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DESIGNING BETTER HEALTH: A BEHAVIOURAL INSIGHTS APPROACH IN PHARMACY INTEGRATED COMMUNITY CARE (PICC) TOWARDS DIABETES MANAGEMENT



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Introduction

According to the **National Diabetes Registry Report 2023**, there were **1,956,151** patients enrolled in the registry, with **870,771 active diabetes cases** recorded. This highlights the critical necessity for sustainable management strategies. Pharmacy Integrated Community Care (PICC), a Terengganu State Health Department initiative, adopts a "diabetes tuition" approach to strengthen community-based diabetes management through behavioural empowerment.



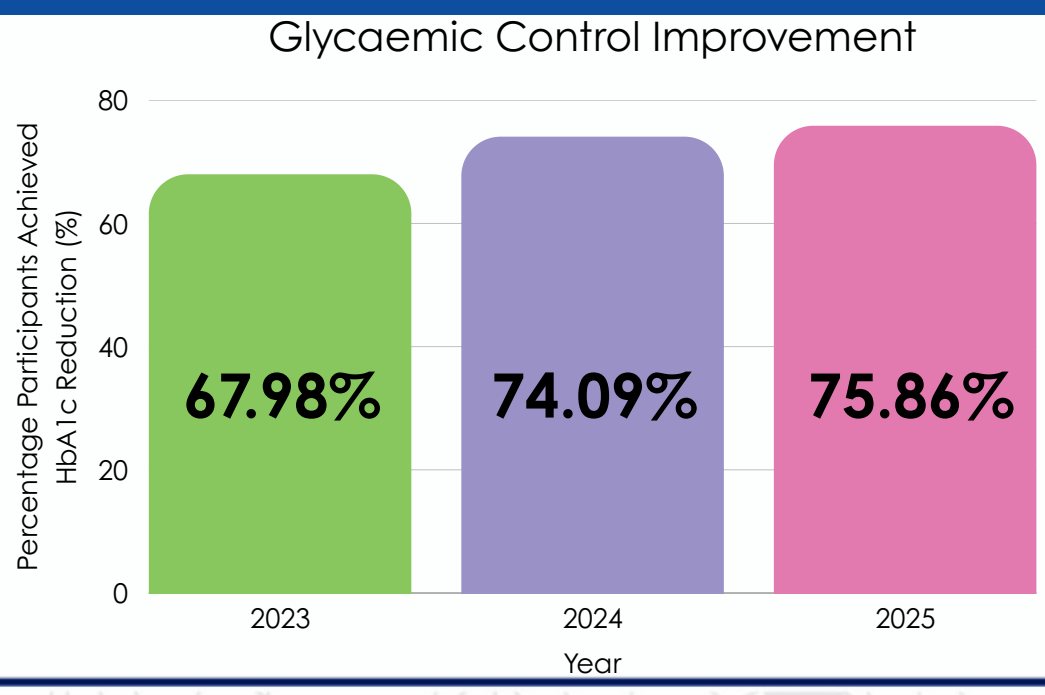
Objectives

- PICC establishes **a support network** that enhances patient confidence, **improves health literacy** regarding medication management, and **promotes a healthy lifestyle**.
- The programme aims to support participants in **achieving significant reductions in HbA1c** levels toward target ranges.

Methodology

Define	Advanced clinical knowledge exists, but recurring patient failure persists.
Diagnose	Uncontrolled HbA1c ≥ 7% and cost increment in treatment of diabetes.
Design	Community-centered diabetes tuition involving multidisciplinary team.
Implement	Establishing a support group to increase patient motivation in controlling diabetes using standard structured module and interactive approach nationwide.
Evaluate	Percentage of diabetic patients achieving HbA1c reduction.

Results



Discussion & Conclusion

Despite advanced clinical knowledge, a profound "Behavioural Gap" persists where only 50% of chronic disease patients adhere to prescriptions. **PICC proves that behavioural intervention is the essential catalyst** for translating traditional pharmacy care into tangible clinical outcomes.

PICC's success is rooted in the **COM-B Model** of behaviour change:

Capability: PICC programme empowered patients to adopt **healthy lifestyles** including regular exercise and dietary control while improving their **knowledge** of medication management.

Opportunity: PICC builds **social support network** and **healthy circle**, transforming the clinical environment into a collaborative community.

Motivation: PICC programme improved motivation, which in turn **increased confidence** in physical activity participation and positively influenced healthy lifestyle practices and treatment adherence.

Conclusion: PICC proves that a participatory, behaviourally-informed "tuition" model effectively improves glycaemic control. Integrating the D.D.D.I.E. framework successfully bridges clinical advice and sustainable behaviour change, ensuring structured behavioural insights significantly enhance public health outcomes.

Acknowledgement

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References

1. Chauke, T., et al. (2024/2025). "Medication Adherence in Chronic Disease." Malaysian Journal of Pharmacy / Research Pharmacy Reports.
2. Michie, S., et al. (2011). The Behaviour Change Wheel/COM-B. Implementation Science.
3. National Diabetes Registry Report 2023. Ministry of Health Malaysia.