Patient-Centered Care Project (PC Care Project): Project Summary

Investigator(s):
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Research question(s):
Will teaching patients – via a computer-based program – to ask clinicians about the benefits, risks, and alternatives of a recommended procedure or treatment result in increased patient participation in medical decisions?

Brief Background/Significance:
The goal of this research is to increase patient informed decision making (IDM) and patient participation in health care decisions (shared decision making (SDM)). A typical approach to enhancing IDM and SDM is to provide patients with condition-specific education and tools after they have developed a preference-sensitive condition. However, limitations of this approach include missing many patients before they make a decision, and overwhelming patients with concepts that require health literacy and proficiency in numeracy. In an ideal world, the potential benefits, harms and alternatives of all health care decisions would be transparent to patients—who would actively participate and take ownership of their health care. We propose to develop a patient-facing, computerized educational module that patients will complete prior to outpatient visits.

Inclusion Criteria:
* Patients:
  a. Adult men and women aged 50-70 and eligible for colon cancer screening.
  b. First time patients at the primary care clinic, 1701 and/or 1545 Divisadero practice.
  c. Receiving care from a select number of clinicians (to insure that we have 10+ patients per provider).

Exclusion Criteria:
* Patients:
  a. Unable to speak, read, or answer written questions in English.
  b. Unable to spend up to 10 minutes in the clinic waiting room (in the opinion of front desk staff or the patient) because of urgent or unstable medical condition. This will be determined by the front desk staff according to their usual check-in procedures, without imposition of additional screening or triage steps by the research team.
  c. Unable to spend up to 10 minutes in the clinic waiting room (in the opinion of front desk staff or the patient) by virtue of being called immediately to see a clinician.
  d. Any other medical or psychiatric condition that, in the opinion of the investigators or the clinical research coordinator, might interfere with the patient’s ability to engage with the module.
  e. For pre-test component only, lack of access to, or ability to engage with, the internet.
  f. Clinicians: Attend fewer than 2 sessions of clinic per week.

Method of contact/recruitment
* Patients: Prospective participants will be identified by reviewing new patients
scheduled for an upcoming appointment with an eligible provider, and who meet inclusion criteria above. Eligible patients will be contacted by phone by Dr Ackerman prior to their initial clinic visit. Dr Ackerman will briefly describe the project.

Clinicians: Clinicians with 5 or more patients participating in the study will be sent an email describing the study, and will also be contacted by phone by a researcher.

Benefits/burden for participants
Benefits include greater understanding about participating in their health care decisions. Potential harm includes cognitive dissonance about what role they should play if we are not successful in communicating our message.

Any benefits or burden to DGIM practitioners?
Benefits include having patients who are informed and activated to participate in their health care decisions. This may make discussion of preventive health services and patient-preference sensitive conditions easier for the practitioners. Alternatively, practitioners may find that patients ask too many questions, or request information they can’t provide, leading to frustration with the program and disharmony within the doctor-patient relationship.

Timeline for recruitment (projected start and stop dates)
April 15 – October 30, 2011

Funding source
Foundation for Informed Decision Making

Potential for DGIM collaborators?
Any and all are welcome!

Do you agree to notify us when recruitment is completed?
Yes

Date form completed
March 8, 2011