Innovative Approach of using “Diabetes Conversation Map to Improve Patient Management in HKEC GOPCs

RAMP Team
Department of FM & PHC
HKEC
Objectives

1. To apply Diabetes Conversation Map in Type 2 Diabetes (T2DM) education

2. To evaluate the effectiveness of the education including insulin commencement
In GOPCs, diabetic patients have complication Screening (DMCS) every 2 years
Diabetic complication screening (DMCS) in GOPC, HKEC

- BMI, Hip/Waist Ratio
- Fundus photo
- Foot screening
- Blood pressure control
- Blood taking
- Urine testing
- Nurse education: Nurse provide education to patients for better DM control (~15-20 minutes)
- Drug compliance
- Life style
However...

The usual educational method is a one way approach.
Insulin Initiation

- Patients found to have poor DM control at DMCS will be referred to RAMP clinic
- Insulin will be prescribed for needed cases
Previous Problems

1) Hard to change patients’ lifestyle after DMCS

2) Patients with poor DM control are reluctant to begin insulin, bargain with doctors and nurses for more time

**Only 24.4% of DM patients are very willing to initiate insulin (William H.P, 2013)**
Any other method?
Evidence has shown that people who acquire information from peers or people suffering from the same condition are more likely to believe it as fact than compare to the same information told by a medical professional. (Parkinson J, 2011).
The Power of Active Engagement

Retention Rates

Passive Learning

Conversations are Critical

Active Engagement

- Read: 10%
- Hear: 20%
- See (Graphically): 30%
- See & Hear: 50%
- Discuss With Others: 70%

Diabetes Conversation Map (DCM)

- Diabetes Conversation Map™ education tools were developed by Healthy Interactions in collaboration with the International Diabetes Federation (IDF), Eli Lilly and Company and other leading diabetes experts in 2008.
Diabetes Conversation Map

• An education tool with table-top visuals and make use of the power of small group dialogue, that:
  – Promotes collaborative learning
  – Improve personal health management
  – Enhance interactions between people with DM and healthcare professionals
  – Use questions to engage the group in exchange and discussion
  – Is guided by a trained facilitator but led by participants
What is Diabetes?
Walk with Diabetes
Staff Training

• Several Diabetes Conversation map facilitator training workshops for staff were held since Apr 2012

• Staff took turns to role-play as both the facilitator and the client to familiarize themselves with the teaching tool
Rehearsal with Clinic staff in early Aug 2012
Starting of the conversation map in 3 RAMP clinics

Chai Wan GOPC
Sai Wan Ho GOPC
Violet Peel GOPC

** Video Recording : Consents have been obtained from patients for Educational purpose
Examples of Group Discussions
Drug Compliance
Results

From Aug 2012 to Jan 2013:

- DCM sessions were run in:
  - Chai Wan GOPC
  - Sai Wan Ho GOPC
  - Violet Peel GOPC (Wan Chai District)

- 28 sessions completed, 148 patient attendance

- Each session consists of 6-8 patients lasting 60 minutes

- Maps used: Walk with Diabetes, Healthy diet & exercise
'I like this “interactive dialogue” format of learning'
‘I have learnt a lot from other members in the group’

- **Strongly Agree**: 47%
- **Agree**: 45%
- **Neutral**: 5%
- **Disagree**: 1%
- **Strongly Disagree**: 1%
- **No opinion**: 1%
‘I could share my experience and participated in the group’

- **Strongly Agree**: 48%
- **Agree**: 44%
- **Neutral**: 5%
- **Disagree**: 1%
- **Strongly Disagree**: 1%
- **No opinion**: 1%
‘I was very concentrated during the group’

- Strongly Agree: 49%
- Agree: 46%
- Neutral: 1%
- Disagree: 2%
- Strongly Disagree: 1%
- No opinion: 1%
Usage of DCM on Insulin Initiation

- From Sept 2012 to Jan 2013, 55 patients were recruited to the DM conversation map in Violet Peel GOPC.
- 38 out of 55 patients took part in the “Walk with Insulin” map.
Patient's willingness to start insulin after DM (n=38)

Willing to start insulin 74% (n=28)

Refused to start insulin 26% (n=10)

c.f. Only 24.4% of DM patients are very willing to initiate insulin in studies (William H.P, 2013)
Conclusions (1)

• Knowledge is acquired more effectively when a learner is actively involved.

• By using the conversation map:
  – Patients can gain peer support to create strategies that turn information into meaningful and long lasting behavioral changes and positive habits.
  – Facilitators can discover what patients want and need in order to improve their diabetes management.
Conclusions (2)

• The DCM is more cost effective than the conventional approach in terms of time spent on each patient.
• Participants can learn from each other.
• It is worthy of further exploration and application.
Experience Sharing of patients
Reference


2. Conversation Map™ Education Tools, Joanne Lewis, RD CDE,2008


Thank You