Malaysian Healthcare Professionals’ Views on Implementing an Insulin Initiation Patient Decision Aid in an Academic-based Primary Care Setting

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Background and Aims
Shared decision making and patient decision aids are novel concepts in Malaysia, a developing, middle-income country with a dual-sector public-private health system. Patient decision aids have been developed for the local setting but little is known about how to implement these aids in routine practice. This study aimed to identify Malaysian healthcare professionals’ (HCPs) views on implementation strategies of a decision aid for insulin initiation in patients with type 2 diabetes in an academic-based primary care setting.

Methods
A qualitative approach was utilized. Nine in-depth interviews and three focus group discussions (n=16) were conducted with policy makers (n=6), doctors (n=13), diabetes nurse educator (n=4) and staff nurses (n=2). The policy makers interviewed were individuals who were responsible for or involved in making decisions on whether a particular health intervention should be implemented in the hospital while the doctors, diabetes nurse educator and staff nurses were those involved in advising patients about insulin initiation. The interviews were conducted with the aid of a semi-structured interview guide and later audio-recorded, transcribed verbatim and analyzed using thematic approach. Data collection was carried out from December 2015 to March 2016.

Results
HCPs identified various implementation strategies which could be classified under five broad themes: Leadership, timeliness of delivery, training and empowerment, defining roles and targeted dissemination. Under leadership, policy makers are to set implementation protocols and implementation should involve identifying early adopters or champions among the HCPs to promote the PDA. For timeliness of delivery, it was important to determine when to distribute the PDA to patients (before, during, after consultations) and to remind HCPs to use the PDA via electronic medical record notifications. Under training and empowerment, HCPs should be trained how to use the PDA so that they can deliver the PDA confidently and in a flexible manner. In addition, family members should be utilised to help explain the PDA to patients. Participants also raised the issue of defining doctor vis-a-vis nurse roles in PDA use; they proposed to roll out the PDA to senior doctors before junior doctors used it. Lastly, dissemination of the PDA should target appropriate patients and use strategies to increase awareness and receptivity of the PDAs (e.g. promotional posters and TV material). PDA samples at wait areas, place at high-visibility locations in consultation rooms).

Conclusion
When implementing PDAs, HCPs emphasised that a multi-faceted approach was necessary. These strategies should target relevant stakeholders (patients, policy makers, nurses and doctors) and integrate into existing care pathway (such as HCP roles, timing of delivery) while maintaining flexibility in using the PDA.