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**Oral Presentation – Session D: Primary Care and System Approach to Health**

**The Adoption Of The Reference Framework For Diabetes Care Among  
Primary Care Physicians In Primary Care Settings**

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**Background:** Primary Care Physicians (PCPs) are in a privileged position to provide first contact and continuity of care. A standard reference framework (RF) on diabetes care for adult would facilitate PCPs to offer evidence-based, high quality care for adult diabetic patients. Theoretically, the adoption of this reference framework, released by the Primary Care Office (PCO), will further enhance diabetes care in the primary care setting.

**Objectives:** (1) To evaluate the adoption levels of RF for diabetes among PCPs in Hong Kong, and (2) To study the facilitators and barriers associated with the RF adoption.

**Methods:** A qualitative study was first conducted with ten focus group interviews among five main types of PCPs in Hong Kong, including those working in (1) group practice in private health maintenance organizations; (2) private solo practice; (3) general out-patient clinics; (4) family medicine specialist clinics; and (5) University teaching unit of family medicine. Their attitudes, perceived facilitators and barriers to adopt the new RF were explored. The interviews were audio-taped, transcribed verbatim, and analyzed to identify the predictors. The second part of the study involved a quantitative cross-sectional questionnaire survey among PCPs. The association between the predictors and the RF adoption level were examined using binary logistic regression.

**Results:** The qualitative study revealed that most of interviewees agreed on the validity of RF based on its scientific evidence irrespective of their opposing viewpoints on its practicality, feasibility, and usability. Barriers of implementation were identified, including: 1) issues on up-datedness of the RF; 2) inadequate allied health support for diabetes patients and the limited consultation time; 3) low affordability on diabetes treatment and screening among patients; 4) difficulties on prescriptions; 5) patients' compliance with RF recommendations; 6) clinicians' common practice based on their own experience or other guidelines. On the other hand, raising its awareness and familiarity were facilitators for its adoption. In the second part of the study\*\*, among 414 completed questionnaires, the average adoption score was 3.29 (S.D.=0.51; out of 4). Approximately 70% of the PCPs highly adopted this RF as their routine practice. Binary logistic regression analysis showed that the PCPs' perception on inclusion of sufficient local information (adjusted odds ratio, aOR =4.75, 95% CI 1.60-14.12, p=0.005) was the strongest factor associated with their adoption levels in daily practices.

**Conclusions:** The RF adoption level was high for adult diabetes in primary care settings among the PCPs. The identified barriers for its adoption should be addressed to enhance its implementation.