Provider Survey: Diabetes Education

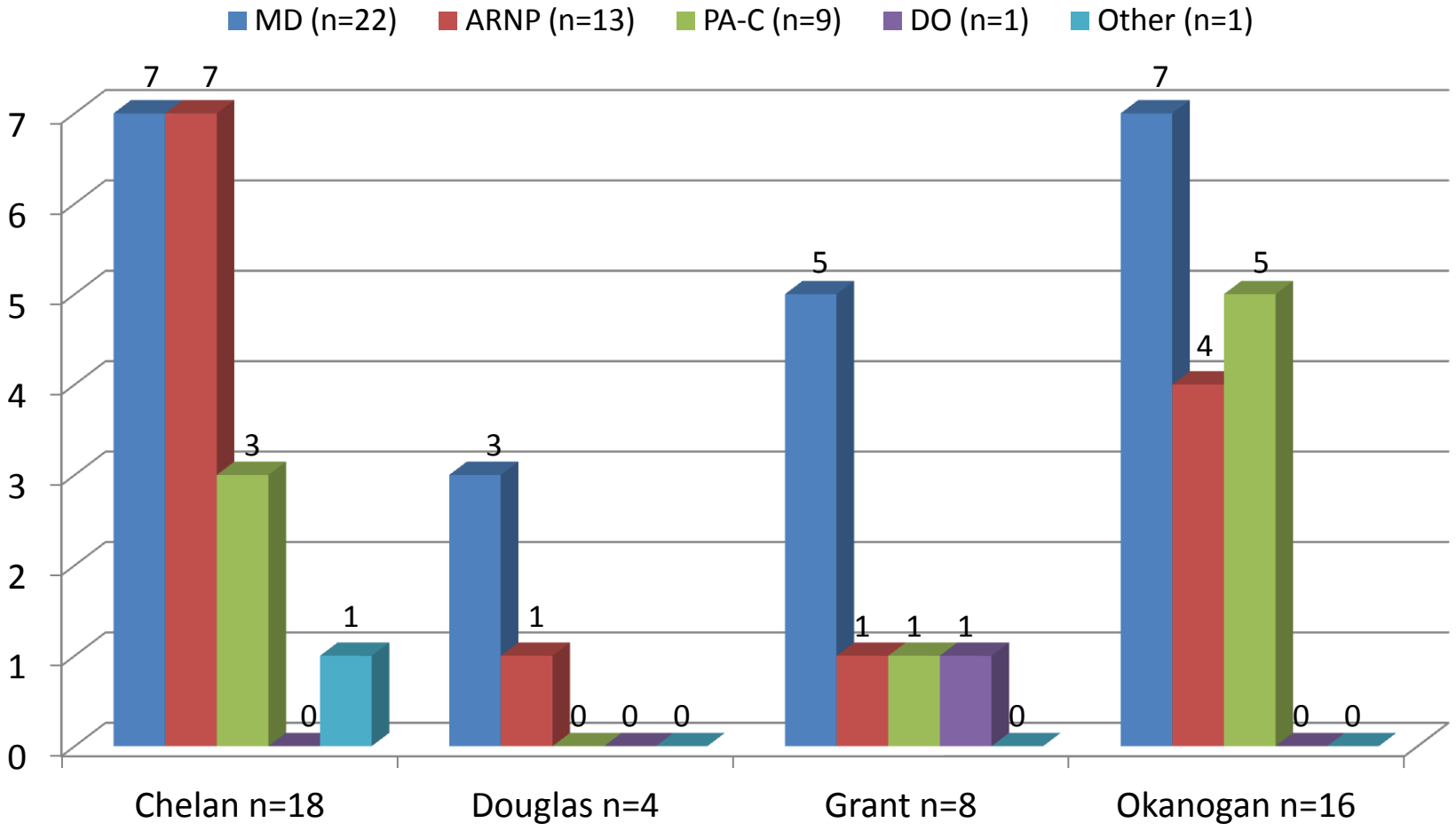
Survey Results

North Central ACH
Care Transformation Work Group
December 2015

Section 1:

Provider Demographics

Provider Credentials & Locations



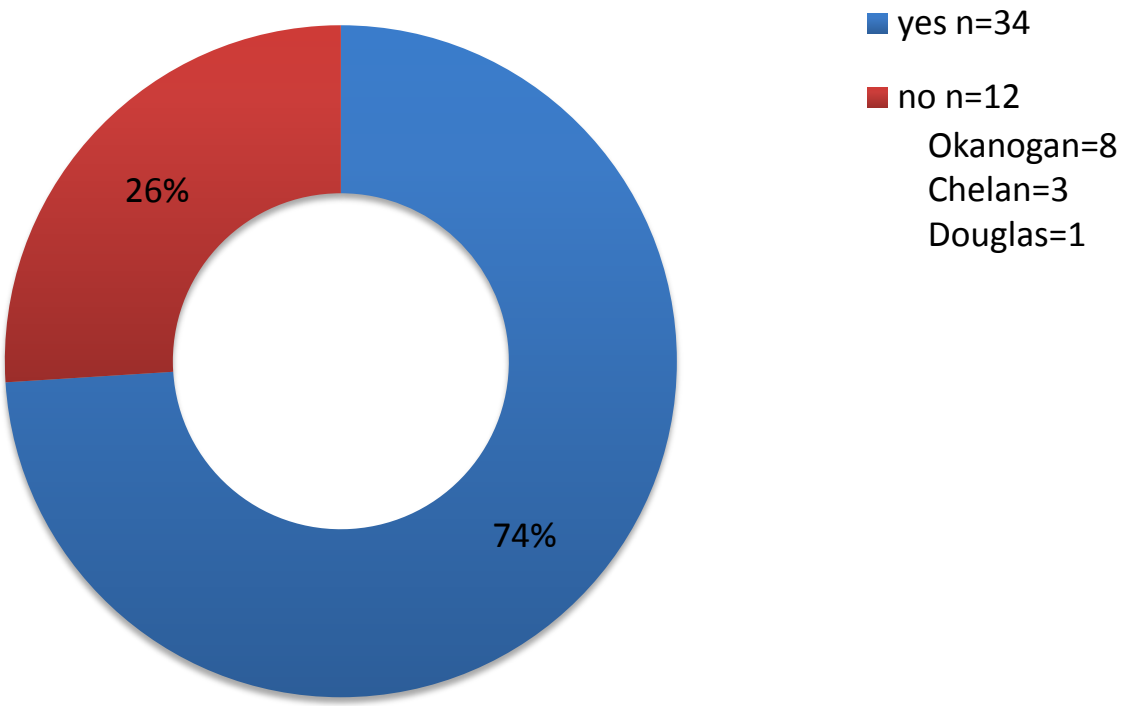
n = 46 Complete Responses: 45

Q 1 & 2: Please identify your credentials & the county where your main office is located.

Section 2:

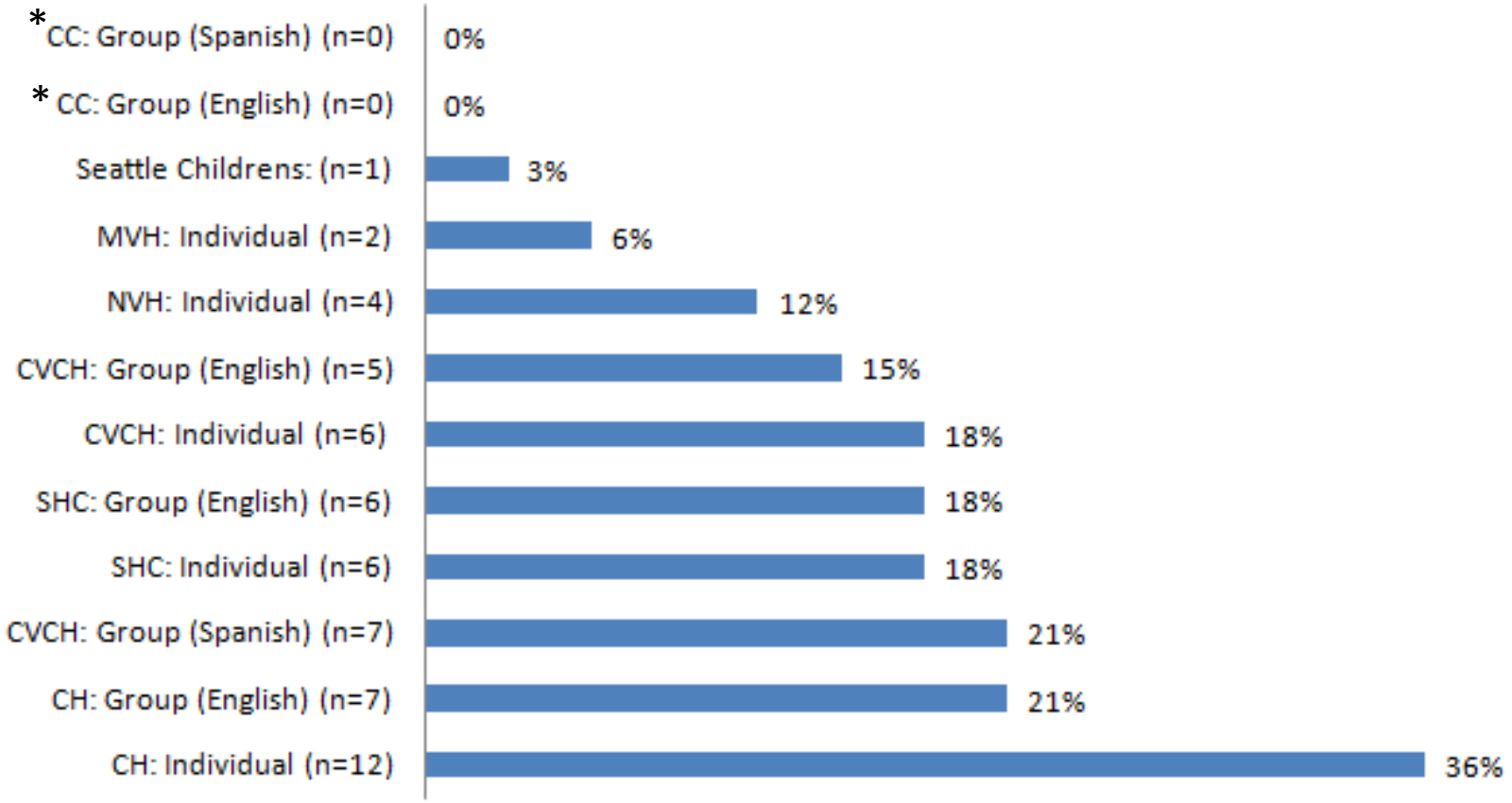
Diabetes Self Management Education (DSME)

Question: Do you refer your patients to DSME programs?



Q 3: Do you refer your patients to attend DSME (either group classes or 1:1 visits with a Diabetes Educator or Dietitian)?

34 providers indicated that they refer patients to DSME. They identified the following organizations & types of DSME referrals they arrange:

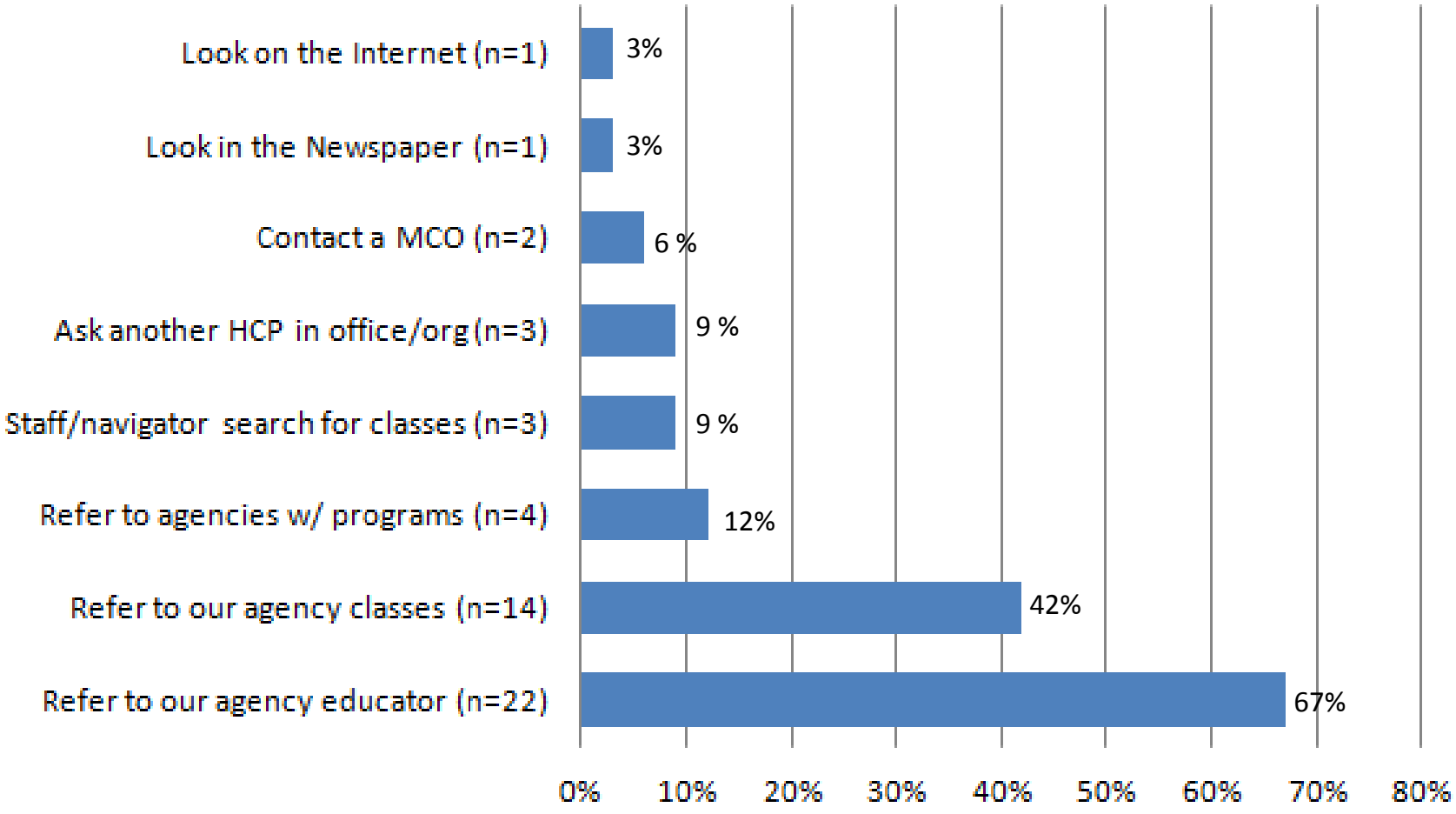


* CC: Community Choice Stanford DSME Program

Respondents: 33 (+1 incomplete)

Q 4: Which organization(s) and type of DMSE have you referred your patients to?

Providers report that they locate DSME by:



Respondents: 33

Q 5: How do you (and your staff) locate DSME opportunities for your patients?

Provider Comments:

•"I try to find the last brochure, poster or email I might remember…. it's a pretty sad pathetic process. My back office help usually is too new to know what I'm talking about, or in a room or on a phone."

• DSME information is "hard to locate."

•"How long will it take for the patient to get in?"

•"Patients frequently feel that they know enough about nutrition & medical therapy, & don't feel they need to go."

•"Patients agreeing to go to appointments & then no showing."

•"Convincing patients of the value of DSME."

•"Erratic class schedules."

• "DSME and 1:1 are not available to my patients due to geography. " (Okanogan County)

•"Availability of DSME has been way too sketchy for many years. " (Douglas County)

•"Education services should be available locally." (rather than requiring travel out of area or across the state)

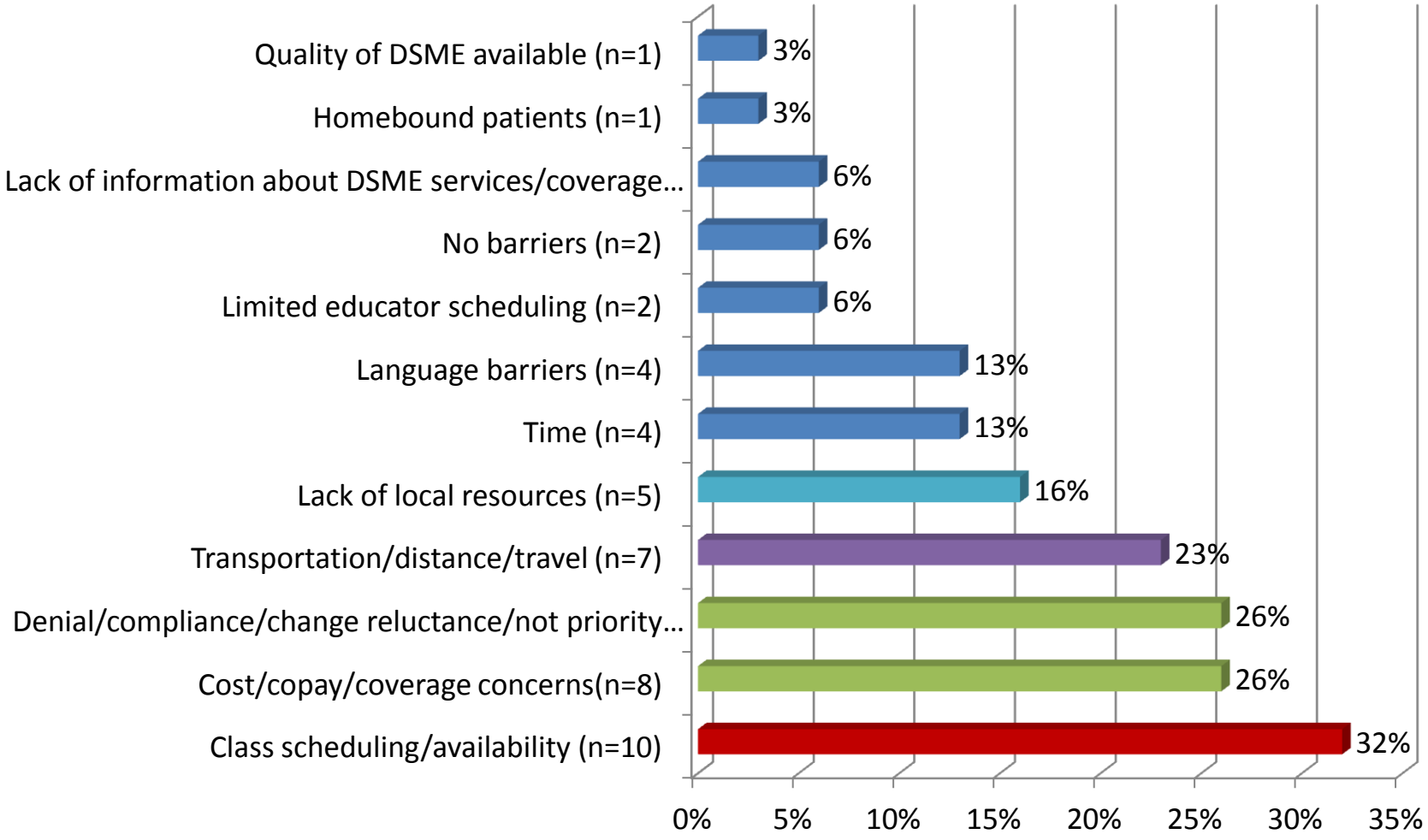
•"Language appropriate."/ "Literacy level appropriate." / "Cultural and lifestyle considerations."

•"Educator only available one day per week." (Grant County)

•"I refer to dietitians, but there is only 1 that I know of in the county. I would love to refer to DSME classes, but there are none." (Okanogan County)

Q 5: Comments

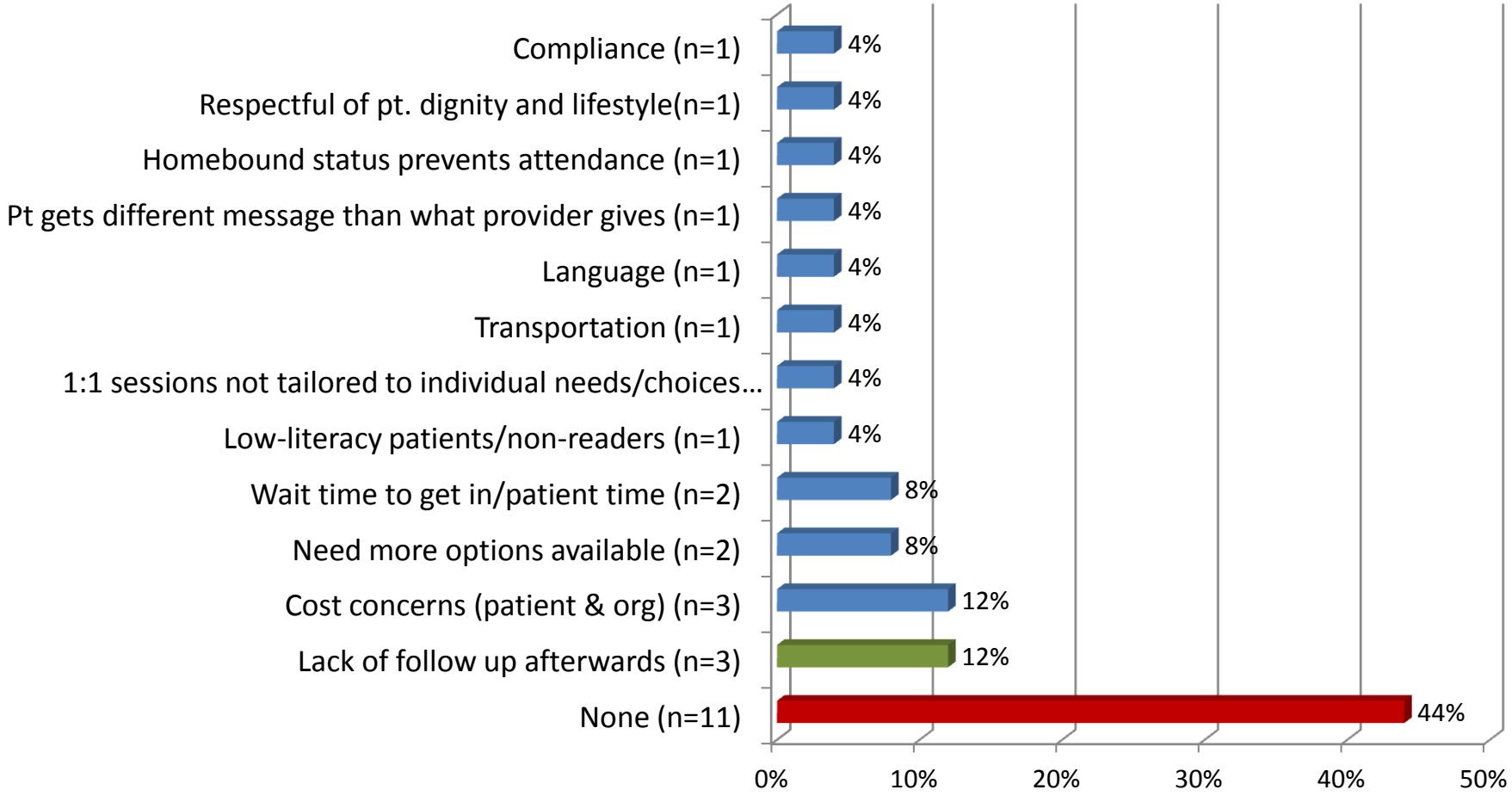
Provider barriers to arranging DSME referrals:



Respondents: 31 (+1 incomplete)

Q 6: What barriers do you face, if any, when referring your patients to DSME?

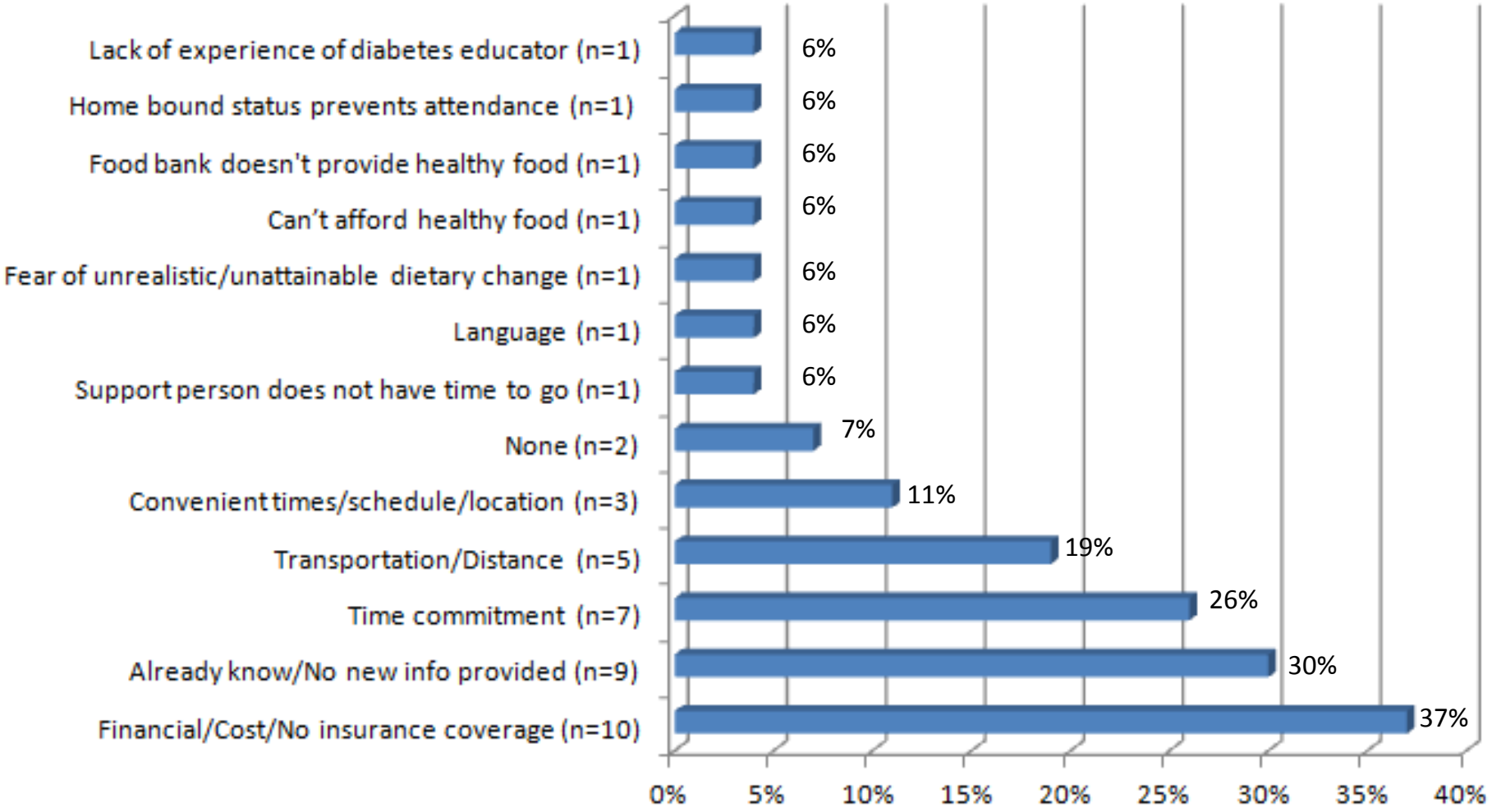
Personal concerns related to patients attending or participating in DSME:



Respondents: 25

Q 7: What concerns do you have, if any, about your patients attending DSME classes or 1:1 sessions?

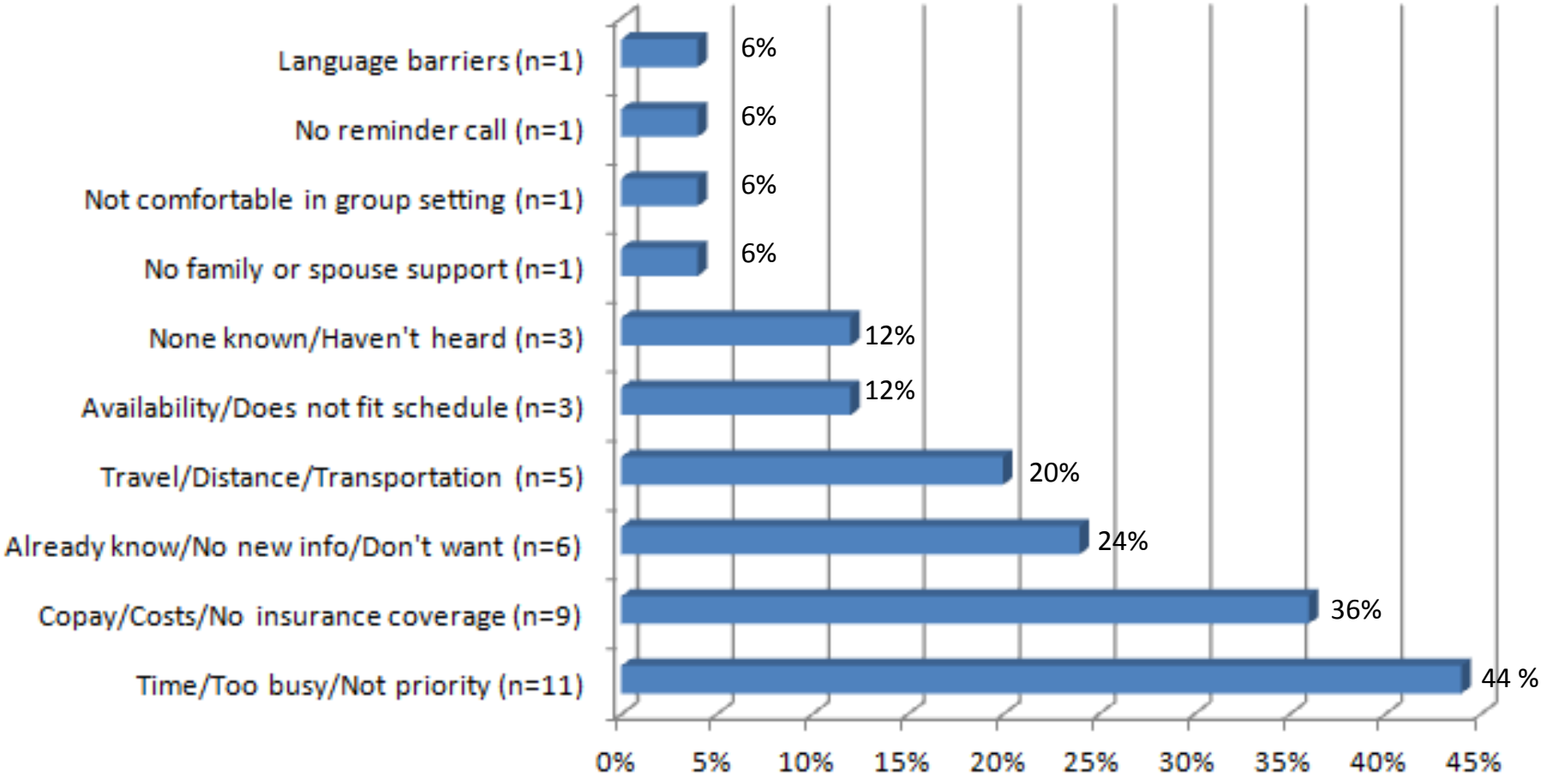
Providers state that patients identify the following concerns related to DSME attendance:



Respondents: 27

Q 8: What concerns, if any, do your patients voice when you encourage them to attend DSME?

Providers state that patients report the following rationale for not attending or dropping out of DSME:



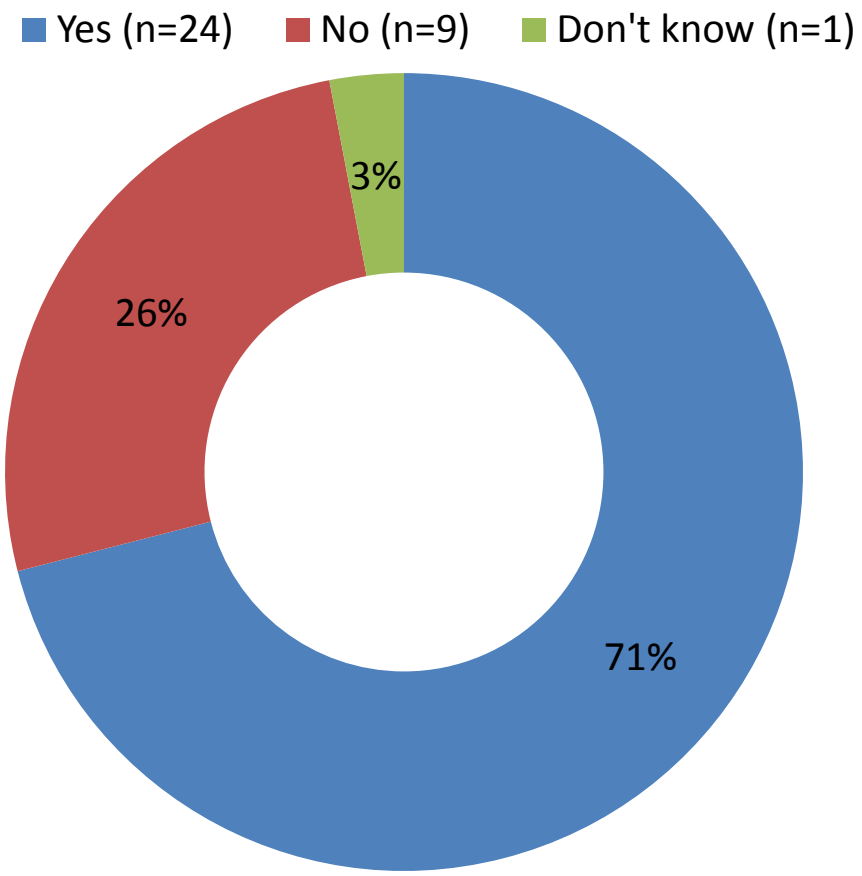
Respondents: 25

Q 9: What reasons, if any, do your patients give for either not attending DSME or for dropping out of a series of classes before completion?

Provider Comments Regarding Referrals:

- "Nothing within a 2 hour drive." / "Would be helpful to have classes in Twisp." (Okanogan County)
- "There is a transportation deficiency." (Okanogan County) / "Travel distance." (Grant County)
- "Spanish speaking patients do not have access to DSME in their primary language."
- "Would be nice to have some personalized feedback in an easy-to-find format, so that I could "polish your halo". Example: telling my patient next visit: "I see you talked about complications during your diabetes classes. What surprised you….?"
- "Worry about low-literacy patients". "English and Spanish speakers, but not readers."
- "Patients think they know everything." / "Patients feel that they already know everything about DM." / "Patients state: I already know what to do." "Those who attended in past reported they provided no benefit or they already know what they need to do." / "Classes or 1:1 time with diabetes educator are not giving them any new information."
- "I often hear back that insurances will not cover, so cost is a barrier. I also am not aware of many resources for education/classes for patients."
- "Lack of experience in diabetes on the part of the diabetes educator."
- "Lack of follow up." / "Lack of follow up after 1-time session. Too much to take in all the information in 1 session."
- "Sometimes fear of unrealistic/unattainable dietary change."
- Patients state: "My son/husband/daughter/wife doesn't have time to go …."
- Patients ask: "Will it be covered by Medicare, Medicaid, or by my insurance?"
- Patients state: "Cannot afford to purchase healthy foods." "Patients are resistant to referrals because they cannot afford healthy food." "The food bank does not provide healthy food."

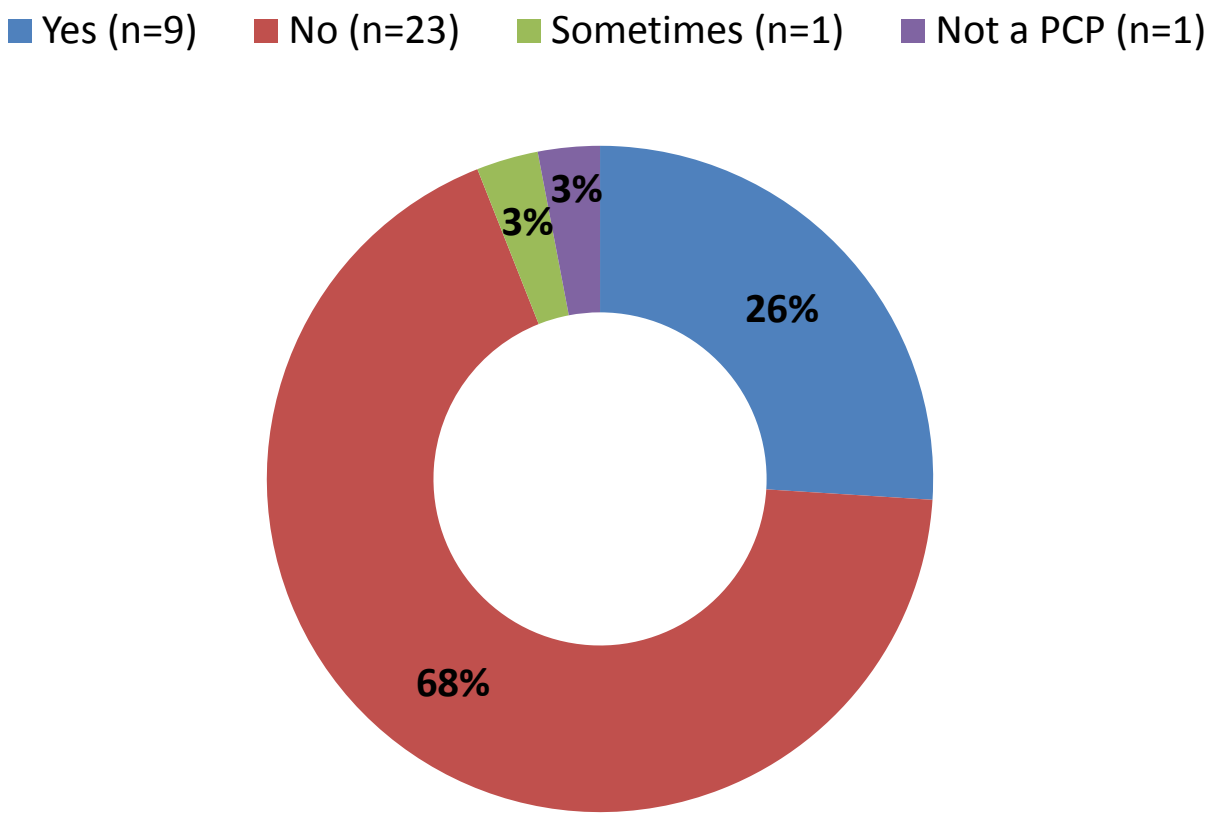
DSME documentation in the medical record:



Respondents: 34

Q 10: Do your patient medical records reflect DSME attendance?

Electronic notification of DSME attendance:

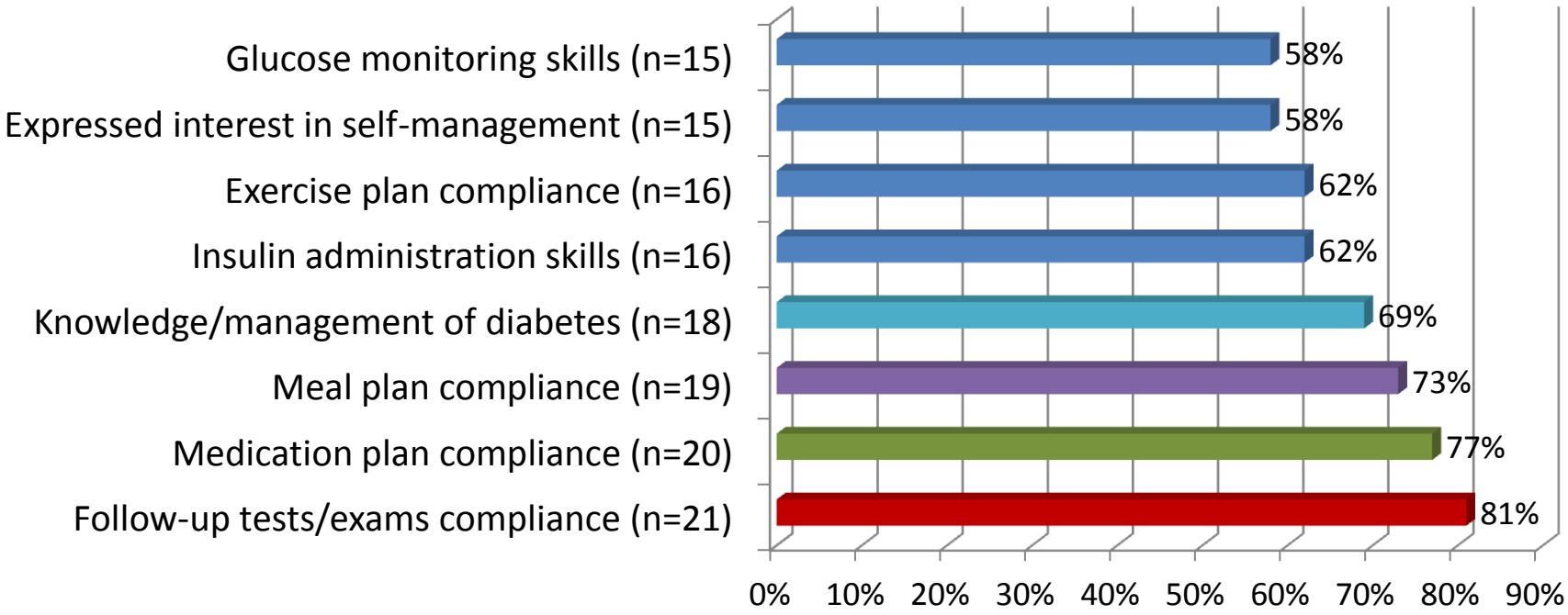


Respondents: 34

Additional Comments: Written notification = 2; Nutrition consult notification = 1

Q 10: Do you receive an electronic notification when your patient attends DSME?

Patient assessment conducted following DSME:



Additional Comments	
No formal assessment done.	**2**
I only do acute care, little DM f/u.	**1**
Improvement in A1C.	**1**
I don't know.	**1**

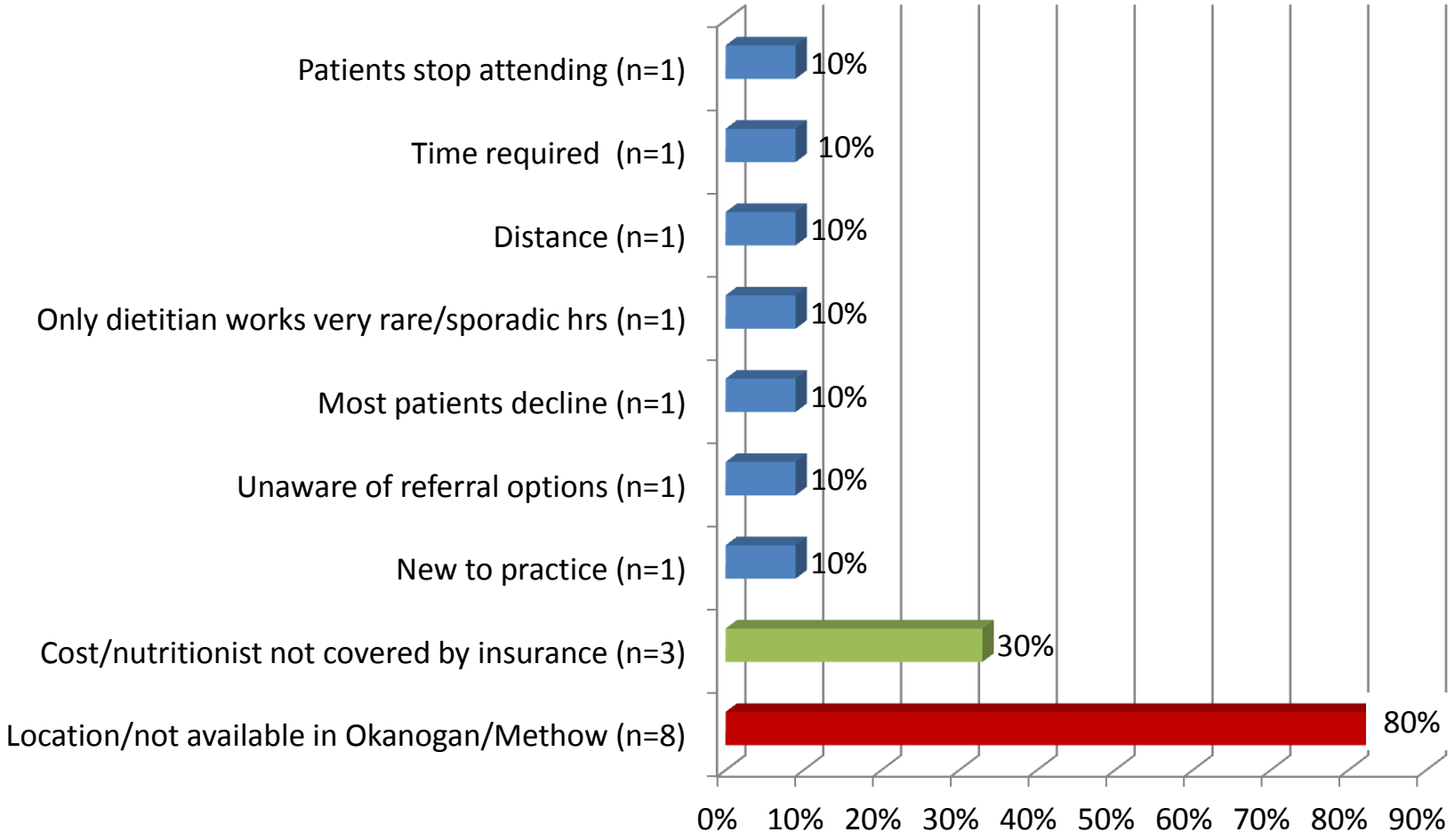
Q 12: On completion of DSME, what patient changes are assessed (select all that apply)?

Respondents: 26

Section 3:

Non-Referring Provider Responses

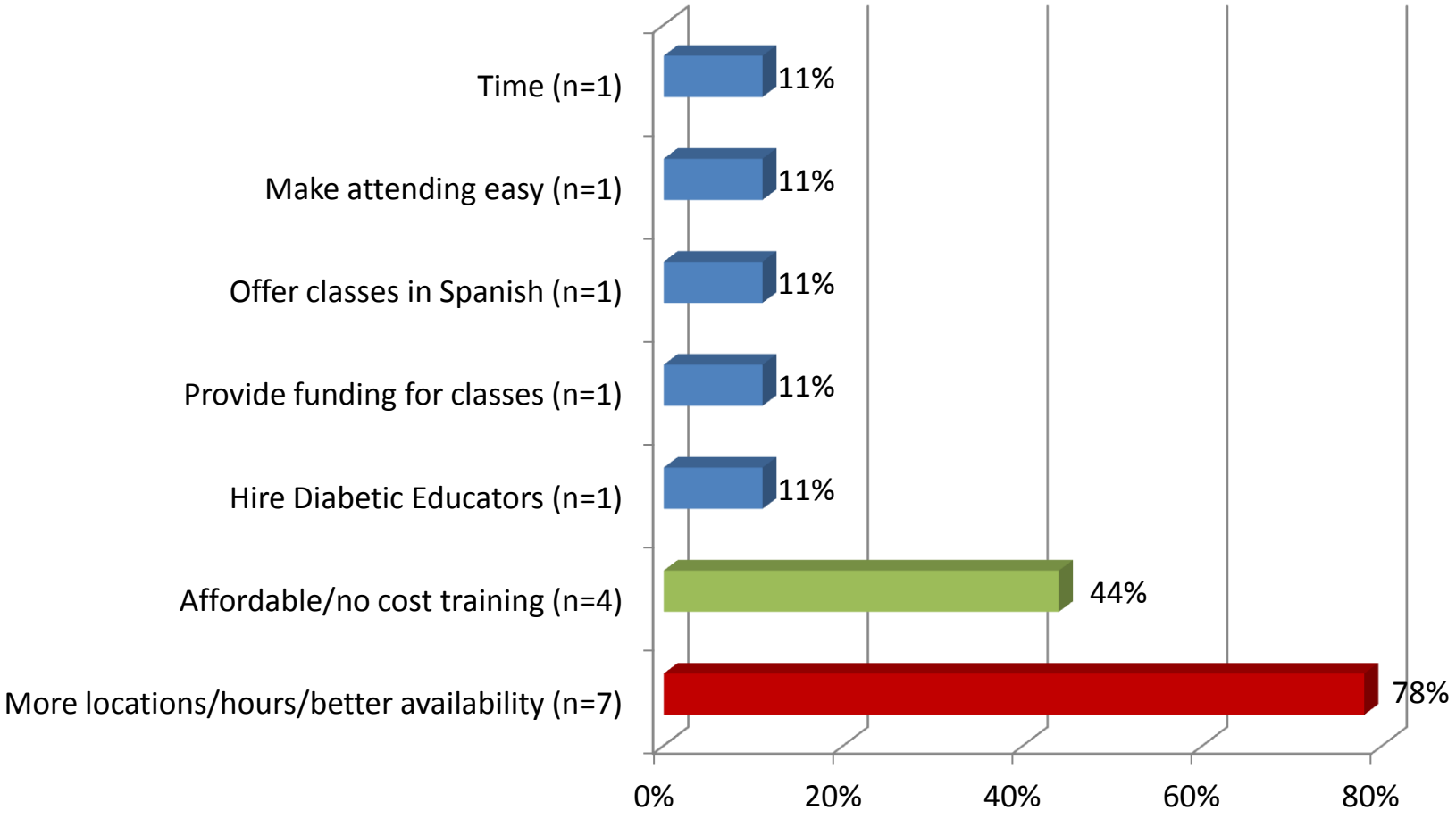
Providers who do not refer patients to DSME reported the following rationale:



Respondents: 10

Q 19: Please explain why you don't refer patients to DSME (either group classes or 1:1 sessions).

Provider-suggested changes needed to support DSME referrals:



Respondents: 9

Q 20: What changes to DSME would support patient referrals?

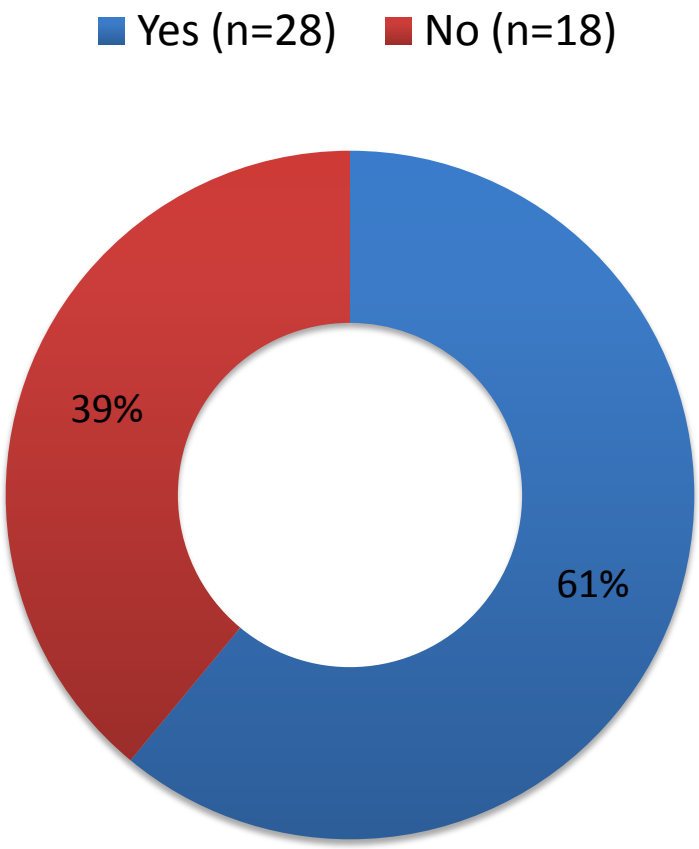
Non-Referring Provider Comments:

- “I’m not aware of the program and its details at Confluence Health. Who qualifies? What information is covered?”
- “<DSME> not covered by insurance for adults and most of my patients are farm workers.”
- “I refer to dietitians, but there is only 1 that I know of in the county. I would love to refer to DSME classes – but as far as I know, there are none. “ (Okanogan County)
- “Transportation to diabetes educator can be a barrier; we have a registered dietitian available here, but only Wednesday afternoons, so the limited schedule has also prevented participation.”
- “I would love to but there is nothing within a 2 hour drive.” (Okanogan County)
- “I do refer, but many don’t actually drive the 1 ½ hours to attend the session.”
- “Current practice is to send <pediatric> patients to Seattle Children's Hospital for education after diagnosis of diabetes made locally.”
- “Insurance doesn’t cover and there aren’t diabetes educators in the area.” (Okanogan County)
- “I usually offer it but most patients decline.”
- “No classes available. But I would really like to see this created.” (Okanogan County)
- “I am not aware of any group classes in the Methow Valley. There is no individual educator practicing in the Methow.”
- “Location and cost definitely. There should be no cost to the training.”

Section 4:

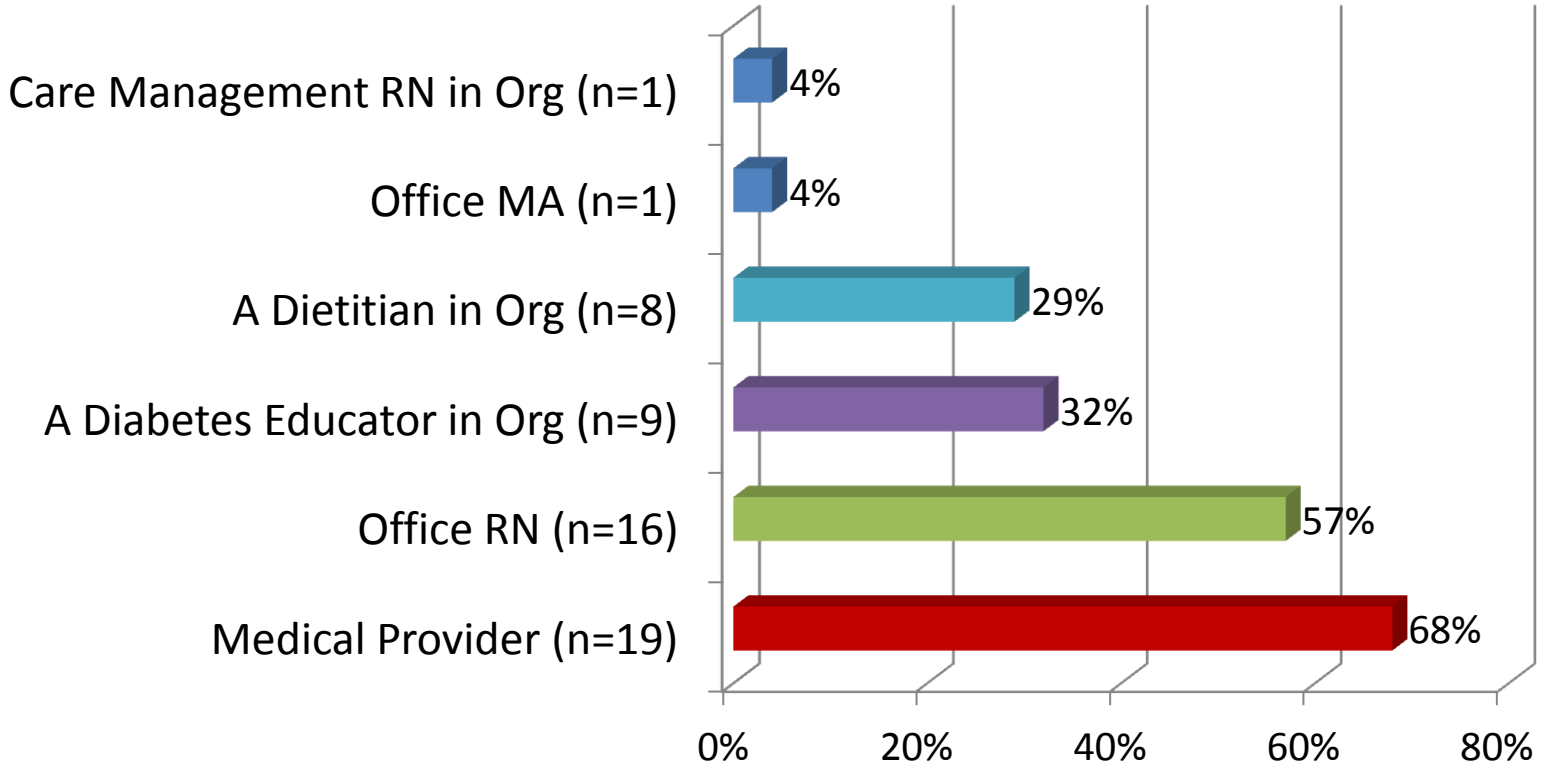
Diabetes Education in the Office Setting

28 providers indicated that diabetes education is provided in their office setting; 18 indicated that it was not.



Q 13: Is diabetes education provided to patients in your office setting?

Providers identified the best person to educate patients in their office as:



Respondents: 28

Q 14: In your office setting, who is the best person to educate patients about diabetes?

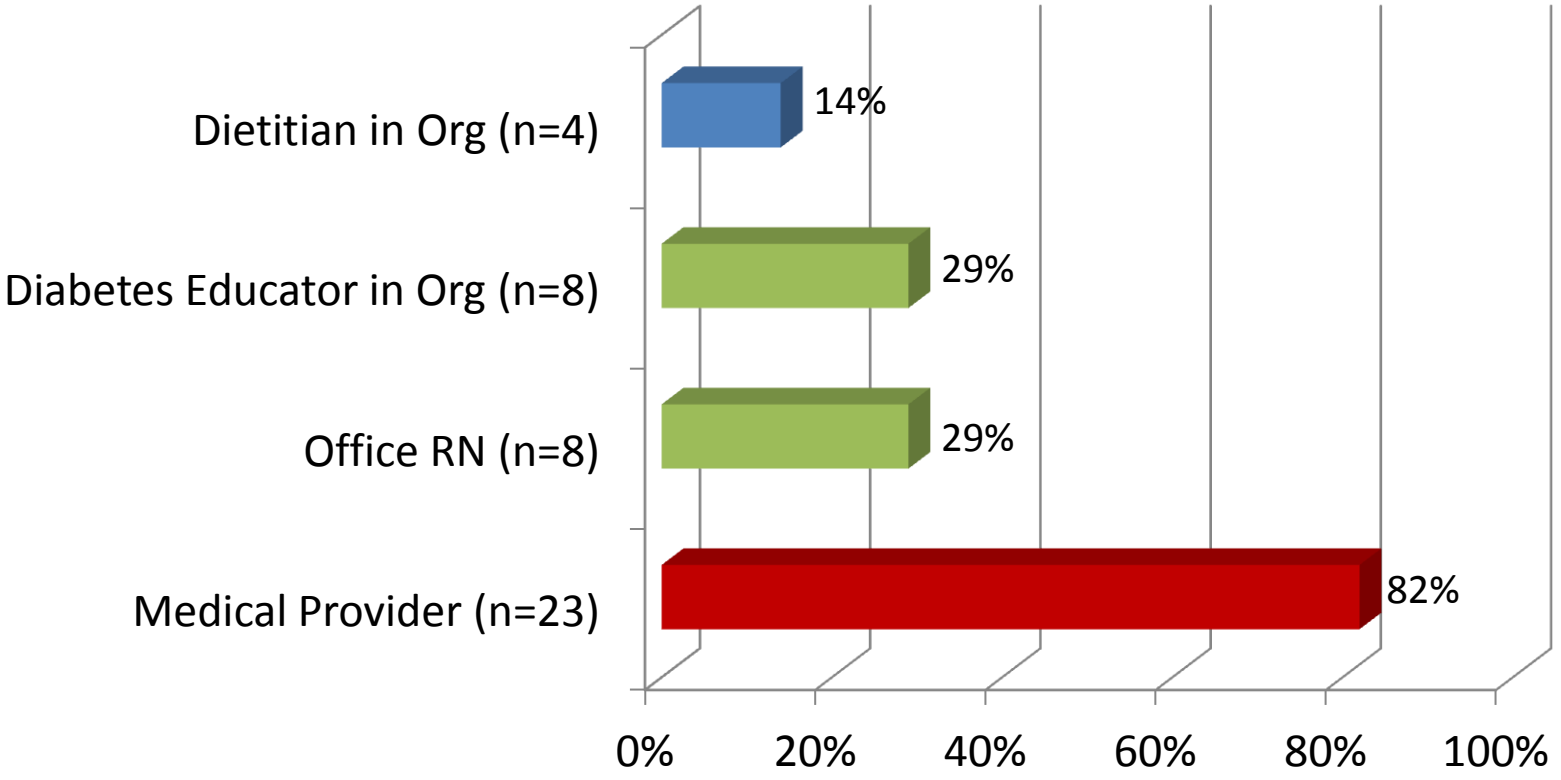
Provider Comments:

- "In our pod, the ARNP would be the best to provide education. Follow-ups would include diet modifications, exercise plan, and medication adjustment. Referrals seem only to separate the necessary holistic approach."

- "A Care Management Nurse within my organization. These roles would be best, most efficient use of clinic resources for this purpose, but we do not have nursing staff available currently (or in the past several years) to do this work. So if any education happens, it is given by the provider."

Q 14: In your office setting, who is the best person to educate patients about diabetes?

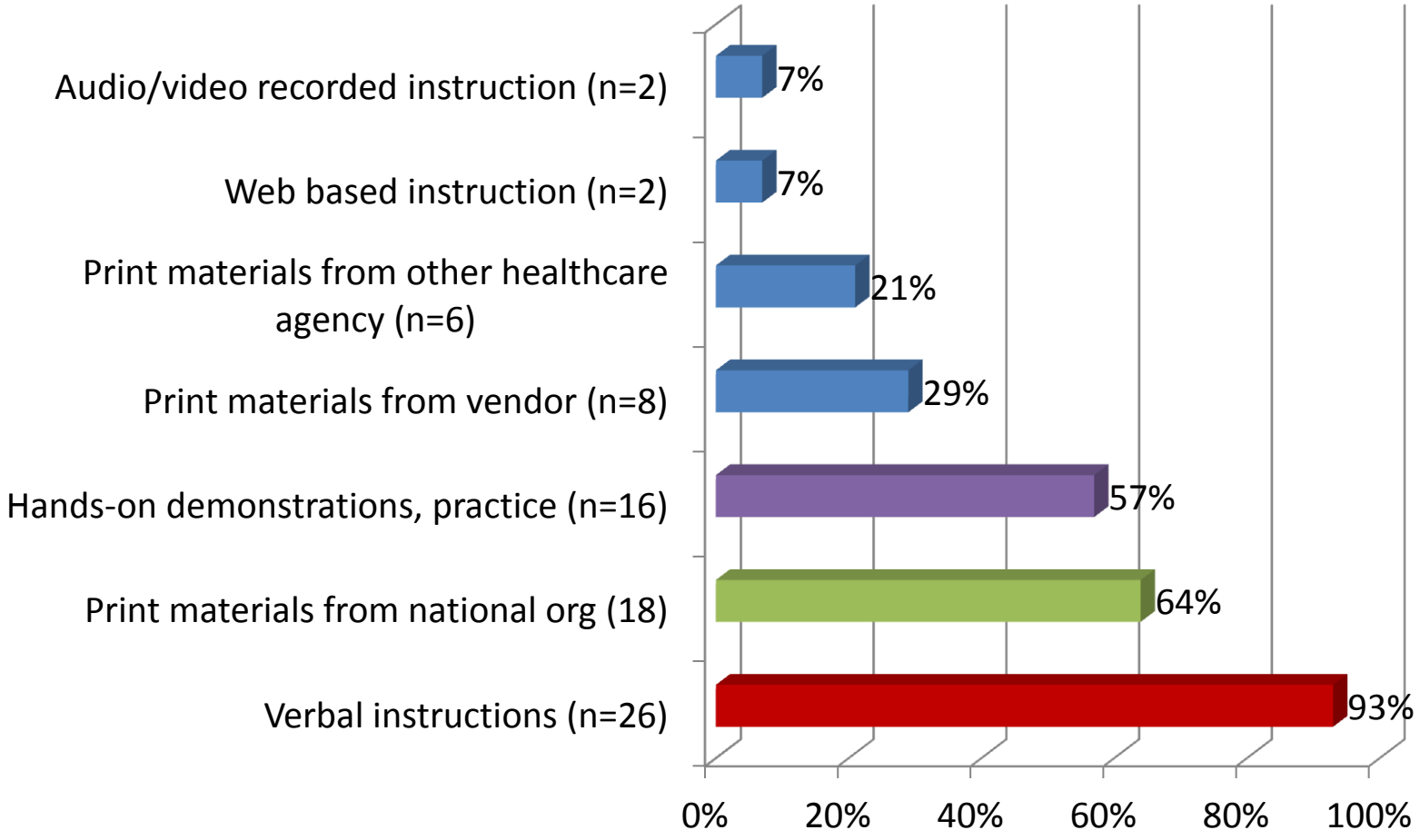
Providers identified that the majority of education in their office is provided by:



Respondents: 28

Q 15: In your office setting, who provides most of the diabetes patient education?

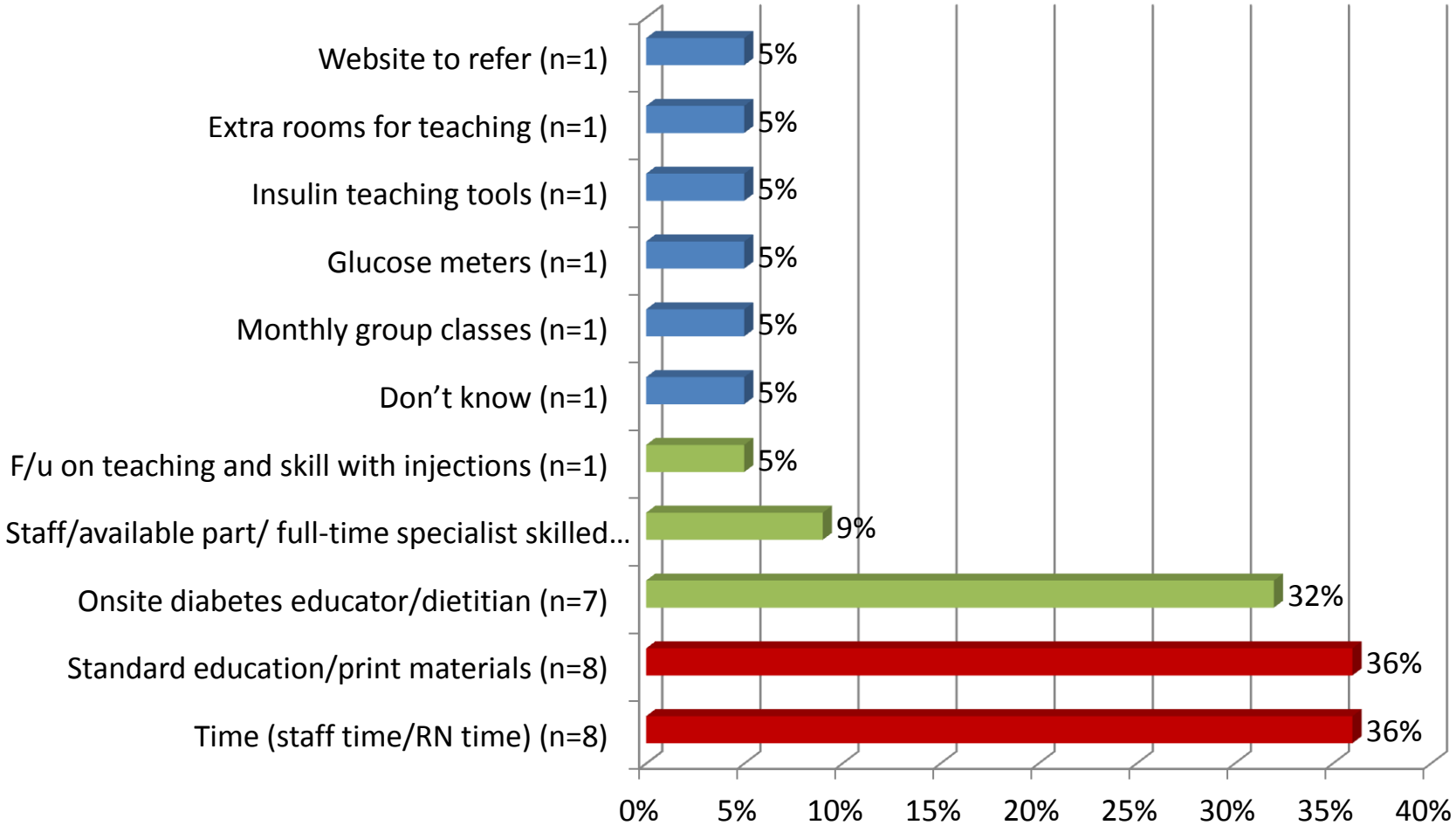
Methods & materials used for patient teaching:



Respondents: 28

Q 16: In your office setting, what methods & materials are used for diabetic patient education?

Important resources that providers lack:



Respondents: 22

Q 17: In your office setting, what important resources do you lack to support diabetes education?

Provider Comments:

- “Staff time for in office training and follow up calls, care management calls.”
- “Would love more availability of nursing staff to provide DM education at time of visits. Would also love to have DM educator/dietitian on site/staff.”
- “An available part or full time educator and organized supplemental information (including printed material, interactive materials, etc.)”
- “Diabetes educator seeing patient at time of provider visit (e.g., integrated care). Making appointments in the future has much less impact for some patients.”
- “Monthly group classes and follow up on teaching and skill with injections.”
- “Non provider educators with skilled training.”
- “A large percentage of my patients are unable to read.”
- “Limited staff who are able to do this.”
- “Time!”

Q 17: In your office setting, what important resources do you lack to support diabetes education?