‘A Tale of Two Clinics’: Implementing a patient decision aid at two public health clinics in Malaysia

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Background and aims
Patient decision aids are effective tools in engaging patients in shared decision making (SDM). However, its implementation remains variable across different settings. In Malaysia, several patient decision aids (PDAs) have been developed to promote SDM; however, implementation of these PDAs remains fragmented. This study aimed to compare the views of healthcare professionals (HCPs) from two public health clinics regarding implementation of a diabetes PDA. Both clinics are under the Ministry of Health and they have similar diabetes policies, staff composition, resources and facilities.

Methodology
A qualitative methodology was used to explore the HCPs’ views. The two clinics were located in Kuala Lumpur, the capital of Malaysia, and they were sampled purposively to represent different patient profiles in terms of ethnicity, language and socio-economic status. A total of eight in-depth interviews and one focus group discussion were conducted with family medicine specialists (n=2), doctors (n=4), nurses (n=5) and pharmacists (n=2) between July and August 2016. The interviews were conducted with the aid of a semi-structured interview guide. They were audio-recorded, transcribed verbatim and analyzed using thematic analysis. The transcripts of each clinic were analysed separately and the themes were constantly compared to identify similarities and differences in the PDA implementation between the two clinics.

Results
The study found three themes that contrasted the distinct challenges faced by ‘A’ and ‘B’ Clinics: health literacy, language, leadership, and staff motivation.

In ‘A’ Clinic, the HCPs felt that implementing the PDA might be challenging because most patients were elderly with low literacy and they tended to rely on others such as the doctors or family members to make health decisions for them. In addition, majority of the patients were Chinese-speaking while most of the HCPs were non-Chinese and could not communicate with patients in their preferred language. This made implementing the PDA challenging as it required effective communication to delivery SDM.

On the other hand, healthcare professionals in ‘B’ Clinic did not perceive health literacy and language as barriers to implementing the PDA as most of their patients were educated and could speak either English or Malay fluently. The patients in this clinic were more empowered and would like to be more involved in decision making. However, ‘B’ Clinic management did not consider diabetes as their clinic’s health priority. There was a lack of diabetes champion in ‘B’ Clinic and, as a result, the diabetes team, though in place, was less motivated to implement the PDA.

Both clinics viewed top-down approach as effective to implement the PDA; according to the HCPs, this approach had been used successfully to implement other projects previously.

Conclusion
This study identified important factors such as patient profile and leadership, which could influence the outcome of the implementation of PDAs in the Malaysian public primary care setting. This has significant implication as the Ministry of Health is currently finding effective strategies to implement patient-centred interventions, particularly in chronic disease management.