Diabetic Patient Satisfaction at a Patient Centered Medical Home

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Background

• Physician-patient interview considered key component of all health care
• Multi-staff primary care sessions were associated with better patient outcomes
• Importance of examining complexity of self-care, patient cultural behaviors, education and beliefs
• Examining primary care visits important and critical interaction to examine when evaluating diabetic patient outcomes
Ecological model of health behavior

- Government, Policies, Large Systems
- Organizations, Communities, Culture
- Family, Friends, Small Group
- Individual, Biological, Psychological

Marrero D G et al. Dia Care 2013;36:463-470
Purpose

• To examine diabetic patient satisfaction, education and adherence to self-care recommendations following a visit to a UNHS clinic during a two month period (June 10 – August 5 2013)

• Eleven item telephone survey was used to elicit the patient’s responses to the study variables
Survey Administration

- Patients called between 10 and 7 CST, unless pt asked for a call-back at another time

Patients told:
- Goal of survey
- Survey confidential
- No right or wrong answer
- Declining to participate would not affect their clinic care
Demographics

- N = 113, 54 responses
- 35 F vs. 18 M
- Age categories:
  - 31-35: 4
  - 36-40: 3
  - 41-45: 2
  - 46-50: 4
  - 51-55: 12
  - 56-60: 10
  - 61+: 19
Survey Results & Findings

- 3 Spanish speakers
- 8 declined to participate
- 10 could not be reached due to defunct number
- 47.7% of inquiries resulted in completed survey
- 8/11 questions used 5 scale Likert rating
- Overall, most happy to participate, eager to give input about the clinic
Q1 How likely are you to recommend the clinic to family or friends?

Answered: 53   Skipped: 1

- Extremely likely
- Very likely
- Moderately likely
- Slightly likely
- Not at all likely
Q2 During a typical office visit, does your practitioner spend too much time with you, too little time with you, or about the right amount of time with you?

Answered: 54  Skipped: 0
Q3 How much do you trust your doctor to make help you make medical decisions that are in your best interests?

Answered: 54  Skipped: 0

- A great deal: [Bar graph]
- A lot: [Bar graph]
- A moderate amount: [Bar graph]
- A little: [Bar graph]
- Not at all: [Bar graph]
Q4 How helpful is your practitioner at explaining your diabetes?

Answered: 54  Skipped: 0

- Extremely helpful
- Very helpful
- Moderately helpful
- Slightly helpful
- Not at all helpful
Q5 Have you made changes to your diet since last coming to clinic?

Answered: 54   Skipped: 0
Q6 Have you increased your physical activity since last coming to clinic?

Answered: 54  Skipped: 0
Q7 How many times a day do you check your blood sugar?

Answered: 54  Skipped: 0

- 4 or more
- 2-3
- 1
- none
Q8 Do you record your blood sugar in a log (either on paper or on a monitor)?

Answered: 54   Skipped: 0

- Everyday: 75%
- A few times a week: 0%
- A few times a month: 0%
- Occasionally: 0%
- Never: 25%
Q9 Have you had complications from your diabetes since your last visit?

Answered: 52   Skipped: 2
Q10 If so, what kinds of diabetes complications have you had since your last visit?

Answered: 11  Skipped: 43

- Trouble keeping sugar down
- Hospitalizations
- Wounds/ulcers that won't...
- Blurred vision
- Tingling/numbness
- Dizziness
Q11 Did you see or speak with the diabetes coordinator or nutritionist at your last visit?

Answered: 54  Skipped: 0

- Yes
- No
Limitations

• Brief time period, small n
• Ethnicity and race not identified
• Almost 10% of patients had contact telephone numbers no longer working, unable to accept calls
• Limited ability to observe nonverbal cues, or verify information
• Limited by discrete questions queried: little room for individualized input*
• Larger number of older patients (61+)
*Some personal comments*

The good:
- Gratitude for Nancy, Katie, and Amy
- Liked nutrition counseling
- Loved yoga offering

The bad:
- “Bad experience” at Waverly
- Disliked diabetes coordinator
- Changed clinics due to dissatisfaction
- “Don’t take time” to understand individualized care
- Inability to have major health issues related to diabetes addressed
Conclusions

The majority of patients:

- Would recommend the clinic
- Feel they get enough time with the provider
- Find the provider trustworthy and helpful
- Check and record their blood sugar regularly
- Have suffered no diabetic complications since last coming to clinic
Conclusions continued

Many patients:

- Haven’t changed their diet or exercise significantly (defined as very/extremely on Likert scale)
- Expressed confusion about the role and identity of the diabetes coordinator, nutritionist
Recommendations

- Reiterate the importance of checking blood sugar and recording values daily
- Help patients better define how they can incorporate dietary changes and increase physical activity
- Increase presence and role of diabetes coordinator, nutritionist
- Encourage patients to make sure they have an active telephone number for follow up calls
References


