

Why don't patients with diagnosed diabetes attend a free "Get Checked" annual review?

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“Get Checked”

- Introduced in 2000
- To provide a free D i a b e t e s a n n u a l r e w i e v e w (DAR) for all patients diagnosed with diabetes
- Administered by PHO's and general practices
- Key tests to identify diabetic complications
- Once completed, treatment if necessary for diabetic complications can be carried out for the following year

Diabetes

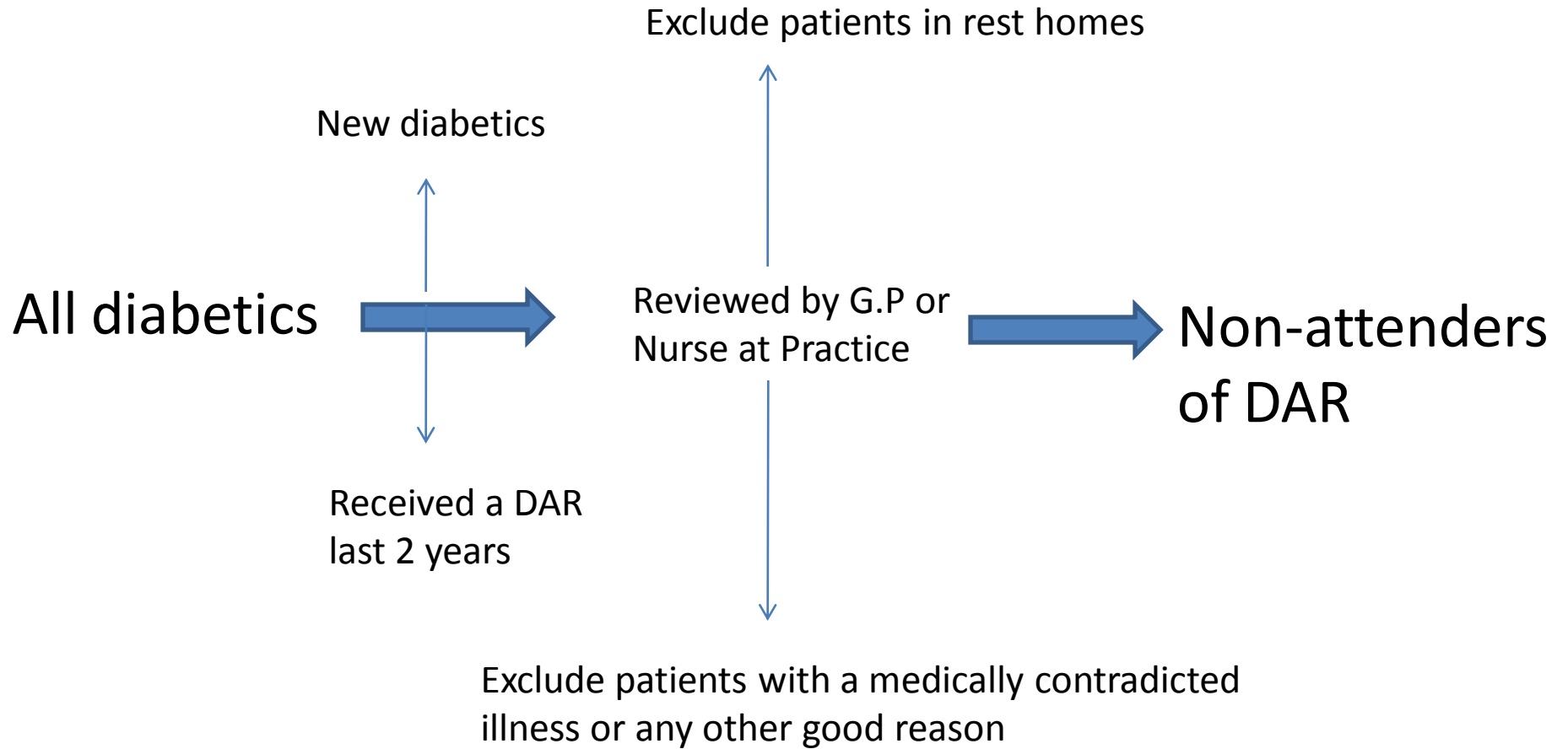
- Is an insidious disease
- Hard to measure prevalence
- Disproportionally affects Māori (3 times more than non-Māori)
- Diabetes annual review (DAR) reattendance rates show that young people, Māori, Pacific and those diagnosed with type 1 diabetes are less likely to attend a second review
- Disparities in the management of diabetes of Māori compared with non-Māori

Joshy G, Lawrenson RA, Simmons D. Retention of patients in the Get Checked free annual diabetes review programme in New Zealand. *N Z Med J.* 2008 Mar 14;121(1270):35-44.

Robinson T, Simmons D, Scott D, et al. Ethnic differences in Type 2 diabetes care and outcomes in Auckland: a multiethnic community in New Zealand. *N Z Med J.* 2006 Jun 2;119(1235):U1997

Methods

- Cross-sectional survey of Rotorua General Practices registered with the RGPG organisation
- Patients
over 25 years
registered with any one of 10 RGPG practices
Had diabetes on the 1st July 2007
- Looked at diagnostic Read Codes for diabetes on the database, relevant prescription or any patient with a HbA1c greater than 6.5%
- The notes of any patient who had a raised HbA1c or diabetic prescription but no diagnostic code was reviewed to validate whether they truly had diabetes



Methods

- All non-review attenders were sent a letter with an accompanying questionnaire
- If they did not respond to questionnaire they were contacted by phone and invited to participate in a phone interview
- The questionnaire was developed by the investigators and RGPG
- Responses were recorded but not taped

Questionnaire

- Why have you not attended a review in the last 2 years?
- Have you ever attended a review?
- Have you ever used the hospital diabetes service in the last 12 months?
- Are you employed?
- Do you find having a job difficult to attend a diabetes review?

- How do you feel your health is?
- How do you feel your knowledge of diabetes is?
- How do you feel about the care provided by your G.P?
- How do you feel about your relationship with your G.P?
- How do you feel about your relationship with your nurse?

Findings

- 1,830 people with diabetes were identified
- 247 (13.5%) had not had a DAR in the last 2 years
- After exclusion of those recently diagnosed with diabetes or those who had a reason for not attending confirmed by G.P or nurse
- 68 people were considered non-attenders

Findings

- 26/68 (38%) were able to be contacted (2 returned posted questionnaires and 24 by phone)
- The return rate for Māori was 9 whilst for non-Māori was 17 (16 European, 1 Pacific, 1 Indian)
- Average age of responders was 55
- ½ responders were male
- 21 responders had Type 2 diabetes
- 2 had Type 1 diabetes
- 3 had unspecified diabetes

Key Findings

- Māori and Pacific were more likely to report not attending due to caring for children or sick family members or difficulty with transport

“My babies come first”

“My son is terminally ill so I’m baby sitting my moko’s, I put myself last”.

- Europeans were likely to report not attending due to not finding time to attend, or having self control of diabetes.

“I’m a good judge of my own body”

“I know what to do about diabetes and what to look out for”

“I live my life as I want it, 99% of time I’m not a diabetic, I give myself insulin and I’m okay”.

Table 1: Comparison of Barriers to attending a Diabetes Annual Review (DAR) for **Māori and Pacific**. Ordered by frequency of response.

Māori (9) and Pacific (1)

| | |
|---|------|
| Difficulty with transport | 5/10 |
| Caring for children or family members | 3/10 |
| I don't know much about diabetes | 3/10 |
| Too much medication expected to be taken | 2/10 |
| Diabetes services are not available after 5pm | 2/10 |
| The diet is difficult | 2/10 |

Barriers which were mentioned only once

- No community based clinic identified as own
- Disempowered in decision making
- I won't go to the doctor unless something is wrong with me
- Cost of medication
- Has been moving between Auckland, Sydney and Rotorua

Table 2: Comparison of Barriers to attending a Diabetes Annual Review (DAR) for **European and Indian**. Ordered by frequency of response.

European (16) and Indian (1)

| | |
|---|------|
| Forget/have not got round to it | 6/16 |
| Self control of diabetes | 4/16 |
| Unsatisfied with the diabetes services provided | 3/16 |
| Difficultly using equipment provided | 2/16 |
| Diabetes services are not available after 5pm | 2/16 |
| I'm not a diabetic | 2/16 |
| Have a job which makes it difficult | 2/16 |

Barriers which were mentioned only once

- Diabetes is not an problem
- Disempowered in decision making
- I won't go to the doctor unless something is wrong with me
- The diet is difficult
- Hospital Diabetic services keep an eye on me
- I don't know much about diabetes
- Coming off the benefit into a job hard to make ends met

Other findings

| Questions asked | Maori/ Pacific (1) | European/ Indian (1) | Total |
|---|-------------------------------|---------------------------------|--------------|
| Unaware of the programme | 3/10 | 2/16 | 5 /26 |
| Have never had a DAR | 1/10 | 6/16 | 7/26 |
| Attend diabetes service at hospital last 12 months | 3/10 | 2/16 | 5 /26 |
| Employed | 5/10 | 9/16 | 14 /26 |
| Found having a job difficult to attend DAR | 3/10 | 3/16 | 6 /26 |
| Self reported health as average or poor | 4/10 | 6/16 | 10 /26 |
| Self reported knowledge of diabetes as average or poor | 5/10 | 4/16 | 9 /26 |
| Care and relationship with G.P as good or excellent | 9/10 | 14/16 | 22 /26 |
| Care and relationship with nurse at practice as good or excellent | 5/10 | 13/16 | 17 /26 |

Discussion

- Barriers to health care and access to health care are key in health target strategy and policy making.
- Ministry of Health 'Diabetes Toolkit' discusses those at greatest risk of developing complications because of diabetes, do not readily access the services available to them.
- Although treatment and diabetes services maybe excellent they are only effective if they reach those most in need.

Discussion

- Findings here of non-attendance to a DAR are consistent with a study on barriers identified in another NZ study. This study included psychological factors such as lack of motivation and priority setting.
- There are differences in this study when comparing ethnicity.
- The major finding was that Māori found difficulty in transport and caring for family as barriers to attending a diabetes annual review.
- A possible reason for the difficulty in transport is that the majority of Māori interviewed lived in Murupara, Te Whati and Ruatahuna which are rural areas of Rotorua and attended one general practice.

Simmons D, Lillis S, Swan J, Haar J. Discordance in perceptions of barriers to diabetes care between patients and primary care and secondary care. *Diabetes Care*. 2007 Mar;30(3):490-5.

Discussion

- The second major finding is that Europeans are less likely to give priority of others health needs over there own. This is supported by other research.
- The most common reasons for Europeans not attending is because of forgetfulness or not having time.
- Other barriers such as difficulty in diet adherence, cost of medication and difficulty adhering to the amount of medication and ongoing other costs after attending a review suggest that more work needs to be done in identifying patient needs.

Simmons D, Weblemoe T, Voyle J, Prichard A, Leackehe L, Gatland B. Personal Barriers to diabetes care : lessons from a multi-ethnic community in New Zealand. *Diabetic Medicine* 1998;15(11):958-64.

Discussion

- Around half of those employed identified that this made it difficult to attend a diabetes annual review.
- A comment mentioned by at least one person in each ethnic group is that there was no diabetes service offered after 5pm.
- Not having a community based centre identified as own.

Discussion

- Having self control of diabetes was featured highly for European responders however was not featured in Māori and Pacific responses.
- It is likely that an increase in knowledge of diabetes empowers one to make better decisions on their own health. Therefore able to self monitor signs and symptoms of diabetes.
- A decreased level of knowledge of diabetes is likely to lead to disempowerment of health decision making and maybe a factor why risks in developing complications of diabetes are increased for Māori.

Strengths of this study

- Strengths: Patient focused
- Although barriers to care are well documented especially among Māori, it is important to bear in mind that barriers vary between iwi and are continually changing for Māori.
- This study is unique in that it has identified that transport and caring for family are among top barriers for not attending a DAR amongst Māori whom live in the Rotorua region.

Weakness of this study

- Weaknesses: Only 26/68 people who had not had a DAR in the last 2 years were interviewed. Greater validity would have been achieved if response rate higher and greater number of ethnic participants
- Bias when conducting phone interview and interpreting data presented here. The use of open ended questions can under or over estimate the importance placed on barriers. Although responses were scribed as accurately as possible, the interviews were not recorded, therefore there is the opportunity to choose what comments are important

My suggestions to increase uptake of DAR for the future?

- To increase rate of uptake by Māori it needs to be delivered in a way which incorporates tikianga (Māori customs, beliefs and values).
- If serious health improvements this needs to be incorporated at all levels.
- Diabetic Annual Review Centre open after 5pm or on the weekends.
- More reminders to patients of DAR maybe helpful.

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