Montana Healthcare Provider Diabetes Awareness and Practice Survey (2021)

326 responses (11.2%)

Sent throughout Montana to
Physicians
Psychologists
Physician Assistants
Adv. Practice
Reg. Nurses

Distribution of Responses

Primary Respondent Characteristics

42.7% Primarily in practice more than 20 years
52.8% Primary license type: physician
43.6% Primary facility type: hospital
43.3% Primary specialty: family medicine

Total Annual Patient Visits Pertaining to Different Diabetes Types

Type 1, Gestational, and Other

Type 2

Confidence in Helping Patients Manage Their Diabetes

38.3%
Very confident
38.6%
Somewhat confident
4.9%
Not confident at all
18.2%
Not applicable to my practice


Additional DSMES benefits and information can be found at https://dphhs.mt.gov/publichealth/diabetes/QDEI and https://www.cdc.gov/diabetes/dsmes-toolkit/background/benefits.html

To find DSMES services near you, visit: https://arcg.is/KnyzG

Visit the Montana Diabetes Program website for more information and additional resources: diabetes.mt.gov

Updated: 5/2022
Other Chronic Conditions* Regularly Treated by Respondents along with Diabetes

- 75% Elevated A1c, and blood glucose
- 67% Overweight, Hypertension
- 48% Foot neuropathy, Kidney disease, Hyperlipidemia, Behavioral health

All listed chronic conditions are impacted by and impact patients’ diabetes and are recommended to be cotreated along with diabetes by patients' care teams.

Diabetes-Related Practices and Protocols at Facilities

- 73.3% Respondents with Diabetes
- 55.7% Diagnostic Protocols
- 34.7% Treatment Procedures

These protocols and practices are considered best practices and can be created and enhanced through clinical quality improvement projects.

General Referral Practices

- 45.1% Refer to internal DSMES programs
- 48.2% Refer to DSMES via EMRs/EHRs
- 69.1% Provide Diabetes Educational Materials to Patients

Patients with Diabetes and Diabetes Self-Management Education and Support (DSMES)

About 1:4 respondents assess whether patients should participate in DSMES either at every visit, at chronic care appt's, or during annual physicals

Four key times for providers to refer patients to DSMES:
- At diagnosis
- Annually or patient not meeting treatment goals
- When complicating factors develop
- When transitions in life and care occur

Five Top Provider Barriers to DSMES Referral

- Patient understanding and perceived need of services
- Lack of transport/distance
- Health insurance doesn’t cover it
- High co-pay/out-of-pocket expense
- No formal referral system available

Barrier Busters

- Montana has required DSMES coverage up to $250 for all insurance types
- More than 60 physical DSMES locations PLUS telehealth options
- Funding, technical assistance and quality improvement available through Montana Diabetes Program

Five Top Perceived Patient Barriers to DSMES Participation

- Patient understanding and perceived need of services
- Patients don’t want to take a "class"
- Lack of transport/distance
- Patients too overwhelmed/ adverse life circumstances
- Health insurance doesn’t cover it