



Barriers and Facilitators to Shared Decision-Making Implementation in the Management of Esophageal Disease: A Mixed Methods Study

Sudharshan Achalu¹, Rani Berry¹, John O. Clarke¹, George Triadafilopoulos¹, Afrin Kamal¹



¹Stanford University, Stanford, CA

INTRODUCTION

Shared decision-making (SDM) is a model in which properly informed patients partake in active medical decision-making as physicians incorporate patient goals/preferences. To increase acceptance and implementation, we must first explore physicians' views on SDM.

AIM To explore gastroenterologists' perspectives on the barriers/facilitators to SDM implementation when managing esophageal disease.

METHODS

- Surveys and semi-structured interviews were conducted with a national panel of (n=32) mostly academic gastroenterologists focusing on esophageal disease, recruited from Esophageal Virtual Collaborative
- Half of the panelists (n=16) were invited for interviews to explore barriers (e.g., factors inhibiting) and facilitators (e.g., factors promoting) to SDM implementation
- An Interview Guide was created from literature review
- Interviews were recorded, transcribed, and coded independently by 2 coders with aim for strong inter-rater reliability (Cohen's Kappa).
- The Theoretical Domain Framework (TDF) was applied for analysis to identify barriers/facilitators to SDM implementation

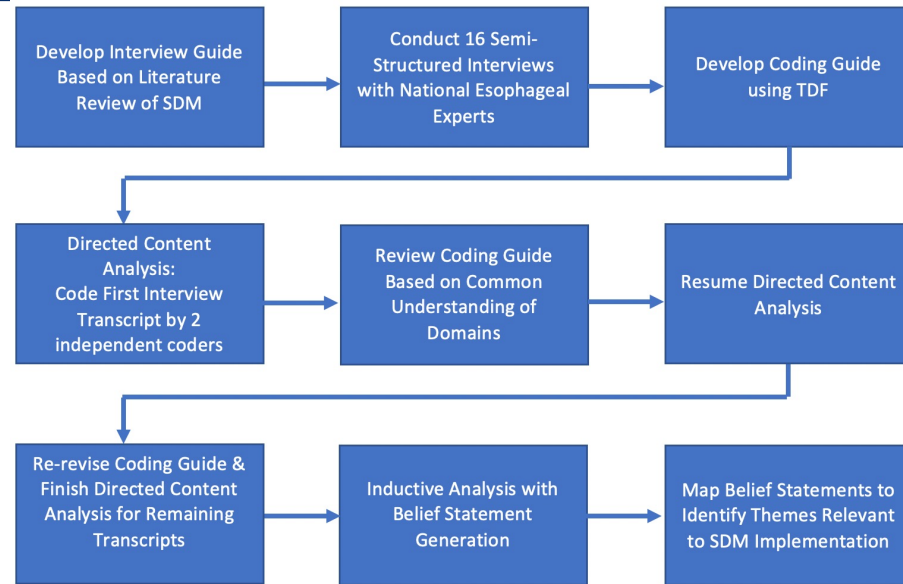


Figure: Flow chart illustrating the qualitative process of analysis using Theoretical Domain Framework; Directed Content Analysis with strong inter-rater reliability (Cohen's Kappa = 0.77)

RESULTS

- Survey Results** - Majority agreed in the promotion of SDM especially when the patients' symptoms are severe (75.8%) and that the use of partnership building language is essential to SDM (72.7%).
- Most relevant TDF domains** to barriers and facilitators: 1) Environmental context and resources; 2) Memory, attention, and decision processes; 3) Knowledge; and 4) Skills.
- Most common beliefs on barriers to SDM:** 1) Low patient health literacy; 2) Clinic time constraints; 3) Patient fear/anxiety
- Most common beliefs on facilitators of SDM:** 1) Physician communication skills (e.g., joint discussion of treatment options); 2) Communication aids (e.g., Question Prompt Lists); and 3) Illustrations (e.g., diagrams) to improve understanding

CONCLUSIONS

- We identified gastroenterologist perspective on barriers/facilitators to SDM implementation when managing esophageal disease.
- This early data will help design studies/strategies to guide behavior change interventions.

Barriers / Facilitators	Theme	Beliefs	Corroborating Interview Quote
Barriers	Time	I believe time constraints in clinic are a barrier to SDM	"I imagine, probably the biggest barrier is time. It's a lot easier to just tell a patient what to do. I mean if I just tell them, you know you're going to take a PPI, now goodbye, that takes about 10 seconds. If I lay out every option and explain all the pros and cons of every option. the adverse effects and possible drug interactions and implications of everything, that will take more than 30 minutes."
	Patient Characteristics	I believe low patient health care literacy is a barrier to SDM	"I think the biggest barriers are really trying to break down complex medical pathology and tests for a lay person with various ranges of medical literacy and insight. So, trying to make patients exactly understand what the options are for testing and treatment is always the challenge."
	Patient Characteristics	I believe patient fear/anxiety is a barrier to SDM	"There are patients who are just intimidated by the medical personnel and environment, and they just don't feel comfortable asking questions, mostly because of their insecurities or fearful of portraying that they do not understand."
Facilitators	Physician Communication	I believe drawing diagrams with images facilitates SDM	"I'll try to maximize their understanding, asking if they have questions, at multiple points along the way, and stopping to do that. I think diagrams are helpful as well. When we're talking about shared decision-making, graphics can be helpful in ensuring that patients understand options and complex treatments"
	Physician Communication	I believe the use of question prompt lists (QPL) facilitates SDM	"I think that this absolutely has the potential to be effective, particularly for people with limited healthcare literacy, or for those who with new diagnosis, [or] for those who have not previously searched the Internet. I think that QPLs are really helpful because they allow patients to think and focus on the disease and their symptoms that matter to them the most."
	Physician Communication	I believe informing patients about treatment options facilitates SDM	"First part of SDM is to explain thoroughly the disease process to the patient, so they understand to some degree the pathophysiology and why the available treatments could be effective. I think it's important to go through all the risks and benefits of each of those treatment proposals. And then it's important to ask the patient what they think about the various decisions."

Table: Overview of gastroenterologist interview quotes with corresponding themes/beliefs about barriers & facilitators to SDM implementation when managing esophageal disease.

REFERENCES

- Atkins L, Francis J, Islam R, et al. A guide to using the Theoretical Domains Framework of behaviour change to investigate implementation problems. *Implementation Sci.* 2017;12(1):77. doi:10.1186/s13012-017-0605-9