

**changing  
diabetes<sup>®</sup>**  
one person at a time



Putting people  
centre stage:  
evidence-based  
framework for  
facilitating diabetes  
self-management

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**DAWN**  
Diabetes Attitudes Wishes & Needs



# DAWN research findings



- Diabetes self-management is less than ideal, resulting in poor outcomes
- There are many barriers to patients attaining their self-management goals
  - **Cognitions** (pessimistic health beliefs)
  - **Emotions** (diabetes burnout, poor well-being)
  - **Lack of social support**
  - **Lack of resources** (e.g., time, money)
  - **Physical environment** (e.g., lack of facilities)

# Why focus on self-management?



- Self-management is the key to good patient outcomes (99% of diabetes care is self-care)
- Patients make choices about how to manage their diabetes
- Patients' choices can change
- Helping patients change their self-care behaviour can improve outcomes

# How is this different from “compliance” (or “adherence”)?



- Self-management is based on a partnership between patient and provider, not a hierarchical relationship
- Self-management recognises that the provider cannot command/demand and must negotiate a treatment regimen

# Doesn't the provider know best?



- **Maybe (???)** but the patient knows what s/he is willing to do
- The best treatment regimen is the most effective one which the patient will implement
- The best regimen is one that is both medically appropriate and feasible

# Both provider and patient should be actively involved in the consultation



## Patient (expert in *their* disease)

Should lead on areas of expertise:  
symptoms, preferences, anxieties

Information  
receiving



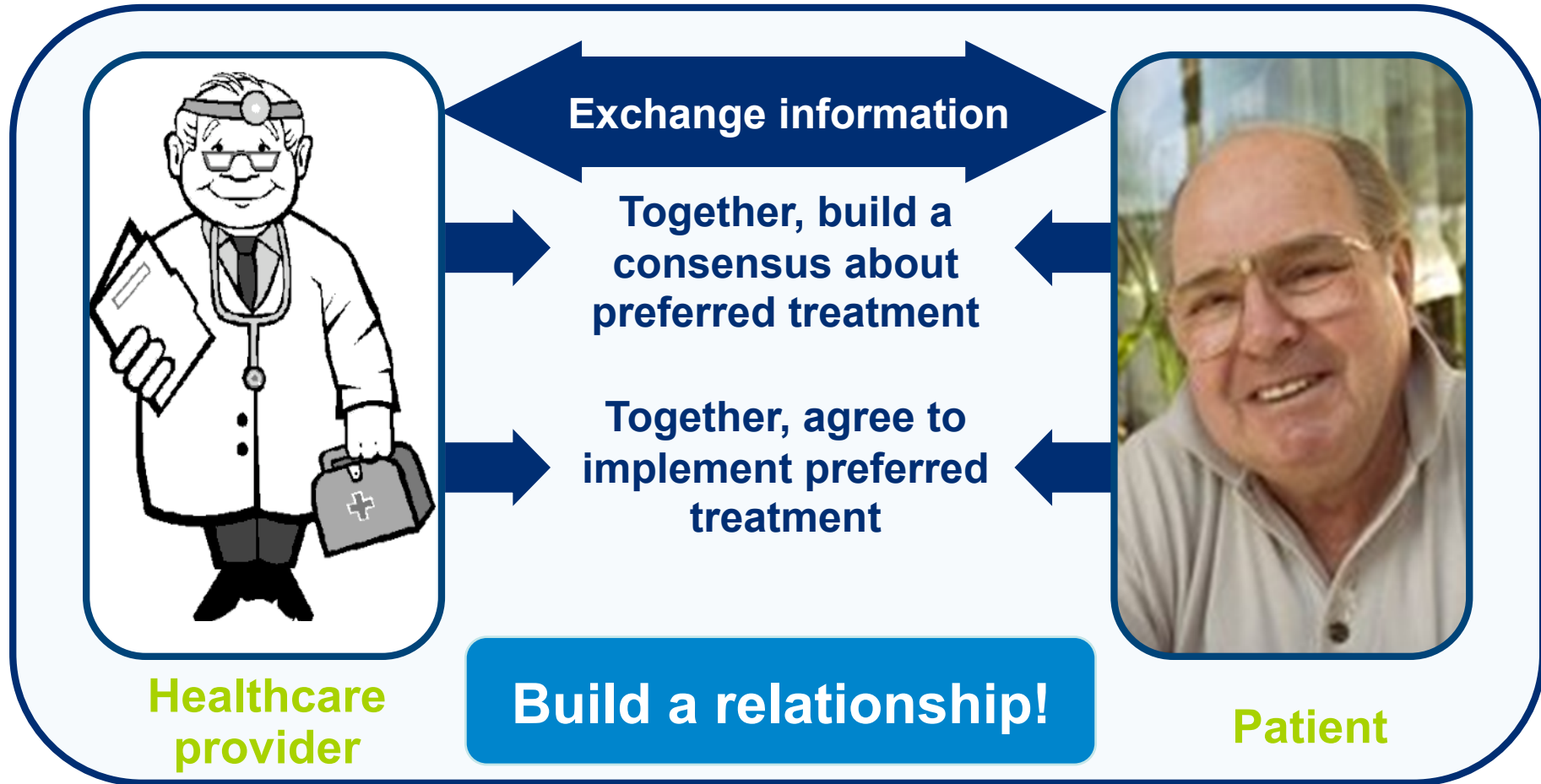
Information  
giving



## Provider (expert in diseases)

Should lead on areas of expertise: disease  
information, diagnosis, and treatment options

# Shared decision making



# What providers can do to help improve self-management

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- Communicate effectively
- Support behaviour change
- Create a patient support team
- Advocate for system change

# Effective communication



- Rule #1:  
**Asking is better than telling**
- Even if provider (thinks s/he) knows the answer, asking establishes a connection with the patient
- Asking obtains important information that only the patient knows



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# ASK, DON'T TELL

- The DAWN experiment is a useful exercise

# Why do we need to ask our patients questions?



- We need to understand why patients do the things they do
- Once we understand, we are better able to help patients do things differently
- Patients are not all alike, so we need to understand each one as an individual to know how to help that person

# Asking – a simple starting point

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- General (opening) question –  
**“What is the hardest thing about taking care of your diabetes?”**
- This gives patient permission to admit problems without having to admit non-adherence
- Pursuing this problem may help establish rapport and relieve anxiety, even if this is not a cause of patient’s poor outcome

# Effective communication



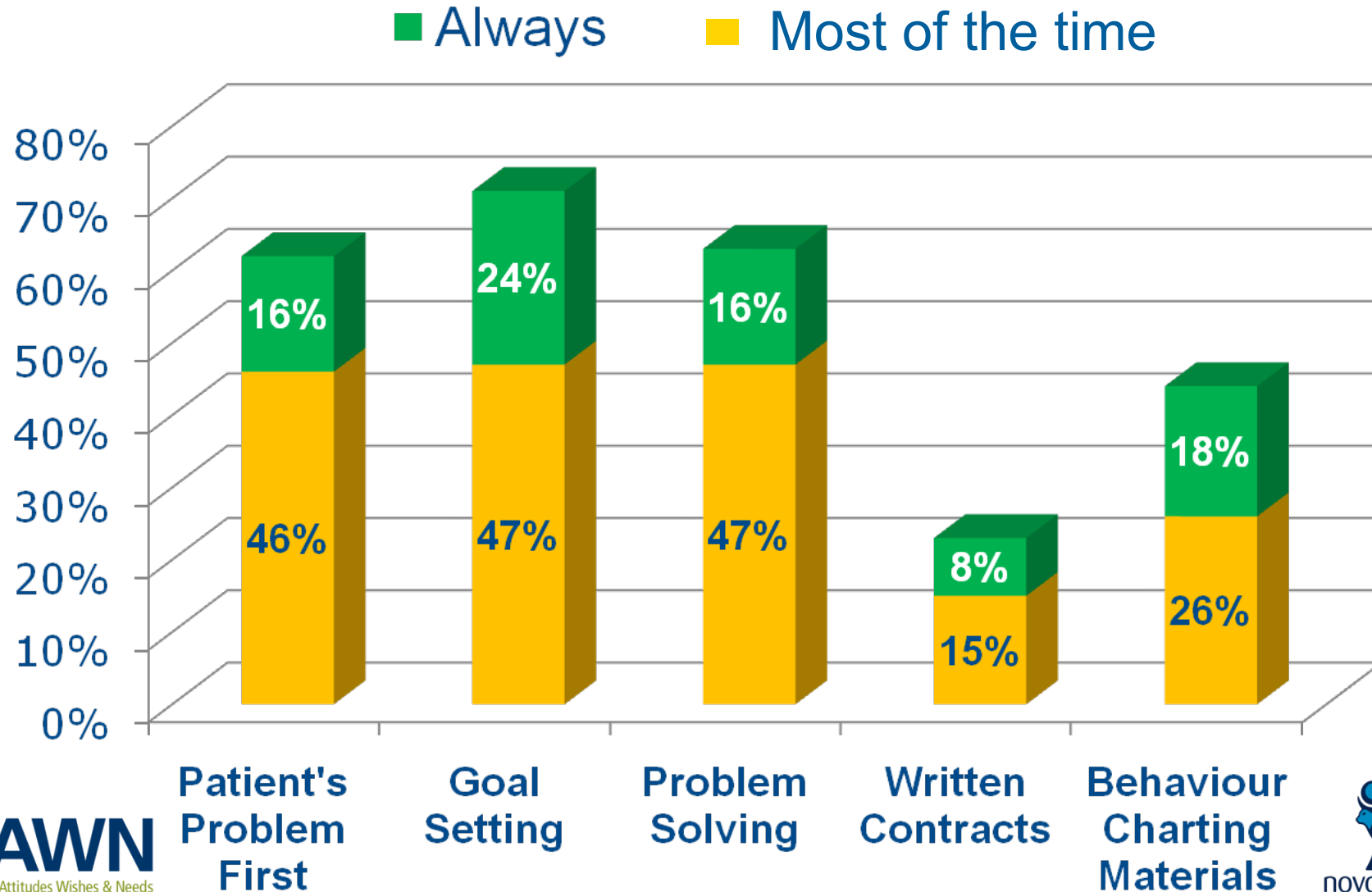
- Rule #2:  
**Listen to the patient's answers**
- Research shows that:
  - Providers are often thinking of their next questions while the patient is talking
  - Providers often interrupt patients
  - Interruptions and non-sequitur questions train patients to be passive

# Self-management support



- It is not enough to help patients to understand what they need to know (education)
- Many patients are not effective problem solvers if left to their own means
- Providers must help patients formulate plans for dealing with their problems
- Providers can support patients by following a few simple steps

# How often do you/diabetes team use the following strategies with your patients to facilitate behaviour change?



# Behaviour change counselling



1

Start with the patient's problem



"What's the hardest thing about managing your diabetes?"

2

Specify the problem



"Can you give me an example?"

3

Negotiate appropriate goal



"What is your goal for changing this behaviour?"

# Behaviour change counselling



4

Identify barriers



“What could keep you from reaching your goal?”

5

Formulate strategies



“How have you dealt with that successfully before? Would the same thing work again?”

6

Contract for change



“What are your criteria for success?”

# Behaviour change counselling



7

Track outcomes



“How will you keep track of your efforts?”

8

Ongoing support



“What will you do if you slip in your efforts to reach goal?”

“How can I help?”

# How practical is this?



- Research indicates that this model can be implemented within a normal office visit without extensive training
- Office visits using this model can go more quickly than traditional visits (greater efficiency)
- Office visits using this model can deal with problems more effectively (fewer repeat visits for the same problem)

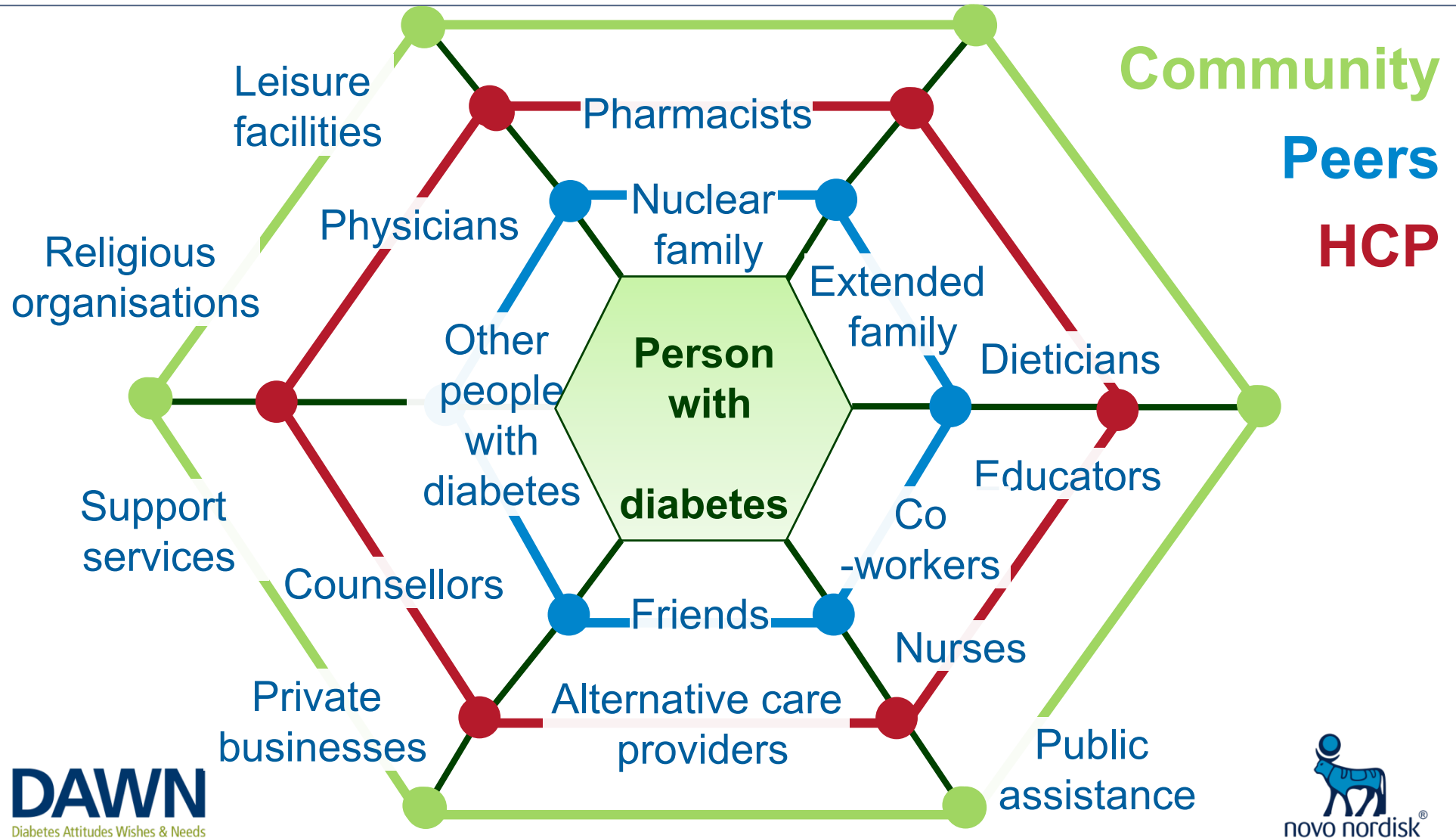
# Beyond the patient (it takes a village)

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- Patients are the captains of their own self-care teams
- But a captain is only as good as his/her team
- Therefore, patients need to be able to access members of their teams

# Creating a team



# Beyond the individual



- Improving outcomes for the population of people with diabetes involves social change as well as individual change
- Affecting the quality of life of all people with diabetes will require changes in social policies /programmes and public attitudes
- Healthcare professionals are in a unique position to advocate for necessary changes

# Summary/Conclusion



- We should learn from each patient what we can do to help that patient
- We should accept the value of patients' knowledge and perceptions
- We should help patients identify their own solutions to their problems
- We should support patients' efforts to take better care of themselves

# Summary/Conclusion

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- We should stop thinking of patients as “non-adherent” – they should not be judged by how well they follow our instructions
- We should judge ourselves by how well we help patients self-manage their diabetes, not just how well we can diagnose, prescribe, and educate

# Summary/Conclusion



- We need to go beyond the traditional focus on medical solutions to focus on the “whole person”
- We need to help patients link to community and personal resources
- We need to advocate for changes in our healthcare systems to enhance diabetes care and patient self-management



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# Time for your feedback

# What providers can do to help improve self-management

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- Communicate effectively (ask and listen)
- Support behaviour change
- Create a patient support team
- Advocate for system change

# What is your biggest concern about utilising this type of approach?



1. Time constraints
2. Lack of training in delivery
3. Effective follow-up
4. Reluctant patients
5. Other

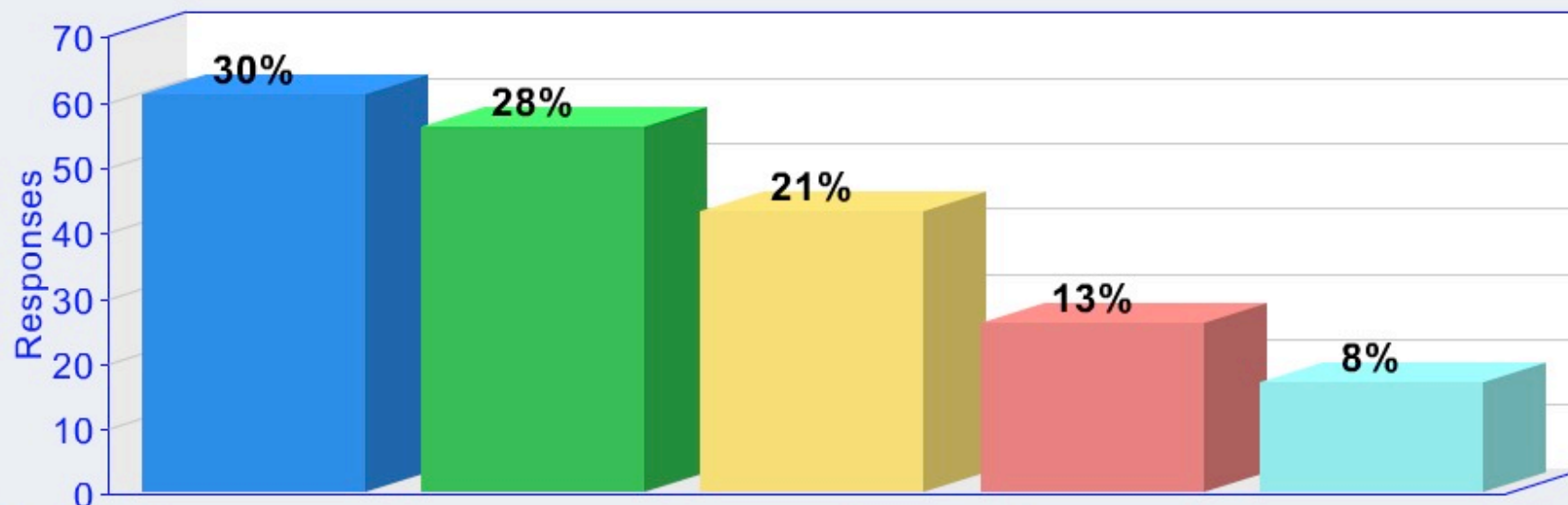
## Reports


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### What is your biggest concern about utilising this type of approach?

- Time constraints
- Lack of training in delivery
- Effective follow-up
- Reluctant patients
- Other



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# Will you commit to trying this type of approach with at least one patient as an experiment?

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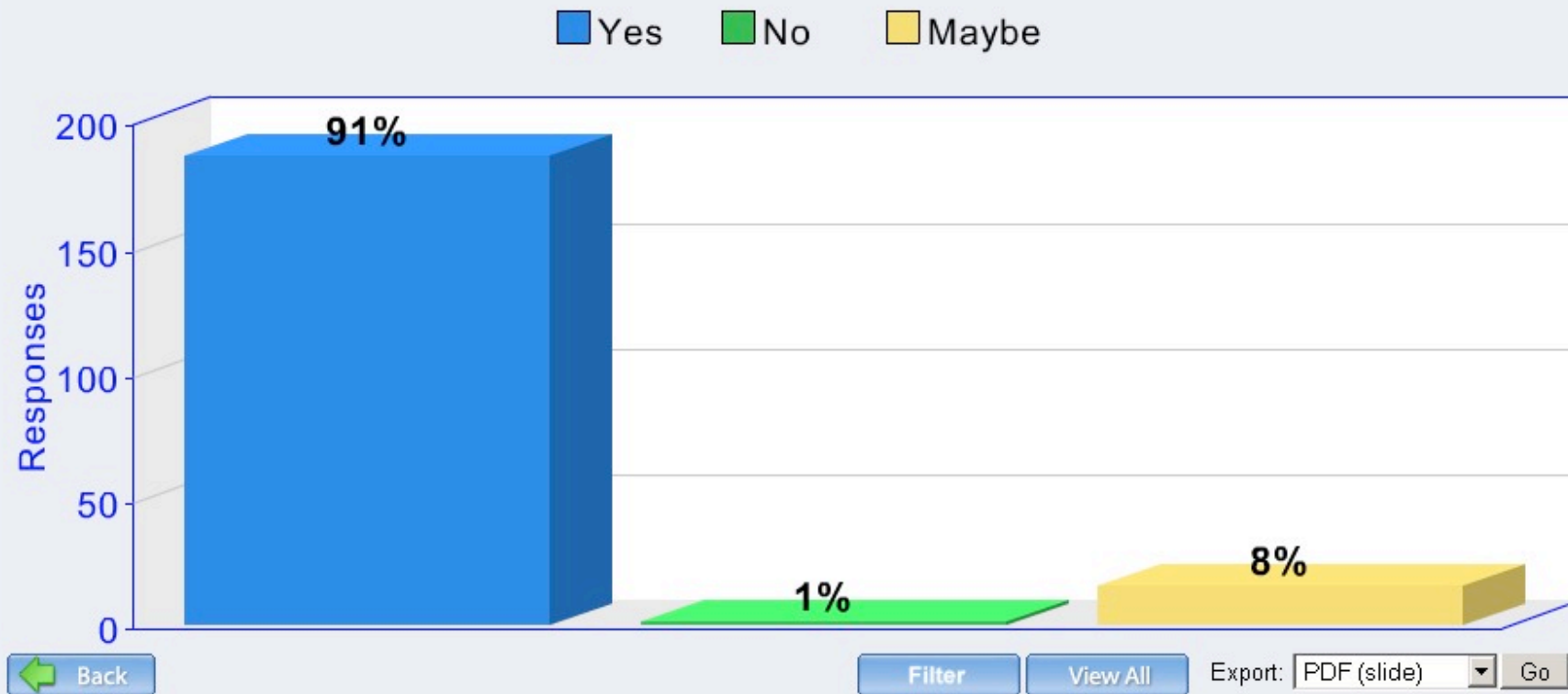
1. Yes
2. No
3. Maybe

Reports

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Will you consider trying this type of approach with your patients?



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one person at a time



## 4th International DAWN Summit

6 November 2008  
Budapest, Hungary

**DAWN**  
Diabetes Attitudes Wishes & Needs

