The DECISIONS study: synopsis of evidence for shared decision-making and quality patient–provider communication

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Abstract

The second column on Evidence-Based Behavioral Medicine (EBBM) has two goals. First, we describe the importance of patient–provider communication and shared decision-making as integral components in EBBM. Second, we provide a synopsis of the DECISIONS study’s findings on patient knowledge and prevalence of decision-making in order to illustrate the role that patient involvement in health care decisions plays in quality health care.

Keywords

Evidence-based behavioral medicine, Shared decision-making, Patient–provider communication

Each decade since 1979, the US Department of Health and Human Services has created national public health objectives focused on disease prevention and health promotion. The objectives were created to meet a broad range of health needs, to encourage collaborations across sectors, and to guide individuals toward making informed health decisions [1]. Patient-centered communication improves shared decision-making between patients and providers, and facilitates opportunities to discuss important medical decisions. Shared decision-making plays an important role in creating the opportunity for patients to make informed medical decisions, specifically through the integration of the best available evidence, practitioner expertise, and other resources, with the characteristics, state, needs, values, and preferences of the patient [2]. In order to understand more about how patients make medical decisions, it is necessary to understand the frequency with which they are faced with these decisions. In addition, the relationship between perceived patient knowledge and measured knowledge in common conditions that require medical decisions is a key to informed decision-making. The DECISIONS study provides important information on patient experiences and patient–provider communication across various common medical decisions [3].

Question: How does a nationally representative sample of patients consider, discuss, and make medical decisions? In addition, how are patients’

Implications

Research: The results of this study will help researchers understand patient/provider relationships in medical decisions in order to inform practice-based research.

Practice: The information from this study illustrates that patients make a large number of medical decisions and think they are better informed than they actually are.

Policy: This study documents that patients have trouble understanding their medical options. They benefit from receiving simpler information in the context of a good provider–patient relationship.

perceptions about how informed they are about common medical decisions related to their knowledge about the decisions?

Objective: To identify decision-making processes and prevalence for nine common medical decisions (blood pressure, cholesterol, depression, colon cancer, breast cancer, prostate cancer, knee/hip replacement, cataract, and lower back pain) and to understand the patients’ perceptions of being informed versus their knowledge regarding common medical decisions.

Design: Computer-assisted telephone interview survey (cross-sectional).

Setting: Nationally representative sample of adults in the US with home telephones.

Participants: Three thousand ten randomly sampled English-speaking adults age 40 and older participated in the telephone survey during 2006–2007.

Measurements: Decision-specific measures on patient knowledge, attitudes, and patient–provider interactions, as well as estimated prevalence of medical decisions (operationalized as the patient being screened, initiated medications, or had surgery within the past 2 years, or having discussed one or more of these decisions with a provider during the same time frame).

Methods: Participants also rated how informed they felt on a scale of 0–10 (from “not at all

informed” to “extremely well-informed”) on their particular medical decision(s) and how confident they were about their decision on a similar 10 point scale.

Main results: Of the target population, 82.2% reported making at least one medical decision in the past 2 years. The proportion of decisions that preceded patient action varied by decision-type (medications (61%), screening (83%), and surgery (44%); $P<0.001$) and by category (blood pressure (76.1%), cholesterol (54.6%), depression (47.6%), colon cancer (75.2%), breast cancer (88.2%), prostate cancer (85.8%), knee/hip replacement (38.4%), cataract (56.9%), and lower back pain (28.3%); $P<0.001$). Knowledge of key decision facts was generally quite poor. Yet, of the participants who made one or more medical decisions in the past 2 years, 36% felt extremely well-informed, 30% felt well-informed, and 33% felt not at all or somewhat informed. Regression analyses showed no relationship between the perception of being extremely well-informed and knowledge scores (OR=0.94, 95% CI 0.63–1.42, $P=0.78$). A positive relationship was found for surgery decisions (OR=3.07, 95% CI 0.90–10.54, $P=0.07$), a negative relationship for cancer screening decisions (OR=0.58, CI 0.33–1.02, $P=0.06$), and no relationship for medication decisions (OR=0.99, CI 0.54–1.83, $P=0.98$). In addition, feeling extremely well-informed for all three decision types was associated with the patient’s trust in the doctor.

Conclusions: Most US adults are faced with making medical decisions that have significant quality of life implications. Unfortunately, most patients making these common medical decisions are not able to accurately perceive how well-informed they are on various conditions requiring a medical decision.

Comment: Patient-centered care requires that patients act as active agents in medical decisions, rather than as objects of care. However, these results show that patients have trouble in accurately appraising their understanding of medical decisions and tend to believe they are well informed [4] despite generally poor knowledge [5]. It is important for providers to continually assess the level of patient understanding regarding these decisions and to communicate information in a way that patients understand [6]. Health literacy among adults in USA is

low and has not significantly changed over the past 10 years [7]. A report from the Institute of Medicine concluded that those with limited health literacy are unable to understand health information and therefore, cannot make appropriate health decisions [8]. Until recently, health care providers have given verbal and/or written instructions to patients as a primary method to activate behavior change whether it is in order to get patients to reduce unhealthy behaviors, manage disease, or adhere to medications. However, most patients do not gain increased knowledge on their medical decisions using this approach [9]. In order to support informed decision-making by patients and allow decision-making to be shared between patient and provider, providers need to be moving toward a patient-centered communication style that continually assesses how well patients understand their medical conditions and their treatment options [4].

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