



Shaping Tomorrow's Nephrology: Insight-Driven Kidney Care

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National Diabetes Quality Assessment Program and Long-Term Outcomes in Older Adults with Diabetes: A Nationwide Cohort Study in South Korea

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Objectives : Evidence-based guidelines recommend comprehensive diabetes management, but real-world implementation remains suboptimal, and the quality of care varies across primary care settings. To address this gap, the Korean government introduced the National Diabetes Quality Assessment Program (NDQAP) in 2011 to monitor key process indicators and provide financial incentives to primary care providers based on performance. This study evaluated the association between NDQAP performance and long-term outcomes among older adults with diabetes.

Methods : Using the Health Insurance Review and Assessment Service database, we identified 408,337 adults aged ≥ 60 years with diabetes who visited primary care facilities between July 1, 2015, and June 30, 2016, and had no history of cardiovascular disease. Participants were followed through December 31, 2023. NDQAP quality indicators included regular outpatient visits, medication adherence, periodic HbA1c and lipid testing, and fundus examinations. Cox proportional hazards models were used to estimate HRs and 95% CIs for major complications, ESKD (end-stage kidney disease), and all-cause mortality according to whether patients received care at high-quality facilities, adjusting for age, sex, comorbidities, and health insurance status.

Results : Overall, 182,355 patients (44.7%) received care at high-quality institutions. The mean age was 68.8 ± 6.7 years, and 46.1% were male. Over a mean follow-up of 9.5 ± 1.8 years, there were 15,577 myocardial infarctions (3.8%), 66,587 strokes (16.3%), 1,286 amputations (0.3%), 4,575 ESKD (1.1%), and 71,065 deaths (17.4%). Care at high-quality institutions was associated with lower risks of myocardial infarction (HR 0.87; 95% CI 0.84–0.90), stroke (HR 0.90; 95% CI 0.89–0.92), amputation (HR 0.84; 95% CI 0.75–0.94), ESKD (HR 0.82; 95% CI 0.77–0.87), and all-cause mortality (HR 0.90; 95% CI 0.89–0.91).

Conclusions : In South Korea, treatment at high-quality NDQAP facilities was associated with reduced risks of diabetic complications, ESKD, and all-cause mortality among older adults with diabetes.

2026KSN-NDQAP and Long-Term Outcomes in Older Adults (Table).jpg



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High-quality NDQAP facilities	Univariate (HR, 95% CI)	Multivariate (HR, 95% CI)
Myocardial infarction	0.84 (0.82~0.87)	0.87 (0.84~0.90)
Stroke	0.87 (0.85~0.88)	0.90 (0.89~0.92)
Amputation	0.83 (0.74~0.92)	0.84 (0.75~0.94)
ESKD	0.81 (0.77~0.86)	0.82 (0.77~0.87)
All-cause mortality	0.82 (0.81~0.84)	0.90 (0.89~0.91)