

similar and variation in **CollaboRATE** scores was observed across clinicians. Overall **CollaboRATE** scores were lower when collected via patient portal, suggesting a possible delivery mode effect. Understanding the challenges and impact of different forms of survey delivery will help guide future measurement implementation efforts in the field of SDM.

### From Bariatric Surgery to Vasectomy: How Much Shared Decision Making Takes Place in Routine Health Care?

Rachel Thompson<sup>1</sup>, Alan Nye<sup>2</sup>, Emma Walker<sup>2</sup>, Glyn Elwyn<sup>1</sup>

<sup>1</sup>Dartmouth College, NH, United States of America

<sup>2</sup>Advancing Quality Alliance (AQuA), England, United Kingdom

#### Background and Aims

There is limited evidence on the prevalence of shared decision making in routine health care, due in part to an historical paucity of valid and scalable measurement tools. We sought to address this gap in knowledge by examining patterns of shared decision making across diverse clinical settings in England, as reported by patients. We also sought to examine associations between shared decision making and both patient characteristics and patient decisional conflict.

#### Methods

A one-page paper survey was administered to patients on exit from the clinical encounter in 27 clinical teams in England. The survey contained CollaboRATE, a three-item measure of shared decision-making; SURE, a four-item measure of decisional conflict; and items assessing patient age, gender, educational attainment, and language spoken at home. Additionally, the clinical team and appointment date were recorded on each completed survey by a staff member. In each clinical team, the survey was administered for up to one year, with periodic data feedback provided to stimulate learning and practice improvement.

#### Results

Altogether, 5167 patients responded to the survey and provided complete data on CollaboRATE. At the outset of the project, the proportion of patients in each clinical team that reported shared decision making ranged from 4.0% to 96.0%. At the end of the project, the proportion ranged from 40.0% to 100.0%. The presence of shared decision making was associated with patient age, educational attainment, and language spoken at home, but not with patient gender. The presence of shared decision making was also associated with lower rates of patient decisional conflict.

#### Conclusion

This implementation study demonstrates the feasibility of assessing shared decision-making in routine health care if care is taken to choose suitable measures. The findings show that there is considerable variation in the level of shared decision-making across experienced by patients receiving care from different clinical teams in England. The findings also highlight that providing feedback on

patients' experiences of shared decision-making, together with complementary training and support, has potential to stimulate improvements in shared decision-making.

## ORAL 19 – Integrated Session: Respiratory Disease

### Shared Decision Making for Acute Respiratory Infections in Primary Care: A Cochrane Systematic Review and Meta-analysis

Mr Peter Coxeter<sup>1</sup>, Professor Chris Del Mar<sup>1</sup>, Dr Leanne McGregor<sup>2</sup>, Ms Elaine Beller<sup>2</sup>, Associate Professor Tammy Hoffmann<sup>1,3</sup>

<sup>1</sup>Centre for Research in Evidence-Based Practice, Bond University., <sup>2</sup>Centre of National Research on Disability and Rehabilitation, Griffith University, <sup>3</sup>School of Health and Rehabilitation Sciences, The University of Queensland.

#### Introduction/Aim

Shared decision making is an important component of patient-centred care, and encompasses a set of communication and evidence based practice skills that elicits patients' expectations and clarifies any misperceptions, and discusses the best available evidence for benefits and harms of treatment. Acute respiratory infections are one of the most common reasons for consulting in primary care. Antibiotics are frequently prescribed despite offering marginal benefits, exposure to possible harms, and contributing to antibiotic resistance. We aimed to assess whether shared decision making reduces antibiotic over-prescribing for ARIs in primary care.

#### Methods

We searched electronic databases (CENTRAL, MEDLINE, Embase, Web of Science); and other published, unpublished or ongoing trials by searching bibliographies of published articles, personal communication with key trial authors and content experts, and trial registries (National Institutes of Health, World Health Organization). Randomised controlled trials (RCTs) which evaluated the effectiveness of shared decision making (as the focus or a component of the intervention) in reducing antibiotic prescribing for ARIs in primary care were eligible for inclusion. Two review authors independently extracted and collected data. Antibiotic prescribing was the primary outcome, and secondary endpoints included re-consultations, hospital admissions, mortality, and patient satisfaction. We assessed the risk of bias of all included trials.

#### Results

Ten published reports of 9 original RCTs were eligible for inclusion. Meta-analysis was conducted using a random effects model and heterogeneity formally assessed. Shared decision making significantly reduced antibiotic use for ARIs in primary care compared with usual care (OR 0.44; 95% CI (0.25 to 0.74); RR 0.62; 95% CI (0.46 to 0.83; MD -10.60; 95% CI (-18.96 to -2.33)). Reductions in antibiotic prescribing occurred without increase in