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What should be considered when implementing a patient decision support intervention?: Policy makers' and healthcare providers' views

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Objective: This study aimed to explore factors influencing the implementation of an insulin patient decision aid (iPDA) in an academic primary care clinic in Malaysia from the perspectives of policy makers and healthcare providers (HCPs).

Methodology: Qualitative approach was utilized for this study. Nine in-depth interviews and three focus group discussions were conducted with policy makers (n=6), doctors (n=13), diabetes nurse (n=4) and staff nurses (n=2) from a teaching hospital. The interviews were conducted with the aid of a semi-structured interview guide and later audio-recorded, transcribed verbatim and analyzed using thematic approach. Data collection was carried out from December 2015 to March 2016.

Results: Five themes emerged and they were: role perception in implementing the iPDA among stakeholders, iPDA delivery pathway and follow up, shared decision making culture, time and reminder network. The individual role of doctor, nurse, diabetes nurse, pharmacist and higher authority in the implementation of iPDA were highlighted. Doctor was felt to be the key person to introduce or use the iPDA with patients while nurses did not view that the use of the iPDA with patients to be their task. The current delivery pathway of the iPDA was a challenge for implementation due to lack of accessibility to and delivery of the iPDA. Furthermore, the lack of continuity of care resulted in doctors being unable to follow up on using the iPDA with their patient. The lack of shared decision making, HCPs' paternalistic attitude and patients' submissive behavior rendered shared decision making challenging and might affect the implementation of the iPDA. Time was the most commonly cited barrier for iPDA implementation, but iPDA use could also potentially reduce consultation time. Reminders could facilitate the implementation of the iPDA in the clinic by having peers (HCPs) reminding one another to use the iPDA, or incorporating it into clinic systems, such as prompts in electronic medical records, putting up posters or notices and making the iPDA available and visible in the consultation room to help HCPs remember to use the iPDA with their patients.

Conclusion: There is a need to consider all the relevant factors highlighted when implementing the iPDA in primary care clinic for effective implementation of the iPDA.