Background. The Big Idea.

Integrated Diabetes Education and Assessment Service (IDEAS) is a multidisciplinary, team based model of care provided in a community setting for people with Type 2 Diabetes. Currently operating in community health services in the eastern region of Melbourne at Carrington Health and EACH in partnership with Eastern Health, IDEAS diverts 30% of out-patient diabetes referrals from the acute sector into community health based services. Previous research based evaluations have included a randomised control trial and cross sectional study which demonstrated significantly improved clinical outcomes - equivalent to the outpatient setting and statistically significant difference in client perception of quality of care – preferring IDEAS when compared to the outpatient setting.

PROJECT FOCUS – IMPORTANT ISSUES FOR PEOPLE WITH DIABETES

Understanding perceptions about quality of care
A perception of higher quality care in IDEAS is likely to be one of the key strengths of the IDEAS integrated model of service - this project sought to explore client experiences more deeply.

Why worry about worry?
People diagnosed with diabetes are approximately 20% more likely to suffer from anxiety than those without diabetes. Worry may be about perception of their condition, what will happen if they have a hypo, longer term implications of the condition. Worry levels are considered a marker of level of distress caused by diabetes and high levels of diabetes distress is considered to be detrimental to an individual’s capacity to manage their condition. For this reason the PAID (Problem Areas in Diabetes) tool is integrated within the IDEAS assessment(4).

Confidence in self management
A person’s perceived self-efficacy and confidence in outcomes can impact their ability to undertake lifestyle and behaviour changes that will support effective self-management of a chronic health condition. Self-management in diabetes is crucial to keep the disease under control and consists of (at least) the following four aspects: (i) self-monitoring of blood glucose, (ii) variation of nutrition to daily needs, (iii) insulin dose adjustments to actual needs and (iv) exercising regularly.

WHAT WE DID

Method
In-depth semi-structured interviews were conducted with 46 adult clients, by the same interviewer, lasting ½ an hour and using a predetermined interview schedule. The areas of exploration and wording for the questions were informed by the diabetes and self management literature and aimed to explore concepts of self-efficacy(1), level of diabetes distress(2) and if the care provided supported individuals to undertake self care(3). Interviews were audio-recorded, responses summarised and a content and thematic analysis of the summarised interview data was undertaken.
**WHAT WE FOUND**

**WHO were our participants**
31 from IDEAS - Carrington Health and EACH
15 from Eastern Health out patients in Box Hill
People who had attended at least 3 appointments
> 18 years
1/3 people were born overseas across all sites
2 IDEAS and 2 out patient participants required interpreters

**The experience of IDEAS**
All of the people who had previously attended outpatients indicated that they felt IDEAS was friendlier, kept to appointment times and felt more positive about the way they interacted with staff.

“Yes people listen to you. The specialist knows what they are talking about and takes into account what you are saying and makes changes. The other service I was attending they just did what they wanted and didn’t take any notice of what you said. The staff were not very friendly, so I didn’t feel comfortable.”

“Specialist and all staff are very knowledgeable so I fell more confident”

“Everyone friendly, give you more time, listen, explain things better”

“I get to discuss things with the specialist and other staff”

“I don’t have to wait too long”

“I feel supported”

**Experience of IDEAS vs Outpatients:**

<table>
<thead>
<tr>
<th>Helpful</th>
<th>Unhelpful</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>IDEAS</strong></td>
<td><strong>Outpatients</strong></td>
</tr>
<tr>
<td>- Access to experts who are knowledgeable</td>
<td>- Parking</td>
</tr>
<tr>
<td>- Feeling supported</td>
<td>- Poor communications</td>
</tr>
<tr>
<td>- Access to other services</td>
<td>- Wait times</td>
</tr>
<tr>
<td>- Don’t have to wait too long</td>
<td>- Staff part time</td>
</tr>
<tr>
<td>- Not sure or unable to identify anything</td>
<td>- Seen a few different doctors</td>
</tr>
<tr>
<td>- See experts and getting sound advice</td>
<td>- Problem with script</td>
</tr>
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</table>

**Care Plans**
People attending IDEAS were asked about Care Plans – these are developed collaboratively with the person as part of the model of care. Care plans are not part of the model of care in the outpatient setting, so a broader question about goal setting was used. For those people that reported the diabetes team involved them in care plan development, the care plan was seen as being very helpful. People who reported that they had care plans, but hadn’t felt involved in the development process, found the care plan had not been helpful. Very few people attending outpatients felt that staff set goals with them.

“I found it very helpful because it helped my keep track of what I should be doing. Also because the diabetes nurse educator used to go over it with me each visit.”

“I read it and tried to do the most important part. No one referred back to it so I don’t use it now”

“The dietitian asked me questions and then I wrote down what I was going to do on the Care Plan. We did it together and I did feel that it was my Care Plan - I felt some ownership of it.”

**Males and Females per Service**

<table>
<thead>
<tr>
<th></th>
<th>IDEAS</th>
<th>Outpatients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>15</td>
<td>11</td>
</tr>
<tr>
<td>Female</td>
<td>16</td>
<td>4</td>
</tr>
</tbody>
</table>

**Age Breakdown by Service**

<table>
<thead>
<tr>
<th></th>
<th>IDEAS</th>
<th>Outpatients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 30</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>30-45</td>
<td>10</td>
<td>15</td>
</tr>
<tr>
<td>46-60</td>
<td>5</td>
<td>10</td>
</tr>
<tr>
<td>61-75</td>
<td>10</td>
<td>15</td>
</tr>
<tr>
<td>76+</td>
<td>5</td>
<td>10</td>
</tr>
</tbody>
</table>
Less Worry
People attending outpatients were more inclined to be worried about the complications of diabetes compared to people attending IDEAS.

There was a clear difference between the two services in the reasons clients gave for why/how the service had reduced their level of worry about complications.

Outpatients - related to being cared for by a specialist and the specialist checking on everything.

“I worry a bit less because I am seeing a specialist and they know what to do”.

IDEAS - related to specialist care and monitoring, but many also talked about understanding what they need to do, to avoid complications and feel confident in managing their diabetes.

“I worry less – because they help me solve issues, provide reassurance and give me hope. I am making much better choices. They have also referred me to other services such as the psychologist that has really helped me deal with anxiety and depression.”

More Confidence
Majority of clients (80%) across all sites indicated that the service had increased their confidence level; with people attending outpatients reporting the highest level overall (this was an unexpected finding, potentially related to the use of a single question not sensitive enough for use in this setting.)

Whilst having similar reasons for increased confidence there were noticeable differences in the language used.

Outpatients - more likely to refer to being cared for and told what to do.

IDEAS - more likely to refer to understanding, being monitored; to help people understand what to do.

“Feel I have found a balance between what I have to do and getting on with my life”

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References: