diabetes (n=162), 18.5% (n=30) had not yet been diagnosed by a doctor.

Participants with diagnosed diabetes were found to have significantly higher mean MBS service use than those without diabetes. Although participants with undiagnosed diabetes had a higher mean service use point estimate than those without diabetes, this difference was not statistically significant. This can be seen graphically in Figure 1. The total rebates paid per person for these services followed a similar pattern (see Figure 2).

CONCLUSIONS

Having diabetes increases health service use. While people whose diabetes is yet to be diagnosed use fewer services than those already diagnosed, the results suggest that the increase in health system use may have already begun prior to diagnosis.

Service use by people with diagnosed diabetes does not alter with socio-economic status (as indicated by age, sex, education, country of birth, income or employment status). This is in contrast to the prevalence of diabetes, which shows significant differences across demographics. This suggests that diabetes has a significant influence on healthcare utilisation regardless of demographic or socioeconomic status.