

Incorporating Patient Preferences in Patient-Centered Clinical Decision Support

Prashila Dullabh, MD, FAMIA; Jessica Ancker, PhD; Caroline Peterson, MPH; Lindsay Abdulhay, MPH; Avantika Shah, MPH; Sagarika Das, MPH; Angela Dobes, MPH; Priyanka Desai, PhD, MSPH

BACKGROUND

What Are Patient Preferences?

- Patient preferences refer to the “relative desirability or acceptability to patients of specified alternatives or choices among structures, processes, outcomes, or experiences of interactions with the healthcare delivery system.”¹
- Using patient preferences data can enhance patient satisfaction, improve outcomes, promote autonomy, and support adherence to clinical recommendations.^{2,3}

What Is Patient-Centered Clinical Decision Support?

- Patient-centered clinical decision support (PC CDS) includes tools that significantly incorporate patient-centered factors related to knowledge, data, delivery, and use.⁴
- PC CDS can help integrate patient preferences into clinical decisions.

OBJECTIVES

- Understand approaches for collecting and using patient preferences in PC CDS.
- Identify challenges with collecting patient preferences.
- Share key considerations to reduce data collection burden.

STUDY DESIGN

- A literature review of 63 peer-reviewed publications (2013-2023).
- Nine key informant interviews with clinician researchers, informaticists, and a patient advocate.
- Developed patient journey maps and swimlane diagrams illustrating opportunities to collect and document patient preferences across three care scenarios.

CONTACT

Prashila Dullabh, MD
Vice President and Senior
Fellow
Health Implementation
Science Center
NORC at the University of
Chicago
Dullabh-Prashila@norc.org



Scan to access the report!

PRINCIPAL FINDINGS: WHEN AND HOW PATIENT PREFERENCE DATA ARE COLLECTED

Patient Preferences Fall into Three Categories

- *Administrative preferences* include personal characteristics and preferred methods of communication.
- *Health maintenance and preventive care preferences* include patients’ preferences related to routine healthcare (e.g., diagnostic screenings).
- *Treatment preferences* include patients’ preferences on their course of treatment.

Patient Preference Data Collection Varies

- There is no standard timepoint for collecting preference data.
- Patient preference data can be collected before, during, or after a visit.

Patient Preference Data Can Be Collected Through Multiple Methods

- Automated data collection within patient lifeflows (e.g., via the patient portal, apps, email, text).
- Face-to-face discussions during the patient visit.

CONSIDERATIONS FOR COLLECTING & USING PATIENT PREFERENCE DATA

Considerations for Reducing Patient Burden

- Gather preferences that are important to patients’ care.
- Encourage patients to provide this information.
- Enable designated caregivers to provide preference information on behalf of patients.
- Use multiple methods to collect patient preference data.

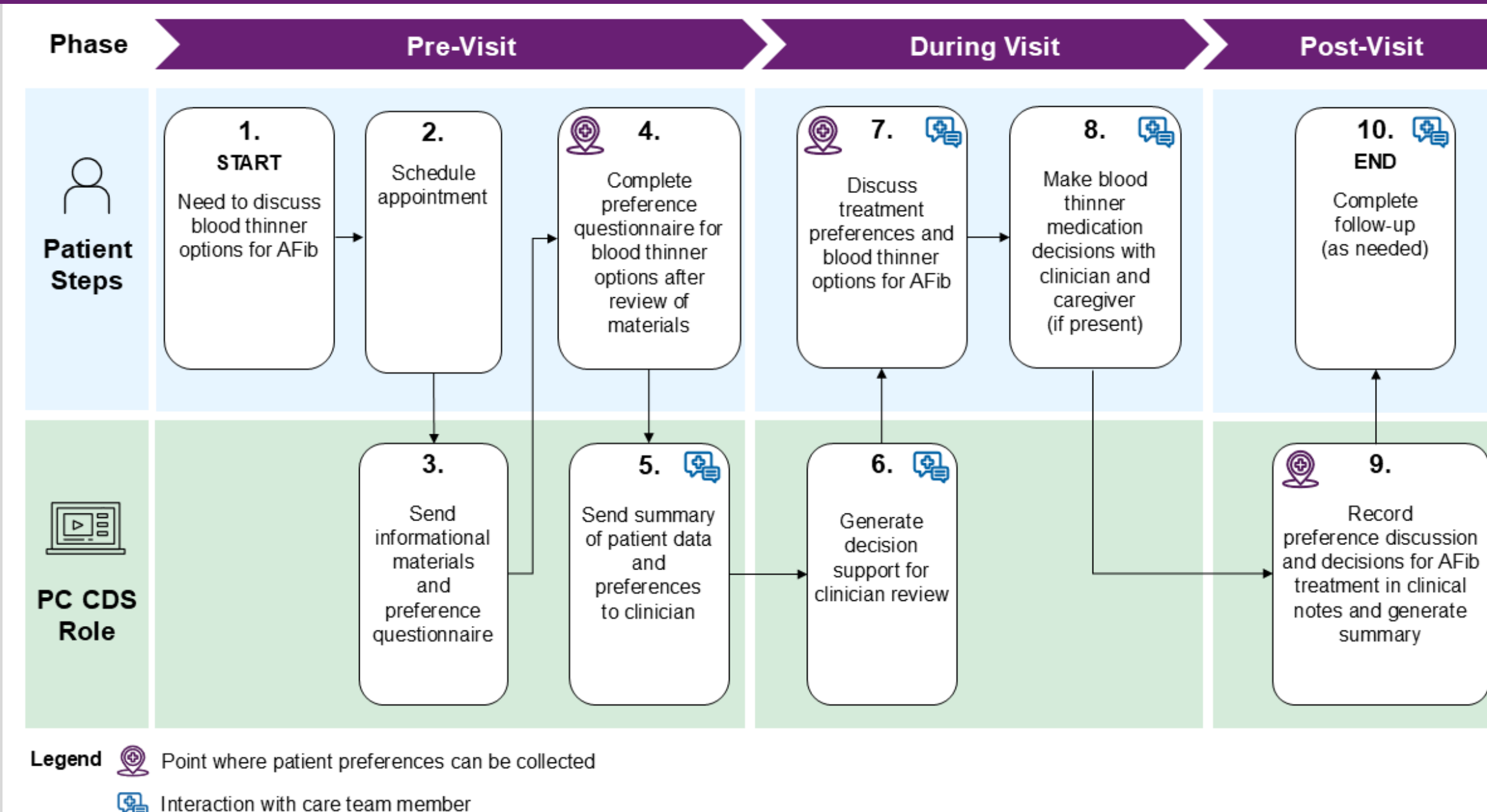
Considerations for Reducing Clinician Burden

- Use a care team approach to collect patient preferences.
- Ensure patient preference data are easily accessible to clinicians by collaborating with electronic health record developers.

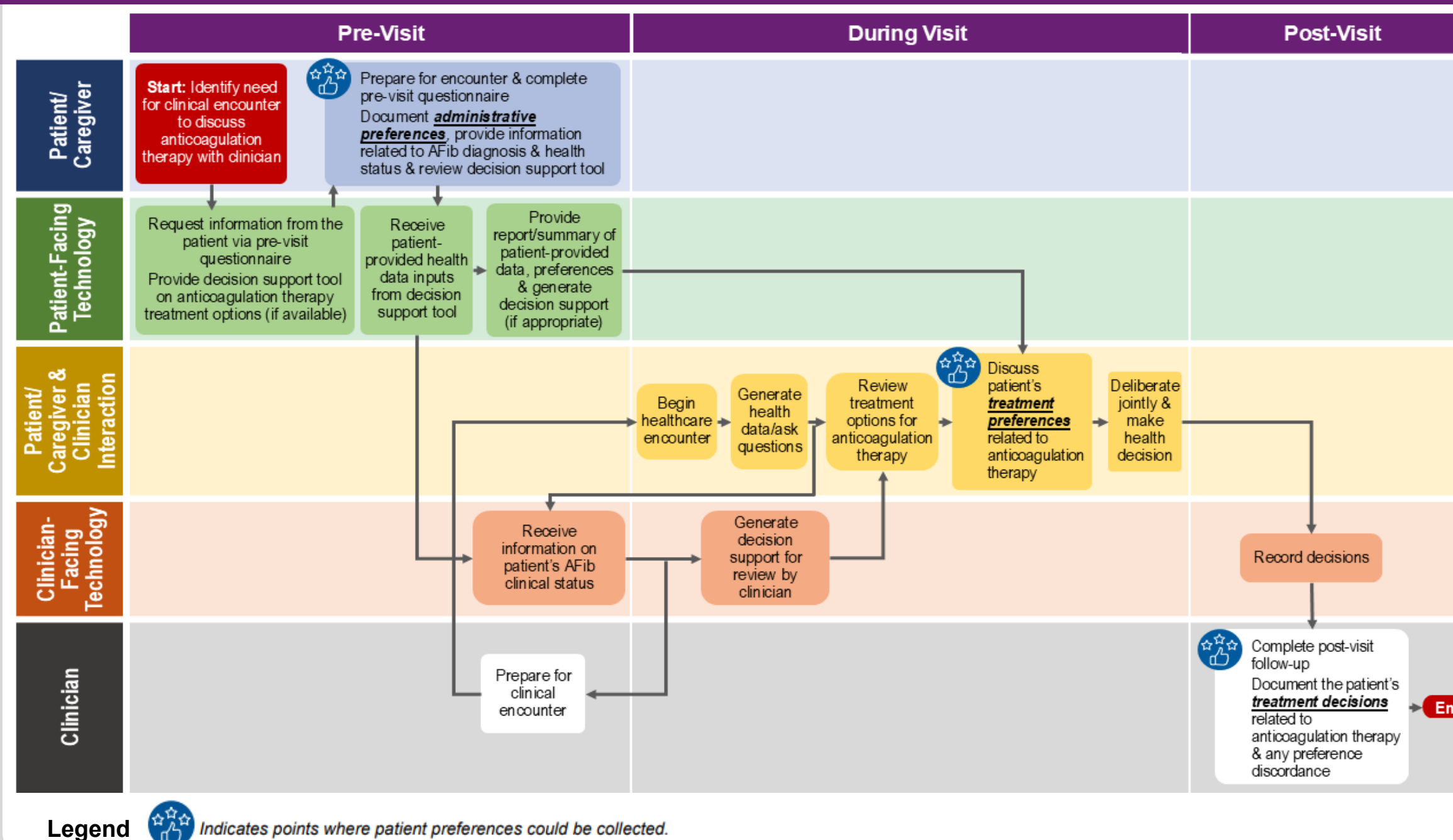
Opportunities to Enhance Data Collection

- Patient journey mapping and lifeflow/workflow diagrams help implementers identify more efficient and effective approaches to collect and document patient preferences.
- Illustrative diagrams represent the three types of patient preferences (see Collecting Treatment Preferences examples).

PATIENT JOURNEY MAP: COLLECTING TREATMENT PREFERENCES



SWIMLANE DIAGRAM: COLLECTING TREATMENT PREFERENCES



IMPLICATIONS FOR POLICY & PRACTICE

Short-Term

- Promote the value of integrating patient preferences in PC CDS tools.
- Strengthen clinician training on identifying and accommodating patient preferences.
- Use flexible, mixed methods of data collection.
- Establish best practices for patients to view, access, and modify their own patient preference data.

Long-Term

- Identify clinical workflows and patient lifeflows that can support documenting changing patient preferences.
- Implement methods and tools for collecting patient preferences for use in routine care.
- Leverage artificial intelligence to automate the collection and aggregation of patient preference data.

CONCLUSION

- Collecting and integrating patient preference data into PC CDS tools is essential for delivering personalized, goal-aligned care and strengthening collaborative patient-provider decision making.

REFERENCES

1. Kuperman G, Nanji K, Cope E, et al.; CDSiC Outcomes and Objectives Workgroup. Outcomes and Objectives Workgroup: Taxonomy of Patient Preferences. Agency for Healthcare Research and Quality. May 2023. <https://www.ncbi.nlm.nih.gov/books/NBK616875/>
2. Baker A. Crossing the quality chasm: a new health system for the 21st century. *BMJ*. 2001;323(7322):1192. doi:10.1136/bmj.323.7322.1192
3. Ruhnke GW, Tak HJ, Meltzer DO. Association of preferences for participation in decision-making with care satisfaction among hospitalized patients. *JAMA Netw Open*. 2020;3(10):e2018766. doi:10.1001/jamanetworkopen.2020.18766
4. Dullabh P, Sandberg SF, Heaney-Huls K, et al. Challenges and opportunities for advancing patient-centered clinical decision support: findings from a horizon scan. *J Am Med Inform Assoc*. 2022;29(7):1233-1243. doi:10.1093/jamia/ocac059

ACKNOWLEDGEMENTS

This project was funded under contract number 75Q80120D00018 from the Agency for Healthcare Research and Quality.