

Title:

Implementing shared-decision-making for diabetes care across country settings: what really matters to people?

Authors: (e.g. John Smith¹)

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Abstract: (Word number: 250)

Diabetes is one of the leading causes of mortality, disability and expenditure worldwide. Growing evidence of improved outcomes (patient/professional satisfaction and some evidence on controlled weight, blood glucose and blood pressure) supports shared-decision-making (SDM) as an effective primary care intervention for diabetes. However, only a few countries have actually adopted it (e.g. UK). In other European countries there is awareness that patients play a crucial role in decision-making, and SDM policies could be considered as innovative strategies to promote the actual implementation of patient rights legislation and strengthen primary care (e.g. Cyprus). Objective of this research was to inform the development and testing of a tool to value patients' preferences for SDM model across different European settings: UK, where SDM is already in place at a national level, and we can draw from people direct experience; Cyprus, where people are new to it, although there could be room for future implementation. In doing so the study used a discrete-choice-experiment (DCE) survey. The DCE survey presents a series of choices involving alternative services on offer, described by their particular characteristics. It allows to: identify the characteristics of the health care service that respondents value; the relative values that they attach to these; and the trade-offs between them (e.g. how long patients are willing to wait to receive detailed and accurate information about their care). Data collection is under way and findings will be available for discussion at the meeting. They will inform the development of a larger European programme of research.