Improving Patient-Centered Communication in Primary Care:  
A Cluster Randomized Controlled Trial of the Comparative Effectiveness of Three Interventions

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Improving Health Systems  
2017 - 2021
Dissemination or implementation gap

**Evidence** on benefits of
- Patient activation
- Showing empathy
- Shared decision making

Real world practice
Comparative Effectiveness Trial
Open Communication Intervention

Animated Video

High Touch

High Tech

Pre-Visit Questionnaire

Patient-Centered Communication

Standardized Patient Instructor

Assurance from MA/LVN
ASK

Posters are displayed in exam room encouraging patients to ask questions.

During your appointment, there may be choices to make about your healthcare.

If you have to make a choice, be sure to get the answers to three important questions:

1. What are my options?
2. What are the possible benefits and risks of each option?
3. How likely are each of the benefits and risks to happen to me?
Enhancing Shared Decision Making Through Carefully Designed Interventions That Target Patient And Provider Behavior

ABSTRACT Patient-provider communication and shared decision making are essential for primary care delivery and are vital contributors to patient experience and health outcomes. To alleviate communication shortfalls, we designed a novel, multidimensional intervention aimed at nudging both patients and primary care providers to communicate more openly. The intervention was tested against an existing intervention, which focused mainly on changing patients’ behaviors, in four primary care clinics involving 26 primary care providers and 300 patients. Study results suggest that compared to usual care, both the novel and existing interventions were associated with better patient reports of how well primary care providers engaged them in shared decision making. Future research should build on the work in this pilot to rigorously examine the comparative effectiveness and scalability of these interventions to improve shared decision making at the point of care.
Specific Aims

• Engage with patients and healthcare providers to refine patient-centered interventions for integration into real world primary care clinics.

• Conduct a large scale cluster RCT with three arms, to evaluate the comparative effectiveness of three interventions.

• Identify the strategy that has the most potential for sustained impact and replication within and across healthcare systems.
Research Design
Mixed Methods

Qualitative Inquiry on implementation
- Activity Based Costing
- Acceptability
- Sustainability
- Scalability

Clinic (n=21) and Provider (n=105) Enrollment

Baseline Data Collection
Patient Survey

Randomization of Clinics

Open High Touch
- a) PCPs receive in-person SP instructor visit 1
- b) Record Practice Encounter
- c) PCPs receive in-person SP instructor visit 2

Open High Tech
- PCPs interact with virtual SP instructor and receive feedback via mobile app

ASK
- ASK wall posters placed in exam rooms

Follow-Up Data Collection (Immediate + 3 Mos Later)
Patient Survey
Provider Survey

Analysis of EHR and Top 5% Service User Chart Review

5/4/2018
Multidisciplinary Team

UCSD
Sutter Health
Reliant

User experience designer

Software developer

Standardized Patients

Standardized patient trainers

Physician Co-Investigators

Health IT executive Co-investigators

Patient stakeholders
Patient and Provider Stakeholder Engagement

• Proposal development
• Study design
• Vetting software vendors
• Tool development and usability test
• User-facing materials
• Recruitment
• Co-presentations
• Dissemination
D&I-Relevant Measures

• Fidelity to the intervention protocols
  • consistency of delivery/exposure as intended, and
  • time/effort involved in implementing the interventions.

• The extent to which the programs become institutionalized
  • Health system’s interest/plan in adopting our interventions
  • Other organizations’ interest in adopting our interventions
Early lessons learned for D&I

• Resonate with pain points of key stakeholders
• Stakeholder engagement
  • Important
  • takes time and lots of effort
• Organizational culture
  • “Culture eats strategy for lunch”
• Support from physician leaders is essential
• Startup spirit
• Learning attitude, humility
Thank You!