

Using encounter decision aids to share decisions with women presenting with heavy menstrual bleeding

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Background and aims

Heavy menstrual bleeding impacts women's quality of life and can be treated in a variety of ways. Shared decision-making (SDM) requires providing tailored information to the patient about options and eliciting and integrating patient preferences as treatments are selected. Decision aids used in the clinical encounter may facilitate SDM. We evaluated the impact of introducing encounter decision aids (Option Grid™ decision aid) for women presenting with heavy menstrual bleeding on the level of SDM.

Methods

A before-after study was conducted in a general OB-GYN practice in an academic medical center and two community practices in the United States between December 2014 and May 2015. Consultations were compared before (T1) and after (T2) introduction of two encounter decision aids on treatment options for heavy menstrual bleeding with and without accompanying uterine fibroids. Clinicians participating in the study were offered an interactive and hands-on group training on the use of the encounter decision aids before T2. Immediately after appointments discussing treatment options, patients filled out a brief validated measure (CollaboRATE) of SDM. Additionally, three trained observers rated audio recordings of consultations for SDM using the OPTION⁵ instrument. Based on sample size calculated we aimed to include at least 25 patients before and 25 patients after introduction of the decision aids.

Results

Altogether, 16 providers participated, 25 patients were enrolled in T1, and 28 patients were enrolled in T2. The groups of patients did not differ on demographic characteristics. The proportion of patients reporting SDM increased significantly from T1 (50%) to T2 (75%; $p < 0.05$). The mean observer-rated level of SDM also increased significantly from T1 to T2 (mean difference = 12.50 on a scale of 0-100, where threshold for clinical relevance is 11.9).

Among individual OPTION⁵ items, item 2 (ie. 'The clinician reassures the patient, or re-affirms, that the clinician will support the patient to become informed and to deliberate about the options') increased the least and item 4 (ie. 'The clinician makes an effort to elicit the patient's preferences in response to the options that have been described') increased the most. The overall interrater reliability for all three raters reached an ICC 0.723 (95% CI 0.56-0.83).

Conclusion

Implementation of encounter decision aids for women presenting with heavy menstrual bleeding was associated with a higher level of SDM between women and providers, both from the patient and observer perspective. Given these promising results we encourage clinicians to use these encounter decision aids with their patients. Replicating the study at a larger scale using a randomized design will provide more insight into the feasibility and impact of implementing these tools in routine care.