

ASSESSING THE TREATMENT BARRIERS FOR PATIENTS WITH TYPE 2 DIABETES

A Care Coordination Tool for Use With Patients

A diagnosis of type 2 diabetes (T2D) can represent a significant challenge for individuals. Very often, a patient may have to reorient his or her life to incorporate a new reality that may involve multiple medications, needle sticks, food restrictions, increased exercise, and multiple visits to healthcare providers (HCPs).^{1,2}

Diabetes is largely self-managed: people with diabetes provide close to 95% of their own care.³ It is important for HCPs to identify any social, psychological, environmental, or cognitive barriers that might interfere with a patient's management of his or her disease or ability to follow the recommended treatment regimen. These could be individual—in the form of social, psychological, environmental, or cognitive barriers—or external barriers resulting from care or facility issues.^{1,2,4} Research has shown that personal beliefs, particularly about treatment effectiveness, can act as barriers (or facilitators) to self-management.⁵

TREATMENT BARRIERS THAT PATIENTS WITH T2D FACE

- **Communication barriers**—including literacy problems or patients not understanding what is being said to them, HCPs not having a full understanding of all the patient's circumstances, or if there is a mismatch between the patient's goals and the HCP's goals.^{1,6}
- **Personal barriers**—including individual attitudes; financial difficulties; lack of transportation; literacy issues; cultural considerations; self-consciousness or lack of confidence; and depression, which is often associated with nonadherence.^{1,4,7}
- **Self-management barriers**—including forgetfulness, not believing their actions have an effect on the course of the disease, fear of pain, not understanding the importance of checking blood glucose levels or maintaining control, and not understanding what to do with the results.^{2,7}
- **Care barriers**—including lack of a primary care physician and/or endocrinologist to treat diabetes, not having regular checkups or a monthly medication review, and frequent self-referral to additional specialists who prescribe treatment without the knowledge of the primary care provider.⁸

How to Use This Tool

You may use these questions to help get insight into any barriers or potential barriers to your patient's ability to manage his or her T2D. You may consider performing 2 separate assessments, using the information to adjust or refine your care plan based on the responses you receive.

Patient Barrier Assessment Tool

	Assessment 1	Assessment 2
1. Assess Communication Barriers		
Do you understand what your doctors or other healthcare providers are telling you?		
Are you able to understand the instructions on your medications?		
Do you feel comfortable asking your doctors questions about your disease or treatment?		
Do you feel that your doctors and other healthcare providers understand your concerns and listen to you?		
2. Assess Personal Barriers		
Do you feel that your efforts at managing your type 2 diabetes (for example, diet, exercise, and medication) are helping?		
Do you feel depressed, downhearted, or blue about your illness or anything else? If yes: Does depression interfere with testing your blood sugar or taking medicine?		
Does cost prevent you from testing your blood sugar or taking your medication?		
Do you have a meal plan?		
Does your family support your meal plan?		
Do you feel confident that you can stick to your meal plan most of the time? If no: Are you often around people who are eating or drinking things you are not supposed to have?		
Does cost ever prevent you from sticking to your meal plan?		
Do you exercise every day? If no: What is preventing you from exercising?		
Do you ever run into problems with remembering to exercise?		

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	Assessment 1	Assessment 2
2. Assess Personal Barriers (cont'd)		
Does your family support you in your efforts to get more exercise?		
Do you smoke? If yes: Have you tried to quit?		
Do you understand how to take your medication? Can you repeat the instructions?		
Do you ever forget to take your medication?		
Does your family support you in taking your medication?		
Do you ever run out of your medication?		
Do you check your blood sugar regularly?		
Do you ever feel frustrated about your type 2 diabetes?		
Who helps you the most in caring for your type 2 diabetes (eg, spouse, other family members, HCP, paid helper, no one)?		
3. Assess Self-Management Behaviors and Barriers		
Do you know why it is important to test your blood sugar?		
How serious a disease do you think type 2 diabetes is?		
How important is it to keep your blood sugar close to normal?		
How hard is it for you to keep your blood glucose close to normal?		
Do you think you know enough about type 2 diabetes to manage your health effectively?		
Do you understand how to calculate calories and choose the right foods?		
Have you ever received type 2 diabetes education (for example, attended a series of classes or met with a diabetes educator)?		

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	Assessment 1	Assessment 2
4. Assess Care Barriers		
Do you have a primary care physician? Do you have a diabetes specialist taking care of you?		
Do you schedule appointments with those doctors regularly, and do you keep those appointments?		
Have you seen specialists that your diabetes doctor or primary care doctor doesn't know about?		
Do you take medications that are prescribed by different doctors?		
Do you get prescriptions from more than one pharmacy, including local pharmacies, mail-order pharmacies, or any other place?		
Does your diabetes doctor or primary care doctor know about all the medications you take?		
Does your primary healthcare provider or someone on your care team review your medications with you every month?		
Do you have your eyes and feet checked regularly—at least once a year?		

There may also be **facility barriers**, which can include lack of clarity about which provider is responsible for diabetic control management and lack of care coordination that can result in tests being duplicated, problems being overlooked, and medications with high rates of adverse effects being prescribed. While these factors are not under the control of the patient, these barriers should also be identified and addressed.^{6,9,10}

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