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## **New Strides in Patient Satisfaction for Diabetes Management: The Hoechst Marion Roussel Accord Project**

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Complications for undiagnosed, untreated and uncontrolled diabetes include heart disease, blindness, kidney failure, and lower-extremity amputations.<sup>1</sup> These significant complications are responsible for much of the direct medical care costs associated with diabetes treatment, estimated to be \$98 billion annually in the United States.<sup>2</sup> Diabetes disease management is a mechanism for prevention of diabetic complications and controlling related costs.<sup>3</sup> The Jefferson Health System (JHS) is at the forefront of bringing diabetes treatment and management to new levels, through programs like HealthWorks (see January 1999 issue of the Health Policy Newsletter), those being carried out by individual Thomas Jefferson University Hospital practices, and in a number of JHS hospitals (for example, Frankford Hospital).

In the course of implementing diabetes health management programs, an important finding has arisen: patients' satisfaction with their program is highly related to their participation. Effective diabetes disease management requires active patient participation. Improving upon areas in which patients are dissatisfied is critical to enhancing patient participation. Patient satisfaction surveys are a common way to measure satisfaction levels for program components and to target areas for improvement,<sup>4</sup> continuously strengthening the disease management program. This article describes the Hoechst Marion Roussel ACCORD (A Company-wide Commitment to Outcomes Research and Development) grant project, awarded in 1997 to the Department of Health Policy at Thomas Jefferson University to develop a reliable and valid instrument that measures patients' satisfaction with their diabetes disease management program. To date, no such instrument has existed. This project is extremely important as it will enable providers and policy makers to continuously improve quality of care and diminish costs related to diabetes care.

The first step in the project was to develop a questionnaire that appropriately captured the satisfaction of the patient. Patient focus groups were therefore formed to generate ideas and opinions. Experts in the field helped refine the questionnaire and the Disease Management Evaluation Tool (DMET) was born. Currently, the DMET consists of six domains, which include satisfaction with the following areas: 1) Meetings; 2) General Complications; 3) Personal Nutrition; 4) Personal Physical Activity; 5) Time Commitment; and 6) Acute Complications.

Each domain is supported by questions, totaling 39 satisfaction items. The DMET uniquely addresses process, content, and outcomes of care, including the technical and interpersonal processes and structural attributes of the settings in which care is provided.<sup>5</sup> Although three common strategies (glucose monitoring, physical activity and nutrition) of diabetes care are concentrated on throughout the DMET, the main theme of the questionnaire is to assess how satisfied patients are with the knowledge base obtained from the program, and their application of that knowledge.

A field test of the DMET was conducted by mailing the questionnaire to patients in the JHS who were enrolled in diabetes management programs. These System programs employ an interdisciplinary effort to manage patients through all phases of

diabetes care and management. Sessions broadly target prevention, diagnosis, treatment, and maintenance, while detailing the importance of patient empowerment and education. One of the major contributors to the patient population was The Diabetes Program at Frankford Hospital, coordinated by Susan Ramsey, MS, RN, CDE and instructed by Carla Arot, RN, CDE and Sharon Ulmer, RN, CDE. The Program is anticipating the addition of an adjunct program at Frankford Hospital/Bucks County Campus, when the Delaware Valley Medical Center is acquired. Two additional participants, also integral to the program, are the Jefferson Family Medicine Diabetes Program, directed by Corina Graziani, MD (now directed by HealthWorks of the JHS), and Mercy Community Hospital's program, directed by Jamie Dillinger, RN, BSN, CDE.

Patient satisfaction is increasingly tied to improving the quality of existing care<sup>6,7,8</sup> and realizing cost efficiencies through the prevention of future complications that may occur in chronic diseases such as diabetes.<sup>9,10</sup> By measuring patient satisfaction using the DMET, the JHS will gain important information on quality of care and how to promote outcomes by strengthening pre-existing programs.<sup>4,11</sup> In the future, we hope that grant-supported funding will allow the DMET to be tested continuously to retain reliability and validity. Currently the main focus of the DMET is directed towards improvement of the diabetes programs in the JHS. We hope that this valuable tool will be adopted by other diabetes programs nationally. The DMET is now available for public use. For further information please contact Lisa McCartney at (215) 955-0748.

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