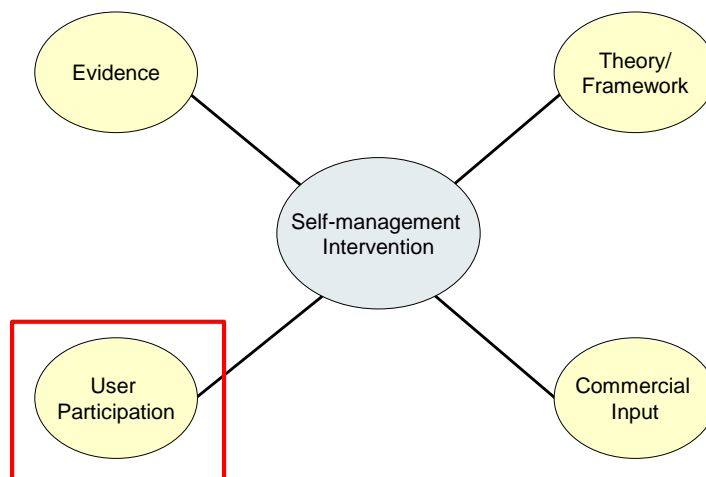


Developing an internet self-management intervention for people with type 2 diabetes:  
**What did clinicians tell us?**

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**ISRII Conference May 2013**

**Developing an internet based self-management intervention for people with type 2 diabetes**



## Background

### Difficulties faced by clinicians

- 🌐 Limited expertise
- 🌐 Behaviour change is difficult
- 🌐 Lack of continuity
- 🌐 Diabetes is a complex chronic condition
- 🌐 Not enough time
- 🌐 Loss of funding

## Aim and objectives

### Aim:

To explore health professional's views of an self-management internet intervention for patients with type 2 diabetes

### Specific objectives:

- 🌐 To determine the essential and desirable features of this intervention
- 🌐 Explore the potential facilitators and barriers to clinician use of the intervention
- 🌐 To seek clinicians opinions on how to implement the intervention into routine practice

## Methods

### Design

- Qualitative study using focus groups and individual interviews

### Recruitment:

- Contact made with relevant organisations
- Advertising at health professional conference
- Snowball sampling

### Procedure:

- Semi structured interviews and focus groups
- Interviews taped and transcribed verbatim
- Content analysis approach
- Coding framework agreed in multi-disciplinary meeting

## Results

### Sample

#### 17 clinicians

- Hospital doctors: 3 (2 endocrinologists and 1 GP trainee)
- General practitioners: 7 (3 partners, 4 salaried)
- Dieticians: 1
- Nurses: 6 (4 diabetes specialist nurses, 2 practice nurses)

#### Demographics

- Gender: 11 female, 6 male
- Mean Age: 47.5 (32-64)
- Ethnicity: 15 White British, 2 Asian Indian

## Results

### Data collection

- 🌐 4 focus groups
  - 1 (with 4 clinicians)
  - 1 (with 3 clinicians)
  - 2 (with 2 clinicians)

- 🌐 6 interviews

### Themes

- 🌐 Intervention features
- 🌐 Barriers and facilitators
- 🌐 Implementation

## Intervention features

- Information provision

"There's absolutely no question that the intervention has to include explanation, information, advice" *PB03: Salaried GP, Male, 63 years old*

- Graphics and images

"I think something very visual would be most useful, the pictures and perhaps interactive" *PB07: Diabetes Specialist Nurse, Female, 59 years old, White British*

- Patient health record

"It's very empowering...sharing that record, I think, a personal health profile." *PB07: Diabetes Specialist Nurse, Female, 59 years old, White British*

"there are real anxieties about...who owns that information? Who's responsible for that information in terms of saying, actually, something needs to be done about this?" *PB06: GP partner, Male, 48 years old, White British*

- Tailored information

- Summary data

“I mean, I think another thing that would be very helpful would be if this programme could present me with a summary of any of the measurements that the patient has done. So, in this case, it’s quite likely to be blood sugar” *PB00*

- Patient stories

“Having some information of ...other patients in a similar position... because then they can relate to that ...they’re more powerful sometimes.” *PB11: Hospital Doctor, Female, 35 years old, White British*

- Emotional management

“Something... on the emotions because it’s probably the thing that, might not get addressed as much as it needs to be, yes. So yes, all about the emotions” *PB07: Diabetes Specialist Nurse, Female, 59 years old, White British*

## Barriers and Facilitators

- Time saving

“It would certainly save the practice a lot of time and it would certainly save the nurses a lot of time. And the general, I guess, the pitch would be, you know, self care means better outcomes and less work for the practice.” *PB03: Salaried GP, Male, 63 years old*

- Incentives

“Since QOF, I have to say, all I ever hear from any of my GP colleagues is, is it QOFable, is incentivised? And if it’s not incentivised, we don’t do it and I just think it’s a terrible terrible terrible adverse effect of QOF.” *PB01: Salaried GP, Female, 51 years old, White British*

- Workload

- Reach

“if you’re starting to offer an Internet based education, there’s still going to be a big group of people who aren’t going to have access or just don’t have the ability to do it.” *PB15: Practice Nurse, Female, 33 years old, White British*

- Interaction

“I think how it impacts on the doctor patient relationship, you know, there has been a long history of the computer being the third person in the relationship and this certainly will not reduce that.” *PB05: GP partner, Male, 44 years old, Indian*

## Implementation

- Change leaders

"I think getting champions within a practice, clinician champions, maybe another way of actually getting its utilisation and dissemination" *PB05: GP partner, Male, 44 years old, Indian*

- Patient led

"I think that if patients see its benefit, utilise it and make positive change as a consequence, clinicians will follow." *PB05: GP partner, Male, 44 years old, Indian*

- Effectiveness

"My colleagues will certainly play a great deal of honest lip service to the fact that they won't change unless there's good evidence" *PB00: Salaried GP, Male*

- Ownership

And actually generalists who feel that they've been involved in the, sort of, development and production of a piece of work tend to have more ownership. So the more widely they feel involved, the more likely they are to utilise the intervention. *PB05: GP partner, Male, 44 years old, Indian*

## Limitations

- 🌐 Small sample size.
- 🌐 Mainly White British population.
- 🌐 A significant proportion of the clinicians interviewed had ties with academia.

## Conclusions

- Little known about clinicians' perspectives of an online self management programme for diabetes.
- Generally a positive attitude towards an intervention especially if it can save time and patients like it
- Worries about the digital divide
- Concerns with the idea of patients having full access to their medical records.
- For successful implementation champions need to be identified
- Clinicians decisions to use the intervention are heavily based on patient feedback

**Thank you**  
**Any questions?**



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This presentation presents independent research funded by the National Institute for Health Research (NIHR) under its Programme Grants for Applied Research Programme (Grant Reference Number RP-PG-0609-10135). The views expressed are those of the author(s) and not necessarily those of the NHS, the NIHR or the Department of Health