Development of a National Minimal Set of Patient-Important Outcome Domains for Value-Based Diabetes Care in Denmark

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**Results (1) Participants**

<table>
<thead>
<tr>
<th>Title</th>
<th>Type 1</th>
<th>Type 2</th>
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<td>Self-care</td>
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<tr>
<td>Knowledge</td>
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<tr>
<td>Age (&lt;65 years)</td>
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<td>8</td>
<td>6</td>
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<tr>
<td>Previous diabetes treatments</td>
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<td>8</td>
<td>6</td>
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<tr>
<td>Recruitment</td>
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<td>8</td>
<td>6</td>
</tr>
<tr>
<td>Diabetes diagnosis</td>
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<td>8</td>
<td>9</td>
</tr>
<tr>
<td>Depression</td>
<td>6</td>
<td>7</td>
<td>10</td>
</tr>
<tr>
<td>Frequency</td>
<td>6</td>
<td>8</td>
<td>9</td>
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<tr>
<td>T2DM diagnosis</td>
<td>7</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>Both for treatment and care</td>
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</table>

**Results (2) Key observations**

PhD and caregivers found the following of high importance for evaluation of achieved health outcomes in VBIQ context:

2. Blood sugar control (A1c, BSMC), CGI, CVD etc.
3. Cost effectiveness for diabetes medications.
5. Diabetes treatment burden, medication failures, lifestyle.
6. Key to be assessed quality of care and confidence in self care group level analysis further highlighted.

**Results (3) Thematic analysis (goals)**

- **Process improvement**
  - Improved patient care and treatment
  - Improved patient collaboration and support
  - Improved diabetes treatment goals

- **Employee commitment**
  - Improved employee satisfaction
  - Improved employee collaboration and support

- **Outcomes improvement**
  - Improved diabetes treatment outcomes
  - Improved patient satisfaction

- **Systemic change**
  - Improved patient care and treatment
  - Improved diabetes treatment goals

- **Hypothesis**

**Aims of the qualitative research**

- **Inform structure of a minimal set of patient-important diabetes outcome domains for VBIQ by the national minimal set**
- **Development of a National Minimal Set of Patient-Important Outcome Domains for Value-Based Diabetes Care in Denmark**

**Method (1) Qualitative methodology**

- **Qualitative research** as part of evidence-guided quality patient engagement (PFMD, NIH 2018) using 7 criteria: Shared purpose, respect, responsibility, representativeness, capacity/capability, documentation and sustainability.

**Method (2) Qualitative methodology**

- **Semi-structured interviews**: Participants completed open ended questions individually.
- **Focus group**: Focus group were conducted on topics that related to diabetes and the patient's everyday life.
- **Focus group**: Focus group were conducted on topics that related to diabetes and the patient's everyday life.
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**Method (3) Patient workshop agenda**

- **Agenda overview (sections)**
  - Introduction and welcome by lead patient organisation representative.
  - Background: Clinical diabetes treatment, overview of diabetes and its impact.
  - What is diabetes?
  - What does diabetes mean to you as a person (psychosocial aspect)?
  - What is diabetes treatment like for you (psychosocial aspect)?
  - What does diabetes treatment impact life for you?
  - What are our goals for the future?
  - What are important goals for you as a person?

**References**

1. *American Diabetes Association*. Diabetes Care 1/3 (2010). 2. **Main goal** of diabetes treatment. 3. **Primary care** is…….. 4. **Depression** and *Emotional diabetes distress, impact on quality of life, burden of diabetes*. 5. **Caregivers** on: 6. **Methods** and caregivers on: 7. **Research** supports: 8. **Subgroup level analyses further highlighted**. 9. **Key to assess quality of care and confidence in self-care group level analysis further highlighted**. 10. **Diabetes treatment burden** (incl. fear of hypoglycemia, depressive thinking). 11. **Diabetes related emotional distress** (incl. fear of complications, hypoglycemia, depressive thinking). 12. **Semi-structured interviews**: Participants completed open ended questions individually. 13. **Focus group**: Focus group were conducted on topics that related to diabetes and the patient's everyday life. 14. **Focus group**: Focus group were conducted on topics that related to diabetes and the patient's everyday life. 15. **Focus group**: Focus group were conducted on topics that related to diabetes and the patient's everyday life. 16. **Focus group**: Focus group were conducted on topics that related to diabetes and the patient's everyday life.