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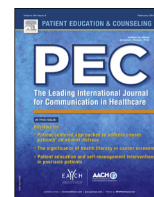

Research paper

Informed and patient-centered decision-making in the primary care visits of African Americans with depression

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ABSTRACT

Objective: We examined the prevalence and extent of informed decision-making (IDM) and patient-centered decision-making (PCDM) in primary care visits of African Americans with depression.
Methods: We performed a cross-sectional analysis of audiotaped clinical encounters and post-visit surveys of 76 patients and their clinicians. We used RIAS to characterize patient-centeredness of visit dialogue. IDM entailed discussion of 3 components: the nature of the decision, alternatives, and pros/cons. PCDM entailed discussion of: lifestyle/coping strategies, knowledge/beliefs, *or* treatment concerns. We examined the association of IDM and PCDM with visit duration, overall patient-centeredness, and patient/clinician interpersonal ratings.
Results: Approximately one-quarter of medication and counseling decisions included essential IDM elements and 40% included at least one PCDM element. In high patient-centered visits, IDM was associated with patients feeling respected in counseling and liking clinicians in medication decisions. IDM was not related to clinician ratings. In low patient-centered visits, PCDM in counseling decisions was positively associated with patients feeling respected and clinicians respecting patients.
Conclusions: The associations between IDM and PCDM with interpersonal ratings was moderated by overall patient-centeredness of the visit, which may be indicative of broader cross-cultural communication issues.
Practice implications: Strengthening partnerships between depressed African Americans and their clinicians may improve patient-engaged decision-making.

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1. Introduction

Despite having a lower prevalence of depression overall [1], African Americans in the US are more likely to suffer from persistent and severe depression compared to other racial/ethnic groups [2]. Under-recognition [3] and suboptimal treatment of depression are common among African Americans [4], including in primary care settings, where most individuals with depression seek help [5]. There are also significant disparities in the quality of mental health treatment across racial and ethnic groups—African-American patients with depression are less likely than their white counterparts to be recognized as depressed [5] and to receive guideline-concordant care [6,7]. African-American primary care patients with depression also experience less rapport-building and discussion about depression than their white counterparts [8], which could contribute to poorer quality of care and worse depression outcomes [9]. These observations are concerning within the context of national calls to action to provide patient-centered care [10] with emphasis on improving patient experiences, improving population health, reducing costs [11], and addressing health disparities [12].

Two overlapping concepts—informed decision making (IDM) and patient-centered care—have been advocated by the National Academy of Medicine and other organizations as key to future improvements in healthcare quality [13]. Moreover, studies suggest that African-American patients with depression receive lower levels of treatment overall, [5,7–9,14], receive less patient-centered care and report lower levels of participation in treatment decisions [15].

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There is some evidence from depression-related simulation studies conducted in the US and UK that physician style (higher vs lower patient-centeredness) affects analogue patients' willingness to discuss depression and treatment options. In one study, participants were recruited to act as analogue patients, that is, to verbally interact with a video doctor *as if they were in an actual visit discussing depression.* The findings suggest that ethnic minority patients under the condition of higher patient-centeredness were more positive about their interactions with the doctor, more comfortable in disclosing their emotional state and rated the doctor's affective demeanor and nonverbal communication skills more positively than when exposed to a lower patient-centered physician. Afro-Caribbean analogue patients were also more likely to endorse counseling as a treatment option than medications when exposed to a higher relative to lower patient-centered simulated doctor [16]. Also notable in both the US and UK findings, patient-centered style had a much stronger effect on analogue patients' interpersonal ratings of the doctor and their disclosures about depression than the simulated doctors' race or gender [17].

The current study was designed to further the exploration of the intersection of patient- centered communication and depression-related decision making in primary care visits with African-American patients. We do this by describing the frequency and nature of treatment decisions that meet informed decision making (IDM) criteria and/or include key elements of patient-centered decision-making (PCDM). We also explore how these treatment discussions might affect the way patients and physicians perceive one another in terms of interpersonal attributes such as liking, trust and respect.

Based on prior work, we hypothesize that the majority of depression-related treatment decisions in visits with African-American patients will not meet IDM criteria nor will they commonly include key elements of PCDM. Since treatment decisions are made within the broader context of a medical visit, we hypothesize that the overall patient-centeredness of the medical visit will moderate relationships between PCDM and patients' interpersonal ratings of their doctor. More specifically we expect that PCDM within the context of higher patient-centered visits will not provide any additional benefit in terms of positive interpersonal ratings by patients of their doctors since the rapport reflected in those ratings is likely established more generally; however, PCDM may increase positive ratings by patients in lower patient-centered visits. We expect that doctors' interpersonal ratings of patients will parallel patients' ratings of them, regardless of overall visit patient-centeredness. We hypothesize that IDM may increase positive interpersonal ratings of both patients and clinicians regardless of overall levels of visit patient-centeredness.

2. Methods

2.1. Study design and population

We performed a cross-sectional analysis of data on patients being screened for the BRIDGE (Blacks Receiving Interventions for Depression and Gaining Empowerment) Study, a cluster randomized trial comparing two interventions to improve the quality of depression care for African-American patients in urban community-based primary care settings in Baltimore, Maryland as well as Wilmington and Newark, Delaware [18]. Details regarding clinician and patient enrollment are reported elsewhere [18]. This study included 21 primary care clinicians and 76 of their African-American patients who were positive on a screener for major depressive disorder from the Composite International Diagnostic Interview (CIDI) [19]. Clinicians were general internists, family physicians, and nurse practitioners who delivered care at least 20 h per week. All study patients and clinicians gave informed consent. The study was approved by the Johns Hopkins and MedStar Health Institutional Review Boards.

2.2. Data collection

On study recruitment days, patients in practices participating in the BRIDGE Study completed a 10 min depression screening interview in a private room. Those who were positive on the CIDI depression screen completed a written study consent, and a research assistant arranged for the patient's medical visit to be audio taped. Patients who screened positive for depressive symptoms in clinical sites were called at home within two weeks of their onsite screening to complete a baseline telephone interview as well as the second-stage screen (to determine whether they had a diagnosis of major depressive disorder and met full criteria for the trial). The baseline interview included

Table 1
Examples of Informed Decision-Making Elements and Patient-Centered Components.

Element	Description	Example
1. Nature of the Decision	Discussion of the decision to be made and/or rationale for clinical treatment	"This has been hanging around for a long time—the sadness . . . so I think that it might be helpful to get you started on something [medication] for depression."
2. Alternatives	Presentation of treatment options within and/or between categories	"We have a couple of options: . . . counseling on its own; . . . counseling and medication . . . ; or medication alone . . . "
3. Pros and Cons	Discussion of the benefits or consequences of treatment options	"Mainly, they [social workers] can do some on the spot counseling, but they aren't really set up to do long term, longitudinal counseling . . . "
4. Patient Understanding	Assessing patient's understanding of treatment and options	"Does it make you feel any better now that I have told you about the medicine?"
5. Patient's Role or Preference	Discussion of patient's role in the treatment course and/or acknowledgment of patient preference for one option over another	"Do you want to try counseling alone first?"
Patient-Centered Components		
1. Lifestyle and Coping Strategies	Discussion of spirituality, social support, and/or other coping mechanisms	"Would you feel comfortable talking to your pastor about the things that we are discussing? *Yes.* God puts people in your life for a reason, let them help you. That's what they are there for. If that will help you stay on track with all these things that would be a good thing."
2. Knowledge and Cultural Beliefs	Discussion of cultural beliefs, such as understanding depression as a personal weakness	I don't like taking pills or things like that . . . you know because I don't really feel that the Lord would need for me to use it for things to get better . . . that's my point . . .
3. Treatment Concerns	Discussion of treatment concerns, such as side effects, the addictive potential of medications, social stigma, and mistrust of health care	"When I was going to that doctor, I talked to this one guy that had been taking medication . . . he looked like he needed to have his medication, like he was addicted to this pill and that scares me."

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