

“My health is number one”: a qualitative study of older patients’ views on non-face-to-face diabetes chronic care management (CCM) in Louisiana



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Project Aims

- Utilizing the framework of a natural experiment, the aim of this qualitative study was to explore patient perceptions through 30 semi-structured interviews. The study aimed to provide insight into patients’ experiences living with diabetes, where reducing barriers to and improving effectiveness of CCM could improve health outcomes through non-face-to-face care.
- This study was conducted through REACHnet, a Patient Centered Outcomes Research network (PCORnet) Clinical Data Research Network (CDRN). Patient partners and study participants were recruited through REACHnet’s partner health systems. REACHnet’s Stakeholder Engagement Core supported the involvement of patient partners in all phases of designing and conducting the study.
- REACHnet partner health systems aim to actively engage patients as participants in qualitative research to better understand their experiences with and perspectives on specific healthcare services, such as non face-to-face chronic care management (NFF CCM).
- REACHnet collaborators included two patient groups, the LEAD steering committee patient partners and the Ochsner Patient Research Advisory Board patient committee.

Methods

- Semi-structured interviews were conducted with diabetes patients over 65 years of age in Southeast Louisiana. A total of 30 patients were interviewed, and these interviews were audio recorded and transcribed verbatim. Interviewers were trained on final guides and protocol for consenting, conducting, recording, and transcribing interviews.
- Tulane University IRB approved the study. Two participants were deemed ineligible following review of the data.
- Interview guides were drafted through in-depth consultation with LEAD study patient partners, Ochsner patient partners, and members of the LEAD Steering Committee (including researchers and physicians). Interview guides were pretested, and feedback discussions with patient partners were conducted as a key component of the analysis and thematic development process.
- Recruitment was facilitated by the organizational partners on the LEAD Steering Committee. Purposive sampling aimed for maximum variation in participants.
- This project developed the capacity of REACHnet as a valuable multi-institution consortium for studying the impacts of health policy through engagement of patients.

Objectives

- The study aimed to understand the firsthand experiences of older diabetic patients as they navigate their care through new CCM programs that may not have considered patient perspectives when they were originally introduced.
- NFF CCM has been incentivized by Centers for Medicare and Medicaid Services through a billing code (CPT 99490) since 2015, and additional billing codes were added in 2017 for wider adoption. It is not clear if patients had been consulted in development of the policy or were engaged in its intended goal.
- This study provides the opportunity to suggest potential approaches for making the care management program more “people-centered”.
- Patient partners have been a key part of the LEAD project research process from the inception of the study.
- Partners participate in each steering committee call and contribute their experience and views on the direction the research should take. They were individually consulted by the lead qualitative researcher during and throughout the process of forming the research questions that guided the study, and the analysis that resulted.



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Results

- Participants described divergent views on NFF CCM programming, including perceived ability to manage health issues and feeling that they already “know what to do” but just have trouble doing it, as well as pain points such as disliking phone calls. Many participants reported wanting to know that “someone cares” and perceiving CCM as potentially helpful in their daily experience of living with a chronic illness.
- This work demonstrates the utility of the CDRN partnerships – health systems, payers, academics, healthcare providers, and patient community – for evaluating health policies using a patient-centered research design.
- PCORnet holds value for generating evidence of particular interest for policy makers seeking to understand real-world experiences with, and impacts of, health policy and payment models.

DISCLOSURES

The authors have no conflicts of interest to disclose.

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