Implementation needs assessment on implementing PROMs to aid shared decision-making for low-literate type 2 diabetes patients: a qualitative analysis

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Background

Diabetes mellitus type 2 (DM2) patients with low literacy are known to have worse health outcomes due to insufficient self-management and ability of shared-decision making (SDM). Although patient reported outcome measures (PROMs) are increasingly used in decision-making, it is unknown if they are appropriate for low-literate patients and how to use them in this patient population.

Objective

This two-year project studies the implementation of PROMs for SDM in a personalized healthcare pathway for low-literate DM2 patients in primary care. As part of this study, we assessed the initial needs for developing this pathway.

Methods

- Implementation needs assessment using Implementation Mapping Framework
- Focus groups to explore the needs of healthcare providers (HCPs) and low literate patients
- Inductive thematic analysis

Preliminary results

- Four focus groups were organized to explore low-literate DM2 patients' needs for personalized care (figure 1).
- Four main needs emerged, which were appointed by both patients and HCPs (figure 2).
- The extent of additional needs for low-literate DM2 patients varies due to patients' attitudes toward DM2 and daily disease burden.
- Interestingly, the willingness to participate in SDM differs among patients.
- Perceptions of literate DM2 patients largely overlapped with those of low-literate patients.
- HCPs acknowledged the necessity to introduce personalized care for low-literate patients.

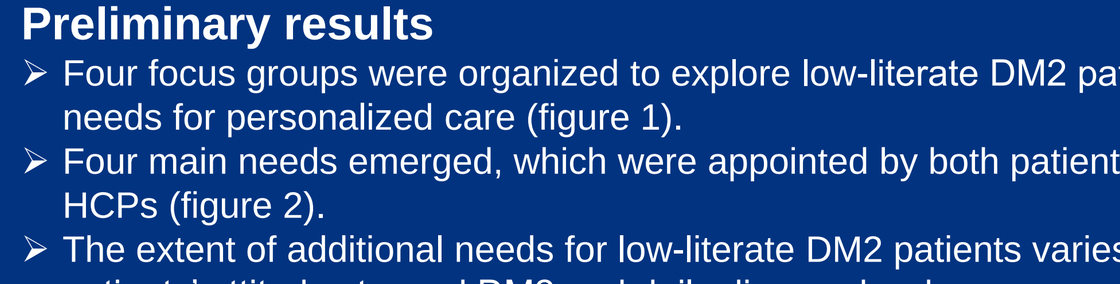

Figure 1. focus group composition

Preliminary conclusion

Low literate patients are needed but hard to reach for scientific research in order to personalize their care. Nonetheless, to validate our findings, more focus groups with low-literate DM2 patients are needed.

1. Adjust communication style

Adjusting communication style to patients' level by screening for low low literacy, dosing information, and avoiding phone contact

2. Involve patients in treatment

Involving patients in treatment by using PROMs to assess ability and willingness to modify lifestyle, nutrition and medication usage

3. Increase disease-related knowledge

Increasing patients' disease-related knowledge by repeating information and using comprehensible visual aids, preferably photo material instead of pictures

4. Optimize consultation

Optimizing consultations by prioritizing issues to treat based on PROMs, registering low literacy, and extend consultation time

Figure 2. Premilimanary low-literate DM2 patients' needs for personalized care

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