



## Implementation needs assessment on implementing PROMs to aid shared decision-making for low-literate type 2 diabetes patients: a qualitative analysis

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### Background

Diabetes mellitus type 2 (DM2) patients with low literacy are known to have worse health outcomes due to insufficient self-management and ability of shared-decision making (SDM). Although patient reported outcome measures (PROMs) are increasingly used in decision-making, it is unknown if they are appropriate for low-literate patients and how to use them in this patient population.

### Objective

This two-year project studies the implementation of PROMs for SDM in a personalized healthcare pathway for low-literate DM2 patients in primary care. As part of this study, we assessed the initial needs for developing this pathway.

### Methods

- Implementation needs assessment using Implementation Mapping Framework
- Focus groups to explore the needs of healthcare providers (HCPs) and low literate patients
- Inductive thematic analysis

### Preliminary results

- Four focus groups were organized to explore low-literate DM2 patients' needs for personalized care (figure 1).
- Four main needs emerged, which were appointed by both patients and HCPs (figure 2).
- The extent of additional needs for low-literate DM2 patients varies due to patients' attitudes toward DM2 and daily disease burden.
- Interestingly, the willingness to participate in SDM differs among patients.
- Perceptions of literate DM2 patients largely overlapped with those of low-literate patients.
- HCPs acknowledged the necessity to introduce personalized care for low-literate patients.

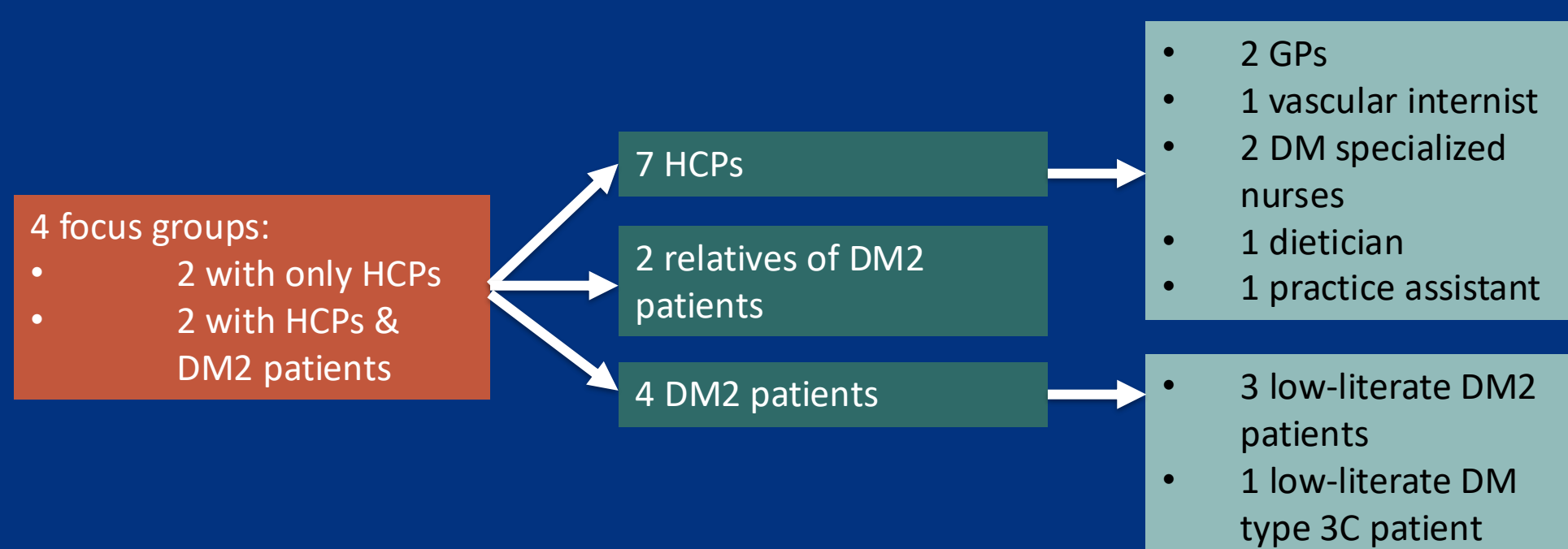


Figure 1. focus group composition

### Preliminary conclusion

Low literate patients are needed but hard to reach for scientific research in order to personalize their care. Nonetheless, to validate our findings, more focus groups with low-literate DM2 patients are needed.



#### 1. Adjust communication style

Adjusting communication style to patients' level by screening for low literacy, dosing information, and avoiding phone contact

#### 2. Involve patients in treatment

Involving patients in treatment by using PROMs to assess ability and willingness to modify lifestyle, nutrition and medication usage

#### 3. Increase disease-related knowledge

Increasing patients' disease-related knowledge by repeating information and using comprehensible visual aids, preferably photo material instead of pictures

#### 4. Optimize consultation

Optimizing consultations by prioritizing issues to treat based on PROMs, registering low literacy, and extend consultation time

Figure 2. Preliminary low-literate DM2 patients' needs for personalized care



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