POOR CODING AND REPORTING OF GDM IN ADMINISTRATIVE DATA GROSSLY UNDERESTIMATES THE IMPACT ON HEALTH SERVICES.

J.R. Flack1,2,3, T. Wong1,2, G Matthias5 and G.P. Ross1,4

1 Diabetes Centre, Bankstown-Lidcombe Hospital, Bankstown NSW
2 Faculty of Medicine, University of NSW, Sydney NSW
3 School of Medicine, Western Sydney University, Campbelltown NSW
4 Faculty of Medicine, University of Sydney, Sydney NSW
5 Department of Obstetrics & Gynaecology, Bankstown-Lidcombe Hospital, Bankstown NSW

Background
The administrative ‘Perinatal Data Collection’ (PDC) dataset is collected by all state-wide Obstetric Services and data are collated and reported annually by the Ministry of Health as the ‘NSW Mothers and Babies Report’. From 2008 to 2014, gestational diabetes (GDM) had a reported rate of 4.8% increasing to 7.5%. Many clinicians believe this rate is significantly under reported, with several reports supporting this (1-3).

Aim
To assess and validate the rates of GDM and pre-gestational diabetes as reported in the PDC from our hospital over a 5 year period.

Methods
We reviewed 5 years of PDC data for Bankstown-Lidcombe Hospital for the years 2011-2015, and compared this with data prospectively collected in our GDM/diabetes database as part of routine care. Data were matched by MRN thence records known to have been managed by our Department with GDM and pre-gestational diabetes were reviewed in regards to the ultimate PDC coding that had been made.

Results
There were a total 11,182 deliveries. The PDC data extract reported a total of 354 with pre-gestational diabetes (3.2% of births), and 348 with GDM (3.1% of births). From our database, respective numbers were 65 (0.6%) and 1576 (14.1%). Firstly, this represents an underreporting overall of 57.2%. Secondly, much of the miscoding of GDM as diabetes was predominantly in the last 3 years. Only 53.2% of these miscoded individuals (coding GDM as pre-gestational diabetes) were managed with insulin, the remainder were GDM women managed on diet alone.

Conclusions
These data confirm our suspicion that GDM was under reported, whilst pre-gestational diabetes was significantly over reported. We were surprised by the significant degree of miscoding which requires investigation and correction. Appropriate allocation of resources to manage the increasing prevalence of GDM will not occur without appropriate data reporting. Urgent action is needed to improve this situation.

References