

## Primary Care Provider Perceptions of the Effectiveness of Two Self-Management Support Programs for Vulnerable Patients with Diabetes

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### Abstract

#### **Background:**

Primary care providers (PCPs) in safety net settings face barriers to optimizing care for patients with diabetes. We conducted this study to assess PCPs' perspectives on the effectiveness of two language-concordant diabetes self-management support programs.

#### **Methods:**

One year postintervention, we surveyed PCPs whose patients with diabetes participated in a three-arm multiclinic randomized controlled trial comparing usual care (UC), weekly automated telephone self-management (ATSM) support with nurse care management, and monthly group medical visits (GMVs). We compared PCP perspectives on patient activation to create and achieve goals, quality of care, and barriers to care using regression models accounting for within-PCP clustering.

#### **Results:**

Of 113 eligible PCPs caring for 330 enrolled patients, 87 PCPs (77%) responded to surveys about 245 (74%) enrolled patients. Intervention patients were more likely to be perceived by PCPs as activated to create and achieve goals for chronic care when compared with UC patients (standardized effect size, ATSM vs UC, +0.41,  $p = 0.01$ ; GMV vs UC, +0.31,  $p = 0.05$ ). Primary care providers rated quality of care as higher for patients exposed to ATSM compared to UC (odds ratio 3.6,  $p < 0.01$ ). Compared with GMV patients, ATSM patients were more likely to be perceived by PCPs as overcoming barriers related to limited English proficiency (82% ATSM vs 44% GMV,  $p = 0.01$ ) and managing medications (80% ATSM vs 53% GMV,  $p = 0.01$ ).

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**Abbreviations:** (ATSM) automated telephone self-management, (CHNSF) Community Health Network of San Francisco, (GMV) group medical visit, (HbA1c) hemoglobin A1c, (HIT) health information technology, (IDEALL) Improving Diabetes Efforts across Language and Literacy, (PCP) primary care provider, (RCT) randomized controlled trial, (SMS) self-management support, (UC) usual care

**Keywords:** chronic disease care, health disparities, health literacy, limited English proficiency, self-management, underserved population

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**Abstract cont.**

**Conclusions:**

Primary care providers perceived that patients receiving ATSM support had overcome barriers, participated more actively, and received higher quality diabetes care. These views of clinician stakeholders lend additional evidence for the potential to upscale ATSM more broadly to support PCPs in their care of diverse, multi-linguistic populations.

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