

Disparities in Patient-Reported Barriers to Attend Diabetes Group Visits

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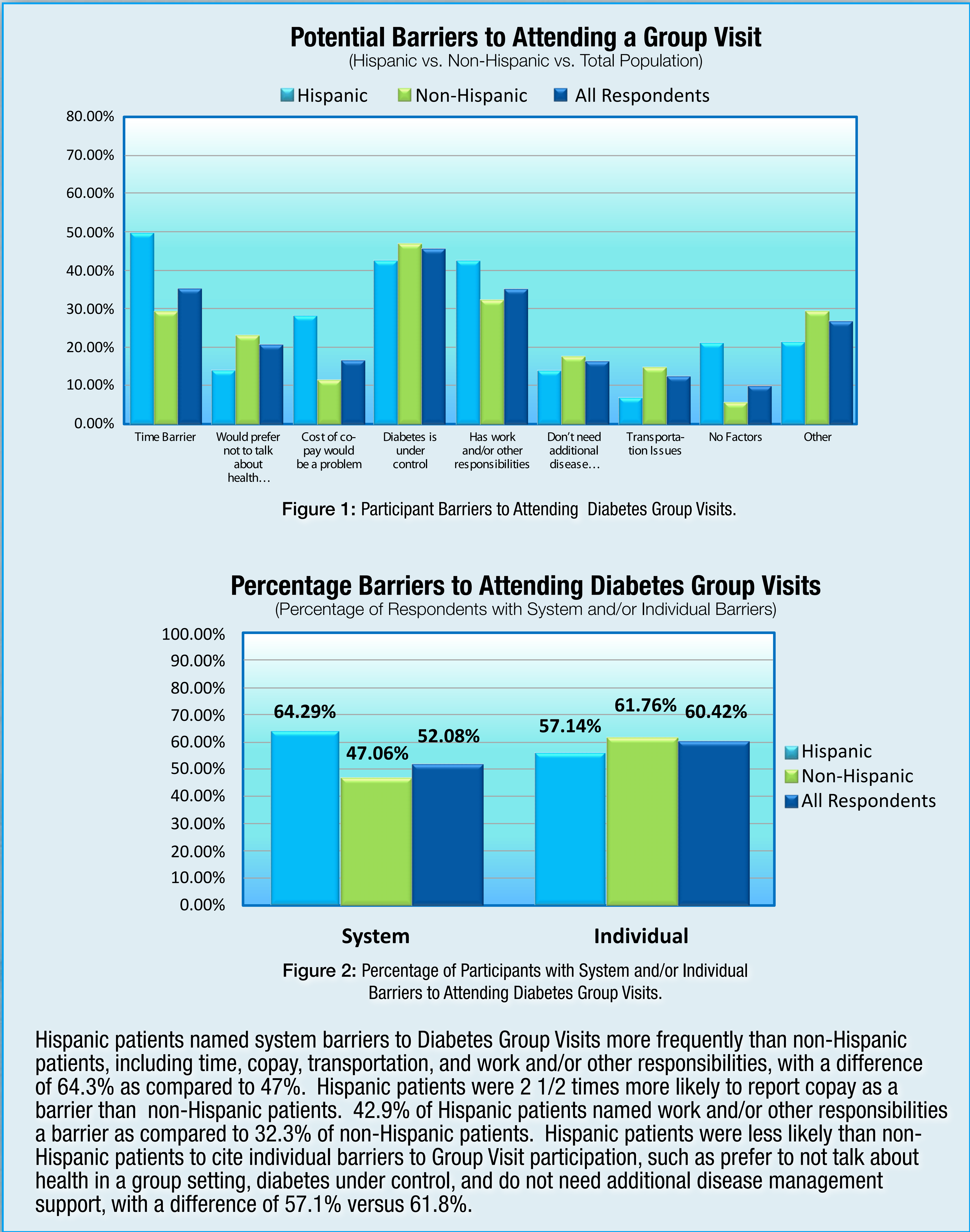
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INTRODUCTION:

Diabetes group visits have been found to improve health-related quality of life and key diabetes physiological parameters, yet many Hispanic patients are not accessing this service when available.¹ This is particularly concerning given that Hispanic adults are 1.7 times more likely to be diagnosed with diabetes and 50% more likely to die from the disease.² Hispanic adults are also more likely to report poor communication with clinicians, which has been linked to decreased patient activation.³ This exploratory study aimed to delineate the motivators, concerns, and barriers that may prevent Hispanic adult patients with Type 2 Diabetes from attending Diabetes Group Visits.

METHOD:

- A registry was created of adult patients with type 2 diabetes from a hospital owned, suburban family medicine practice in Eastern Pennsylvania.
- A cohort of 50 patients received the initial pilot survey to explore barriers to Group Visit attendance.
- Following revisions of the initial survey and accounting for mailing exclusions, 187 patients were invited to participate, and 48 patients returned completed surveys.
- Of those 48, 14 (29.2%) self identified as Hispanic.
- Data was summarized with counts and percentages for nominal and ordinal data, and means and standard deviations for continuous data.



DISCUSSION:

- Hispanic patients were more likely than non-Hispanic patients to report system barriers to attending Diabetes Group Visits including time, work and/or other responsibilities, copay, and transportation.
- Implementing strategies to promote group visits for Hispanic patients within various practices within the Lehigh Valley Practice-Based Research Network with similar patient demographics may help to address this disparity in our community.
- Addressing this disparity in a population with high rates of diabetes and related complications will inform future study to increase accessibility to Diabetes Group Visits and promote equitable care.

NEXT DIRECTIONS:

- Complete secondary study of clinician barriers to initiating Diabetes Group Visits.
- Merge data from patient and clinician barriers, with a focus on the disparity data, to determine potential interventions to make Diabetes Group Visits more accessible for all patients, in order to promote access to services that promote health and wellness.

Acknowledgements:

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References:

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3. Heisler M, Bouknight RR, Hayward, RA. The relative importance of physician communication, participatory decision-making, and patient understanding in diabetes self-management. J Gen Intern Med 2002;17:243-52.

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