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Association of the National Diabetes Quality Assessment Program With Healthcare Utilization and Costs Among Older Adults With Diabetes in Korea

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Objectives : Despite evidence-based guidelines, implementation of comprehensive diabetes care in primary care is inconsistent. Korea introduced the National Diabetes Quality Assessment Program (NDQAP) in 2011 to monitor key care-process indicators and provide performance-based incentives. We assessed whether receiving care at high-quality NDQAP facilities was associated with healthcare utilization and costs in older adults with diabetes.
Methods : Using the Health Insurance Review and Assessment Service database, we assembled a nationwide cohort of 408,337 adults aged ≥60 years with diabetes who visited primary care facilities between July 1, 2015 and June 30, 2016, had no prior cardiovascular disease, and were followed through December 31, 2023. NDQAP indicators included regular outpatient follow-up, prescription continuity, periodic HbA1c and lipid testing, and fundus examinations. Outcomes were emergency department (ED) visit rates, hospitalization rates, inpatient days (all per person-year), and direct medical costs (total, inpatient, outpatient). Multivariable regression adjusted for age, sex, comorbidities, and health insurance status.
Results : Of 408,337 patients, 182,355 (44.7%) received care at high-quality NDQAP facilities. The mean age was 68.8 ± 6.7 years, and 46.1% were male. Compared with patients treated at other facilities, those treated at high-quality NDQAP facilities had significantly lower hospitalization rates (1.00 vs. 1.15 admissions per person-year) and fewer inpatient days (11.68 vs. 13.99 days per person-year). The high-quality facility group also had significantly fewer emergency department visits (0.21 vs. 0.24 visits per person-year). Total and hospitalization-related costs were significantly lower in the high-quality group, whereas outpatient costs were slightly higher.
Conclusions : Among older adults with diabetes in Korea, care provided at high-quality NDQAP facilities was associated with reduced emergency department use, lower hospitalization utilization, and lower overall medical costs. Outpatient costs were slightly higher, which may reflect more proactive outpatient management.

2026KSN-NDQAP and Healthcare Utilization & Medical Cost (Table).jpg

	High-quality NDQAP facilities		
	Yes (n=182,355)	No (n=225,982)	P value
Admission (/person/year)	1.00 ± 2.58	1.15 ± 3.08	<0.001
Inpatient days (/person-year)	11.68 ± 38.67	13.99 ± 43.52	<0.001
Emergency department visits (/person-year)	0.21 ± 1.15	0.24 ± 1.47	<0.001
Total costs (/person-year, 1,000 KRW)	4,025.79 ± 7,736.69	4,417.82 ± 9,737.09	<0.001
Inpatient costs (/person-year, 1,000 KRW)	2,649.27 ± 7,330.32	3,054.01 ± 9,365.43	<0.001
Outpatient costs (/person-year, 1,000 KRW)	1,376.51± 1,734.38	1,363.81 ± 1,985.53	0.029