

Barriers to Diabetes Care Study

1. McCutcheon TA, Parchman M, Burge SK, RRNeST Investigators. Predictors of self care behavior in adults with type 2 diabetes: an RRNeST Study. *Family Medicine* 2001; 33(5): 354-360.

Objective: Four factors have been linked with self-care behaviors in patients with type 2 diabetes: 1) patient demographics; 2) doctor-patient relationship; 3) stress; and 4) social context. The purpose of this study is to determine the impact of each of these factors on self-care behavior in diabetic family practice patients.

Participants: 397 consecutive adults with type 2 diabetes presenting for appointments with family practice faculty and residents over a 6-month time period.

Results: Among patients with diabetes for one year or more, 3.3% rarely took their medication, 33.4% rarely exercised, 14.2 rarely tested their blood sugar, and 11.2% rarely followed their diabetic diet. Self-care was related to age, patient satisfaction with their doctor-patient relationship, personal stress, and family context. Social context, as reflected by the question, "My family understands my diabetes," was strongly associated with diet, exercise, and medication adherence. Multivariate analysis demonstrated that, after controlling for patient demographic characteristics and patient satisfaction, personal stress and family context were strongly associated with self-care, especially diet.

Conclusion: Of the four categories of factors associated with self-care behavior, the social context, specifically the family, appears to be most strongly associated with self-care behaviors. The perception of stress influenced compliance in diet and exercise recommendations.

2. Parchman ML, Burge SK, RRNeST Investigators. Continuity and quality of care in type 2 diabetes. A RRNeST Study. *Journal of Family Practice* 2002; 51(7): 619-624.

Objective: To evaluate the relationship between continuity of care and the quality of care received by patients with type 2 diabetes.

Study Design: Cross-sectional patient survey and medical record review.

Population: Consecutive patients with an established diagnosis of type 2 diabetes presenting to one of six clinics within the Residency Research Network of South Texas (RRNeST), a network of six family practice residencies affiliated with the University of Texas Health Science Center at San Antonio.

Outcomes Measure: Continuity was measured as the proportion of visits within the past year to the patients' usual primary care provider. A quality of care score was computed based on the American Diabetes Association's Provider Recognition Program criteria from data collected through medical

record review and patient surveys. Each patient was awarded points based on the presence or absence of each criteria.

Results: The continuity score was significantly associated with the quality of care score in the anticipated direction. ($r = 0.15$, $p = .04$) Patients who had seen their usual provider within the past year were significantly more likely to have had an eye exam, a foot exam, two blood pressure measurements and a lipid analysis.

Conclusions: Continuity of care is associated with the quality of care received by patients with type 2 diabetes. Continuity of care may influence both provider and patient behaviors in ways that improve quality.