

Appendix

Survey for Healthcare Professionals

Thank you for taking part in our survey. This survey is a part of a study designed to help overcome clinical inertia in the management of type 2 diabetes at general practices in Auckland.

This is a quality improvement study involving diabetes registrar-assisted clinics at general practice to improve systematic initiation of ACEi/ARB and SGLT2i/GLP1RA for patients with microalbuminuria and to codesign resources and practice workflow solutions to support ongoing systematic medication commencement and titration at each practice.

We are keen to understand the factors of what works in your practice and how we can improve over-all prescribing rates of these medications.

Please note that all answers are confidential and anonymous and you may choose to not answer all questions.

Your involvement in this survey is completely optional. The information and contents of this document could be translated to te reo on your request, if required.

Please note that informed consent is assumed upon submission of this survey.

1. Which primary health organisation (PHO) are you affiliated with?		
A	ProCare	
B	Total Health Care	
C	East Health Trust	
D	Alliance Health Plus Trust	
E	Other	
2. Are you (as the person completing this survey) a?		
A	General practitioner (GP)	
B	Nurse practitioner/prescriber	
C	Practice manager	
D	Health coach	
E	Other	
3. If a GP or nurse, where were you trained?		
A	In New Zealand	
B	Overseas	
4. For how many years have you been working in primary care?		
A	0–1 y	
B	2–3 y	
C	4–5 y	
D	6–10 y	
E	More than 10 y	

5. How often do you review their diabetes medication/glycaemic control on a standard visit?		
A	Every visit	
B	Every 3 months	
C	Every 6 months	
D	Every 12 months	
E	If the time permits/opportunistic	
6. What proportion of your patients with diabetes do you screen for eligibility for prescribing new medications, SGLT2 inhibitor (empagliflozin) or GLP1 agonist (dulaglutide) on a usual visit on average?		
A	100%	
B	80–100%	
C	60–80%	
D	50–60%	
E	<50%	
7. What would be the most useful guideline that you would refer to when starting on empagliflozin or dulaglutide?		
A	Health pathways	
B	NZSSD guidelines	
C	BPAC guidelines	
D	Medsafe	
E	Other/practice-based	
8. How do you find navigating New Zealand Society for the Study of Diabetes (NZSSD)/health pathways to check recent guidelines for management of diabetes?		
A	Very difficult/never accessed	
B	Difficult	
C	Average	
D	Easy	
E	Very easy	
9. How confident are you in prescribing and educating your patient on newly funded medication, empagliflozin(SGLT-i)?		
A	Not confident at all	
B	Less confident	
C	Average	
D	Confident	
E	Very confident	

10. How confident are you in prescribing and educating your patient about using dulaglutide (GLP1 agonists)?		
A	Not confident at all	
B	Less confident	
C	Average	
D	Confident	
E	Very confident	
11. In your opinion what is the main reason you would initiate empagliflozin to a patient? Please rank your order of importance 1-5 (1 most important reason to 5 least important).		
A	Fulfils special authority criteria	
B	Improved cardiovascular and renal outcomes	
C	Poor glycaemic control	
D	Less adverse effects than GLP1 agonists	
E	Other/PHO providing lists of eligible patients	
12. In your opinion what is the main reason you would initiate dulaglutide to a patient? Please rank your order of importance 1-5 (1 most important reason to 5 least important).		
A	Fulfils special authority criteria	
B	Weekly administration/improved adherence	
C	Weight loss effect	
D	Fewer adverse effects than SGLT2i	
E	Guidelines	
13. In your opinion what are the main barriers that prevent you from prescribing empagliflozin/dulaglutide to a suitable patient?		
A	Lack of information/knowledge	
B	Lack of support from practice/staff	
C	Comorbidities or acute illness took priority	
D	Lack of time	
E	Fear of harm/adverse effects	
14. In your opinion, what is the best method that will improve you as a clinician to prescribe and up-titrate diabetes medications? Please rank your order of importance 1-5 (1 most important reason to 5 least important).		
A	Better availability of written information/knowledge	
B	Having more support from practice/staff	
C	Planned reviews	

D	Having more time allocated for complex patients	
E	Involving family/whānau	
15. What would influence you most as a clinician to prescribe a new medication such as empagliflozin or dulaglutide? Please rank your order of importance 1–5 (1 most important reason to 5 least important).		
A	Educational meetings/webinars/local education	
B	Clinical practice guidelines/materials	
C	Computer-based reminders/alerts	
D	Patient requesting the medication	
E	Having a diabetes registrar on site	
16. In your opinion, would having SA criteria for prescribing empagliflozin or dulaglutide to Māori and Pacific Island patient be likely to reduce the health inequity in New Zealand?		
A	Very unlikely	
B	Unlikely	
C	Average	
D	Likely	
E	Very likely	
17. In your opinion what would be most beneficial approach to improve diabetes-related health outcomes in the New Zealand healthcare system? Please rank your order of importance 1–5 (1 most important reason to 5 least important).		
A	Enhanced primary care	
B	Improved links between primary and secondary (specialist) care such as registrar-assisted clinics	
C	Nurse-led approach	
D	Improve funding	
E	Patient-centred approach	
18. Any other suggestions to improve diabetes-related health outcomes in the New Zealand healthcare system? (Free text.)		

Thank you for your time with this survey!

For any questions about this survey or the study please contact Prof Rinki Murphy (r.murphy@auckland.ac.nz) or Dr Anjana Niyagama (AnjanaN@adhb.govt.nz).