PROJECT INFORMATION

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Training Staff at Doctors' Offices to Use Shared Decision Making with Patients Choosing Asthma Treatments

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 work with their doctors to select treatments based on what's most important to them. Doctors and patients discuss information about the health problem, treatment options, and what patients prefer.

The research team created two different training programs to help doctors and their staff use SDM with patients who have asthma:

- **Twelve-week training session.** A trainer visited doctors' offices one hour each week for 12 weeks to teach SDM. Trainers worked with the doctors' offices to customize the process for each office. After a year, the trainer did a refresher class.
- **One-hour training session.** A trainer visited doctors' offices once for one hour to teach SDM. The trainer didn't customize the SDM process for these offices.

The research team looked to see if patients felt more involved in decisions about their care after their doctors' offices took part in training. The team also compared the two groups of doctors' offices that got training with each other and with a group of offices that didn't get training.

What were the results?

Patients whose doctors' offices had the 12-week training program felt more involved in making

treatment decisions than patients whose doctors' offices had the one-hour training.

The three groups didn't differ in how often patients with asthma went to the emergency room, were admitted to the hospital, or got a steroid prescription.

Who was in the study?

The study included 30 doctors' offices across North Carolina.

What did the research team do?

The research team assigned each of the doctors' offices by chance to receive one of the two kinds of training or no training. Then, the team surveyed 1,228 patients with asthma who got care at doctors' offices that had trainings. Surveys asked patients how involved they felt in decisions about their asthma treatment.

The team also looked at health records for 6,274 patients with Medicaid across all the doctors' offices. They checked how many times the patients' asthma led to emergency room visits, hospital stays, or steroid prescriptions.

Patients, caregivers, Medicaid health insurers, and staff from asthma advocacy organizations helped the research team design, plan, and conduct the study.

What were the limits of the study?

A Medicaid asthma program may have helped to improve how often patients had asthma problems in all three groups during this study.

The research team didn't collect patient surveys at doctors' offices that didn't have the trainings. The team doesn't know how SDM for these patients compared with patients at the offices that had trainings. The team doesn't know if patients who filled out the surveys had SDM during their doctors' visits or if patients filled out the surveys more than once.

Future research could look more closely at patients who have SDM during their doctors' visits to compare the effect of the training programs on these patients' involvement in decisions.

How can people use the results?

Doctors' offices can use the results as they consider how to help doctors and their patients with asthma use SDM.

To learn more about this project, visit www.pcori.org/Tapp165.