PROJECT INFORMATION

September 2018

Shared Decision Making Coaching for Behavioral Health Providers and Patients

Principal investigator

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Organization

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What was the research about?

Shared decision making, or SDM, is a process in which patients and doctors work together to make healthcare decisions. SDM may improve the quality of care a patient receives. But it isn't common in behavioral health care, which supports mental, emotional, and social well-being.

The research team wanted to improve the level of SDM and quality of care for patients receiving behavioral health care. They offered training for behavioral health providers on skills related to SDM. The team also offered training for patients on taking an active role in their care.

What were the results?

In recorded clinic visits with patients, providers who took the training scored better on a measure of SDM than those who didn't take the training. Providers who went to more training sessions scored better than providers who went to fewer sessions.

Patients who had the training rated the quality of their care higher than patients who didn't have training. Patients who had more training sessions rated the quality of care higher than patients who had fewer sessions. When both providers and patients had the training and went to more sessions, patients rated the quality of care even higher.

Who was in the study?

The study included 74 behavioral health providers, such as therapists and social workers. Of these providers, 58 percent were white, and 76 percent were

women. Providers worked at health clinics in Massachusetts.

The study also included 312 patients receiving care from the providers in the study. Of these patients, 36 percent were non-Latino white, 11 percent were non-Latino black, 11 percent were Asian, and 42 percent were Latino. In addition, 68 percent of patients were women.

What did the research team do?

The research team assigned providers to one of two groups by chance. One group had a 12-hour, in-person training program about how to work with patients to make treatment decisions. During the program, trained coaches used lectures, videos, and role-playing to teach providers about SDM. In addition, coaches offered providers up to six training sessions on SDM. Coaches also gave providers feedback about their SDM skills using one or two recorded patient visits. For the other group of providers, the team recorded patient visits but didn't offer training or feedback.

Also in this study, the research team assigned patients to one of two groups by chance. One group received three training sessions on talking with their providers about treatment. Each session lasted one hour. The other group received no training.

To measure SDM, the research team listened to audio recordings of clinic visits. Providers and patients also filled out surveys about SDM after the visit. Patients filled out surveys about quality of care at the start of the study and again one to two and four to six months later.

The research team looked at whether the number of training or coaching sessions attended improved providers' SDM skills or changed how patients perceived the quality of care.

What were the limits of the study?

Providers who joined the study were those who were interested in taking part in a workshop or training. Most providers in the study were women. Results may be different for male providers. Future studies could

test the training with providers from different backgrounds.

How can people use the results?

Behavioral healthcare centers can use these results when thinking about whether and how to train providers and patients to improve SDM and the quality of care.

To learn more about this project, visit www.pcori.org/Alegria153.