
POSTER ABSTRACT**Diabetes care: comparison of patients' and healthcare professionals' assessment using the PACIC instrument.**16th International Conference on Integrated Care, Barcelona 23-25 May 2016Elisa Gijs¹, Isabelle Peytremann-Bridevaux²

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Introduction: Studies have shown that the implementation of interventions based on the Chronic Care Model (CCM) plays an important role in the quality of diabetes care. The Patient Assessment of Chronic Illness Care (PACIC) is a validated instrument to measure the extent to which care is congruent with the recommendations of the CCM. The aim of this study was to compare the evaluation of diabetes care, according to the PACIC, as reported by patients with diabetes and healthcare professionals.

Methods: This study took place in the canton of Vaud, one of the 26 Swiss cantons, which has circa 700'000 inhabitants (10% of the Swiss population) and is located in the French speaking part of Switzerland. Two independent samples, one of non-institutionalized adult patients with diabetes (n=395) and one of healthcare professionals (i.e. primary care physicians, diabetologists, primary care nurses and diabetes specialized nurses; n=287), were asked to complete the PACIC-5A and the modified-PACIC-5A, respectively. The PACIC-5A (26 questions scored on a five-point scale: 1=never to 5=always) was originally developed as a questionnaire to be answered by patients. It was adapted so as to allow healthcare providers to respond to the PACIC-5A questions (modified-PACIC-5A). For example, the question "Over the past 6 months, when I received care for my chronic conditions, I was asked to talk about my goals in caring for my condition" was adjusted to "When caring for a person with a chronic illness, how often do you ask them to talk about their own goals in caring for their condition." In both groups, means and standard deviations were calculated, for each question separately and for the global score computed over the first 20 questions. Comparisons of results across the two groups were also performed, using a t-test for two independent samples. Means for the four subgroups of healthcare professionals were also calculated for exploratory purposes.

Results: Mean age of patients was 65.5 years, 63% were male, and 84.6% reported type 2 diabetes. The healthcare professionals group comprised 34.5% of physicians (mean age: 52 years) and 65.5% of nurses (mean age: 44 years). Patients' and healthcare professionals' global scores were 2.6 (SD 0.9) and 3.6 (SD 0.5), respectively (_p-value 0.0001_). Healthcare professionals reported higher scores for all questions except one – "organization of care satisfaction" – for which the mean scores were identical in the two groups. While the score differences between patients and healthcare professionals varied between 1 and 2 for most questions (> 1 SD), one question – "given a copy of my treatment plan" – showed a difference

higher than 2 (> 2 SD) and a few others presented differences smaller than 1. Among healthcare professionals, scores from specialized nurses and diabetologists were overall higher than those from primary care physicians and nurses for most of the questions. In addition, specialized nurses and diabetologists reported scores higher than 4 (out of a maximum of 5) for 81% and 58% of the questions, respectively, compared to only 27% for primary care physicians and 23% for primary care nurses. Patients with diabetes never reported such high scores.

Discussion: These results suggest that healthcare professionals, in particular diabetes specialized nurses and diabetologists, tend to report better quality of diabetes care, as measured by the PACIC, than is reported by patients. Whether these results correspond to over-evaluation by healthcare professionals, under-evaluation by patients, or a combination of both phenomena remains unknown. Since patients' outcomes and well-being are the main target of provided care, their perspective is crucial when aiming to improve care for chronic diseases.

Conclusion: This study showed that patients and healthcare professionals didn't report care received or provided in a similar way. Closer collaboration between patients and healthcare professionals, targeting more patient-centered diabetes care, may decrease evaluation differences. Further research, examining results from pairs of patients and healthcare professionals, are needed to confirm our findings.

Keywords: patients and healthcare professionals' perspectives; diabetes; PACIC; chronic care model
