



# A TALE OF TWO CLINICS



## Implementing a Patient Decision Aid at Two Public Health Clinics in Malaysia

Chirk Jenn Ng<sup>1</sup>, Wen Ting Tong<sup>1</sup>, Yew Kong Lee<sup>1</sup>, Ping Yein Lee<sup>2</sup>

Email: ngcj@um.edu.my

<sup>1</sup>Department of Primary Care Medicine, University of Malaya, Kuala Lumpur

<sup>2</sup>Department of Family Medicine, Universiti Putra Malaysia, Serdang, Malaysia

### Background

- 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.

### Aim

- This study aimed to compare the views of healthcare professionals (HCPs) from two public health clinics regarding implementation of an insulin PDA.

### Methodology

- Qualitative study design.
- Two public health clinics with different patient profiles and diabetes management approaches were purposively sampled.
- Eight in-depth interviews (IDI) and one focus group discussion (FGD) were conducted. Two policy makers, 4 doctors, 2 pharmacists, 1 diabetes educator (DE) and 4 staff nurses (SN) were interviewed using a semi-structured interview guide developed based on the Theoretical Domains Framework (Cane et al., 2012).
- The interviews were audio-recorded, transcribed verbatim and analyzed using thematic analysis.

#### Clinic A - Suburban

- **Patients:** Predominantly Chinese, elderly, lower socio-economic status and less educated.
- **Diabetes Team:** One family medicine specialist, 1 doctor, 1 DE and 4 SNs and 1 dietician.

#### Clinic B - Urban

- **Patients:** Predominantly Malays, from middle socio-economic status and educated.
- **Diabetes Team:** Six doctors, 1 DE, 2 SNs, 1 medical assistant, and 1 visiting dietician.

### RESULTS

#### Theme 1: Health literacy

In Clinic A, the HCPs felt that implementing the PDA might be challenging because most patients were elderly with low literacy.

*"They won't read because most of our patients here are elderly. They can't read". FGD\_Staff nurse 1\_1 year at clinic*

#### Theme 2: Language

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 deliver SDM.

*"Language barrier. If I'm educating a Chinese patient, I might not be able to understand. So I probably need to use an English PDA to explain to the patient who uses the Chinese PDA". - IDI\_Doctor\_10 years at clinic*

#### Theme 3: Patient empowerment

Majority of the patients in Clinic A rely on their doctors and family members to make health decisions for them.

*"Shared decision making is letting the patient make the decision themselves, but our patients of the older generation, they rely on doctors to decide for them, so this will be a big change for them. So far here, I've not come across anyone who says, "Ok doctor I will do this, I will think over it and decide". IDI\_Healthcare policymaker\_1 year at clinic*

#### Theme 4: Leadership and staff motivation

Clinic A has a dedicated diabetes team. Staff training, empowerment and acknowledgement will motivate the staff to implement the PDA.

*"I think they are willing to do (implement the PDA), our diabetes team is very dedicated [laugh]. They want to try something new". IDI\_Family medicine specialist\_3 years at clinic*

### RESULTS

#### Theme 1: Health literacy

As most of the patients were educated, health literacy was not felt to be a barrier to implementing the PDA.

*"But with this PDA, provided they are literate and patients has to be educated. But most of our patient here are educated". - IDI\_Doctor\_6 years at clinic*

#### Theme 2: Language

Language was not raised as a barrier to implementing the PDA as most of their patients could speak either English or Malay fluently and there is multi-ethnic staff composition in the clinic who could help with translation.

*"Sometimes the patient wants to speak in their mother-tongue, so it's fine because we can call on staff who can speak that language to explain the PDA to them." - IDI\_Pharmacist\_3 years at clinic*

#### Theme 3: Patient empowerment

The patients in Clinic B appeared to be more empowered and more likely to be involved in decision making. The credibility of the PDA would be an important criterion that the patients would consider as some participants noted that some patients would actually look at the rank of the doctors when seeking consultations.

*"Patients will look at that first (credibility of the PDA). Even with us, patients will come and look at your grade, you are U44, and so you are very new? Can I see more senior doctor?". IDI\_Doctor\_6 years at clinic*

#### Theme 4: Leadership and staff motivation

Based on researchers' observations and interview reflections, it appeared that diabetes may not be the clinic's health priority. The key focus is on another health area. One participant voiced that for insulin PDA to be successfully implemented, it would depend on the diabetes lead in the clinic. The participants highlighted that some staff did not like to spend time talking to patients and preferred patients to read themselves. Furthermore, the nurses on rotation to run the diabetes clinic might not see PDA to be their job.

*"The staff nurse would not think it's their job (to use insulin PDA) because it is specifically for me, the diabetes educator". - IDI\_diabetes educator\_4 years at clinic*

### Discussions

- This study highlights the challenges unique to each clinic in the implementation of the insulin PDA.
- Although both clinics are run by the same public health authority (Ministry of Health), there is a need for implementation strategies to be tailored to address the contextual needs at each implementation site.
- The issue of health literacy is important and may be addressed by using video (Volandes, 2010) or delivery of the PDA by HCPs themselves in the context of clinical care (McCaffery et al., 2013).
- Support from clinic leader or staff champion is another important factor for effective PDA and SDM implementation (Sepucha et al., 2016; Hsu et al., 2013; Silvia et al., 2006) and should be a pre-requisite for implementation of health interventions.
- To increase staff motivation to use the PDA, efforts are needed to make HCPs recognize the benefits of PDAs, providing incentives and making it part of the clinical practice routine.

### Conclusions

- This study found that, despite having similar infrastructure and resources, successful implementation of the insulin PDA across different public health clinics depends on patient profile, leadership and team commitment.
- The Ministry of Health must avoid 'one size fits all' approach when implementing health interventions in the Malaysian primary care setting.

### References

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