

# Rheumatologists' Views and Perceived Barriers to Using Patient Decision Aids in Clinical Practice

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## Background

- Shared decision making (SDM) is an exchange of information to prepare patients to participate in making treatment decisions with their physicians.
- Preference sensitive decisions can be overwhelming for patients. Patient decision aids (PtDAs) provide a structure to guide patients in the treatment decision-making process by clarifying their personal values on benefits, harms and scientific uncertainties.
- Despite evidence of PtDA's effectiveness in improving patient decision quality<sup>1</sup>, uptake in clinical practice is poor.

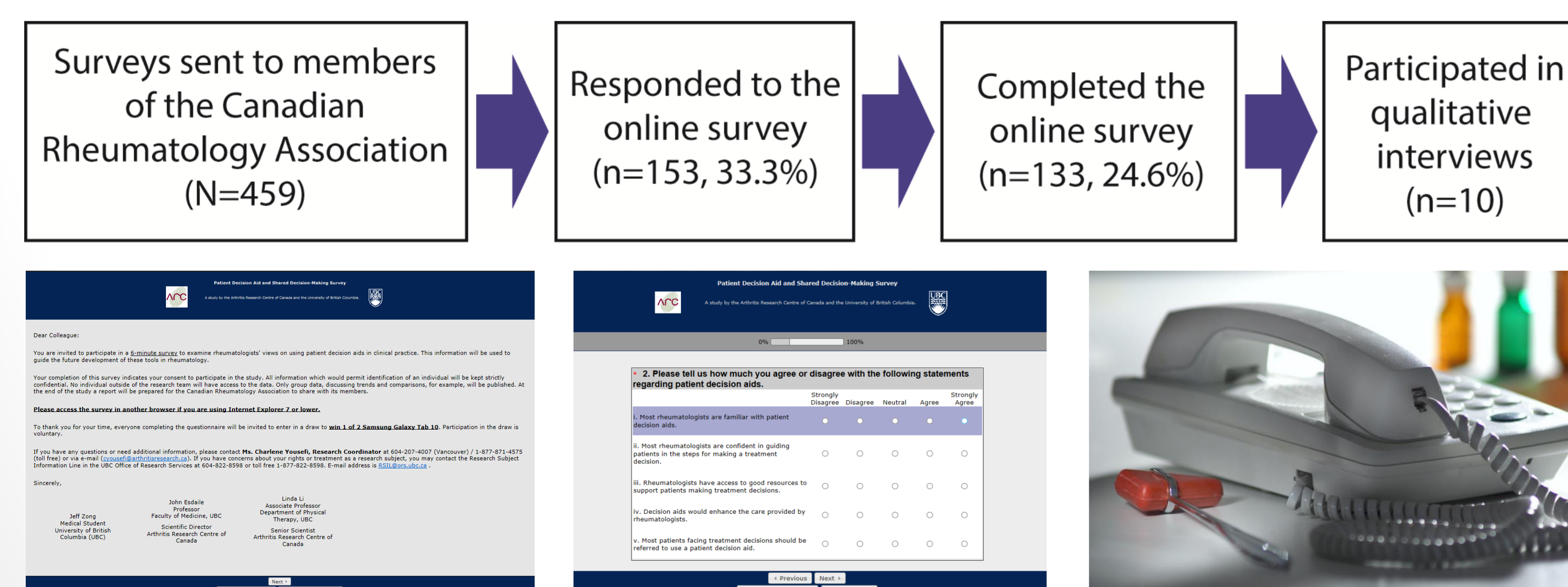
## Purpose

- To explore rheumatologists' perception of PtDAs and their intention to use PtDAs in clinical practice.
- To identify barriers to implementing PtDAs.

## Methods

- This study used a mixed methods approach:
  - An **online survey** was sent to **members of the Canadian Rheumatology Association (CRA)**, asking about rheumatologists' intention of using PtDAs and the perceived barriers to implementing PtDAs in clinical practice.
  - A purpose sample of survey respondents were selected with a balance in **gender**, **years in clinical practice** (<2 years, 2-10 years, >10 years) and **types of practice** (solo/rheumatologist group practice, multidisciplinary practice) to participate in an **individual telephone interview** to further explore their views on PtDAs and shared decision making.

Figure 1: Participant recruitment



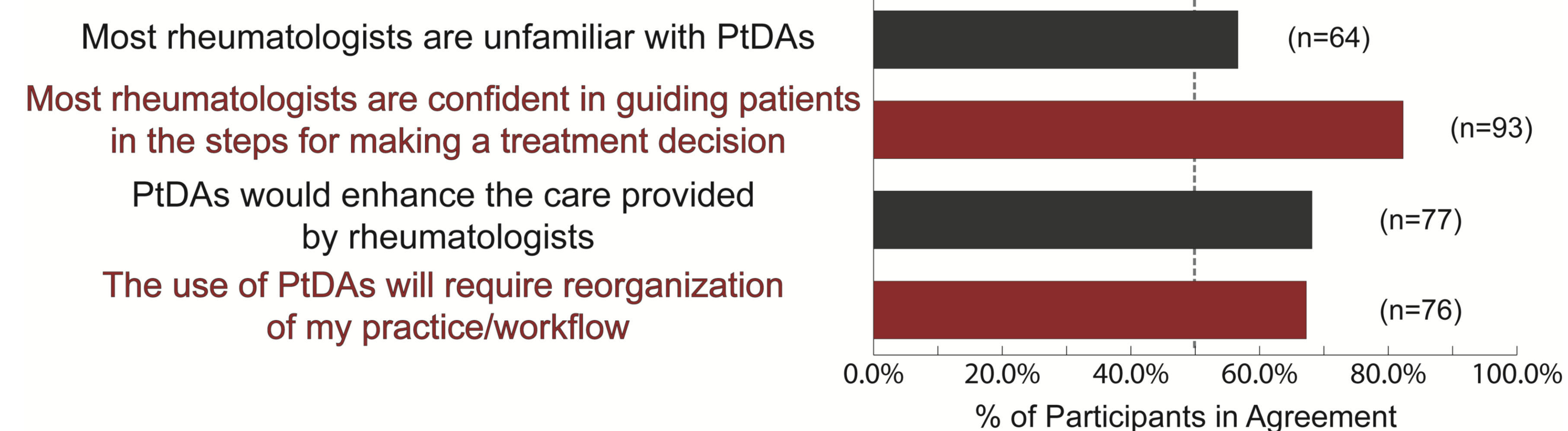
## Results

- In August-September 2013, 113 members of CRA completed the online questionnaire. (Figure 1, Table 1)

### How likely would you use PtDAs in your clinical practice?

- Participants on average rated 5.7 (SD=2.8; 0=not likely, 10=very likely).

### Figure 2: Survey Results



### What are the top 3 attributes of PtDAs that you find most important?

- Description of risks and benefits of choices is **supported by evidence**
- The evidence of treatment options are presented in an **unbiased** manner
- The information presented in the PtDA is **up-to-date**

### What are the top 3 barriers for rheumatologists to use PtDAs?

- Time constraints** in explaining to patients how to use a PtDA
- Unfamiliarity with the content** of PtDAs
- Unfamiliarity if a PtDA exists for a **specific treatment decision**

### Qualitative Interviews: (Preliminary results)

"...if I give them a decision aid and I say study it and come back in a week, well I don't have an appointment in a week for you..." [Ppt002]

"...if somebody goes on the Internet and reads about a side effect and then they come back and I have to explain it to them ... I don't think a decision aid will save me time." [Ppt006]

"And if you look at those numbers you know on benefits, you know 37 green happy faces and I guess 63 no improvement, that's what patients are going to see. That, to them ... doesn't look like it's a terribly effective treatment and they're not going to see that there's a 50 percent improvement ... There's even no mention that you know some people do get a response better than 50 percent. Some people don't get a 50 percent but still get some improvement. You know it's still better than the placebo, that's not in here..." [Ppt004]

"There has to be first an acceptance that they have a value and second that the tool is being developed and has, you know demonstrated efficacy and efficacy" [Ppt007]

Table 1: Participant Characteristics		N = 113
<b>Age</b>		
Below 39	22	(19.5%)
40 – 49	37	(32.7%)
50 – 59	25	(22.1%)
60 and over	29	(25.7%)
<b>Male</b>		
Practicing Full-Time	87	(77.0%)
<b>Years in Rheumatology Practice</b>		
< 2 years	9	(8.0%)
2 – 10 years	24	(21.2%)
10 – 20 years	33	(29.2%)
20 – 30 years	21	(18.6%)
> 30 years	22	(19.5%)
<b>Type of Practice</b>		
Solo Practice	45	(40.0%)
Multidisciplinary Clinic	55	(48.7%)
Community Rheumatology Clinic	9	(8.0%)
<b>Geographic Region</b>		
Urban/Suburban	102	(90.3%)
Rural/Remote	7	(6.2%)
<b>Province</b>		
British Columbia	33	(29.2%)
Ontario	31	(27.4%)
Quebec	11	(9.7%)
Prairie Provinces	33	(29.2%)
Maritime Provinces	5	(4.4%)

## Conclusion:

- There is a sense of ambivalence among rheumatologists about using PtDAs.
- Our in-depth interviews further revealed potential misconceptions regarding the evidence, function and application of PtDAs in clinical practice.
- Further research to demonstrate the effectiveness of PtDAs for improving rheumatology practice is warranted.

### Acknowledgements:

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### References:

- Stacey et al., Decision aids for people facing health treatment or screening decisions. 2011. *Cochrane Database Syst Rev*.