POSTER ABSTRACT

Patients' preferences for diabetes care: a discrete choice experiment

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Introduction: Currently, around the world, the majority of patients with type 2 diabetes mellitus T2DM receives standardized care, based on evidence-based, disease-specific guidelines. Calls to step away from this 'one-size-fits-all' approach have been increasing and are supported by a growing body of scientific evidence showing its inherent limitations. Although a large proportion of diabetes care is based on self-management, limited knowledge exists on the care preferences of patients with T2DM. Consequently, patients' care preferences cannot be considered in the development of tailored diabetes care approaches. The objective of this study was therefore to assess preferences of patients with T2DM towards diabetes care using a discrete choice experiment DCE.

Methods: In this DCE, adult patients diagnosed with T2DM less than 5 years ago and treated in Dutch primary care were asked to choose repeatedly between two hypothetical diabetes care packages, which differed in six attributes identified through patient focus groups: role division in daily diabetes care planning, lifestyle education method, type of medication management support, consultation frequency, emotional support approach, and time spend on self-management. A mixed-logit model was used to estimate the relative importance of the included attributes.

Results: Preliminary results based on data from193 patients with T2DM who completed the DCE survey 20.3% of the total research sample showed that 59.1% is male with a mean age of 68.2 years [SD 10.2]. Except for the estimate of the medication management support attribute, all other attribute estimates were statistically significant, indicating that they are important for patients with T2DM when choosing a diabetes care package. Frequency of consultations, emotional support approach, and lifestyle education method were the most important attributes with a relative importance of 25, 24 and 23%, respectively. Overall, patients preferred shorter consultation intervals three monthly instead of annually or six monthly and to receive emotional support from their general practitioner, practice nurse or diabetes nurse, rather than no support or support from a psychologist. They also preferred to receive lifestyle education individually instead of in a group or digitally.

Discussion: The results of this study give insight into the care preferences of patients with T2DM. Care providers can use this information to develop tailored treatment plans for their patients.

Conclusion: The most important aspects of diabetes care for patients with T2DM are frequency of consultations, emotional support approach, and lifestyle education method.

Lessons learned: It is important to take into account patients' care preferences in the development of tailored diabetes treatment plans.

Limitations: Choices made in a DCE are hypothetical choices. It is unclear to which extent these choices reflect actual choices made in real life.

Suggestions for future research: This is an ongoing study. In further research, subgroup analyses of patient preferences will be conducted based on patients' glycemic control status. The influence of psychosocial characteristics, such as self-efficacy, educational level and quality of life, on patients' care preferences will also be determined.