**CONFERENCES ABSTRACT**

**What are people’s preferences for conversation topics in the decision-making process for the treatment of type 2 diabetes: focus groups and a best-worst scaling survey.**

22nd International Conference on Integrated Care, Odense, Denmark, 23-25 May 2022

Anna Tichler, Dorijn Hertroijs, Dirk Ruwaard, Martijn Brouwers, Mickaël Hiligsmann, Judith de Jong, Arianne Elissen

1: Department of Health Services Research, Faculty of Health, Medicine and Life Sciences (FHML), Maastricht University
2: Care and Public Health Research Institute (CAPHRI), Maastricht University, Netherlands
3: Department of Internal Medicine, Division of Endocrinology and Metabolic Disease, Maastricht University Medical Center
4: The Netherlands Institute for Health Services Research (NIVEL)

**Introduction:** Type 2 diabetes is a highly prevalent disease that affects 6.28% of the world’s population and it is characterized by significant levels of morbidity and mortality. Due to the increase in choice and complexity of glucose-lowering treatment, individuals with type 2 diabetes and healthcare providers are faced with more difficult treatment decisions. Knowledge of people’s preferences for conversation topics can support shared decision-making and guide person-centred care. This study aims to identify and prioritize attributes (i.e. conversation topics) that individuals with type 2 consider important to discuss with their healthcare provider in the treatment decision-making process.

**Methods:** Focus groups were organized with individuals with type 2 diabetes to identify attributes considered important in the treatment decision-making process. To prioritize these attributes, a best-worst scaling (BWS) object case survey was developed consisting of several choice tasks. Per choice task, respondents were asked to identify the attribute they consider most and least important in the treatment decision-making process. The Netherlands Institute for Health Services Research (NIVEL) distributed the survey to all individuals with self-reported diabetes participating in the Dutch Health Care Consumer Panel (N=600). Only individuals with self-reported type 2 diabetes were included in data analysis. Hierarchical Bayes analysis was performed using the survey data to determine mean relative importance scores (RIS) per attribute. A higher RIS indicates a higher level of perceived importance of the attribute. The RIS of all attributes sums up to 100. Subgroup analyses were performed to explore whether individuals’ demographic and disease characteristics influence their attribute preferences.

**Results:** Twenty-one attributes were identified during three focus groups with individuals with type 2 diabetes and one in-depth interview. The BWS survey was completed by 350 individuals (58%) of whom 285 were included in data analysis. The majority of respondents were men (64%) and the mean age was 72 (±8) years. ‘Quality of life’ was considered the most important attribute in the decision-making process for the treatment of type 2 diabetes with a RIS of 11.97. The attribute ‘clinical outcomes’ (e.g. changes in HbA1c value) was ranked second (RIS 10.40), followed by ‘long-
term diabetes complications’ (RIS 7.72) and ‘short-term adverse effects of medication’ (RIS 7.72). Subgroup analyses revealed heterogeneity in attribute preferences. For example, the attribute ‘personal treatment control’ was considered more important by individuals who use insulin (RIS 7.20) compared to individuals taking metformin (RIS 6.17). The attribute ‘medication withdrawal’ was considered more important in the decision-making process by individuals aged below 60 years (RIS 8.39) compared to individuals aged between 60-75 years (RIS 6.47) and individuals aged above 75 years (RIS 5.16).

Conclusions: Individuals with type 2 diabetes value ‘quality of life’, ‘clinical outcomes’ and ‘long-term diabetes complications’ as most important to discuss with their healthcare provider in the treatment decision-making process. Heterogeneity was found in attribute preferences.

Implications for applicability: Developing a decision aid, in which the findings of this study are incorporated, would enhance shared decision-making and support a person-centred approach for the treatment of individuals with type 2 diabetes.

Sponsor: MSD