Evaluating CollaboRATE in a clinical setting: analysis of mode effects on scores, response rates, and costs of data collection

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Background and aims

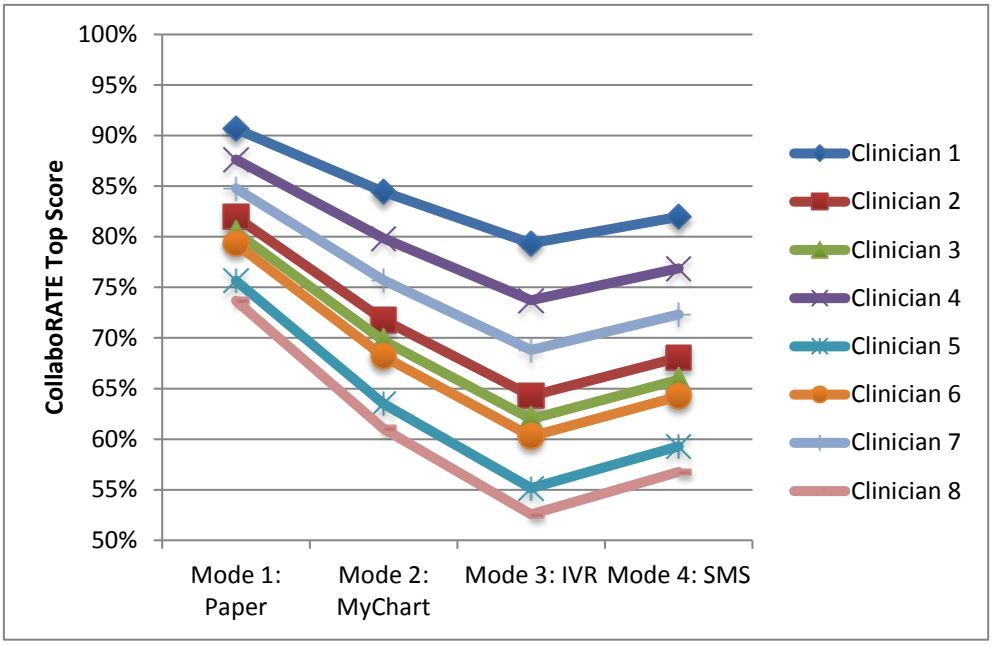
Shared decision making (SDM) has become a policy priority, yet its implementation is not routinely assessed. To address this gap we tested the delivery of CollaboRATE, a 3-item patient reported experience measure (PREM) of SDM, via multiple survey administration modes. Our aim was to assess CollaboRATE response rates and respondent characteristics across different modes of administration, impact of mode and patient characteristics on SDM performance and cost of administration per response in a real world primary care practice.

Methods

The observational study design featured assessment of SDM performance using CollaboRATE in a primary care clinic over 15 months of data collection. Different modes of administration were introduced sequentially including paper, patient-portal, interactive voice response (IVR) call, text message, and tablet computer. All consecutive patients ≥18 years, or parents/guardians of patients <18 years, visiting participating primary care clinicians were eligible to complete CollaboRATE. The CollaboRATE measure assesses three core SDM tasks: (1) explanation about health issues, (2) elicitation of patient preferences, and (3) integration of patient preferences into decisions. Responses to each item range from 0 (No effort was made) to 9 (Every effort was made). CollaboRATE scores are calculated as the proportion of 25 patients who report a score of nine on each of the three CollaboRATE questions. We calculated mean CollaboRATE top scores, response rates, and costs of data collection by mode, in addition to calculating CollaboRATE top scores at the individual clinician level.

Results

There were 4,421 patients who completed the CollaboRATE survey over 15 months of data collection between April 2014 and October 2015, resulting in an overall CollaboRATE top score of 68% for the clinic. Respondents were slightly older than non-respondents across all modes and represented the overall clinic population with regard to gender. Respondents were slightly more likely than non-respondents to be seen for an annual wellness visit in the patient-portal and SMS modes. Scores appeared to be sensitive to mode effects; the paper mode had the highest average score (81%) and IVR had the lowest (61%). However, relative clinician performance rankings were stable across the different data collection modes – as shown in figure. Tablet computers administered by research staff had the highest response rate (41%), although this approach was costly ($ per completion). The lowest response rate was associated with administration of the survey by clinic staff at exit (12%).



Conclusion

CollaboRATE can be introduced using multiple modes of survey delivery and has produced consistent clinician rankings. This may allow routine assessment and benchmarking of clinician and clinic SDM performance.