

Risk Communication and Values Clarification in Primary Care: A Descriptive Study

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Objectives: To assess patient perceptions of risk communication and values clarification in primary care, including whether patients perceive that clinicians: (1) discuss risks and benefits during consultations, (2) use numerical estimates to describe risks and benefits, and (3) ask patients about what is important to them.

Approach: We invited clinicians and patients in 4 university-affiliated family medicine clinics to participate in this mixed-methods observational study in summer 2014. During 4-5 consecutive days in each clinic, we collected written questionnaires from participating clinicians and patients prior to consultations assessing subjective numeracy (confidence with numbers) and decision-making style preferences (physician-led, shared, or patient-led). Patients completed a second questionnaire immediately after their consultation about their perceptions of the visit, including whether or not the clinician discussed risks and benefits, if so, whether they used numbers, and whether or not they had been asked about what was important to them.

Results: Of those invited, 69/72 clinicians (97%) and 218/309 patients (71%) participated. Clinicians were 37 physicians, 28 residents, 8 nurses and 1 nutritionist. Patients were 27% men and 73% women with median age 39 (range 16-81) and a broad range of educational attainment. Patients and clinicians differed in their decision-making style preferences (Fisher's Exact $p < .001$), with patients' dominant preference being patient-led (58%) versus clinicians' dominant preference for shared (55%). According to patients' post-visit reports, decisions were taken during 57% of consultations. Within these consultations, clinicians discussed risks and benefits in 78% of visits and asked patients what was important to them in 66% of visits. Within consultations in which risk-benefit discussions occurred, clinicians used numbers in 34% of visits.

Conclusions: Primary care clinicians and patients want patients to participate actively in health-related decisions.. This study suggests that there is room for improvement to help achieve such active patient participation in decision-making by improving communication about risks, benefits, use of numbers and what is important to patients.

Abstract areas of focus: knowledge translation and exchange; primary health care