

A Multidisciplinary Assessment of Shared Decision Making in Atopic Dermatitis

Wendy Smith Begolka¹, L Butler¹, SBender², D Dietze³

¹National Eczema Association

²FACTORx

³ Metrics for Learning LLC

Background: Multiple specialties and healthcare providers can be involved in the treatment of patients/caregivers affected by atopic dermatitis (AD). Shared decision making (SDM) is a key component of patient-centered healthcare and has been shown in several diseases to facilitate better care outcomes and patient/provider satisfaction.

Objective: This study assesses knowledge of SDM as well as attitudes and barriers to practice implementation across multidisciplinary healthcare providers that treat atopic dermatitis.

Methods: The National Eczema Association's Coalition United for Better Eczema Care (CUBE-C) curriculum was developed by medical experts from different specialties of medicine in collaboration with AD patients. Curriculum module pre-post-activity test results from AD care providers (learners) participating in CUBE-C live and online continuing medical education activities during 2018-19 were analyzed against CUBE-C learning objectives to ascertain baseline and changes in knowledge and attitudes regarding SDM.

Results: A total of 1,888 (1,460 online, 428 live) AD providers representing primary care (30%), pediatrics (24.6%), dermatology (16.1%), allergy (4.1%), and other (23.5%), completed CUBE-C pre-post assessments related to SDM. Overall, AD providers indicated strong baseline knowledge of SDM (75% online, 88% live) which further improved following the CUBE-C online or live learning activity (97% online $p < 0.001$; 91% live $p = 0.004$). Despite this level of SDM knowledge, only 49% of online learners and 63% of live learners indicated no barriers to the implementation of SDM in practice. Barriers to SDM implementation cited by learners include: provider lack of understanding/need for training (13% online, 3% live); provider lack of time (6% online, 16% live); patients lack of understanding (15% online, 14% live); patients unprepared to participate in SDM (12% online; 10% live); and healthcare system/business practices do not support SDM (6% online, 2% live). Similarly, despite high learning objective achievement ratings for the SDM portion of the curriculum (3.5/4 online; 3.8/4 live) AD provider intention to improve their practice related to SDM did not exceed 65% of learners.

Conclusion: Shared decision making recognizes and validates both the AD healthcare provider's clinical expertise as well as the patient/caregiver's preferences and experiences regarding AD impacts, approaches to treatment, and outcomes of importance. Little is known about the use or barriers to SDM in the care of AD patients, therefore these initial results highlight potential multidisciplinary opportunities to address concerns related to SDM and facilitate higher rates of implementation. Additional research to better understand the value and utility of SDM in AD is needed, and can build on these findings to more formally assess if variations in SDM exist across specialties involved in the care of

AD patients, evaluate if patient's perception of SDM is comparable to AD providers, and ultimately determine if SDM improves clinician- and patient-reported outcomes.

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