

Strategies for Implementing Decision Aids in Rheumatology Practice

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The following is an overview of a CIORA-funded study: Barber CEH, Spencer N, Bansback N, et al. Development of an implementation strategy for patient decision aids in rheumatoid arthritis through application of the behavior change wheel. *ACR Open Rheumatol.* 2021; 3(5):312-323. doi: 10.1002/acr2.11250

What Is Shared Decision-making (SDM) and What Tools Are Available to Facilitate SDM? Shared decision-making (SDM) refers to deliberate efforts to involve patients in treatment and healthcare decisions in a way that incorporates their preferences and values.¹ Patient decision aids are tools healthcare providers (HCPs) and patients can use to facilitate SDM.² Effective decision aids have the following features: 1) they explain the decision and the options; 2) they describe the benefits, harms, and uncertainties of the options; 3) they clarify patient values; and 4) they do not promote one option over the others.² Decision aids have been developed to support guideline-based rheumatology care in Canada and elsewhere. However, strategies for their implementation have not been widely investigated.

Objective: The objective of this CIORA-funded study was to identify facilitators and barriers to decision aid use in rheumatoid arthritis (RA) within a behaviour change model to inform an implementation strategy. Using an early RA decision aid, perspectives were obtained from Canadian rheumatology HCPs and individuals living with RA about the facilitators and barriers to decision aid implementation. Data were generated through semi-structured interviews, transcribed, and analyzed by inductive thematic analysis. The lessons learned were developed and mapped to the behaviour change wheel COM-B system (where Capability, Opportunity and Motivation interact to influence Behaviour) to inform elements of an implementation strategy.³

Summary of Study Results: Fifteen HCPs and fifteen patients were interviewed. Five lessons were generated from their shared knowledge. The first lesson is that paternalistic decision-making is a dominant practice in early RA. Second, patient participation in SDM could be facilitated by providing patients with emotional support and access to

educational tools. Next, current care models across Canada present many logistical barriers to decision aid implementation. The fourth lesson is that flexibility is necessary for successful implementation. Finally, HCPs have limited interest in training opportunities about decision aids. Implementation recommendations included the following: 1) provide patients with direct access to decision aids and SDM education; 2) create a SDM rheumatology curriculum for trainees; 3) leverage allied health team members or patient partners as peer support; 4) link decision aids to rheumatology guidelines to drive practice change; and 5) design trials of patient decision aid/SDM interventions to evaluate patient-important outcomes. Overall, a multifaceted strategy is suggested to improve uptake of decision aids.

Where to find out more: The full results of this study have been published in *ACR Open*: see above for citation.

References

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