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Real-World Practices and Perceptions Regarding Shared Decision-Making and Patients' Quality of Life Among Allergy and Dermatology Teams in Two Large US Healthcare Systems

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INTRODUCTION

- Uncontrolled moderate to severe atopic dermatitis (AD) is often the result of under-diagnosis, -recognition, and -treatment of the disease and can significantly impact patients' health, quality of life (QoL), and productivity.[1–3]
- Engaging in shared decision-making (SDM) and accounting for patient-reported outcomes in treatment decisions can improve the assessment and treatment of AD, resulting in optimal patient-centered care.[4]
- In the context of a quality improvement (QI) study, as part of an accredited CME program, we evaluated real-world patient-centered AD care practices and perceptions among healthcare professionals in 2 large US healthcare systems.

METHODS

Figure 1. Methodology of QI Study

- Participating teams completed baseline surveys assessing their practices and confidence in performing various aspects of AD care, including assessment of AD and treatment decision-making.
- System-based baseline chart audits (index date 11/15/18) were completed for 200 adult patients with diagnosed moderate to severe AD who had ≥ 2 visits with a medical provider in the preceding 12 months.
- Chart audit metrics included demographics, disease assessment and characteristics, treatment history and monitoring, and SDM practices. Chi-square and Fisher's exact tests were used for statistical analysis.
- Data were presented in audit-feedback sessions where the teams developed action plans to close identified gaps and align care practices with guidelines, evidence, and expert recommendations.
- Participating teams also completed CME/CE educational activities to support evidence-based practices and implementation of action plans.
- Six months after the intervention, follow-up EHRs were retrospectively audited for 200 randomized AD patients.

RESULTS

Table 1. Provider Demographics

Provider Surveys	Dermatology (N = 28)	Allergy/Immunology (N = 23)
Discipline		
Physician	17	19
NP/PA	11	4
Years in Practice	19 (4–40)	12 (2–40)
Patients With AD Treated per Month	26 (4–70)	31 (2–75)
AD Patients With Moderate/Severe Disease	23% (5%–80%)	26% (0%–75%)

Table 2. Patient Demographics

	Baseline EHR Audits (N = 200)	Follow-up EHR Audits (N = 200)
Sex (Female)	**66%**	**52%**
Mean Age (Years)	**43 (26–89)**	**47 (20–84)**
Mean Disease Duration (Years)	**9 (0–39)**	**9 (0–22)**
Clinic Visits in the Past Year	**2 (1–8)**	**2 (1–6)**
≥ 1 AD-Related ER Visits/Hospitalizations	**11%**	**8%**
Disease Location		
Face	13%	8%
Back/Abdomen	52%	44%
Arms/Legs	49%	53%
Hands/Feet	60%	57%
Groin	24%	21%
Disease Severity Assessment		
Moderate	60%	64%
Severe	35%	34%
Not Documented	5%	2%
Disease Severity Scale Score	0%	0%
QoL Measure Score	0%	0%
Allergic/Atopic Comorbidities		
Food Allergies	27%	26%
Asthma	35%	24%
Allergic Rhinitis	21%	12%

Figure 2. Providers' Action Plans for Closing Identified Gaps in AD Care (N = 51)

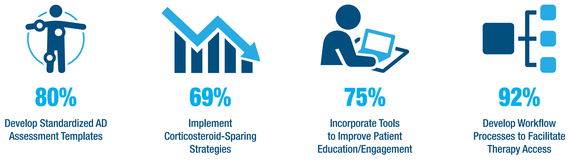


Figure 3. Chart-Documented Practices of SDM

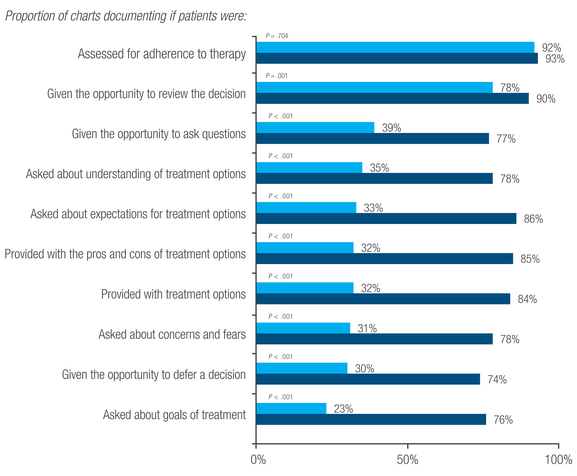
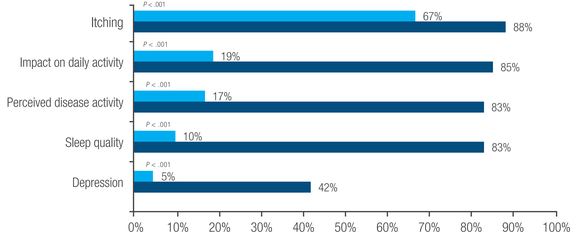


Table 3. Providers' Baseline Self-Reported Practices in QoL Assessment

Providers who indicated on a 5-point Likert scale that they usually/always ask their AD patients about:	Dermatology (N = 28)	Allergy/Immunology (N = 23)
Impact on daily life	43%	39%
Sleep quality	39%	35%
Emotional and mental health	46%	17%

Figure 4. Chart-Documented Assessment of AD Patients' QoL



CONCLUSIONS

- Baseline patient chart data and provider survey responses reflected suboptimal performance of QoL assessment and multiple essential SDM practices.
- Presentation and analysis of data through audit-feedback sessions supported teams in creating and implementing action plans to close identified gaps.
- Implementation of these action plans, through support of accredited CME tools, led to increased chart-documented assessment of QoL and SDM practices.
- These findings can inform additional initiatives to improve evidence-based AD care and patient outcomes.

REFERENCES

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DISCLOSURES

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