

“Rethink the Strip” Monitor Trial Dissemination Grant Funded

“Rethink the Strip” is a continuation of a landmark study led by Young and Donahue. Their 2017 MONITOR Trial showed blood glucose testing does not offer a significant advantage in blood sugar control, or quality of life, for type 2 diabetes patients who are not treated with insulin.

[The study](#) was the first large pragmatic study examining glucose monitoring in the United States. [The results were published](#) in *JAMA Internal Medicine* last summer.

Today in the United States, most of the 25 million people with type 2 diabetes do not take insulin. They control their blood sugar with exercise, diet, and sometimes medications such as metformin. Currently, 75 percent of non-insulin treated type 2 diabetes patients perform regular blood glucose testing at home, generally at the recommendation of a provider.



“This project fits well into national efforts to curb overtreatment and the use of low value tests,” said Donahue, professor and vice-chair of research in family medicine, who also co-directs the [North Carolina Network Consortium](#), by

addressing questions related to the delivery of primary care health services. “De-adoption strategies may also provide more time and resources for clinicians and patients to focus on behavioral strategies and other treatments with proven effectiveness for patients with type 2 diabetes not on insulin.”

“There are many care recommendations in the field of diabetes that we know work well for patients living with diabetes,” said Young, associate professor of medicine in endocrinology. “Unfortunately, many of these treatments and interventions never leave the confines of academia. This project is important

because it will enable us to communicate an important message to patients and health care providers, that glucose monitoring for patients with diabetes, who do not require insulin, is unnecessary in most cases.”

“Freeing patients from this unnecessary burden will allow them to focus on other more fruitful areas of lifestyle modification,” Young said.



PCORI is an independent, nonprofit organization authorized by Congress in 2010.

Its mission is to fund research that will provide patients, their caregivers and clinicians with the evidence-based information needed to make better-informed healthcare decisions. For more information about PCORI’s funding, visit www.pcori.org.

A Shared Decision Making Intervention for Patients with Asthma in the Emergency Room – PCORI funded project in progress



Some patients who have trouble managing their asthma go to the Emergency Room (ER) for treatment rather than to primary care practices. Studies

have shown that shared decision making (SDM) can help patients control their asthma outside of the ER, but SDM is not always part of care due to lack of time or staff to use a coaching approach. The goal of this project is to apply earlier findings and lessons learned from PCORI studies in primary care practices to help children who come to the ER for care. The project team is using a virtual iPad format or app, “Coach McLungs”, to help disseminate SDM into the ER. Children and their parents use this animated computer program which creates a personalized shared treatment decision they will have when they go home.

The team is working with ER doctors and staff, the Asthma and Allergy Foundation of America, healthcare systems in the southeast, local and national advocacy groups, and policy advisors such as the Mecklenburg County Asthma Coalition. These partners will help to train ER clinicians and staff, help solve problems in implementing the Asthma Coach, and raise awareness of using SDM in the ER to improve outcomes for patients.

Asthma Shared Decision-Making Dissemination Study published in the Journal of Asthma (ADAPT-NC paper)

This study was a collaborative effort between Atrium Health, UNC, Duke University, and ECU/Vidant Medical Group aimed to discover whether facilitated shared decision-making (SDM) improved patient outcomes. What we found was facilitator-led dissemination was associated with a significantly higher proportion of patients sharing equally in decision-making with the provider compared to the traditional lunch-and-learn approach. These results support using structured approaches for implementing complex interventions into primary care practices.



Using Focus Groups to Assess Patient and Provider Perspectives on using Shared Decision-Making for Asthma in Primary Care Practices – Journal of Asthma

Using focus group analysis, this study showed perspectives of how shared decision making was perceived at the patient and provider level for asthma management. We found that practices using facilitators were more likely to discuss themes related

to shared decision-making, such as patient-centered communication, patient-provider negotiation on



treatment plan, planning, goal-setting, and solutions to barriers. These results support best practices for implementing shared decision making into primary care and will inform researchers, practices, and providers as they work to improve adoption of evidence-based interventions

into practice.

NAPCRG Annual Meeting and International Practice Facilitation Conference

NCNC Researchers presented their work at the NAPCRG Annual Meeting in Chicago from Nov 9-13, 2018



We presented three workshops and numerous talks and presentations on chronic disease management, clinical decision making, opioid treatment in primary care and prevention.

We also presented at the International Practice Facilitation Conference on a data management system for tracking the work of practice facilitation and the



factors that enhance engagement with practice facilitators

Acknowledging our supporters:

NCNC would like to thank UNC's [Cecil G. Sheps Center for Health Services Research](#) and the [NC Translational and Clinical Sciences Institute](#) for all they do that make our work possible.