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All documents and other materials will be updated accordingly. In the meantime the remaining content of this Isis Innovation document is still valid.

URLs beginning www.isis-innovation.com/... are automatically redirected to our new domain, www.innovation.ox.ac.uk/...

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Creating a tool to assist GPs and diabetes patients – Making treatment decisions together in the management of type 2 diabetes

A shared decision-making tool is being developed for type 2 diabetes to enhance doctor-patient communication and empower the patient, potentially increasing therapeutic adherence, persistence and improving outcomes.

Treating type 2 diabetes

Diabetes is one of the Western world's most common chronic conditions, with global prevalence increasing rapidly. Type 2 diabetes (T2DM) constitutes 85-95% of diabetes. Recent meta-analyses have shown that there



is little difference among T2DM therapies in terms of glycemic control, although they do differ in side-effect profiles, safety concerns, mode, method and frequency of administration.

Improved outcome through GP-patient collaboration

Achieving optimum blood glucose in T2DM requires that general practitioners (GPs) and patients work together at the point of therapeutic intensification. Specifically, how patients perceive their T2DM is an important consideration when making treatment decisions. However, brief consultation times make the elicitation of the patent perspective difficult.

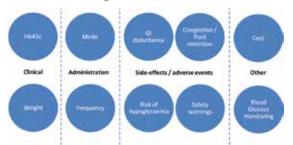
Optimised consultations though a Shared Decision-Making tool

A shared decision-making tool is being developed to enhance more targeted and informed GP consultations. The tool is to be used as follows:

- (1) The GP imputes patients' target HbA1c (glycated haemoglobin) and most recent HbA1c and requests that patient complete the tool
- (2) The patient completes the tool on a handheld or desktop computer prior to the consultation. Questions will evaluate (a) patients' feelings (direction and magnitude) about relevant therapeutic attributes; (b) patients' diabetes-related knowledge
- (3) Data is sent to HCP computer and displayed to the GP during the consultation

- patients' ranking of therapeutic attributes
- difference between current and target HbA1c
- a listing of appropriate/optimal treatment class(es) for the patient based on (1) and (2)
- whether referral is recommended based on knowledge deficits

(4) This information guides the consultation



Therapeutic attributes to be included in the tool

A paradigm shift in the clinical management of T2DM This shared decision-making approach to treatment choice

could hail a paradigm shift in the clinical management of T2DM, enhancing GP-patient communication, empowering the patient, and potentially increasing therapeutic adherence and persistence.

A detailed review of diabetes medications to understand similarities and differences between and within classes (see Figure 2)

A series of qualitative interviews with T2DM patients at transitions points in the treatment pathway to explore relevant variables for treatment decision making ("concept elicitation")

The development of a draft tool (questionnaire) to understand patients' preferences and associated weightings of preferences (best-worst scaling) ("item generation")

A series of qualitative interviews with T2DM patients at transition points in the treatment pathway to explore the content validity of the tool ("cognitive interviews")

A quantitative study to explore the validity of the tool for therapeutic adherence and penistence and to develop an algorithm for calculating medication recommendation

The shared decision-making tool: process of development



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during the consultation