Z. Evid. Fortbild. Qual. Gesundh. wesen (ZEFQ) xxx (2017) xxx–xxx

Contents lists available at ScienceDirect

Z. Evid. Fortbild. Qual. Gesundh. wesen (ZEFQ)

journal homepage: http://www.elsevier.com/locate/zefq

Evidenz in der Gesundheitsversorgung / Evidence in Health Care

Exploring the use of Option Grid™ patient decision aids in a sample of clinics in Poland

Untersuchung zur Anwendung von Option-Grid™-Entscheidungshilfen für Patienten in polnischen Kliniken

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ARTICLE INFO

Article History:
Received: 17 November 2017
Received in revised form: 11 April 2018
Accepted: 27 April 2018
Available online: xxx

Keywords:
Option Grid patient decision aids
encounter decision aids
CollaboRATE
shared decision making
implementation

ABSTRACT

Background: Research on the implementation of patient decision aids to facilitate shared decision making in clinical settings has steadily increased across Western countries. A study which implements decision aids and measures their impact on shared decision making has yet to be conducted in the Eastern part of Europe.
Objective: To study the use of **Option Grid™** patient decision aids in a sample of Grupa LUX MED clinics in Warsaw, Poland, and measure their impact on shared decision making.
Method: We conducted a pre-post interventional study. Following a three-month period of usual care, clinicians from three Grupa LUX MED clinics received a one-hour training session on how to use three **Option Grid™** decision aids and were provided with copies for use for four months. Throughout the study, all eligible patients were asked to complete the three-item CollaboRATE patient-reported measure of shared decision making after their clinical encounter. CollaboRATE enables patients to assess the efforts clinicians make to: (i) inform them about their health issues; (ii) listen to 'what matters most'; (iii) integrate their treatment preference in future plans. A Hierarchical Logistic Regression model was performed to understand which variables had an effect on CollaboRATE.
Results: 2,048 patients participated in the baseline phase; 1,889 patients participated in the intervention phase. Five of the thirteen study clinicians had a statistically significant increase in their CollaboRATE scores ($p < .05$) when comparing baseline phase to intervention phase. All five clinicians were located at the same clinic, the only clinic where an overall increase (non-significant) in the mean CollaboRATE top score percentage occurred from baseline phase (M = 60 %, SD = 0.49; 95 % CI [57-63 %]) to intervention phase (M = 62 %, SD = 0.49; 95% CI [59-65%]). Only three of those five clinicians who had a statistically significant increase had a *clinically* significant difference.
Conclusion: The implementation of **Option Grid™** helped some clinicians practice shared decision making as reflected in CollaboRATE scores, but most clinicians did not have a significant increase in their scores. Our study indicates that the effect of these interventions may be dependent on clinic contexts and clinician engagement.

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https://doi.org/10.1016/j.zefq.2018.04.002
1865-9217/

ARTIKEL INFO

Artikel-Historie:
Eingegangen: 17. November 2017
Revision eingegangen: 11. April 2018
Akzeptiert: 18. März 2018
Online gestellt: xxx

Schlüsselwörter:
Option-Grid-Entscheidungshilfen
Entscheidungshilfen zur Anwendung im Rahmen der Arztkonsultation
CollaboRATE
partizipative Entscheidungsfindung
Implementierung

ZUSAMMENFASSUNG

Hintergrund: Die Anzahl der Forschungsarbeiten zur Implementierung von Entscheidungshilfen für Patienten zur Unterstützung von partizipativer Entscheidungsfindung (PEF) im stationären Bereich hat in den westlichen Ländern stetig zugenommen. In Osteuropa steht eine Studie, in der Entscheidungshilfen implementiert und ihre Wirkung auf die partizipative Entscheidungsfindung gemessen wird, dagegen noch aus.
Ziel: Die Anwendung von **Option-Grid™-**Entscheidungshilfen für Patienten in einer Stichprobe von Kliniken der LUX-MED-Gruppe in Warschau (Polen) zu untersuchen und ihren Einfluss auf die partizipative Entscheidungsfindung zu bestimmen.
Methodik: Es wurde eine Prä-Post-Interventionsstudie durchgeführt. Im Anschluss an eine dreimonatige Phase mit Standardversorgung erhielten Ärzte aus drei LUX-MED-Kliniken eine einstündige Schulung zur Anwendung von drei **Option-Grid™**-Entscheidungshilfen; zudem wurden ihnen Exemplare der Entscheidungshilfe für einen Zeitraum von 4 Monaten ausgehändigt. Im Verlauf der Studie wurden alle geeigneten Patienten nach ihrer Arztkonsultation gebeten, den aus drei Items bestehenden CollaboRATE-Patientenfragebogen zur partizipativen Entscheidungsfindung auszufüllen. CollaboRATE versetzt Patienten in die Lage, ärztliche Bemühungen bezüglich der folgenden drei Aspekte zu beurteilen: (1) Aufklärung des Patienten über seine Erkrankung; (ii) Zuhören, „was dem Patienten am wichtigsten ist“; (iii) Berücksichtigung der Behandlungspräferenzen des Patienten in späteren Behandlungsplänen. Um festzustellen, welche Variablen Einfluss auf CollaboRATE haben, wurde eine hierarchische logistische Regression durchgeführt.
Ergebnisse: 2048 Patienten nahmen an der Baseline-Phase und 1889 Patienten in der Interventionsphase teil. Beim Vergleich zwischen Baseline- und Interventionsphase wiesen fünf der 13 Studienärzte eine statistisch signifikante Zunahme ihrer CollaboRATE-Scores auf ($p < 0{,}05$). Alle fünf Ärzte waren an derselben Klinik tätig, der einzigen Klinik, wo es insgesamt zu einem (nichtsignifikanten) Anstieg in den mittleren prozentualen CollaboRATE-Höchstwerten zwischen Baseline- (M = 60 %, SD = 0,49; 95%-CI [57-63 %]) und Interventionsphase (M = 62 %, SD = 0,49; 95%-CI [59-65 %]) kam. Bei nur drei dieser fünf Ärzte ergab sich außer dem statistisch signifikanten Anstieg auch ein *klinisch* relevanter Unterschied.
Schlussfolgerung: Einigen Ärzten hat die Implementierung von **Option Grid™** geholfen, PEF zu praktizieren, was sich in den CollaboRATE-Scores widerspiegelt, allerdings konnte die Mehrzahl der Ärzte keinen signifikanten Anstieg in ihren Scores erzielen. Unsere Studie zeigt, dass der Effekt solcher Interventionen möglicherweise vom Klinikumfeld und vom ärztlichen Engagement abhängig ist.

Introduction

Shared decision making, a process that involves patients in medical decisions, has been shown to improve patient-clinician communication, decision outcomes, and patient satisfaction [1,2]. As a result, it has become increasingly embedded in healthcare policy across Western countries [1,3]. A recent editorial describes the accomplishments in areas of policy, research, and implementation of shared decision making in twenty-two countries [3]. However, there is little evidence of shared decision making activity in Eastern Europe, or in countries formerly under communist influence [3]. A randomized controlled trial in Romania showed that using decision aids is an effective way of portraying risk over time with, and without, the use of oral anticoagulants for treatment of atrial fibrillation [4]. We were unable to find other studies conducted in the former communist states of Eastern and Central Europe [4]. This might be because of the 'cultural imprint' in this part of Europe. A study conducted in East Germany suggested a lower preference for shared decision making in comparison to patients living in West Germany, which could be due to the influence of the former authoritarian political structure [5].

Patient decision aids provide information on the pros and cons of comparable treatment options for preference-sensitive healthcare topics [6,7]. A Cochrane systematic review of patient decision aids indicates that these tools increase patient knowledge, risk perception, patient satisfaction, and participation in decision-making [2]. These tools are available in various lengths, formats, and modes of delivery [8]. Some are longer and are formatted to be used prior to the consultation, while other shorter tools are created for use in the encounter – also known as encounter patient decision aids [8].

Option Grid encounter decision aids are brief, evidence-based tools that describe the available healthcare options associated with a particular health condition by using a set of frequently asked questions [9]. Studies show that these shorter encounter decision aids are practical and easier to use compared to the pre-encounter tools [7,8,10,11]. However, there is limited evidence about the impact of pre-encounter tools on healthcare communication (using observer measures).

Encounter-based decision aids hold promise at improving communication in healthcare and impacting interactions between patients and their healthcare professionals [10].

A recent stepped wedge trial with 72 patients demonstrated that six physiotherapists who used an Option Grid for osteoarthritis of the knee showed higher levels of shared decision making (using Observer OPTION-12). Patients also demonstrated increased knowledge and readiness to decide on the most appropriate treatment option [12]. Wood et al.'s qualitative study examined how the Option Grid tools influenced shared decision making when used with an interpreter. Results indicated that patients asked more questions when the tool was present in the encounter [13].

Randomized trials have also shown that Option Grid is feasible to use by clinicians [12]. These tools help clinicians provide information, structure the conversation, and confer agency to the patient [11,14]. These positive outcomes have led a few healthcare organizations to try and adopt Option Grid as a means to practice shared decision making with varying degrees of success [15]. There is some evidence to suggest that having a 'champion' clinician in the organization improves the likelihood of routine adoption, as opposed to using financial incentives to entice clinicians into using these tools [15]. Yet, it is clear that challenges to the implementation of encounter tools in clinic workflow patterns persist [16].

Barriers to implementing patient decision aids exist at multiple levels in the healthcare system [16]. A systematic review by Elwyn et al. [17] indicates that some clinicians are reluctant to use decision aids because they do not agree with the content embedded in the tools, or do not want to impose the 'decisional responsibility'

Please cite this article in press as: Scalia P, et al. Exploring the use of Option Grid™ patient decision aids in a sample of clinics in Poland. Z. Evid. Fortbild. Qual. Gesundh. wesen (ZEFQ) (2017), https://doi.org/10.1016/j.zefq.2018.04.002