Right For Me: Results of a Cluster Randomised Controlled Trial of Two Interventions for Facilitating Shared Decision-Making about Contraceptive Methods

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Background and Aims

In contraceptive care, shared decision-making represents a potential strategy for promoting health while preserving patient autonomy. Despite this, there remains a paucity of evidence on how to facilitate its adoption. Our multi-disciplinary team of scientists, clinicians, patient partners, and other stakeholders are seeking to assess the comparative effectiveness of patient- and provider-targeted interventions for facilitating shared decision-making about contraceptive methods in the health care visit.

Methods

We are conducting a 2x2 factorial cluster randomised controlled trial of two interventions. The first is a brief video and prompt card intended to be viewed by patients immediately before the visit that encourages them to ask providers three specific questions: (1) *What are my options?* (2) *What are the pros and cons of those options?* and (3) *How likely are those pros and cons to happen to me?* (Shepherd et al., 2016). The second is a set of seven one-page decision aids on contraceptive methods intended to be used by providers with patients during the visit, along with a five-minute training video and written guidance. The clusters are 16 primary care and reproductive health care clinics in the United States that deliver contraceptive services. Clinics were assigned to trial arms using stratified permuted-block randomisation with an equal allocation ratio, with strata based on clinics' pre-trial level of shared decision-making about contraceptive methods. Participants were people who had completed a visit at a participating clinic, were assigned female sex at birth, were aged 15 to 49 years, could read and write English or Spanish, and had not participated in the study previously. We collected study data via patient surveys administered immediately, four weeks, and six months after the visit. The primary outcome was shared decision-making about contraceptive methods and was assessed immediately after the visit using the three-item CollaboRATE measure. Secondary outcomes also assessed immediately after the visit were the occurrence of a conversation about contraception, satisfaction with the conversation about contraception, intended contraceptive method(s), intention to use a highly effective contraceptive method, and values concordance of the intended contraceptive method(s).

Results

Data collection on outcomes assessed immediately after the visit was completed in late 2016. Altogether, 1691 eligible participants provided data during a three-month pre-trial phase of data collection. A further 3347 eligible participants provided data during the six-month trial. Of trial participants, 2802 provided data on the primary outcome of shared decision-making about contraceptive methods. Analysis of the effect of trial arm on shared decision-making and other outcomes assessed immediately after the visit is underway.

Conclusion

The findings of this study will shed important light on the comparative effectiveness of patient- and provider-targeted interventions for facilitating shared decision-making about contraceptive methods in the health care visit. [ClinicalTrials.gov Identifier NCT02759939]