Patient Expectation Questionnaires and Shared Decision-making as Methods to Reduce Inappropriate Antibiotic Prescribing for URIs

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Introduction

Objectives

- Describe a pilot study of patient expectation questionnaires
- Highlight an HRSA faculty development project as a precursor for a successful research career award
- Describe progress of the research career award

Background

- 40-60% of antibiotics for URIs are unnecessary
- Physician misperceptions about demand for antibiotics result in unnecessary prescribing
- Both Patient Expectation Questionnaires and Shared decision-making (SDM) elicit patient expectations explicitly
- By eliciting expectations, each method may reduce inappropriate antibiotic prescribing

Patient Expectations Questionnaire Pilot
HRSA D15-PE050097

Objective

- Evaluate the feasibility and utility of pre-visit patient expectations questionnaires in a variety of primary care settings

Methods

Sample
- Forty-seven patients with URIs seen by 4 primary care physicians

Data collection
- Patient demographic data as well as pre-visit expectation questionnaires from intervention group patients
- Post-visit interviews assessed patients' self-reported diagnoses and questionnaire utility
- Physicians assessed utility of the questionnaire at study conclusion

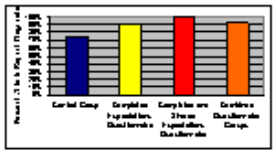
Intervention
- Completion of the pre-visit expectations questionnaire
- Sharing of the completed pre-visit expectations questionnaire with the physician

Analysis

- Descriptive statistics included means and percentages
- Chi-square test for trend

Results

- Continued use of the questionnaire was recommended by 93% of patients
- Physician comments supported the questionnaire's utility as well
- Patients completing the questionnaire trended toward being more likely to be able to report their diagnoses compared to control group patients (RR=3.4, p=0.11)



Conclusions and Implications

- Patients and physicians found sharing of patient expectations through patient questionnaires to be feasible and useful
- Sharing of patient expectations through patient questionnaires may enhance patients' understanding of their diagnoses

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Shared Decision-making and Inappropriate Antibiotic Use
AHRQ K08-HS13183-01

Project Objectives

Phase I Objective

- To develop a measure of SDM for use in pediatric acute care

Phase II Objective

- To use the developed measure to examine the relationship between SDM and rates of inappropriate antibiotic prescribing for URIs

Phase I Methods

Data

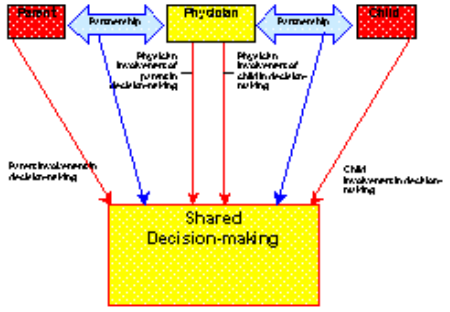
Sample
- 100 children's acute care visits to 7 family physicians and 8 pediatricians

Data collection
- Videotapes of 100 children's acute care visits
- Demographics from child and parent
- Physician practice and personal characteristics

Instrument Development Strategy

Definition
- SDM occurs when the physician and patient share all decision-making steps simultaneously, with a two way exchange of information and preferences as well as agreement on the decision to be implemented

Model



Measures
- Physician involvement in decision-making coded with OPTION instrument
- Parent and child involvement in decision-making coded with adapted OPTION instrument
- Partnership for physician-child and physician-parent coded with Roter Interaction Analysis System (RIAS)

Analysis

- Confirmatory Factor Analysis (CFA) for the four measures of SDM and the 2 measures of partnership

Project Progress

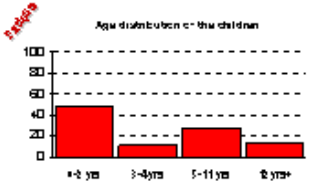
Data Collection

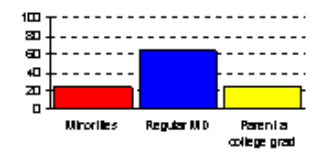
- MD recruitment completed and 90% videotapes collected
- 90% of videotapes RIAS coded

Results

Physicians
- Practice experience range of 0.5-28 yrs
- 31% minorities

Subjects





Next Steps

- Assess partnership by coding physician-child-parent communication during the clinical visit using RIAS
- Code physician, parent, and child participation in the decision-making process using the OPTION rating scale
- Confirm reliability and validity of these measures using CFA
- Design Phase II study including survey instruments