**Diabetes Regional Education, Assessment and Management Initiative – metabolic improvements over 6-months of a rural diabetes case conferencing service**

Background

The prevalence of diabetes is increasing, particularly in rural and regional Australia. A rural outreach diabetes case conferencing service was established in a rural region with the highest rates of diabetes and diabetes-related hospitalisations in the state. This region had no access to a public diabetes service prior to the establishment of this case conferencing service.

Aim

To assess clinical outcomes of a rural outreach diabetes case conferencing service.

Methods

A retrospective cohort analysis of a single centre rural outreach diabetes case conferencing service. The team consisted of an Endocrinologist and Credentialled Diabetes Educator, who conducted a face-to-face consultation with the patient and their General Practitioner at baseline and a telehealth consultation with the patient and their General Practitioner after 6-months. Data is expressed as mean ± standard deviation or number (percentage). Follow-up data was compared to baseline data using paired t-tests.

Results

One-hundred and four people with diabetes attended initial and 6-month follow-up appointments with the rural outreach diabetes case conferencing service, with mean age 66 ± 14 years, 56 (54%) male and 14 (13%) of Aboriginal or Torres Strait Islander background. The cohort had baseline weight 97.4 ± 24.9 kg, BMI 34.2 ± 8.0 kg/m2, systolic blood pressure 134 ± 14 mmHg, HbA1c 8.4 ± 1.8 % and total cholesterol 4.3 ±1.1 mmol/L. After 6-months, HbA1c had improved by 0.7 ± 1.6 % (p<0.0001), weight had reduced by 1.2 ± 5.6 kg (p=0.046) and total cholesterol had improved by 0.5 ± 1.1 mmol/L (p=0.0004). Blood pressure had not changed (p=0.90).

Conclusion

This rural outreach diabetes case conferencing service has started to bridge healthcare gaps addressing barriers to diabetes care. Clinically meaningful improvements in metabolic parameters have been shown 6-months after the initial case conference. Ongoing research and provision of services to rural and regional locations is required.