



EUROPEAN GENERAL PRACTICE
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Abstract Book

12 - 15 May 2022

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One-Slide/Five Minutes Presentation / Ongoing study no results yet**Implementation of peer support for optimisation of integrated primary care in patients with concomitant diabetes and arterial hypertension**

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Keywords: peer support, integrated primary care, self-management support

Background:

Comprehensive patient-centred care is essential in the management and control of type 2 diabetes (T2D) and arterial hypertension (AH). Introduction of peer support represents a promising new method for optimising integrated primary care in patients with concomitant T2D and HT through enhancing self-management support, empowering family members and other informal caregivers in local community which will contribute to sustainability of the healthcare system. Key functions of peer support are: i) assistance in daily management, ii) social and emotional support, iii) linkage to clinical care, iv) ongoing and sustained support.

Research questions:

-Is introduction of peer support for patients with T2D and/or AH feasible and acceptable at the primary health care level in Slovenia?

-Does intervention have the effect on participants' quality of life, perceived support and level of empowerment?

Method:

Our pilot study started in May 2021 with random recruitment of 30 patients with T2D and/or AH from two Community Health Centres in Slovenia. Participants will be educated in a total of 15 hours of group and individual training by nurses with special skills to become trained peer supporters. Each peer supporter will voluntarily share his knowledge and experiences among a group of 10 patients with T2D and/or AH in the local community through monthly meetings for 3 months. Outcomes will be evaluated with questionnaires including sociodemographic and clinical data, knowledge about T2D and AH, Appraisal of Diabetes Scale, Diabetes Empowerment Scale, Theoretical Framework of Acceptability and interviews to provide quantitative and qualitative data. Data collection process will last until May 2022.

Conclusions:

Implementation of peer support through enabling patients an active role in successful management of their disease could bring educational, psychosocial and behavioural benefits and could serve as a model for future organisation and improvements of integrated care in patients with T2D and/or AH at the primary health care level.

Points for discussion:

The impact of Covid-19 pandemic on implementation of peer support in Slovenia.

Peer supporter represents a liaison between Community Health Centre, patients with type 2 diabetes and/or arterial hypertension and the local community.

Peer supporter is a volunteer and ambassador of the associated Community Health Centre.