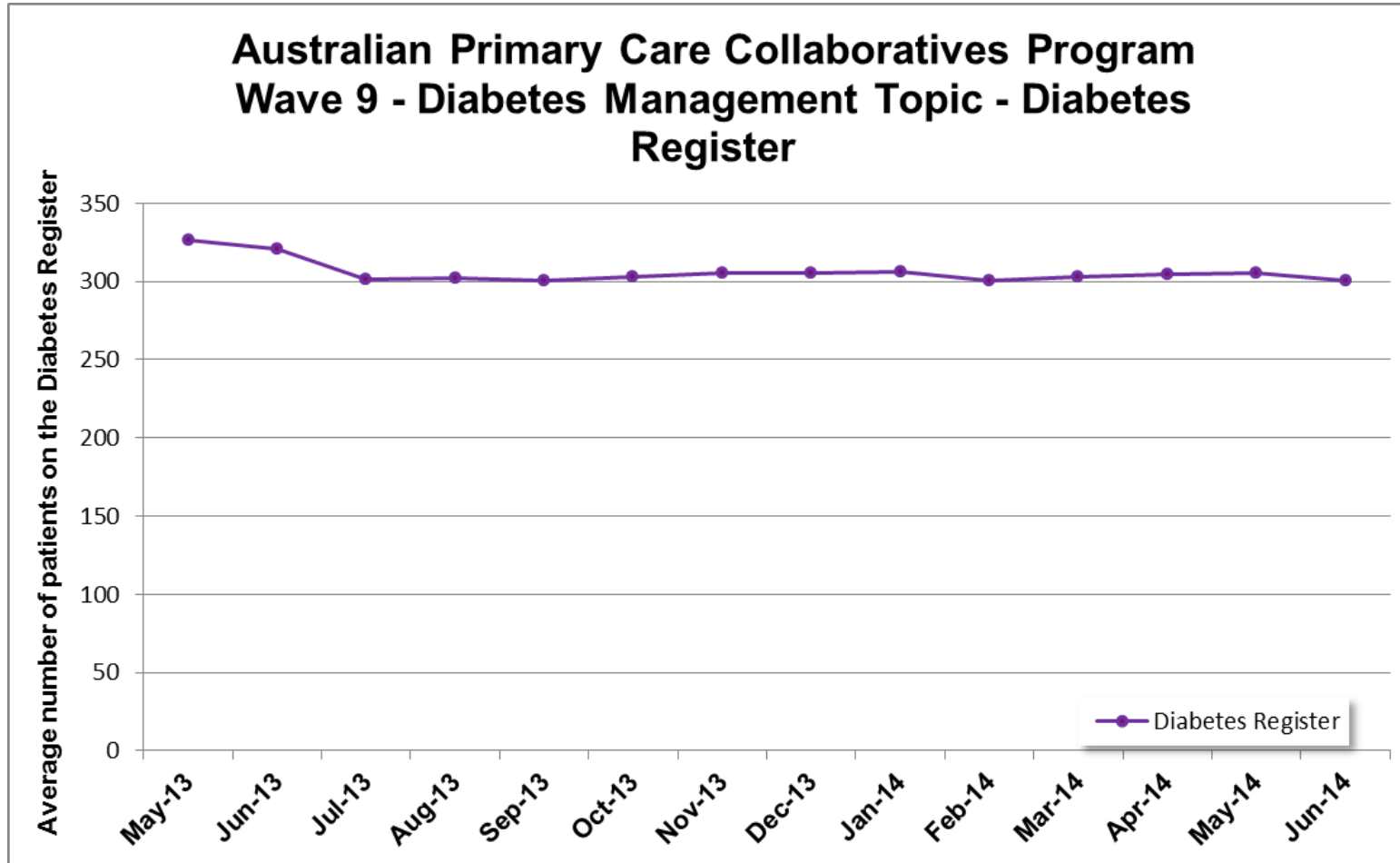


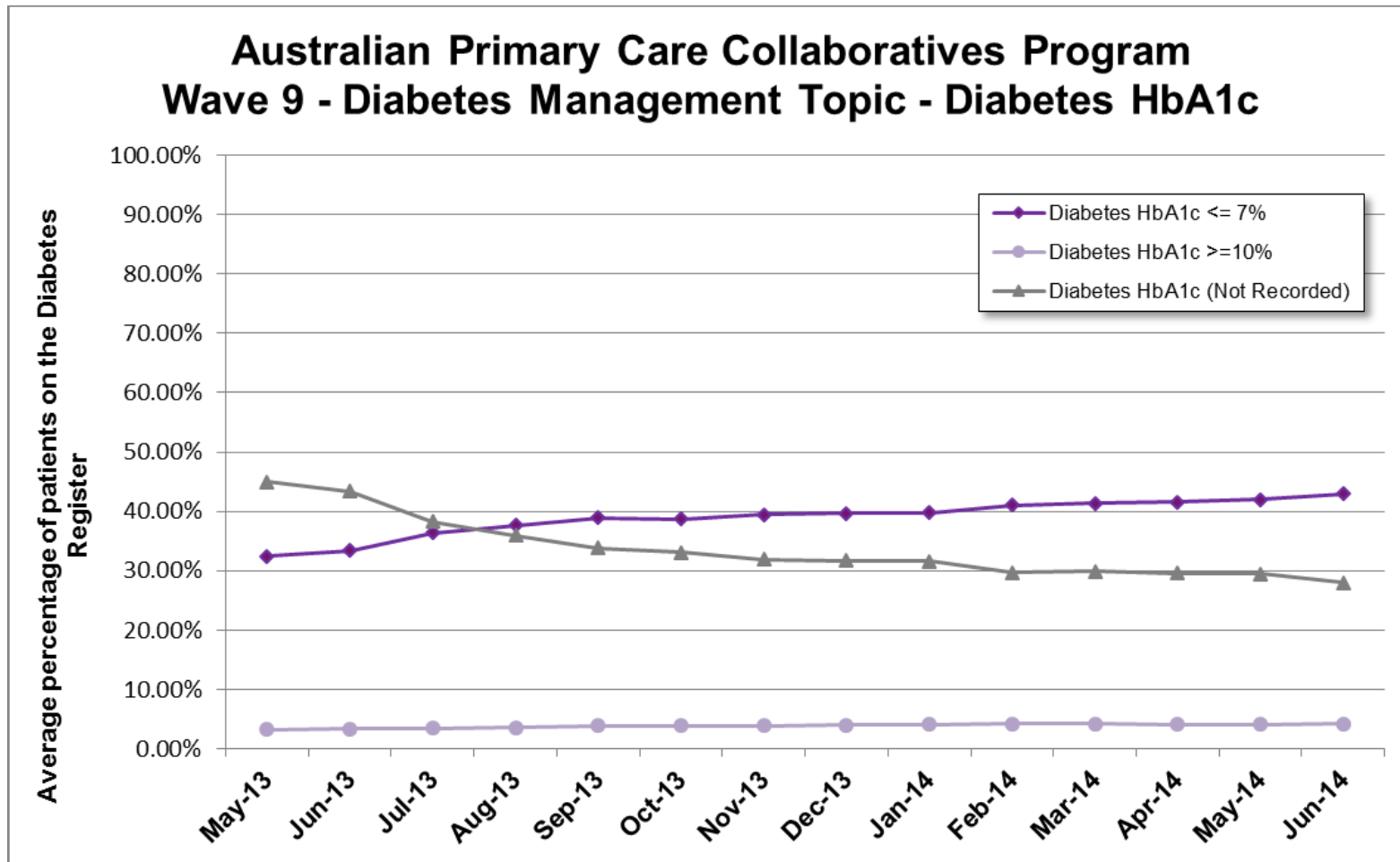
Wave 9: National Diabetes Prevention & Management Wave, Month 14

Diabetes Management: Diabetes Register



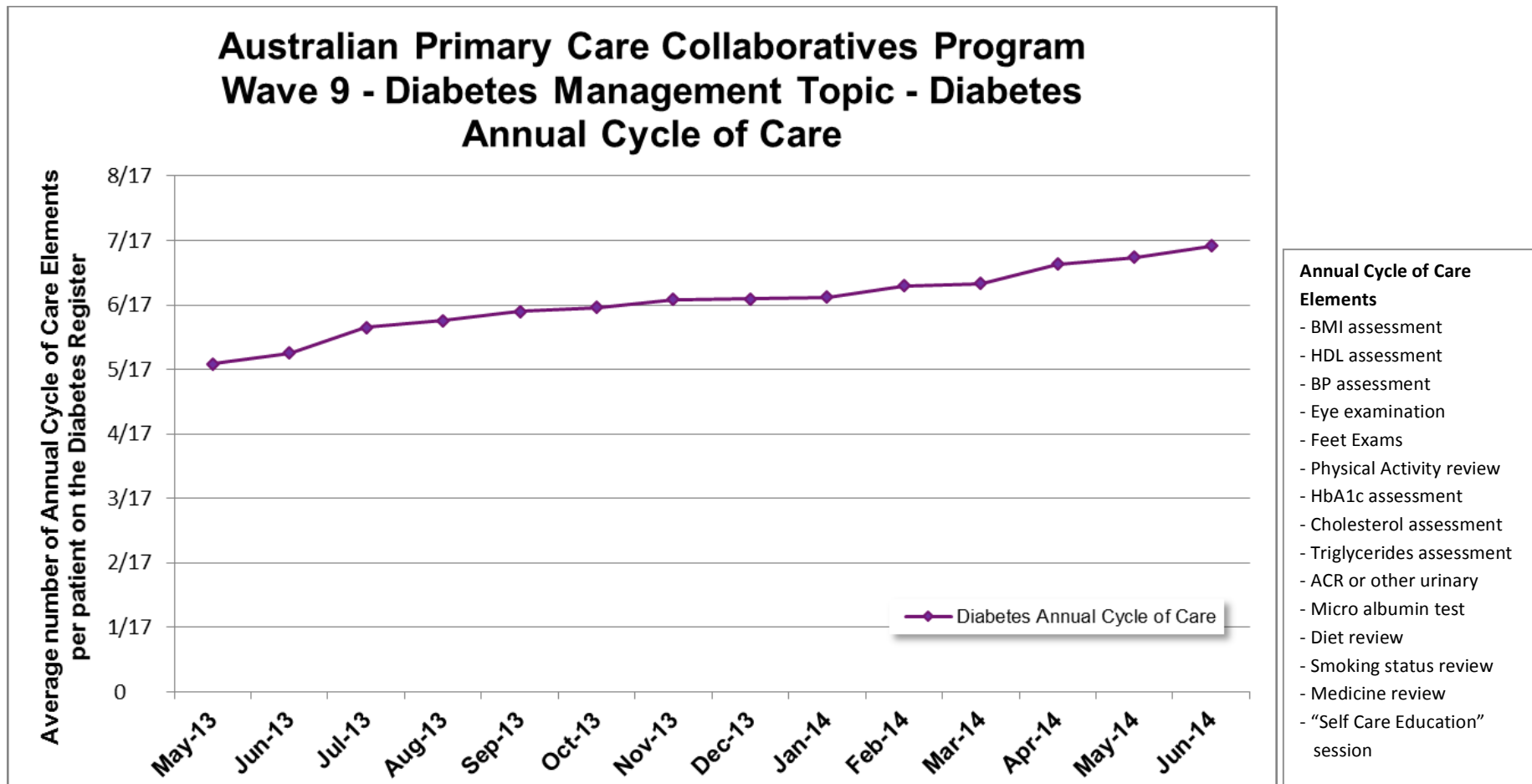
The above graph shows a decrease in the number of patients on the Diabetes Register. This decrease is consistent with data cleansing activities, including archiving patients that no longer attend the participating Primary Care Health Services. The size of the register has decreased from an average of 327 patients to 301 patients with diabetes.

Diabetes Management: HbA1c Values



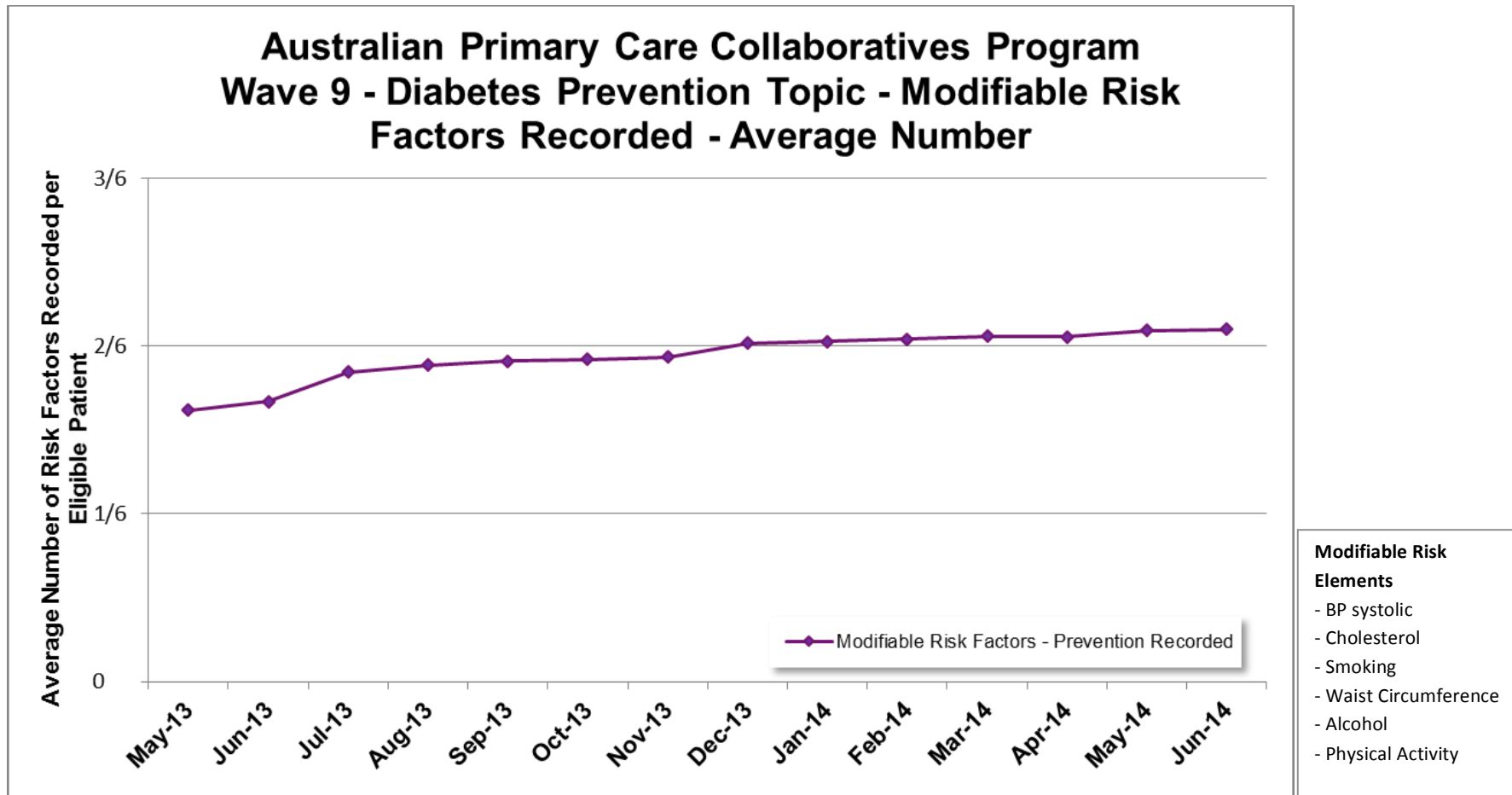
There has been a significant reduction of 17% in Diabetes HbA1c Not Recorded, which represents over 1,900 patients now having their HbA1c accurately recorded in clinical software systems. This improvement is consistent with data cleansing activities at the start of the Wave, including archiving of non-active patients, and improved systems and processes for recording HbA1c values as the Wave progresses. The majority of patients that now have an HbA1c value correctly recorded are in the range of HbA1c ≤7.0%.

Diabetes Management: Annual Cycle of Care



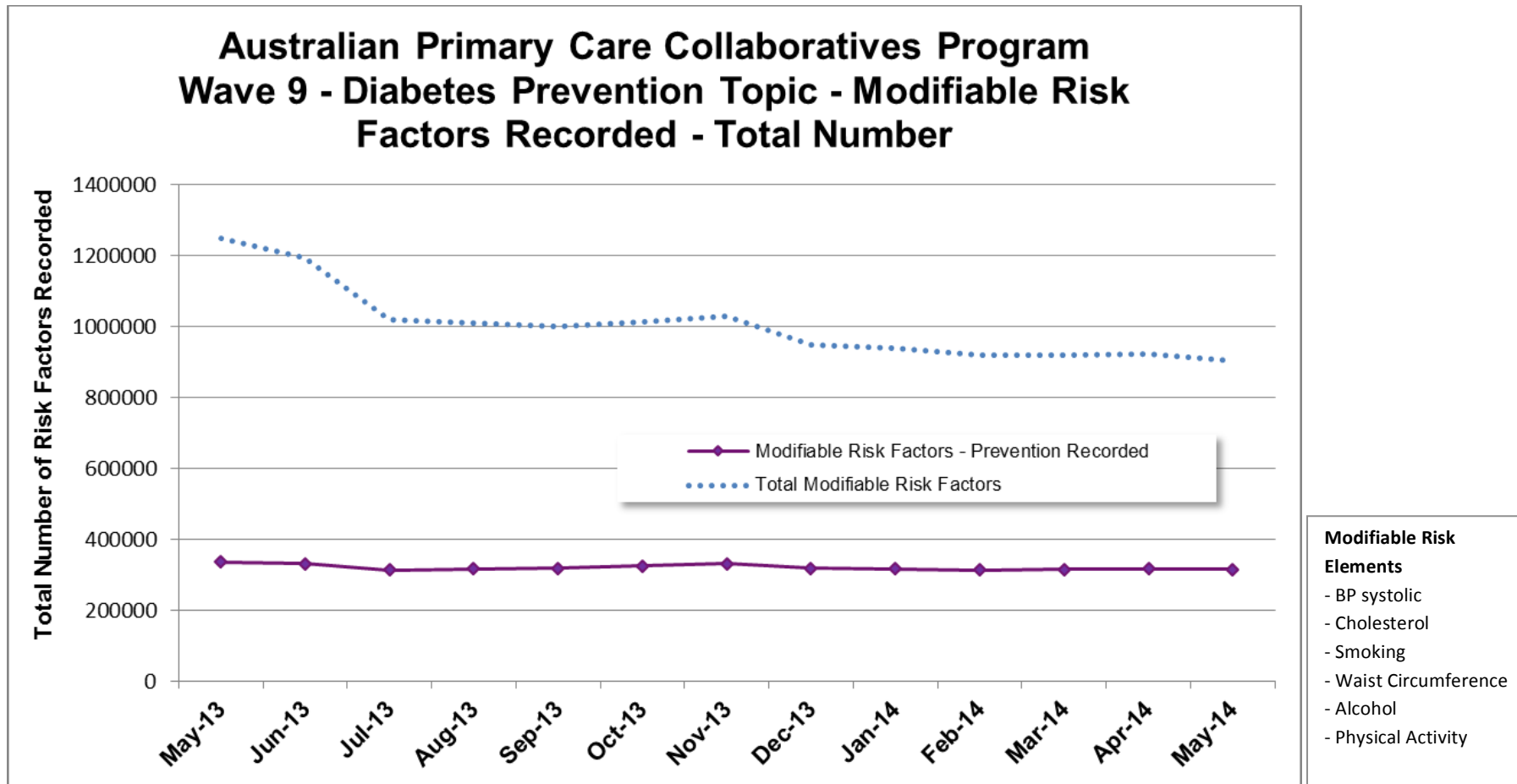
The Annual Cycle of Care measure has increased from an average of 5 out of 17 possible elements being recorded per patient to an average of 6.9 since baseline data submission. This is an increase of 38% in the number of elements recorded in the Annual Cycle of Care, representing significant work being undertaken by participating Primary Care Health Services to establish systems to complete the Annual Cycle of Care and record these elements in their clinical software systems.

Diabetes Prevention: Modifiable Risk Factors – Prevention Recorded



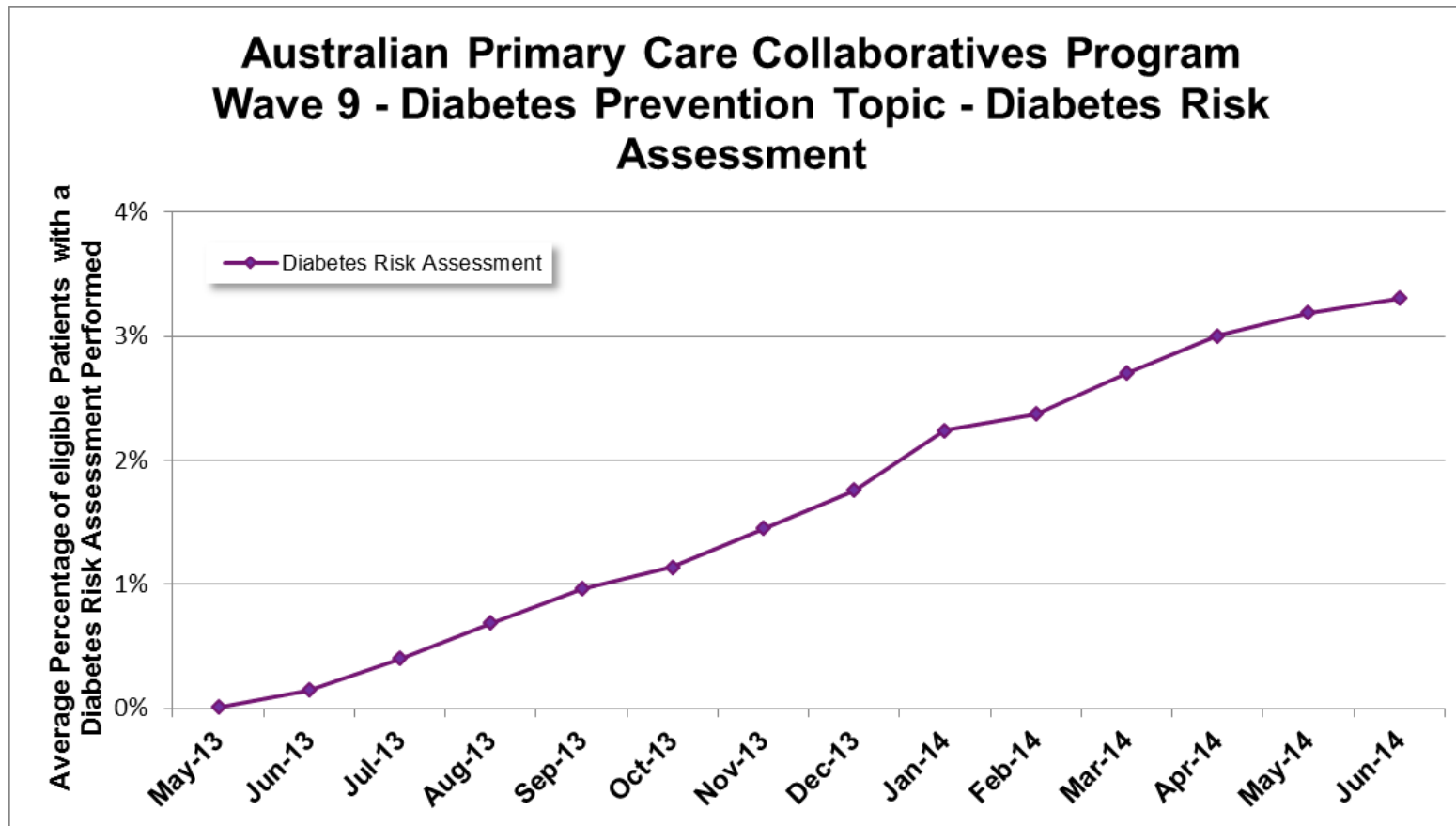
The Modifiable Risk Factors recorded measure has been increasing steadily since baseline from approximately 1.6 out of 6 risk factors recorded to 2.1. This is a 30% increase in recorded risk factors. As the denominator for this measure relates to a large population of patients (people aged 35 years or older and Aboriginal and Torres Strait Islander peoples aged 15 years or older) across the participating Primary Care Health Services, even small improvements in this measure can relate to a significant impact in actual patient numbers, which is outlined in the next graph.

Diabetes Prevention: Modifiable Risk Factors – Prevention Recorded



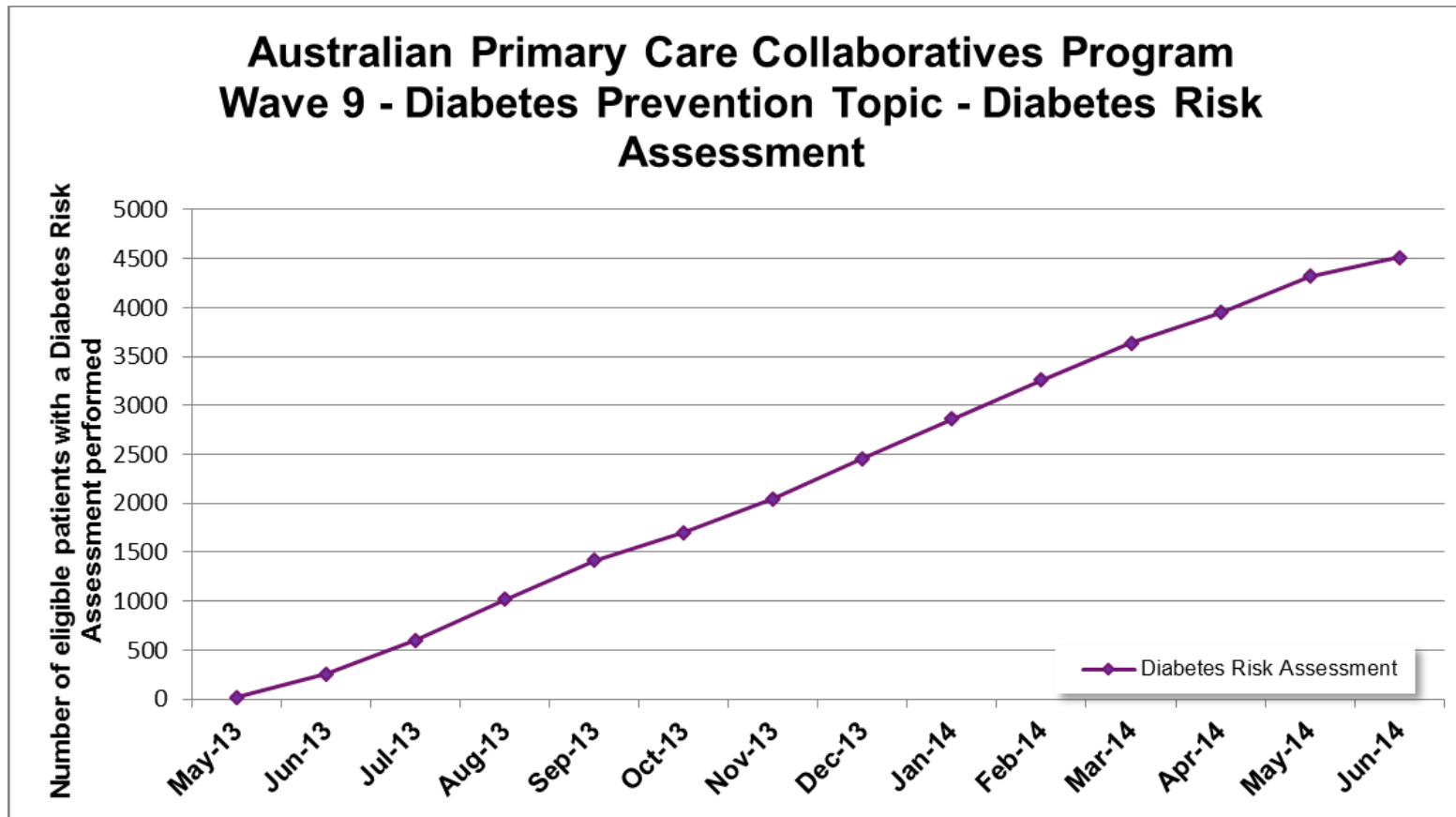
The above graph looks at the total number of Modifiable Risk Factors Recorded by participating Primary Care Health Services. This graph illustrates that data cleansing activities, including archiving of inactive patients, have reduced the total possible Modifiable Risk Factors that can be recorded. This is an expected trend as information for archived patients is less likely to be accurate in Primary Care Health Services' clinical software systems.

Diabetes Prevention: Diabetes Risk Assessments



A key element for the prevention of diabetes is identifying patients' levels of risk for developing the disease. The Type 2 Diabetes Risk Assessment Tool (AUSDRISK) is used to identify an individual's risk of developing Type 2 Diabetes within five years. As the Diabetes Risk Assessment measure has a large denominator (an average of 3,164 patients per participating Primary Care Health Service), it shows a minor change (currently 3.3%) when expressed as a percentage of Risk Assessments performed across all Primary Care Health Services in the Wave.

Diabetes Prevention: Diabetes Risk Assessments



The above graph shows the total number of eligible patients that have had a Diabetes Risk Assessment performed in participating Primary Care Health Services. To date, 4,510 applicable patients have had a Diabetes Risk Assessment performed. The Diabetes Risk Assessment Tool (AUSDRISK) is used to identify an individual's risk of developing Type 2 diabetes within five years.