



# Involving Patients in Evidence-Based Decision-Making: A Randomized Controlled Trial

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# Patients & Decision-Making

- Evidence can inform technical aspects of treatment choices (benefits vs risks)
- Choosing the "right" therapy ultimately depends on finding the option with greatest alignment to individual preferences of the informed patient
- Evidence is essential, but not sufficient

## **EB Decision-Making**

Clinical Evidence Values & Preferences

Resources & Circumstances

## Collaborative EB Decision-Making

- Optimal decision-making requires explicit patient involvement to assess best available evidence for benefits and risks, in the context of their individual preferences
- However, there may also be unintended consequences of EB decision-making (increased anxiety, time)
- The impact of a collaborative approach to decision-making has rarely been studied

In ambulatory patients on drug therapy for chronic disease, does explicit patient involvement in making evidence-based decisions for their care result in improved quality of life, satisfaction, and reduced decisional anxiety when compared with usual care?

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#### **Methods**

- Design: Randomized controlled trial of EBPC versus UC
- Patients: ambulatory adults presenting to hospital pharmacy clinics for management of chronic arthritis, perimenopausal issues, or migraine headaches

## Intervention

Baseline

s Needed Visits Months 1 - 6 SF-36, Satisfaction Scale, Decisional Conflict Scale

**Assessment of Patient Goals/Preferences (GOMAP)** 

Collaborative Review of Benefits and Risks for Current Meds + Alternatives (ARR, NNT)

Collaborative decision-making: which medications should I be on to meet my goals and preferences?

6 Month

SF-36, Satisfaction Scale, Decisional Conflict Scale

## Intervention

Baseline

As Needed Visits

SF-36, Satisfaction Scale, Decisional Conflict Scale

**Assessment of Patient Goals/Preferences (GC** 

**Collaborative Review of Benefits and Risks** for Current Meds + Alternatives (ARR, NNT)

Collaborative decision-making: which medicat should I be on to meet my goals and preferences?

**3 Month** 

SF-36, Satisfaction Scale, Decisional Conflict Scale

SF-36, Satisfaction Scale, Decisional Conflict Scale

Provide standard drug information, as required by pharmacy practice standards

6 Months

SF-36, Satisfaction Scale, Decisional Conflict Scale

#### **Outcomes**

- SF-36: Generic QOL scale
- Satisfaction with care provided by pharmacist
- Decisional Conflict Scale:
  - Measures uncertainty in decision-making
  - Uncertainty is greater when uninformed about benefits, risks, alternatives and how to 'weight' these in a decision

Decisional Conflict Scale	[0]	[1]	Or Disagree	[3]	[4]
1. I know which options are available to me.					
2. I know the benefits of each option.					
3. I know the risks and side effects of each option.					
4. I am clear about which benefits matter most to me.					
5. I am clear about which risks and side effects matter most.					
6. I am clear about which is more important to me (the benefits or the risks and side effects).					
7. I have enough support from others to make a choice.					
8. I am choosing without pressure from others.					
9. I have enough advice to make a choice.					
10. I am clear about the best choice for me.					
11. I feel sure about what to choose.					
12. This decision is easy for me to make.					
13. I feel I have made an informed choice.					
14. My decision shows what is important to me.					
15. I expect to stick with my decision.					

Agree

Agree

Agree

Disagree

Disagr

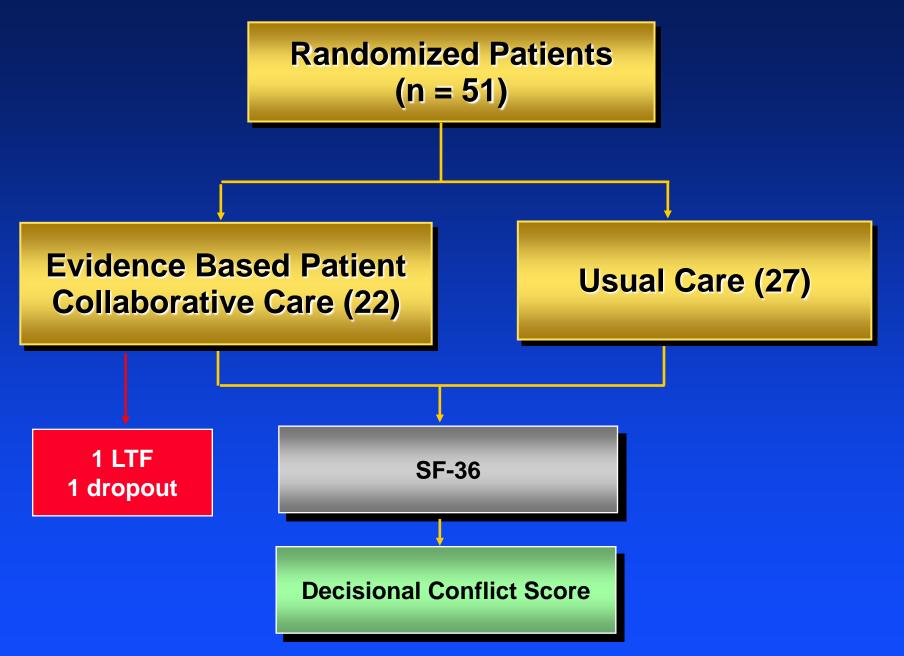
Decisional Conflict Scale © AM O'Connor, 1993, revised 2005

16. I am satisfied with my decision.

www.ohri.ca/decisionaid

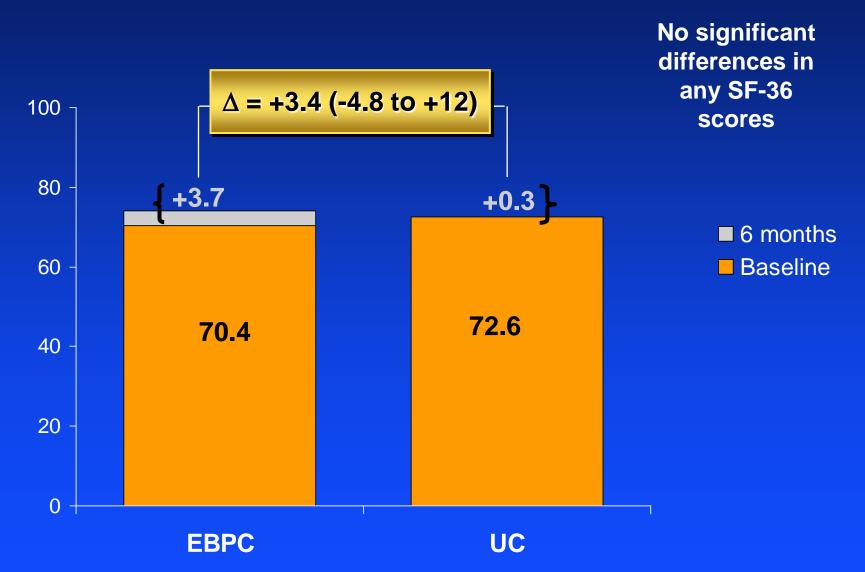
#### Results

- Mean Age: 52 (8) years
- 100% Female
- 44% arthritis
- 40% menopause
- 16% migraine



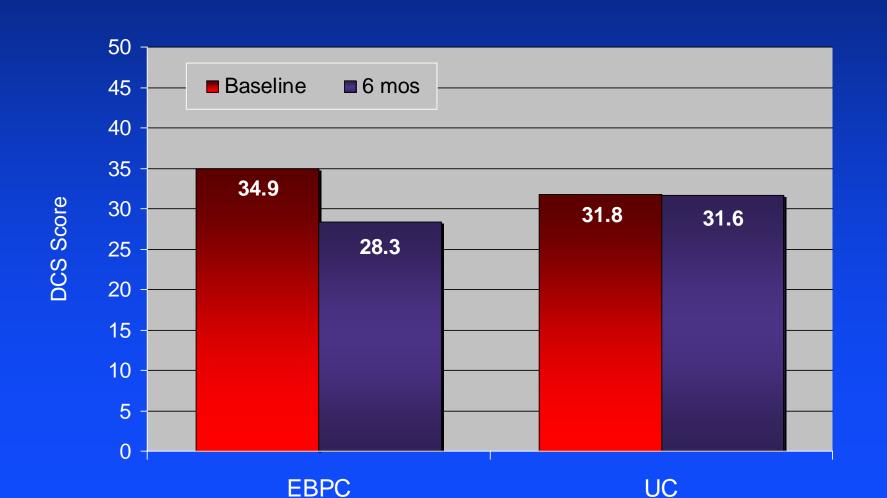
1. Rationale 2. Objective 3. Methods 4. Results 5. Implications 6. Conclusions

## **SF-36 Physical Component Score**

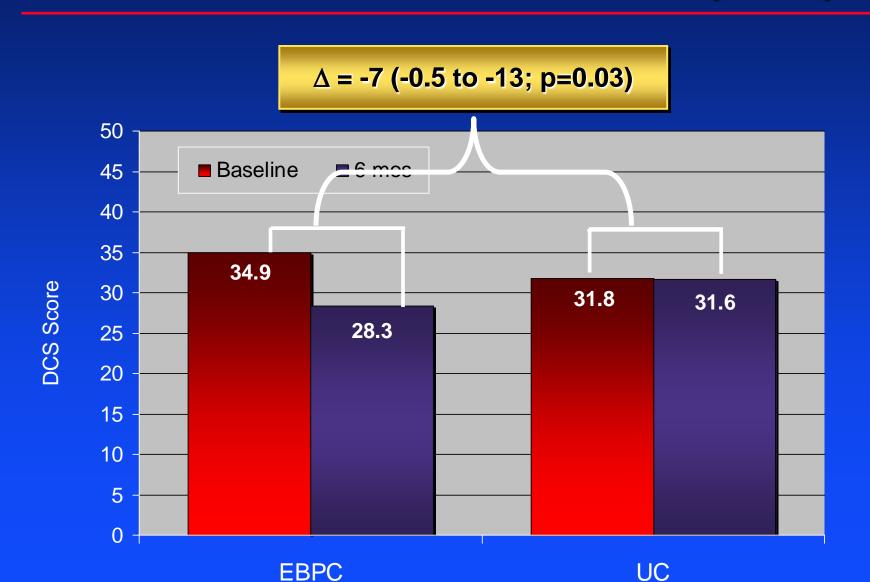


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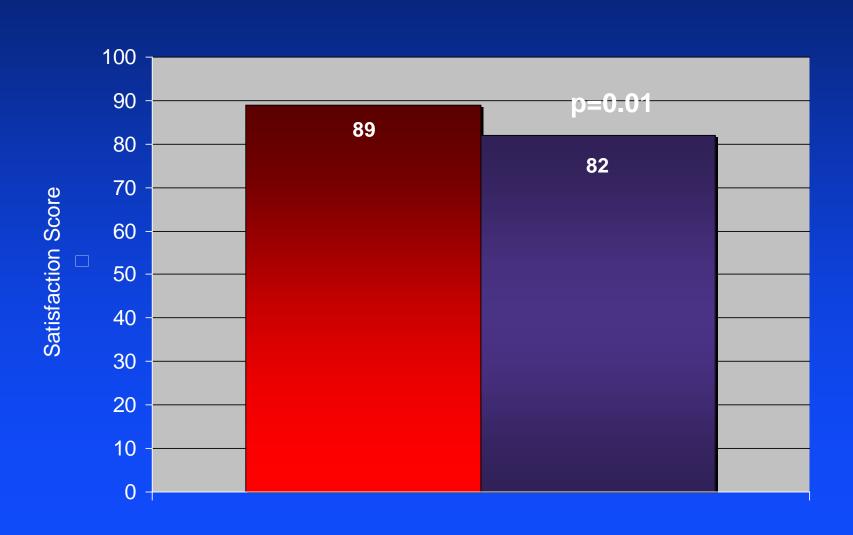
## **Decisional Conflict Scale (DCS)**



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## **Patient Satisfaction with Care**



## **Implications**



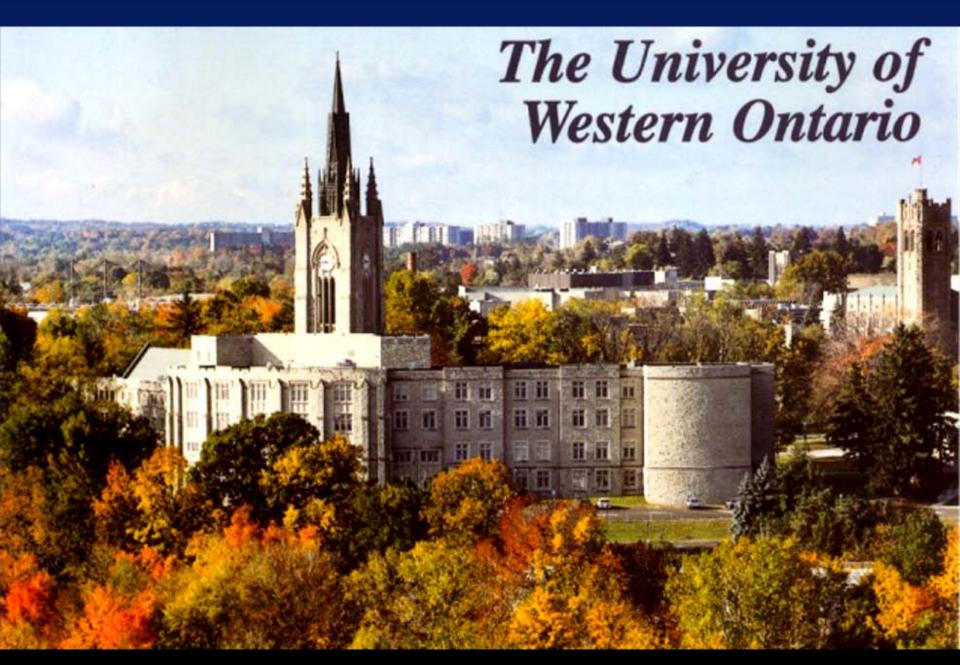
Patients can benefit from weighing the evidence

#### Limitations

- Small study (n=51)
- Short duration (6 months)
- Heterogeneous conditions
- Non-blinded
- Cost-effectiveness unknown

#### Conclusions

- Explicit patient involvement to assess best available evidence for benefits and risks, in the context of individual goals and preferences, did not impact quality of life at 6 months
- However, decisional uncertainty and satisfaction were significantly improved
- Clinical relevance and cost-effectiveness requires further exploration



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strongly agree, agree, neither agree or disagree, disagree, strongly disagree	yes, probably yes, unsure, probably no, no		
	INFORMED SUBSCALE		
I know which options are available to me.	Do you know which options are available to you?		
I know the benefits of each option.	Do you know the benefits of each option?		
I know the risks and side effects of each option.	Do you know the risks and side effects of each option?		
VALUES CLARITY SUBSCALE			
I am clear about which benefits matter most to me.	Are you clear about which benefits matter most to you?		
I am clear about which risks and side effects matter most.	Are you clear about which risks and side effects matter most to you?		
I am clear about which is more important to me (the benefits or the risks and side effects).	Are you clear about which is more important to you (the benefits or the risks and side effects)?		
	SUPPORT SUBSCALE		
I have enough support from others to make a choice.	Do you have enough support from others to make a choice?		
I am choosing without pressure from others.	Are you choosing without pressure from others?		
I have enough advice to make a choice.	Do you have enough advice to make a choice?		
UN	NCERTAINTY SUBSCALE		
I am clear about the best choice from me.	Are you clear about the best choice for you?		
I feel sure about what to choose.	Do you feel sure about what to		

strongly agree, agree, neither agree or disagree, disagree, strongly disagree	yes, probably yes, unsure, probably no, no	yes, no, unsure	
INFORMED SUBSCALE			
I know which options are available to me.	Do you know which options are available to you?	Do you know which options are available to you?	
I know the benefits of each option.	Do you know the benefits of each option?	Do you know the benefits of each option?	
I know the risks and side effects of each	Do you know the risks and side	Do you know the risks and side	
option.	effects of each option?	effects of each option?	
VALUES CLARITY SUBSCALE			
I am clear about which benefits matter most	Are you clear about which benefits	Are you clear about which benefits	
to me.	matter most to you?	matter most to you?	
I am clear about which risks and side effects	Are you clear about which risks and	Are you clear about which risks and	
matter most.	side effects matter most to you?	side effects matter most to you?	
I am clear about which is more important to	Are you clear about which is more		
me (the benefits or the risks and side effects).	important to you (the benefits or the risks and side effects)?		

SUPPORT SUBSCALE			
I have enough support from others to make a	Do you have enough support from	Do you have enough support from	
choice.	others to make a choice?	others to make a choice?	
I am choosing without pressure from others.	Are you choosing without pressure	Are you choosing without pressure	
	from others?	from others?	
I have enough advice to make a choice.	Do you have enough advice to make	Do you have enough advice to make	
	a choice?	a choice?	

	wenter.	wellower.	
UNCERTAINTY SUBSCALE			
I am clear about the best choice from me.	Are you clear about the best choice	Are you clear about the best choice	
	for you?	for you?	
I feel sure about what to choose.	Do you feel sure about what to	Do you feel sure about what to	
	choose?	choose?	
This decision is easy for me to make.	Is this decision easy for you to make?		
-			

EFFECTIVE DECISION SUBSCALE			
I feel I have made a	an informed choice.	Do you feel you have made an informed choice?	
My decision shows	what is important to me.	Does your decision show what is important to you?	
I expect to stick wi	th my decision.	Do you expect to stick with your decision?	
I am satisfied with	my decision.	Are you satisfied with your decision?	

AM O'Connor, User Manual - Decisional Conflict Scale. © 1993 [updated 2005]. Available from www.ohri.ca/decisionaid.

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Does explicit involvement of patients in making decisions for their care (through collaborative assessment of best evidence for benefits and risks to choose the best treatment option in the context of their individual goals and preferences) result in improved quality of life, satisfaction, and reduced decisional conflict/anxiety when compared with usual care?