Prediabetes Shared Decision-Making for Primary Care Patients

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Prediabetes Shared Decision-Making for Primary Care Patients

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• 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.

RESULTS

POST-INTERVENTION PATIENT SURVEY DATA

<table>
<thead>
<tr>
<th>TABLE 1</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>My doctor and I made a decision together about how to treat my prediabetes during my visit.</td>
<td>60%</td>
<td>32%</td>
<td>8%</td>
<td>0%</td>
</tr>
<tr>
<td>I had an important role in the decision-making process</td>
<td>68%</td>
<td>28%</td>
<td>4%</td>
<td>-</td>
</tr>
<tr>
<td>The shared decision-making tool prepared me to make a decision about my prediabetes prevention plan</td>
<td>48%</td>
<td>46%</td>
<td>4%</td>
<td>-</td>
</tr>
<tr>
<td>The shared decision-making tool helped me think about the pros and cons of each option to prevent diabetes</td>
<td>56%</td>
<td>44%</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>The shared decision-making tool helped me think about which pros and cons are most important to me</td>
<td>56%</td>
<td>42%</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TABLE 2</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients who received the SDM tool at their next visit</td>
<td>45%</td>
<td>55%</td>
<td>10%</td>
<td>-</td>
</tr>
<tr>
<td>My provider reflects what my doctor and I discussed</td>
<td>23.1%</td>
<td>61.5%</td>
<td>15.4%</td>
<td>-</td>
</tr>
<tr>
<td>I am considering changing my diabetes prevention plan</td>
<td>7.2%</td>
<td>19.2%</td>
<td>19.2%</td>
<td>34.6%</td>
</tr>
<tr>
<td>I am considering changing my diabetes prevention plan due to using the tool</td>
<td>5.6%</td>
<td>42%</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

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 visit length due to using the tool

<table>
<thead>
<tr>
<th>TABLE 3</th>
<th>Strongly Agree</th>
<th>Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>The SDM tool helped my patients to be more informed about their diabetes</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>The SDM tool helped my patients to make decisions about their diabetes</td>
<td>50%</td>
<td>50%</td>
</tr>
</tbody>
</table>

ACKNOWLEDGEMENTS

We would like to acknowledge the members of our PASAC: Eileen Ciceri, Nicole Courtright, Ross Kerawalla, Kaitlin Jankowski, Finding. Members: Kaitlin Jankowski, Ross Kerawalla, Melinda Courtright, Nicole Courtright, Kaitlin Jankowski. Further study will be done to determine intervention impact on patient and clinician behavior change and patient biomarkers (BMI, HbA1c).

REFERENCES

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).