

Prediabetes: A Shared Prescription for Health for Primary Care Patients

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Prediabetes: A Shared Prescription for Health for Primary Care Patients

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BACKGROUND

- Prediabetes is defined as “when blood glucose levels are higher than normal, but not yet high enough to be diagnosed as diabetes” [1].
- It is estimated that by the year 2030 more than 470 million people in the U.S. will have prediabetes [2].
- Prediabetes is associated with complications of the eyes, kidneys, blood vessels, and heart, as well as the risk of the progression to diabetes [2].
- Shared decision making (SDM) allows patients to have an informed voice in their healthcare with the support of their physician [3].
- A Patient and Stakeholder Advisory Committee (PASAC) incorporates patients and professionals from various fields to give different viewpoints.

The purpose of this study is to create a tool that will inform patients about prediabetes as well as share the pros and cons of various treatment options.

METHODS

Stage 1: Co-create prediabetes SDM tool with PASAC

- PASAC includes patients, primary care clinicians, endocrinologists, and diabetes educators
- PASAC will discuss previously used SDM tools and create a one page tool with a prediabetes infographic and decision aid

Stage 2: Perform pilot testing of prediabetes SDM tool in primary care practice

- 5 physicians use the tool with ~10 patients each (50 total patient-clinician encounters)
- Immediate patient survey following primary care visit and 6 weeks after primary care visit
- Clinician survey upon completion of the enrollment period

Stage 3: Modification of prediabetes SDM tool

- PASAC will receive survey information at final meeting and work alongside participating clinicians to modify the prediabetes SDM tool
- PASAC members will be surveyed on their experiences in the study (degree to which their input modified the study design and final tools)

RESULTS

Quantitative Data (n= 38 out of 50)*

*Based on Likert scale, 1-5

Figure 1: I had an important role in the decision making process.

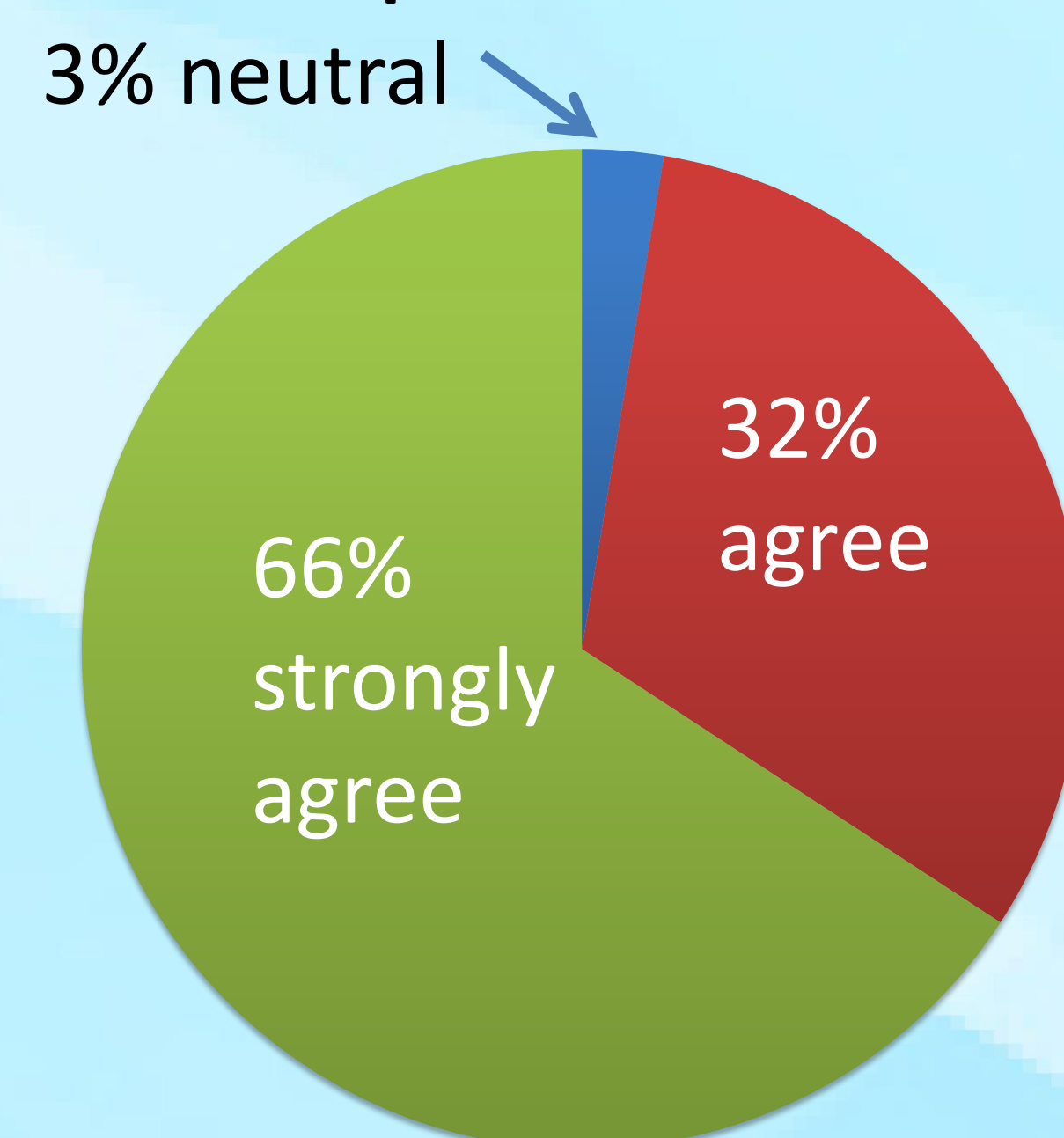


Figure 2: The doctor listened to the things that matter the most to me about my prediabetes.

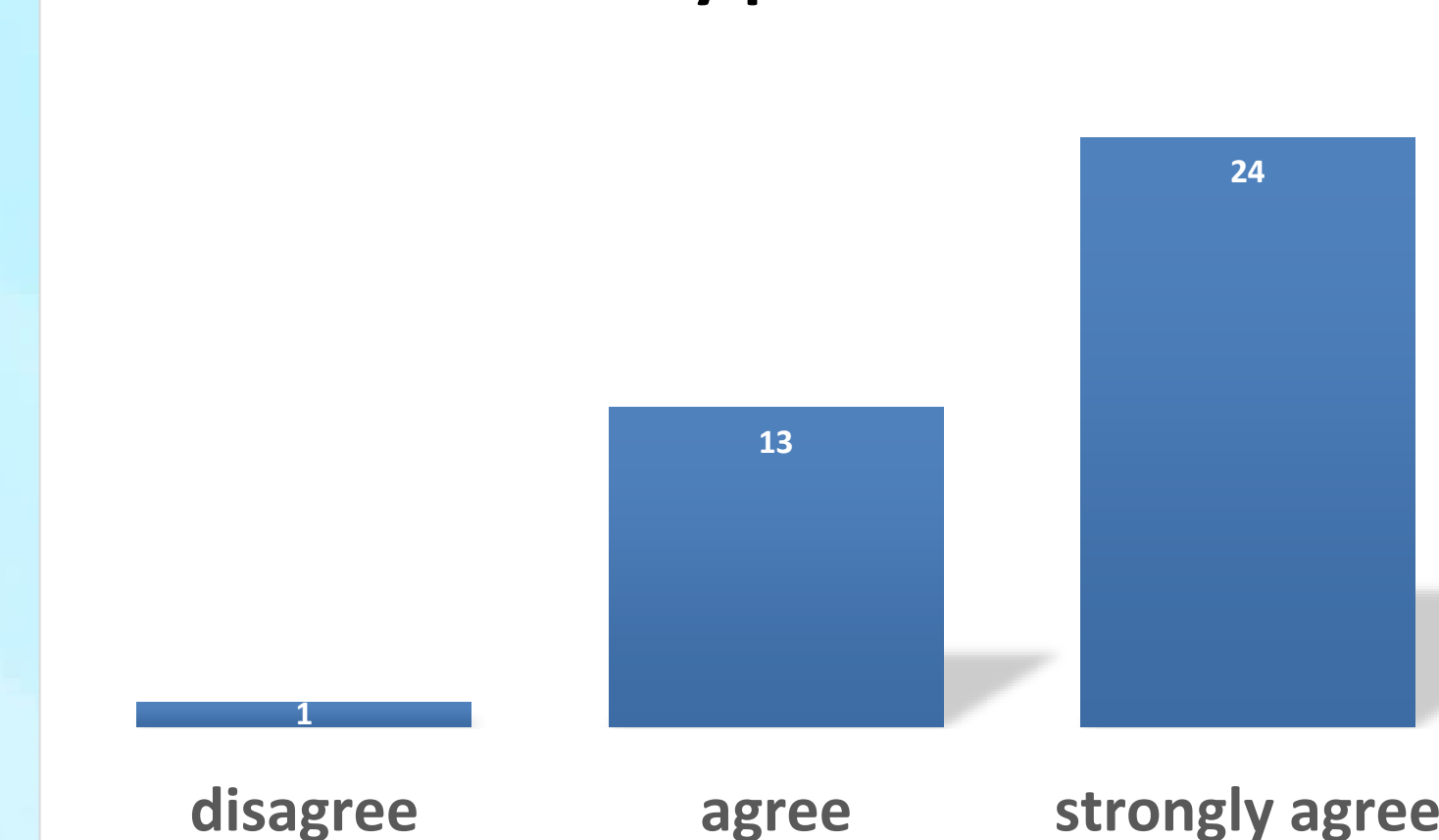


Figure 4: The shared decision-making tool helped me think about the pros and cons of each option to prevent diabetes.

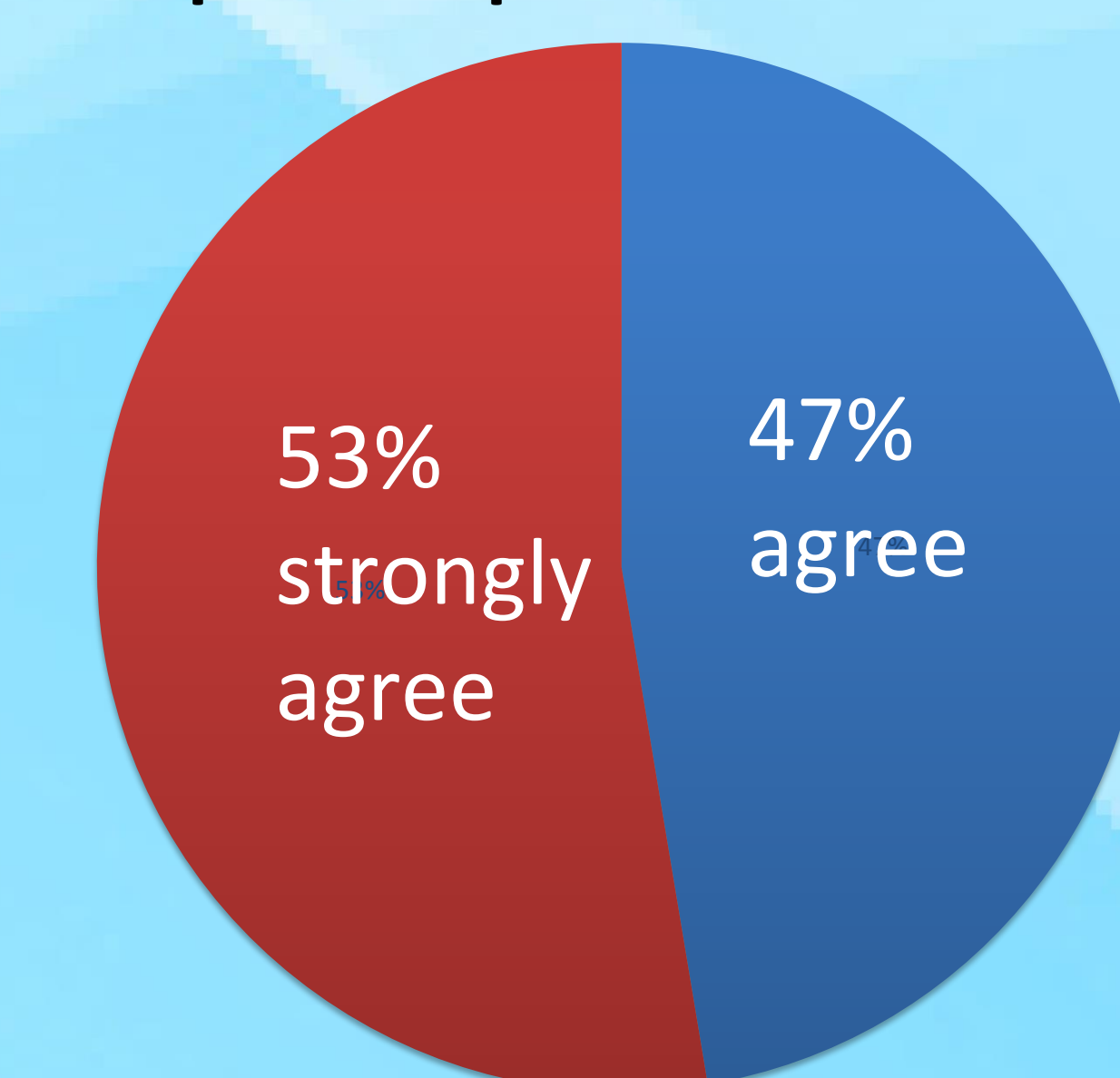
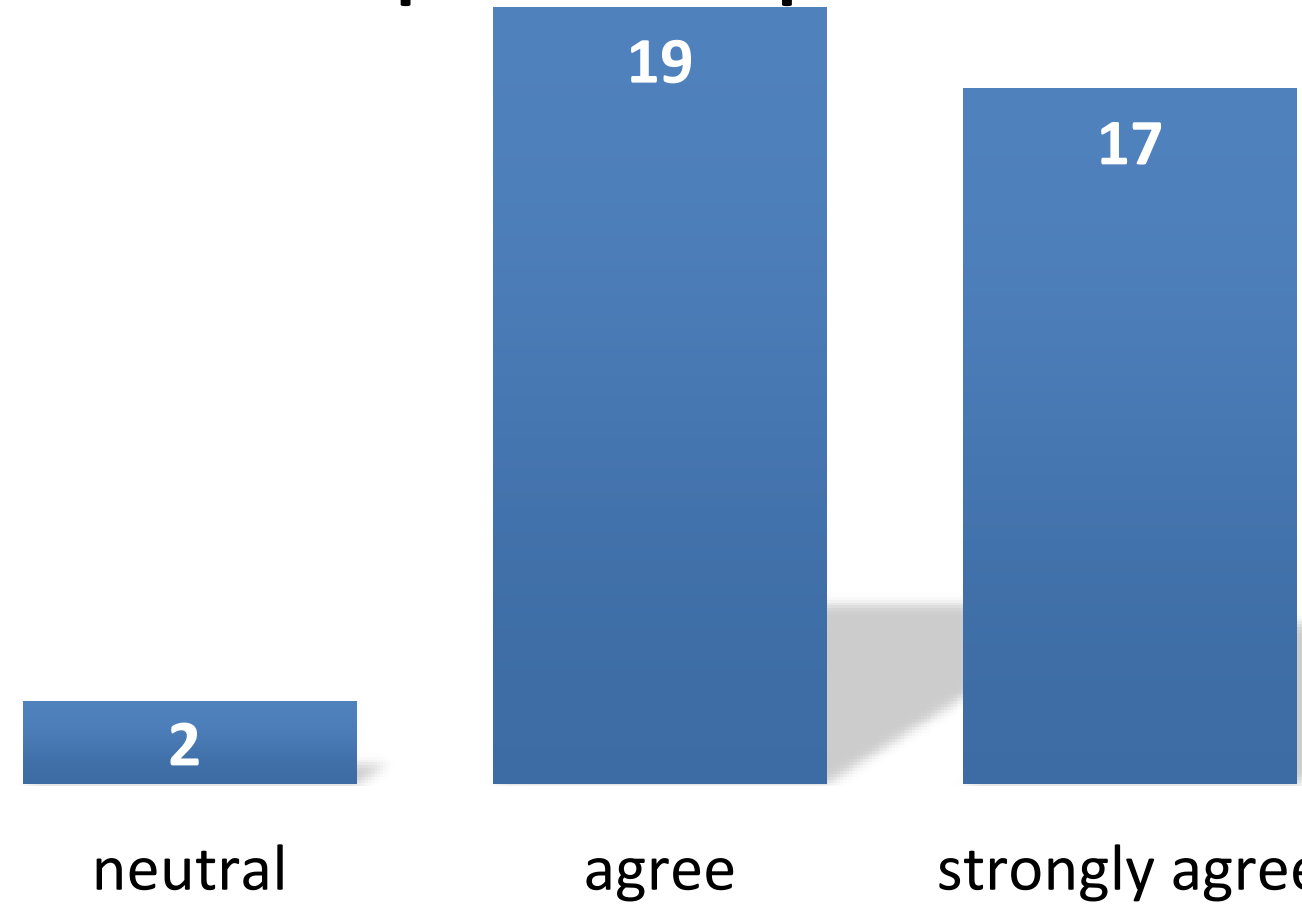


Figure 3: The shared decision-making tool prepared me to make a decision about my diabetes prevention plan.



Qualitative Data

Patient Comments

“Helpful to have info coming in proactively”

“...just to know that it starts with me to get the ball rolling, and knowing that someone has my back to get me where I need to be.”

“Living and eating a healthy life. New change for me.”

“Will be eating healthier – less white carbs and walk more”

DISCUSSIONS

- Overall, the novel tool facilitated prediabetes discussions
- 97% of patients felt they had an important role in the decision making process– indicating that the tool assists in SDM
- 36 out of 38 patients tested felt that the prediabetes decision aid prepared them to decide which method to use to treat their diabetes– indicating that the tool is informative
- All patients agreed that the SDM tool helped identify pros and cons of each treatment option to prevent diabetes-- enhancing the patients’ ability to make an informed decision on how to treat their disease.

FUTURE IMPLICATIONS

1. Complete pilot testing in primary care (12 more patients)
2. Modification of the prediabetes decision aid
3. Testing of the final model of the prediabetes shared decision-making tool in primary care practices in follow up study

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