

# Shared Decision-Making in the Primary Care Visits of African Americans with Depression

Anika Hines, MPH

Bri Ghods, BS

Dawna McGlynn, MSW

Gail L. Daumit, MD, MHS

Lisa A. Cooper, MD, MPH

Johns Hopkins Bloomberg School of Public Health  
Johns Hopkins School of Medicine



# Background

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- ▶ Depression affects ~10% of the population
- ▶ Most patients seek help for depression in primary care
- ▶ Under-recognition and sub-optimal treatment are common
- ▶ Patient involvement in decisions regarding their care improves depression outcomes
- ▶ Primary care clinicians discuss depression in only a third of depressed patients



## Background, cont'd

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- ▶ Compared to whites, African Americans with depression:
  - ▶ Are less likely to be recognized as depressed
  - ▶ Receive less guideline-concordant care
  - ▶ Have less rapport-building and less discussion about depression with physicians
- ▶ Few studies examine shared-decision making for depression treatments among African American patients



# Objectives

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- ▶ To examine the prevalence and extent of shared decision-making (SDM) communication among African-American patients with depression and their primary care clinicians
- ▶ To examine the association of SDM for antidepressant medications and counseling with:
  - ▶ other communication process measures
  - ▶ patient and clinician ratings of the encounter



# Methods

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- ▶ *Design*: cross-sectional study
- ▶ *Setting*: community-based primary care practices in Baltimore, MD
- ▶ *Participants*: 21 clinicians and 76 of their African-American patients who screened positive for depression on the CIDI screener questionnaire
- ▶ *Data collection from patients and clinicians*: pre-visit surveys for demographic and background information; audiotapes for visit communication behaviors; post-visit surveys for ratings of the encounter

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- ▶ CIDI = Composite International Diagnostic Interview

# Shared Decision-making for Depression Treatments

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## ▶ Elements of Shared Decision-Making\*:

1. Discussion of clinical issue and nature of the decision to be made
2. Discussion of alternatives
3. Discussion of pros and cons of alternatives
4. Assessment of patient's understanding
5. Discussion of patient's role/asking patient to express preference

## ▶ Patient-Centered Components

- ▶ Discussion about lifestyle and coping strategies
- ▶ Assessment of patient's knowledge and cultural beliefs
- ▶ Discussion of patient's treatment concerns

## ▶ Inter-rater agreement 83%

- ▶ Agreement defined as identifying the same number, types, and components of decisions

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▶ \*Braddock et al, 1997

# Other Audiotape Measures of the Communication Process\*

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- ▶ Visit duration: measured in minutes
- ▶ Verbal dominance: ratio of all clinician statements to all patient statements
- ▶ Patient-centeredness ratio: psychosocial, emotional, and partnership statements + all patient questions + clinician open-ended questions divided by biomedical and procedural statements + clinician close-ended questions

\*from the Roter Interaction Analysis System, a validated method of measuring clinical communication in which experienced coders categorize all clinician and patient statements in the visit into 34 mutually exclusive categories; inter-rater reliability averages 0.85 across categories

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# Patient and Clinician Ratings of Decision-making and Time Spent

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## ▶ Patient ratings

- ▶ If there were a choice, this provider would ask me to help make the decision
- ▶ What role would you like to play during your regular visits with your PCP?

## ▶ Clinician ratings

- ▶ This patient wants to fully participate in decisions about their care
- ▶ My time was well spent during this visit

Clinician ratings and the patient rating of choice were rated on a 5-point Likert scale and analyzed as continuous variables; Patient rating of desired role was dichotomized—those who wanted to share the decision-making role and those who favored unbalanced input from the patient or provider

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# Analyses

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- ▶ Description of extent and components of shared decision-making for all depression decisions
  - ▶ Linear and logistic regression with GEE relating SDM for medication and counseling decisions to:
    - ▶ Communication process measures
    - ▶ Patient and clinician ratings of care
  - ▶ Multi-level models relating SDM for medication and counseling decisions to outcomes, accounting for clustering of decisions within patients and clustering of patients by clinicians
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- ▶ GEE= generalized estimating equations

# Patient Characteristics

| Characteristic       | Mean (SD)           |
|----------------------|---------------------|
| Age (years)          | 47.3 (11)           |
| Household Income     | \$44,283 (\$27,670) |
| CES-D score          | 24.69 (14.3)        |
|                      | Percent             |
| Gender (female)      | 74                  |
| Education            |                     |
| High School or less  | 54                  |
| Some College or more | 46                  |
| Employment           |                     |
| Working              | 65                  |
| Not Working          | 35                  |
| Health Insurance     | 89                  |



# Clinician Characteristics

| Characteristics                             | Mean (SD) |
|---|-----------|
| Age (years)                                 | 44.8(9.3) |
| Experience at current practice (years)      | 8.5(7.3)  |
|   | Percent   |
| Gender (female)                             | 59        |
| Ethnicity                                   |           |
| African-American                            | 24        |
| Asian                                       | 29        |
| White                                       | 48        |
| Internal Medicine                           | 71        |
| Board Certified                             | 71        |
| Confident in ability to care for minorities | 57        |

# Prevalence of Shared Decision-making (SDM) in 76 Primary Care Visits

| <b>N=169 decisions</b>                        | <b>Percent</b> |
|---|----------------|
| Overall Presence of SDM                       |                |
| No SDM  | 1.8            |
| Partial SDM                                   | 83.4           |
| Complete (including elements 1,2,3)           | 8.9            |
| Comprehensive (including elements 1,2,3,4 &5) | 5.9            |
| Presence of SDM components                    |                |
| Nature of Decision                            | 97.6           |
| Alternatives                                  | 47.9           |
| Pros/Cons regarding alternatives              | 14.8           |
| Patient Understanding                         | 11.2           |
| Patient Role/Preference                       | 96.5           |
| Presence of Patient-Centered components       |                |
| Lifestyle and coping strategies               | 25.4           |
| Knowledge and cultural beliefs                | 5.9            |
| Treatment concerns                            | 17.8           |

# Association of SDM with Communication Process and Patient and Clinician Ratings in Decisions about Medication†

| <b>Outcome (n=50)</b>  | <b>Estimate</b> | <b>p-value</b> |
|--|-----------------|----------------|
| <b>Communication Process measures</b>                          |                 |                |
| <b>Verbal dominance</b>  | 0.21            | 0.25           |
| <b>Patient-centered interviewing score</b>                     | 0.68            | 0.57           |
| <b>Visit duration</b>  | 3.90            | 0.17           |
| <b>Patient ratings of care</b>                                 |                 |                |
| <b>Patient choice</b>  | 0.49            | 0.14           |
| <b>Patient preference for SDM (OR)</b>                         | 1.11            | 0.92           |
| <b>Clinician ratings of care</b>                               |                 |                |
| <b>The patient wants to fully participate</b>                  | 0.36            | 0.24           |
| <b>Time was well spent during the visit</b>                    | -0.14           | 0.65           |
| †complete SDM defined as having elements 1,2,3 or elements 1-5 |                 |                |



# Association of SDM with Communication Process and Patient and Clinician Ratings in Decisions about Counseling †

| <b>Outcome (n=54)</b>                  | <b>Estimate</b> | <b>p-value</b>    |
|--|-----------------|-------------------|
| <b>Communication Process measures</b>  |                 |                   |
| Verbal dominance                       | 0.01            | 0.94              |
| Patient-centered interviewing score    | 1.27            | 0.30              |
| Visit duration                         | 0.32            | 0.92              |
| <b>Patient ratings of care</b>         |                 |                   |
| Patient choice                         | 0.02            | 0.97              |
| Patient preference for <b>SDM (OR)</b> | 0.34            | 0.35              |
| <b>Clinician ratings of care</b>       |                 |                   |
| The patient wants to fully participate | 0.35            | 0.22              |
| Time was well spent during the visit   | 0.60            | <b>&lt;0.0001</b> |

†complete SDM defined as having elements 1,2,3 or elements 1-5



# Association of SDM with Outcomes Across Medication and Counseling Decisions†

| <b>Outcome (n=104)</b>                 | <b>Estimate</b> | <b>p-value</b> |
|--|-----------------|----------------|
| <b>Communication Process measures</b>  |                 |                |
| Verbal dominance                       | 0.15            | 0.30           |
| Patient-centered interviewing score    | 0.92            | 0.21           |
| Visit duration                         | 2.09            | 0.33           |
| <b>Patient ratings of care</b>         |                 |                |
| Patient choice                         | 0.69            | <b>0.04</b>    |
| Patient preference for <b>SDM (OR)</b> | 0.63            | 0.50           |
| <b>Clinician ratings of care</b>       |                 |                |
| The patient wants to fully participate | 0.36            | 0.13           |
| Time was well spent during the visit   | 0.19            | 0.30           |

†complete SDM defined as having elements 1,2,3 or elements 1-5



# Example of Communication Regarding An Antidepressant Medication Decision

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Physician: This [sadness] has been hanging around for a long time...starting medication would be helpful...(1) Are you okay with that(5)?

*Patient: "I don't want to take the medicine."*

Physician: "You don't? What are you afraid of with the medicine?"

*Patient: "I don't know. When I see people on medicine, they seem like they can't function." (treatment concern)*

Physician: "You think it makes people foggy?"

*Patient: "Yeah, it makes them..."*

Physician: (Interrupts) "...I can give you something that hopefully won't make you too foggy(5)...The other concern that I get is that people are afraid that they will become addicted. And, there is really nothing addictive about these medicines...Does that make you feel any better about the medication? (4,5)"

*Patient: "No."*

Physician: We have a couple of options...(2,3)

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# Strengths and Limitations

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## Strengths

- ▶ First study to use an established method for measuring shared decision-making and adapt it to examine depression decisions in a population with documented disparities in treatment

## Limitations

- ▶ Cross-sectional study
- ▶ Small sample size
- ▶ Single geographic area
- ▶ Observation limited to a single visit



# Conclusions

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- ▶ The presence of complete or comprehensive shared decision-making was low in this sample
- ▶ “Nature of the decision” and patient’s role were the most prevalent decision-making components
- ▶ Having complete or comprehensive shared decision-making was positively associated with:
  - ▶ Clinicians’ perception that time was well spent during the visit for counseling decisions
  - ▶ Patients’ perception that the clinician gave them a choice for all depression treatment decisions



# Implications

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- ▶ Increasing shared decision-making in patient-provider encounters may improve both patient and provider ratings of care, including patient's perceived choice and provider's satisfaction with the way their time is spent
- ▶ More qualitative measures might be useful for understanding aspects of patient involvement and shared decision-making among African-Americans

