

Person Centred Integrated Diabetes Care

Rebecca Murphy, Lower Hume Primary Care Partnership (PCP), On behalf of the Lower Hume Diabetes Working Group

INTRODUCTION

Lower Hume PCP facilitate the Lower Hume Diabetes Working Group to improve local chronic illness care for people with diabetes.

The working group consists of representatives from a range of local health services including Hospitals, Community Health, Local Government, Aboriginal Health and Murray PHN.

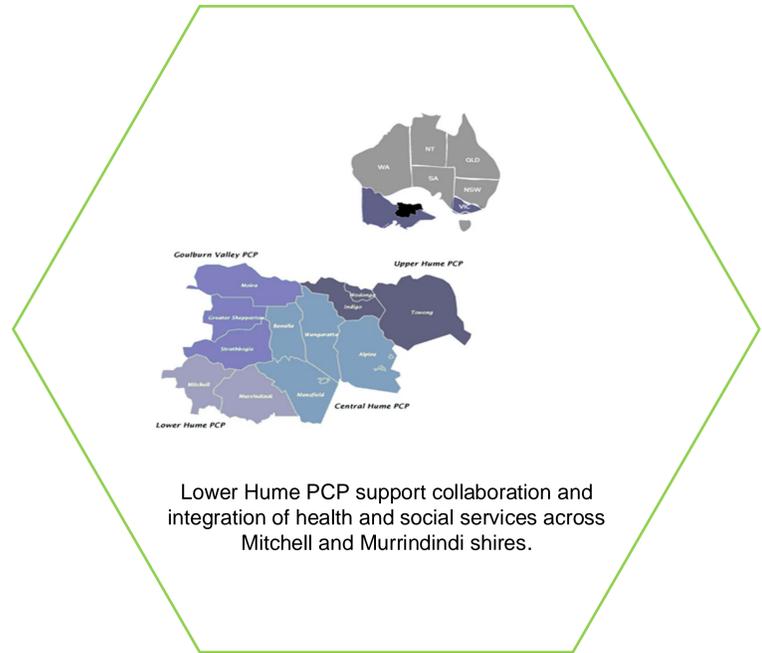
Integrated planning in 2015 confirmed the need and desire to conduct consumer research to inform local system improvements.

METHODS

A consumer survey and focus group explored local experiences of diabetes care to inform an integrated model of care. 77 survey responses were collected from October 2015 until April 2016, and 6 consumers provided input through a focus group facilitated by La Trobe University.

Surveys were distributed by health professionals, pharmacies, libraries and the link to the online survey was advertised through local media. 92% of surveys were completed as a hard copy.

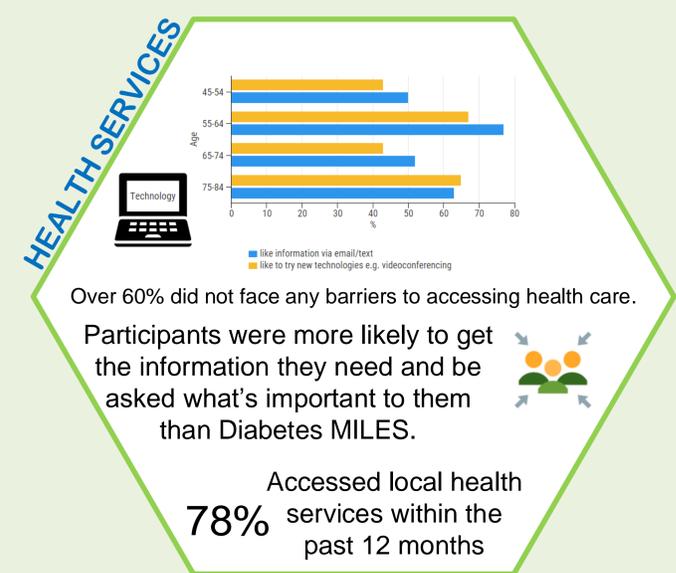
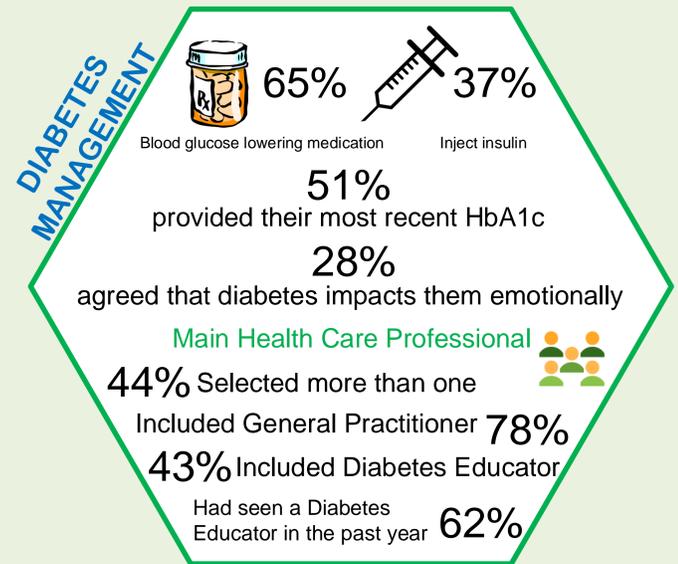
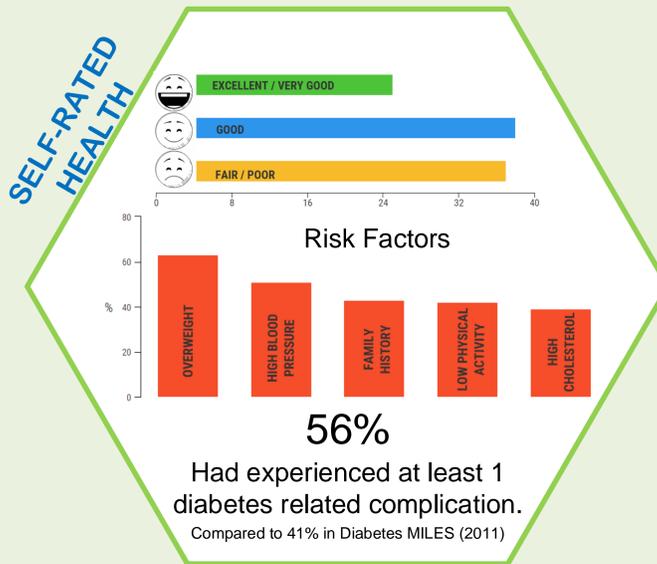
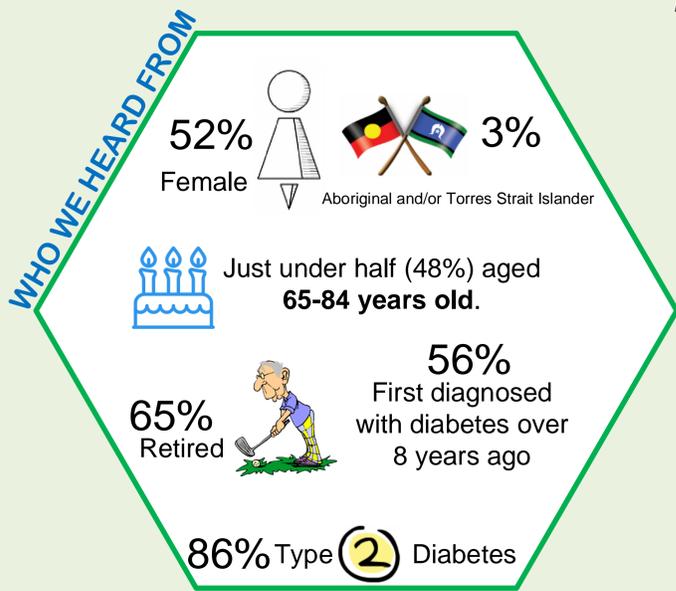
All surveys have been entered into Survey Monkey for analysis. Results are being compared against 2011 Diabetes MILES findings to identify areas to improve the local service system.



Lower Hume PCP support collaboration and integration of health and social services across Mitchell and Murrindindi shires.

RESULTS

77 surveys completed and 1 Focus Group with 6 participants.



FURTHER SUPPORT

When asked if there was anything that would help manage your diabetes, 61% did not answer. Those who did respond suggested:

- Continual contact with the Diabetes Educator.
- Information on new medications, technology etc.
- Access to services after hours.
- Education on food preparation.
- An exercise regime.
- A DAFNE Course in the area.
- Local support group.

"If I need help I ask the Aboriginal Health and Wellbeing Project Officer to bring someone to talk about it".

FOCUS GROUP

Findings included:

- Would like an Endocrinologist available locally.
- Ensure hospital food meets what being told, otherwise confusing.
- Food preparation education.
- Not sure what tests to do.
- More information sharing to reduce filling out forms.
- More emphasis on prevention.
- Depression is common and not something GPs bring up.

CONCLUSION

Understanding the experience of consumers was recognised as an essential starting point for systems improvement work across Lower Hume. A mixed method approach to collecting consumer input has enabled a deeper understanding of local diabetes care and further analysis of the data is likely to identify opportunities for continuous systems improvement.

Compared to national data collected through the 2011 Diabetes MILES study, participants were:

LESS LIKELY TO:		
• Know their last HbA1c	• Rate their health highly	• Identify cost as a barrier
MORE LIKELY TO:		
• Eat a healthy diet	• Experience complications	• Be asked what's important to them

Additionally, a large proportion of participants consider themselves to have more than one main health care professional, some respondents didn't feel they had ongoing access to a diabetes educator, older age groups are open to trying new technologies and food preparation education was suggested to support ongoing management as well as prevention.

NEXT STEPS

The Lower Hume Diabetes Working Group will identify areas to target improvements and utilise the findings to engage other service providers.

Additional information from a health professional focus group and regional results from the Australian National Diabetes Audit (ANDA) will enable a collaborative response to improving local diabetes care.



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