

Involving consumers in the development of the Consumer Questions Program (CQP): a program aimed at improving consumer-health professional communication and promoting shared decision-making.

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BACKGROUND

Involving consumers in healthcare decision-making is considered an important part of evidence-based practice and patient centred care. Previous studies have identified tools (e.g. question prompt lists and decision aids) that improve decision quality and increase patient involvement; however these tools have been developed for specific clinical contexts. The basis for the Consumer Questions Program is a short set of generic consumer-led questions aimed at promoting communication about treatment options regardless of the clinical context. Building on prior findings [1] which demonstrated important benefits of the questions when asked by standardised patients, we sought to develop an intervention that will train real consumers to use the questions in clinical settings.

[1] Shepherd, H.L., et al., Three questions that patients can ask to improve the quality of information physicians give about treatment options: a cross-over trial. *PEC* 2011. 84(3): p. 379-85.

1. **What are my options?**
(One option will always be wait and watch)
2. **What are the possible benefits and harms of those options?**
3. **How likely are each of those benefits and harms to happen to me?**

METHODS

Participant: Convenience sampling was used to select participants, with the aim of obtaining a range of perspectives across professional and consumer populations. Semi-structured individual interviews were conducted with ten consumers, and focus groups were conducted with staff from Family Planning NSW: including **twelve members of the medical team; three members of the nursing team, and five members of the administration team.**

Setting: The interviews and focus group were held Family Planning NSW, Sydney by staff from the Centre for Medical Psychology & Evidence-Based Decision-Making, University of Sydney.

Interviews and focus groups used a semi-structured approach to gather information about the proposed program and program components. They included discussion about feasibility, acceptability and logistical issues and anticipated barriers to questions being asked in consultations. The **health professional interviews focused on the use of the consumer questions** within consultations, the **consumer interviews focused on the use of the questions and the program components**, and the **administration staff interviews focused on the program components and the logistical issues** involved. All interviews and focus groups were audio-recorded, transcribed and analysed thematically.

Thanks to the patients and staff at Family Planning NSW who participated in and facilitated this study and to funding from the Informed Medical Decision Foundation. Research Grant 0175-1

RESULTS

The use of the 3 questions within consultations. There was general support from participants, particularly for **Questions 1 and 2: "What are my options?"** and **"What are the potential benefits and harms of those options?"**. This is consistent with feedback from both consumers and health professionals that these questions are commonly asked within consultations.

I guess I would expect the doctor to explain the likelihood when they tell me the possible benefits or harms. FPNSW Consumer (C7)

Question 3 "How likely are each of those benefits and harms to happen to me?" Four of the six consumers who commented were supportive of the question, 3 felt that it was the health professional's role to provide this information rather than the consumers to ask.

That is important but I think the doctor have to say it, they have to tell the patient that even if the patient doesn't ask. FPNSW Consumer (C8)

A number of the consumers and health professionals **did initially feel that not all clinical situations may warrant the use of the questions and that they may be more applicable in complex rather than routine consultations.** However, **most did conclude on reflection that the questions could be considered generic enough to suit most situations.**

It depends on whether it is a serious case or not, but they are, they are an approach you can fit to every situation. They are broad so they are good. FPNSW Consumer (C10)

*I used to be terrified, because I didn't always have the answer and I used to feel quite anxious about being able to answer all these questions
Health Professional*

Confidence in question asking was a concern with 5 of the 6 consumers commenting that individuals are not always comfortable asking questions of their doctor.

I have found a few times, if you do give options, they start to trust you less because they are like "well why don't you know what option is best" Health Professional

Confidence in answering the questions and reducing consumer confidence was raised by the health professionals

When you have got something on your mind sometimes you don't know what to ask. [...] you don't know how to come across in the right way, especially with [...] talking to doctors, FPNSW Consumer (C2)

Video-clip

9 /10 consumers supported a video-clip as a training resource, although 5 preferred having video-clip on the waiting room TV than watching on a tablet. Several consumers agreed that people are more likely to watch than read information, particularly if it is short and engaging. Consumers, administration and health professional staff stated the need to hear from consumers on the video-clip, and see examples of question-asking in practice. This was a shift from a professional providing information, considered less engaging, to **showing people how to ask questions, emphasising the importance of question asking and giving people permission to ask question.**

Online Resource

Considered by majority as an important component of the proposed program. Health professionals raised the idea of including additional DVD material on the internet, such as vignettes of differing consultation interactions and outcomes, to provide a broad range of scenarios to cons

<http://www.askshareknow.com.au/>



The screenshot shows the homepage of the 'ask share know' website. The header includes the logo 'ask | share | know' and navigation links for 'HOME', 'ASK', 'SHARE', and 'KNOW'. The main content area features a large green circle with the number '3' and the text 'Questions to ask your health professional'. Below this, there are three columns of text: 'ASK more', 'SHARE more', and 'KNOW more'. The text on the page describes the purpose of the program: 'ASK SHARE KNOW aims to encourage and empower people to be involved in decisions about their health. Making decisions about our health is important. However, sometimes the decisions we face involve a lot of information that is new, and can seem difficult to understand. Deciding about medical tests and treatments are some of the most stressful decisions we will have to make. BUT they are usually no more complex than other decisions we are used to making. Provided we get the right information, we can all be involved in medical decision-making, and the good thing is, health professionals will share the decision making with you.'

Consultation Summary Tool

8/10 consumers agreed that a summary tool would be beneficial. Age differences with recall were raised, and complexity of the information being discussed.

Pamphlet

Consumers were divided as to the usefulness of a pamphlet, acknowledged that people have differing preferences and learning styles. Administrative staff supported pamphlets; however they agreed format and appeal of the pamphlet were crucial.

CONCLUSION

Multi-media approaches to train consumers to ask the 3 questions to improve shared decision-making, within clinical settings are supported. A feasibility study will determine if the proposed program will assist consumers to learn and