ORIGINAL RESEARCH

Primary Care Physician Referral Patterns to Diabetes Education Programs in Southern Ontario, Canada

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ABSTRACT

OBJECTIVES: Despite the reported benefits of diabetes self-management education (DSME), participation rates are low across North America. This study examines primary care physician (PCP) referral practices to diabetes education programs (DEPs) and factors that influence referral in a large suburban region in Ontario, Canada.

METHODS: Ninety-nine PCPs practicing in the Peel and Halton regions of Ontario were sampled from the Ontario Medical Association membership list, and completed questionnaires were submitted online or by fax. Frequencies were tabulated for all responses.

RESULTS: Fewer than half of PCPs referred all of their diabetes patients to DEPs. Common reasons for not referring were patients' unwillingness to attend, lack of evening/weekend appointments, language barriers, long referral waiting lists and inconvenient location for patients.

CONCLUSION: Fewer than half of PCPs surveyed followed the Canadian Diabetes Association recommendation to refer patients to DSME. Physician referral was found to be encumbered by patient, system and operational factors. DEPs need to tailor their programming to meet the needs of their community and to commit to more outreach services to increase PCP and patient access as well as awareness of DSME services.

KEYWORDS: diabetes, education, primary care physicians, referral practices, self-management

RÉSUMÉ

OBJECTIFS : Malgré les avantages de l'éducation sur l'autogestion du diabète (EAGD), les taux de participation sont faibles partout en Amérique du Nord. La présente étude porte sur les pratiques des médecins de premier recours (MPR) en matière d'orientation vers les programmes d'éducation sur le diabète (PED) et sur les facteurs qui influent sur l'orientation vers ces programmes dans une grande banlieue de l'Ontario, au Canada.

MÉTHODES : Quatre-vingt-dix-neuf MPR des régions de Peel et Halton (Ontario) qui avaient été choisis à partir de la liste des membres de l'Ontario Medical Association ont rempli des questionnaires à retourner en ligne ou par télécopieur. Les fréquences ont été calculées pour toutes les réponses.

RÉSULTATS : Moins de la moitié des MPR orientaient tous leurs patients diabétiques vers des PED. Les raisons courantes de la non-orientation vers des PED étaient les suivantes : réticence des patients à participer, manque de programmes offerts le soir ou la fin de semaine, barrière linguistique, longues listes d'attente et lieux peu commodes pour les patients.

CONCLUSION : Moins de la moitié des MPR interrogés orientaient les patients vers l'EAGD, comme le recommande l'Association canadienne du diabète. On a constaté que des facteurs liés aux patients et au système et des facteurs opérationnels empêchaient les médecins d'orienter les patients vers l'EAGD. Les responsables des PED doivent adapter les programmes aux besoins des communautés visées et offrir davantage de services d'approche pour accroître l'accès et la sensibilisation des MPR et des patients aux services d'EAGD.

MOTS CLÉS : diabète, éducation, médecins de premier recours, pratiques d'orientation, autogestion

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INTRODUCTION

Diabetes is a chronic disease that requires a lifelong commitment to complex lifestyle modifications involving patient adherence to oral medications, insulin therapy, nutrition management, regular blood glucose monitoring and physical activity (1), all of which have been shown to reduce both the risk and progression of diabetes-related complications (2-4). However, achieving and sustaining effective disease management can be challenging. Individuals with diabetes must become experts in the management of their illness, often requiring external sources of support to provide aid and education with respect to engaging in self-care behaviours.

Primary care physicians (PCPs) understand the importance of providing patient support for chronic disease management, but are often unable to deliver the education and lifestyle-modification strategies necessary to manage patients' chronic illnesses (5-8). They face numerous barriers, such as increased demands on their time (9) and lack of knowledge and expertise to properly support and manage patients (10). As a result, structured diabetes self-management education (DSME), which is typically delivered by diabetes education programs (DEPs), is now recommended as a critical resource to support patients. DSME has been proven to enhance self-care behaviours (11-15), which can delay or prevent the development of health complications, lower healthcare costs (16,17) and improve quality of life (11,14). There is no doubt that DSME should be incorporated into diabetes care plans to help patients effectively manage this disease.

However, despite the benefits of DSME, only one-third of individuals with diabetes attend DEPs in Canada (18,19); a similar proportion is reported in the United States (US) (20-22). This suggests that Canadians with diabetes are not receiving the multidisciplinary care they need to effectively manage their disease and prevent further complications. PCPs highly influence DSME utilization because they are typically the first point of contact for patients in the healthcare system, are usually diagnosing diabetes and are gatekeepers to diabetes-related resources (23). Moreover, most patients report PCPs as their main source of diabetes information (24) and referral to DEPs (25,26).

It is apparent that PCPs' evaluation of patient needs greatly influence patients' utilization of services and resources, making PCPs' attitudes about DEPs as important as those of their patients when it comes to influencing participation (27). However, PCP referrals to DEPs in North America are disproportionately low; for instance, 1 national Canadian study found that 52% of physicians would refer patients with diabetes to a DEP in a hypothetical situation (5), while another study based on census and healthcare data in Calgary, Alberta, reported a referral rate of 14% (28). A referral rate of 45% to external DEPs (not including education services provided by educators onsite) was estimated for physicians in a national US study (29). Additional US studies indicate that factors affecting referrals to DSME by PCPs include lack of program awareness (20); lack of communication with DEPs (7,8); patients' unwillingness to attend (30); feeling responsible for patients' diabetes education (30); viewing DEP recommendations as conflicting with their own; and questioning the effectiveness of DEPs (30-32).

Given the critical role of PCPs in referring patients to DSME, referral practices and barriers to DSME participation need to be better understood as this body of literature is limited, particularly in Canada. Our primary research objective was to investigate PCP referral practices to DEPs and the factors influencing referral. Our secondary objective was to explore PCPs' barriers to caring for patients with diabetes. These objectives will identify whether gaps in DEP utilization exist and which strategies or models of care should be further explored in order to improve PCPs' comfort with and expertise in managing patients with diabetes.

METHODS

Design and study sample

This study employed a survey methodology to best accommodate PCPs and their busy work schedules. The survey was conducted in 2 adjacent regions, Peel and Halton, suburbs of Toronto, Ontario, Canada's largest city. All physicians serving this region were targeted. The sample was drawn from the Ontario Medical Association (OMA) membership list, with no exclusions. The OMA identified 1403 physicians (55% PCPs and 45% specialists), a sampling frame based on the geographical parameters of the Mississauga Halton Local Health Integration Network (MH-LHIN). The OMA sent the survey to physicians on behalf of the authors, as physician information is kept confidential. Physicians were contacted by regular mail, e-mail or fax, depending upon their communication instructions to the OMA. It was at the discretion of each physician to complete the survey. Physician surveys were received either online (via Survey Monkey) or by fax. Respondents were entered to win a CAN$250 voucher for a restaurant of their choice.

Of the 1403 physicians, 149 responded, yielding a response rate of approximately 10%. Because PCPs usually diagnose diabetes and provide care to patients with diabetes, only responses from PCPs were analyzed. Data from 45 (30%) of the 149 respondents who identified themselves as specialists were omitted from the analysis. In addition, data from 5 respondents (3%) who did not specify whether they were PCPs or specialists were also omitted. The final sample consisted of 99 PCPs (66% of total respondents), or a response rate for PCPs of 13%.

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