

NAPCRG 52nd Annual Meeting — Abstracts of Completed Research 2024.

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Title

Pilot Testing of the Treatment Burden Screening in Diabetes Tool in Primary Care

Priority 1 (Research Category)

Multimorbidity

Presenters

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Abstract

Context: Nearly all patients with type 2 diabetes have comorbid chronic conditions, adding complexity to self-management. A tool to more efficiently relay points of patient-perceived treatment burden during a primary care visit may lead to more patient-centered care plans and improved outcomes.

Objective: To test the acceptability and usability of the Treatment Burden Screening in Diabetes (TBSD), a novel brief screening questionnaire that identifies domains of high burden in patients with diabetes, which can be used as a conversation tool in a primary care clinician visit to focus discussion.

Study Design and Analysis: Single-arm pilot trial of adults with diabetes. Descriptive statistics of baseline patient demographics and post-encounter surveys, and of clinician post-encounter surveys.

Setting: Two urban primary care clinics in Minnesota, USA.

Population: 50 English-speaking adults with type 2 diabetes who engage in a participating primary care visit, clinicians participating in the intervention clinic visit.

Intervention: Participating patients complete the 5-item TBSD questionnaire and show it to their primary care clinician to facilitate a patient-centered discussion and care plan.

Outcome Measures: Acceptability and usability – to what extent the TBSD helped to inform the care plan, what changes (if any) were made, comfort with using the tool, and desire to use again and to recommend to others.

Results: Of 50 patient participants, 50% were male and were on average 54 years old. Patients selected a range of burden domains on the TBSD. Patients felt TBSD questions were easy to understand (98%), focused the visit on their biggest concerns (77%), and felt comfortable discussing issues with their

clinician (84%). Clinicians reviewed the TBSD in 82% of encounters. The 13 clinician participants felt comfortable discussing topics (92%), felt the TBSD revealed new information (44%), focused patient conversations (44%), and uncovered issues that don't typically arise (32%). The TBSD incited action in the majority of encounters (64%), with clinicians modifying treatment regimens, placing referrals, scheduling appointments, and documenting in the chart. Clinicians would use the TBSD during the patient's next visit (72%) and would recommend it to colleagues (84%).

Conclusions: In pilot testing, the TBSD identifies patient-perceived treatment burden and contributes to shaping care plans in primary care visits with patients with diabetes.

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