



## Review

# Choosing treatment and screening options congruent with values: Do decision aids help? Sub-analysis of a systematic review



Sarah Munro<sup>a,b,\*</sup>, Dawn Stacey<sup>c,d</sup>, Krystina B. Lewis<sup>c,d</sup>, Nick Bansback<sup>a,e,f</sup>

<sup>a</sup> Centre for Health Evaluation and Outcome Sciences, St. Paul's Hospital, Vancouver, Canada

<sup>b</sup> Interdisciplinary Studies Graduate Program, University of British Columbia, Vancouver, Canada

<sup>c</sup> School of Nursing, Faculty of Health Sciences, University of Ottawa, Ottawa, Canada

<sup>d</sup> Ottawa Hospital Research Institute, Ottawa, Canada

<sup>e</sup> School of Population and Public Health, University of British Columbia, Vancouver, Canada

<sup>f</sup> Centre for Clinical Epidemiology and Evaluation, Vancouver Coastal Research Institute, Vancouver, Canada

## ARTICLE INFO

## Article history:

Received 17 March 2015

Received in revised form 26 October 2015

Accepted 28 October 2015

## Keywords:

Decisions

Decision making

Decision support techniques

Decision aids

Choice behavior

Patient-centered care

## ABSTRACT

**Objective:** To understand how well patients make value congruent decisions with and without patient decision aids (PtDAs) for screening and treatment options, and identify issues with its measurement and evaluation.

**Methods:** A sub-analysis of trials included in the 2014 Cochrane Review of Decision Aids. Eligible trials measured value congruence with chosen option. Two reviewers independently screened 115 trials.

**Results:** Among 18 included trials, 8 (44%) measured value congruence using the Multidimensional Measure of Informed Choice (MMIC), 7 (39%) used heterogeneous methods, and 3 (17%) used unclear methods. Pooled results of trials that used heterogeneous measures were statistically non-significant ( $n=3$ ). Results from trials that used the MMIC suggest patients are 48% more likely to make value congruent decisions when exposed to a PtDA for a screening decision (RR 1.48, 95% CI 1.01 to 2.16,  $n=8$ ).

**Conclusion:** Patients struggle to make value congruent decisions, but PtDAs may help. While the absolute improvement is relatively small it may be underestimated due to sample size issues, definitions, and heterogeneity of measures.

**Practice Implications:** Current approaches are inadequate to support patients making decisions that are consistent with their values. There is some evidence that PtDAs support patients with achieving values congruent decisions for screening choices.

© 2015 Elsevier Ireland Ltd. All rights reserved.

## Contents

1. Introduction	492
2. Methods	492
2.1. Study Design	492
2.2. Data extraction	493
2.3. Defining values and choice	493
2.4. Classification scheme	493
2.5. Data synthesis	494
2.6. Data analysis	494
3. Results	494
3.1. Characteristics of the studies	494
3.1.1. Value clarification method	494
3.1.2. Choice measure	495
3.1.3. Value congruence definition	496

\* Corresponding author at: Interdisciplinary Studies Graduate Program, H.R. MacMillan Building, 2357 Main Mall, Room 270A, University of British Columbia, Vancouver, BC V6T 1Z4, Canada. Fax: +1 604 822 0470.

E-mail address: [smunro@cfri.ca](mailto:smunro@cfri.ca) (S. Munro).

3.1.4.	Value congruence measure .....	496
3.1.5.	Value congruence outcome .....	496
3.2.	Value congruence results without PtDAs .....	496
3.3.	Value congruence results with PtDAs .....	496
4.	Discussion and conclusion .....	497
4.1.	Discussion .....	497
4.2.	Conclusions .....	499
4.3.	Practice recommendations .....	499
	Acknowledgments .....	499
	References .....	499

## 1. Introduction

There is increasing attention on patient-centered care, care defined as being “respectful of and responsive to individual patient preferences, needs, and values,” which ensures “that patient values guide all clinical decisions” [1]. Policy shifts toward patient-centered care focus on providing patients with greater choice, recognizing their roles as consumers of health care who know best their own preferences and values. In decision-making, values refers to the patient’s “informed attitudes about the relative desirability/undesirability of a health care option’s unique characteristics, which include that option’s protocol, possible benefits, and potential harms” [2].

However merely informing patients of their options, providing evidence on risks and benefits, and empowering them to be involved in the decision-making process does not necessarily lead to patient centered care [3]. In behavioral economics, there is increasing recognition that consumers can be poor decision makers, making irrational choices in spite of having good knowledge and understanding of their personal values [4,5]. This understanding has led to a greater focus on decision quality—the extent to which people are informed and receive options that reflect their goals and treatment preferences [6]. Apart from being important on ethical and patient-centered grounds [7,8], high quality decision-making is being recognized as an important intermediary for improving clinical outcomes [9].

In health care, there has been rapid growth in the development of tools to support decision-making, such as patient decision aids (PtDAs). They provide evidence on risks and benefits of options, help patients clarify what matters most to them, and empower patients to engage in making choices [10]. PtDAs are tools that support preference-sensitive health care decisions where there is no “best” option and the decision depends on what attributes of the choice matter most to the patient. Ideally, the PtDA is embedded in a process of shared decision-making, where the patient and practitioner discuss the benefits and harms of each option, the patient has time to reflect and clarify his or her preferences and desired involvement in making the decision, and together they make or defer a decision and discuss follow-up [11]. Despite a rapid growth in the development of PtDAs, there is limited evidence supporting their effectiveness in achieving decisions that reflect patients’ values.

A Cochrane Systematic Review recently summarized the evidence on value congruence for 115 randomized controlled trials (RCTs) of PtDAs for screening and treatment choices [10]. Twenty trials (17%) reported a measure of value congruence and authors reported a pooled relative risk of value congruent decision-making for the 13 trials that provided quantitative results. Exposure to a PtDA increased value congruence in comparison to usual care (RR 1.51, 95% CI 1.17 to 1.97,  $p=0.0017$ ,  $n=13$ ) [10]. The authors concluded that patients who used PtDAs “were more likely to reach decisions that were consistent with their values” [10]. However, there are limitations to the Cochrane review analysis of value congruence and the positive results should

be interpreted cautiously. The authors found considerable heterogeneity in the measurement of value congruence and classified the pooled results as low quality evidence due to lack of precision, consistency, and directness among the 13 trials [10,12]. Further, the review did not discuss the quality of methods used or propose how future studies might measure value congruence to overcome these limitations. For these reasons a deeper analysis of studies included in the Cochrane review is needed.

This review focuses on value congruence, a key component of decision quality [6]. A quality decision is (a) informed by knowledge of the options and (b) “value congruent,” defined as the match between the chosen option and the patient’s values. A patient may make an informed decision that is based on good knowledge of their options, however if the chosen option does not then match their values, it would not be a quality decision. A key element of shared decision making is that practitioners understand what matters to patients in order to support them in choosing screening or treatment options that match their values. While this may be difficult to achieve in routine practice, the consequences of not aligning health care decisions with patients’ values can be significant. For instance, in a cross-sectional survey, practitioners believed that 71% of patients with breast cancer rated keeping their breast as a top priority, but the figure reported by patients was only 7% [13]. Using previously described organizing frameworks [14,15] we further investigated the results of studies included in the Cochrane review to understand how well patients made value congruent treatment decisions with and without PtDAs for screening and treatment choices. We sought to identify issues with its measurement and evaluation, and to propose how future studies might approach measurement.

## 2. Methods

### 2.1. Study Design

This systematic review was conducted as a sub-analysis of RCTs included in the 2014 Cochrane Review, Decision Aids for People Facing Health Treatment or Screening Decisions [10]. We chose to analyze this dataset due to the review’s conclusion that PtDAs enhance value congruent decision-making. Conducting a sub-analysis of RCTs allowed us to explore measurement of value congruence more rigorously than if we were to pool results from various observational study designs. Inclusion of observational studies would have increased risk of bias due to heterogeneity between studies and the lack of controls or comparison groups. A detailed description of search strategy methods is available in the methodology section of the 2014 Cochrane review [10], but briefly citations were searched from the start of each database and grey literature to June 2012 (MEDLINE, CENTRAL, EMBASE, PsycINFO) and to September 2008 for CINAHL.

The review identified 115 RCTs of PtDAs of which 20 included value congruence outcomes (see Fig. 1). For this sub-analysis review, two reviewers (SM, NB) screened all included trials by first

Download English Version:

<https://daneshyari.com/en/article/6152547>

Download Persian Version:

<https://daneshyari.com/article/6152547>

[Daneshyari.com](https://daneshyari.com)