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Conference Abstract

PROFiling patients' healthcare needs to support integrated, person-centered models for Long-term disease management (PROFILE): Study design and rationale

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Abstract

Introduction: Worldwide, approximately 347 million people have diabetes. An additional 12.6 million cases are expected by 2035 if no action is undertaken. In Europe, the trend is to manage diabetes through multidisciplinary care teams using a disease management approach based on diabetes-specific guidelines. Although this has led to improved coordination and evidence-based practice, there are also downsides. These include too much provider-driven and highly standardized care which is insufficiently tailored to the individual patient, resulting in differential treatment effects across the diabetes population, over-, under- and misuse of health care services, and generally dissatisfied patients.

The Dutch PROFILE project aims to support a more patient-centered approach to type 2 diabetes care by developing, validating and feasibility testing a set of three to eight so-called 'patient profiles'. They can be used to provide tailored management to subgroups of patients with similar care needs and preferences. Each profile will be based on a number of pertinent (bio)medical and non-(bio)medical patient characteristics, and connected to an optimal combination of professional-led care and self-management support. Although the profiles are initially developed for diabetes, this condition is used as a model for chronic disease in general and multimorbidity is taken explicitly into account.

Patient profiling constitutes a promising approach for achieving the so-called 'Triple Aim' of performance enhancement: (1) improving patient experience, by stimulating the inclusion of

patients' care needs, preferences, and abilities in treatment decisions; (2) improving population health and quality of life, by supporting tailored diabetes care; and (3) reducing the per capita cost of diabetes care, by minimizing the over-, under- and misuse of health care services.

Methods: The project is designed as a practice-based, mixed-methods research comprising four phases. First, a preliminary set of patient profiles is drafted, based on a literature review, data-mining and expert collaboration. Data-mining is performed on patient data (n=~1,500) from two Dutch databases: (1) the Maastricht Study, an epidemiological study focused on the aetiology and pathophysiology of type 2 diabetes; and (2) the regional primary care group in Maastricht, which has a diabetes patient registry including virtually all individuals with type 2 diabetes in the Maastricht region (n=~7,000). Second, the draft profiles are validated from the perspectives of health professionals and patients, as well as on the basis of longitudinal routine care data from four regional primary care groups in Limburg, who together cover approximately 75,000-80,000 diabetes patients. Third, a discrete choice experiment is conducted to elicit the treatment preferences of patients in each profile. Based on these preferences, recommendations for tailoring type 2 diabetes management are formulated. The fourth phase will comprise a controlled, pre-post evaluation, conducted in eight general practices in Limburg, to determine the feasibility of safely and sustainably implementing the developed patient profiles to support tailored care in practice.

Discussion: This research will constitute the first step towards a more tailored model for chronic care management. The study background and rationale, objectives, design, strengths and limitations, and expected short- and long-term impacts will be discussed in detail during the conference.

Keywords

type 2 diabetes; tailored care; disease management; study design

PowerPoint presentation

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