

Wide variation seen in screening practices for type 2 diabetes

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(HealthDay)—Diabetes screening practices vary widely and are only

partially explained by patient, provider, and clinic factors, according to a study published online March 5 in *Diabetes Care*.

Udoka Obinwa, Ph.D., from the University of Texas Health Science Center at Houston, and colleagues analyzed electronic health record data from 56,818 [primary care patients](#) (aged 18 to 64 years) with two or more outpatient visits between 2010 and 2015 and no diagnosis of diabetes. The authors sought to assess how patient, provider, and clinic factors explain [variation](#) in diabetes screening within an integrated health care system in the United States.

The researchers found that 70 percent of patients completed diabetes screening with a nearly twofold variation across clinics (51 to 92 percent). Variation even existed among those meeting American Diabetes Association (ADA; 69 percent) and U.S. Preventive Services Task Force (USPSTF; 36 percent) screening criteria, with three-quarters receiving screening, again with a nearly twofold variation across clinics (ADA: 53 to 92 percent; USPSTF: 49 to 93 percent). The yield for the two ADA and USPSTF screening strategies was similar for diabetes (11 versus 9 percent) and prediabetes (38 versus 36 percent). Among patients not eligible for guideline-based screening, nearly 70 percent were tested. Compared with the ADA guideline, the USPSTF guideline missed more cases of diabetes (6 versus 3 percent) and prediabetes (26 versus 19 percent). When accounting for clustering and adjusting for patient, provider, and clinic factors, twofold variation in screening by provider and clinic remained (median odds ratio, 1.97; intraclass correlation, 0.13).

"Clinical decision support and system-level interventions are needed to optimize [screening](#) practices," the authors write.

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