

Prediabetes Shared Decision-Making for Primary Care Patients

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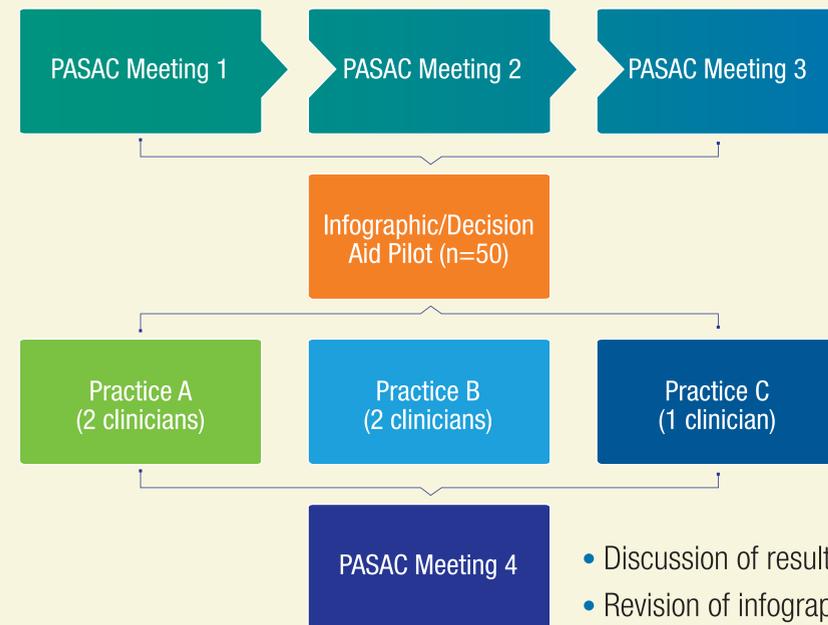
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BACKGROUND

- 38% of adults in the United States have prediabetes.¹
- Once diagnosed with prediabetes, the annual risk of developing diabetes is 5–10%, with a 74% lifetime risk if diagnosed prior to age 45.^{2,3}
- Many patients do not know that they have prediabetes, and those who have been diagnosed are often not offered treatment options to prevent or delay diabetes.
- Given escalating rates of prediabetes, tools for brief office-based interventions are needed to mitigate rates of progression to diabetes and its associated complications.

METHODS

- A Patient and Stakeholder Advisory Committee (PASAC) consisting of patients, clinicians, clinical educators, a pharmacist, and endocrinologist co-created a prediabetes shared decision-making (SDM) tool (infographic/decision aid).
- Surveys administered to patients/clinicians after pilot to assess impact on decision making and feasibility of intervention.



- Discussion of results and implications
- Revision of infographic/decision aid
- Plan for next steps

RESULTS

POST-INTERVENTION PATIENT SURVEY DATA

TABLE 1

Initial Post-Encounter Patient Survey (n=50)	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
My doctor and I made a decision together about how to treat my prediabetes during my visit	60%	32%	6%	-	2%
I had an important role in the decision-making process	66%	28%	6%	-	-
The shared decision-making tool prepared me to make a decision about my prediabetes prevention plan	48%	48%	4%	-	-
The shared decision-making tool helped me think about the pros and cons of each option to prevent diabetes	56%	44%	-	-	-
The shared decision-making tool helped me think about which pros and cons are most important to me (n=49)	56%	42%	-	-	-

TABLE 2

Second 6-week Post-Encounter Patient Survey (n=25)	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
I have been following the diabetes prevention plan most days	15.4%	65.4%	11.5%	-	3.8%
My plan reflects what my doctor and I discussed	23.1%	61.5%	7.7%	-	3.8%
I am considering changing my diabetes prevention plan	7.7%	19.2%	19.2%	34.6%	15.4%

POST-INTERVENTION CLINICIAN SURVEY DATA

- 100% of clinicians (n=5) would use the SDM tool again with patients who have prediabetes
- 100% of clinicians stated there was no change in the visit length due to using the tool

TABLE 3

Clinician Survey (n=2)	Strongly Agree	Agree
The prediabetes tool helped me to provide more information to my patients than I have in the past	50%	50%
The SDM tool helped me to explain prediabetes to my patients	50%	50%
The SDM tool made it easier to include patients in the decision-making process	50%	50%
The SDM tool made it easier to understand what values were most important to my patients	50%	50%

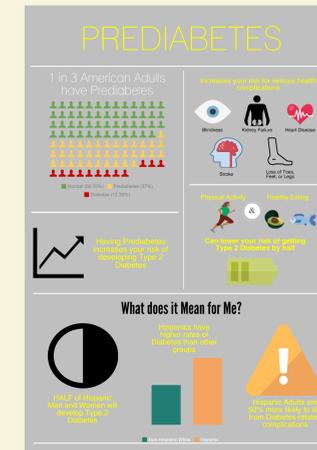


Figure 1: Pre-PASAC Infographic to Accompany Decision Aid

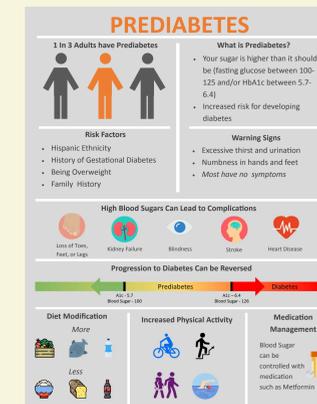


Figure 2: Post-PASAC Infographic Utilized in Pilot

DISCUSSION

Use of a PASAC allowed voices of patients and health system members to inform development of a prediabetes infographic/decision aid tool. Study modified in response to PASAC feedback to pilot intervention in non-Hispanic as well as Hispanic patients with prediabetes.

Patients and clinicians involved in the pilot intervention reported a conversation about diabetes prevention that may not have otherwise occurred.

The prediabetes tool was found to be feasible in terms of reported impact on visit length.

FUTURE DIRECTIONS

Modifications will be made to the prediabetes tool based on patient, clinician, and PASAC feedback.

A comparative effectiveness study will determine the most effective strategy to facilitate diabetes prevention discussions in the primary care setting.

Further study will be done to determine intervention impact on patient and clinician behavior change and patient biomarkers (BMI, HbA1c).

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