



Exploration of Client Experiences in an Integrated Diabetes Service



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.



Integrated
Diabetes
Education &
Assessment
Service

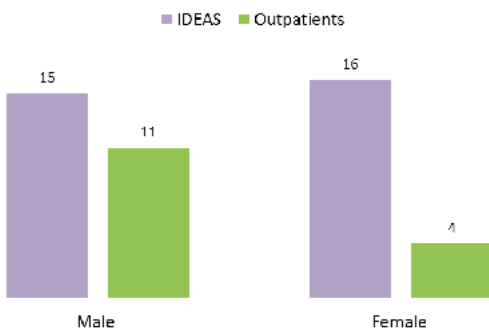


WHAT WE FOUND

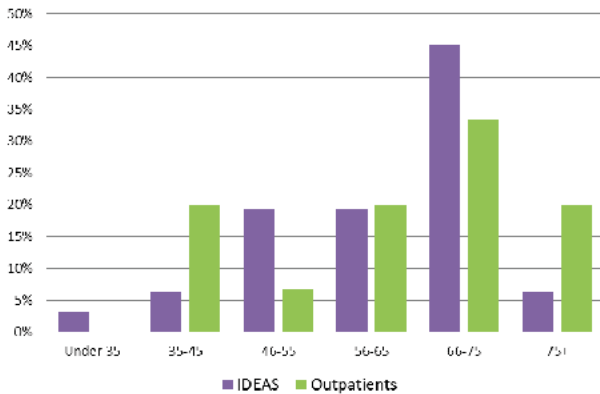
WHO were our participants

- 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

Males and Females per Service



Age Breakdown by Service



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 felt 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:

Helpful

IDEAS

- Access to experts who are knowledgeable
- Feeling supported
- Access to other services
- Don’t have to wait too long

Outpatients

- Doctor checks you and tells you what to do
- Not sure or unable to identify anything
- See experts and getting sound advice
- Tests come on the same day
- The care I get

Unhelpful

IDEAS

- Unsatisfactory personal interactions with a staff member
- Staff part time
- Seen a few different doctors
- Problem with script

Outpatients

- Parking
- Poor communications
- Wait times

Care Plans

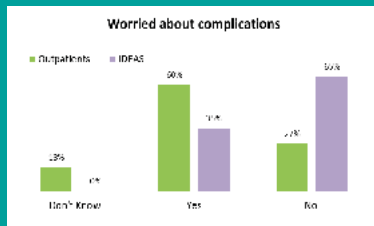
People attending IDEAS were asked about Care Plans – these are developed collaboratively with the person as part of the model of care. Care plans are not part of the model of care in the outpatient setting, so a broader question about goal setting was used. For those people that reported the diabetes 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.”

KEY INSIGHTS



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.”

Key themes for increased confidence

IDEAS

- Better understanding of what I need to do
- All staff knowledgeable and experienced
- Good communication and listening
- I have access to other services
- Provide me with information and explanations
- Staff encouraging and understanding
- They are available to call if I have concerns
- They work as a team so I feel my care is thorough

Outpatients

- Access to the resources I need
- Communication back to my GP
- Explanations and discussions with the doctor
- Helped me understand what to do for my diabetes
- They look after me - tell me what to do

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 to positive relationships/personal communication and feeling supported to undertake self care activities.

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

Achieving Personal/ Behaviour Change

Changes in diet, exercise and improvements in blood glucose levels were common across both settings.

People attending IDEAS were more likely to identify several areas of change including lost weight, managing stress better, medication changes, trying to stop smoking and also talked about changing attitude which was not mentioned by the Outpatient group.

Summary & What Next?

Building on RCT/cross sectional findings, this study brings a richer sense of what the difference in models of service means for people, with contrasts found across settings.

People attending Outpatients didn't describe their role in self-care activities nor undertake the extent of behaviour change found in IDEAS; referred to being 'cared for and monitored'; and had higher levels of confidence, possibly due to the previous point.

People attending IDEAS are more engaged with the service, feel supported and see their role in managing their condition; make (multiple) behaviour changes; have lower levels of worry and are highly satisfied due to being heard and involved in decisions.

Ongoing improvement - description of the use of care plans within the project indicates this area of practice is not consistent. A quality improvement initiative is in progress specific to these client experience outcomes. In particular, it will relate to use of a care planning process that is consistent with best practice guidelines; that is underpinned by co-design principles; include use of client experience evaluation at the 6 month review point; and seek to better connect with the general practitioner.

Acknowledgments :

This project was undertaken by Marie Gill of Gill and Willcox Consultancy. It was supported via funding from the Outer East Health and Community Support Alliance as an initiative of the Eastern Melbourne Regional Diabetes Initiatives Steering Committee.

Special thanks to the service delivery teams at Carrington Health, EACH and Eastern Health.

Further contact:

Carina Martin
General Manager Service Development
cmartin@carringtonhealth.org.au
ph: 03 8843 2264
mobile: 0414 744 396

References:

- 1 Self Efficacy to perform Self Managements Behaviours Scale in Outcome Measures for health education and other health care interventions –Kate Lorig, et al. Sage Publications 1996.
- 2 B. E. McGuire, et al. Short-form measures of diabetes-related emotional distress: the Problem Areas in Diabetes Scale (PAID)-5 and PAID-1. Diabetologia [2010] 53:66–69
- 3 PACIC – Patient assessment of chronic illness care – developed by the McColl Institute. accessed on line 20/9/2016 <http://www.improvingchroniccare.org/downloads/pacic.pdf>
- 4 Mc Guire, B. Morrison, T. Hermanns, N. Skovlund, S. Eldrup, E. Gagliardino, J. Kokoszka, A. Matthews, D. Pibernik- Okanovic, M. Rodriguez-Saldana, J. de wit, M. Snoek, F. Short form measures of diabetes related emotional distress the Problem Areas in Diabetes scale (PAID) 5 and PAID 1. Diabetologia. 2010 53:66-69.