

A Multidisciplinary Assessment of Shared Decision Making in Atopic Dermatitis

Wendy Smith Begolka, MBS¹, Lisa Butler MBA¹, Stephen Bender², & Derek Dietze, MA³

¹National Eczema Association, ²FactorX, ³Metrics for Learning LLC

INTRODUCTION

- Multiple specialties and healthcare providers (HCP) can be involved in the treatment of patients/caregivers affected by atopic dermatitis (AD).
- A unifying approach to patient-centered AD care is needed to support coordinated multidisciplinary care, informed by emerging medical research and best treatment approaches.
- To address this need, NEA established the Coalition United for Better Eczema Care (CUBE-C) curriculum with the input of a network of diverse medical specialty leaders, AD patients and caregivers.
- The CUBE-C curriculum is underpinned with shared decision-making (SDM); when HCP, patients, and families work together to outline treatment approaches based on goals and preferences.
- SDM is a key component of patient-centered care that has been suggested 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 AD.

METHODS

CUBE-C curriculum module pre-post-activity test results from AD care providers (learners) participating in one of twelve CUBE-C live or 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

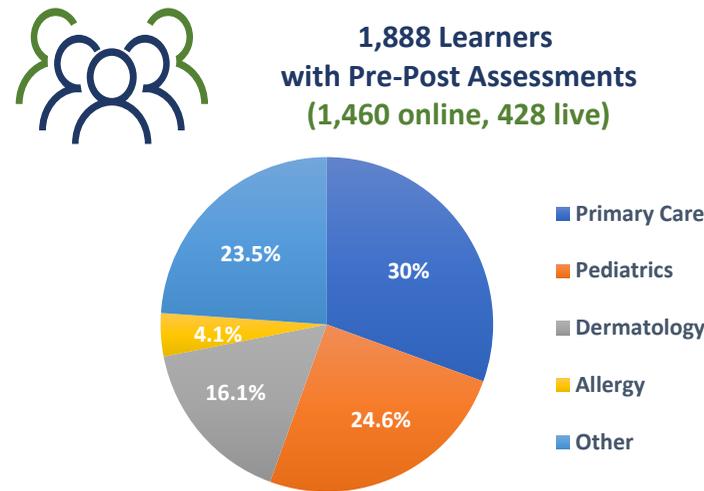


Figure 1. Specialty distribution of CUBE-C live and online learners

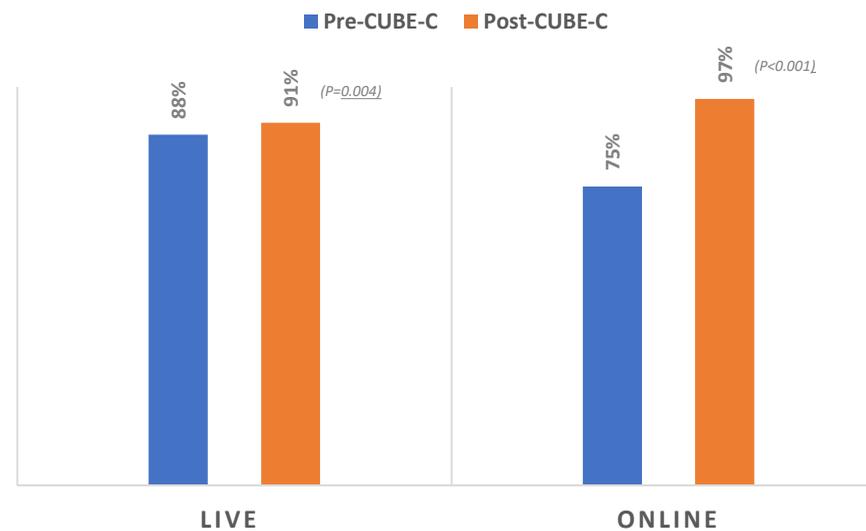


Figure 2. Knowledge of SDM increased following CUBE-C online and live activities. Percentage of learners with correct baseline answer (blue) regarding the definition of SDM compared to post-CUBE-activity (orange)

	LIVE	ONLINE
Rating of SDM Learning Objective	3.46/4	3.8/4
% Learners with intention to improve practice related to SDM	65%	63%

Table 1. Despite high learning objective ratings for SDM, 1 in 3 AD providers did not indicate an intention to improve their practice.

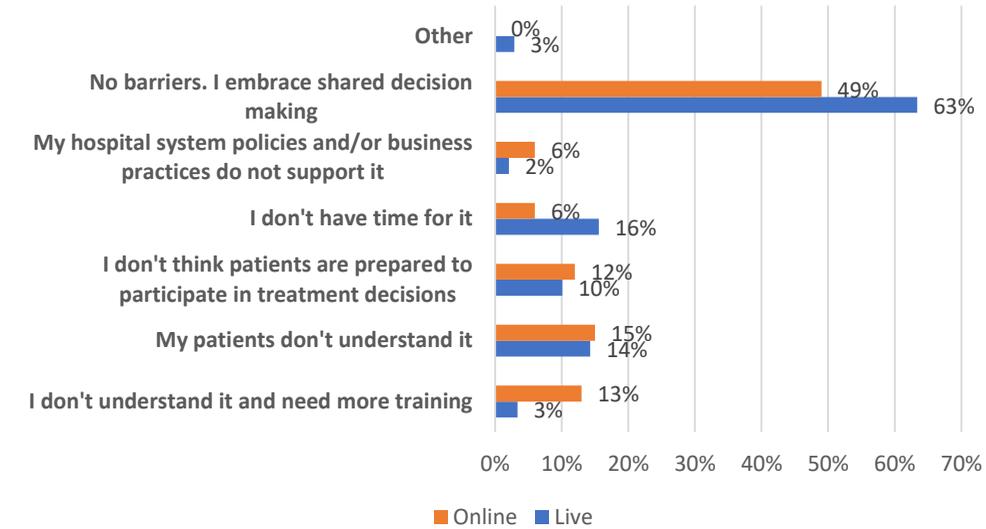


Figure 3. Fifty-one percent of online learners and 37% of live learners report barriers to use in practice.

CONCLUSIONS

- 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.

For more information on CUBE-C visit:
<https://nationaleczema.org/research/cube-c/>