

Optimizing Secondary Prevention in Type 2 Diabetes

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Description

Patient-specific prioritization of clinical guidelines is a promising innovation for complex patients, but the benefits and costs of prioritization have not been evaluated, and prioritization programs are not yet available for widespread use. This investigation is a modeling project within the large cluster of diseases and treatments that interact in persons with type 2 diabetes mellitus.

Specific Aims

1. Use a computer simulation model, the Evidence-Based Medicine Integrator (EBMI), to simulate a trial comparing the use of a computer model to personalize and prioritize treatments with unprioritized adherence to written guidelines.
2. Simulate this comparison at two levels of clinical inertia, with high inertia set to approximate current behavior in the Kaiser Permanente medical care program and low inertia set at a level that might be induced by a powerful pay-for-performance scheme or by a strong institutional effort to maximize Healthcare Effectiveness Data and Information Set scores.

Main Objective

To use a new kind of evidence-based computer simulation model, the Evidence-Based Medicine Integrator (EBMI) to conduct a simulated trial to compare use of a computer model to personalize and prioritize treatments with unprioritized adherence to written guidelines.

Chronic Conditions Considered

Type 2 diabetes
and a large cluster of other
diseases that interact with it

Preventive Services Considered

Not applicable.

Study Design & Population

Evidence-based computer
simulation model

Persons with type 2 diabetes
mellitus

Strategies Addressed from the National MCC Strategic Framework

- 1.A. Identify evidence-supported models
- 3.C. Address multiple chronic conditions in guidelines

