

415 - Helping people to choose wisely: A pilot study to evaluate methods for shared decision making in populations with different levels of literacy

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BACKGROUND:

To facilitate shared decision-making (SDM), Joseph-Williams et al. (2013) suggest that interventions should be delivered in two stages: 'preparation' followed by 'enablement'. The impact of this staged approach for groups with different levels of health literacy is unknown.

AIM:

To pilot test the relative effectiveness of preparation and enablement interventions, across different health literacy levels, on consumers' a) self-efficacy to ask questions and be involved in healthcare decisions and b) intention to engage in SDM.

METHOD:

Design, setting and participants: Randomised controlled trial in Australian adults aged >18 years, recruited via an online market research company.

Intervention: We developed a video to serve as the preparation intervention and selected the Choosing Wisely Australia® question prompt list (QPL) as the enablement intervention.

Randomisation: Participants were presented with a hypothetical 'back pain' scenario and randomised (by a central computer system) to one of three intervention groups (preparation alone; enablement alone; both interventions), stratified by health literacy.

Primary outcomes: Mean difference (from baseline to follow-up) in self-efficacy to ask questions and be involved in healthcare decisions (adapted from Bandura's self-efficacy theory) and intention to engage in SDM.

RESULTS:

164 of the 189 recruited participants completed the pilot study (87%); 55 randomised to the preparation intervention alone, 58 to the enablement intervention alone; and 51 to both interventions. Participants randomised to the preparation video alone had a significantly greater increase in self-efficacy to be involved in healthcare decisions compared to the QPL alone (3.93 vs -0.80; $p=0.044$). A significant intervention-by-health literacy interaction was observed for intention to engage in SDM ($p=0.025$); for those with adequate HL, the combined intervention yielded the greatest change in intention to engage in SDM, followed by video alone, whereas the QPL resulted in no meaningful change. In contrast, for

individuals with lower HL, the QPL alone demonstrated the greatest change in intention followed by combined intervention, with the video alone resulting in little to no change.

CONCLUSION:

SDM preparation and enablement interventions may have a differential impact across health literacy levels. Data from this pilot study will inform the design of a larger trial to evaluate intervention effectiveness.