Shared decision making to promote high-quality primary care management of musculoskeletal disorders: protocol for a user-centred design and mixed methods pilot trial

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► BACKGROUND

- Primary care for musculoskeletal disorders (MSKD) includes rehabilitation and education to relieve pain and improve function[1].
- Fewer then 20% of patients are informed of this high-quality option, while overuse of imaging tests, surgery and opioids can harm chances of recovery.
- Shared decision making (SDM) training and tools are effective for informing patients of the pros and cons of tests and treatments and clarifying values and preferences[2].

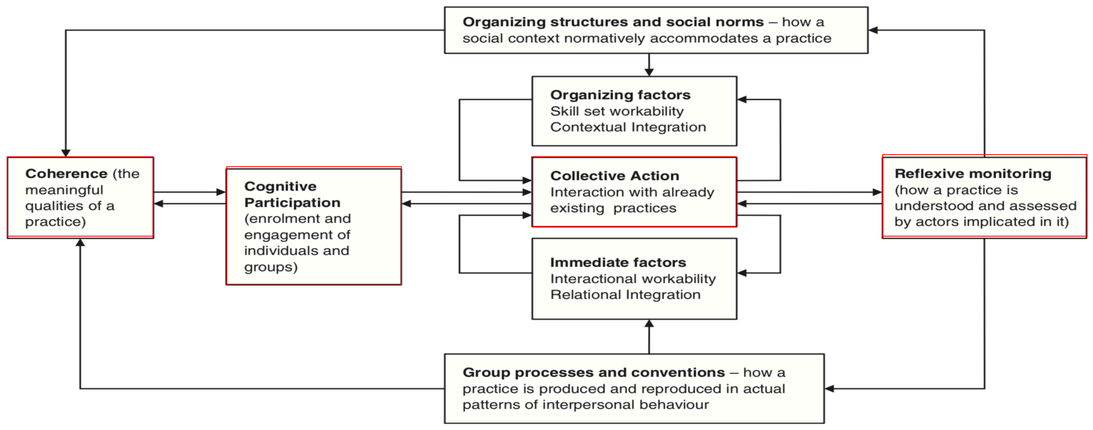
► AIMS

Long-term aim: Implementation of SDM to promote high-quality primary care management of MSKD.

Specific aims:

1) Co-design a SDM intervention, *PRISM* (*PRImary care Shared decision making for Musculoskeletal Disorders),* with knowledge users (KUs).
2) Assess in consultations: **a)** elements of the SDM process, **b)** choices of tests and treatments options, **c)** patients outcomes and **d)** feasibility and acceptability of *PRISM*.

► THEORETICAL FRAMEWORK



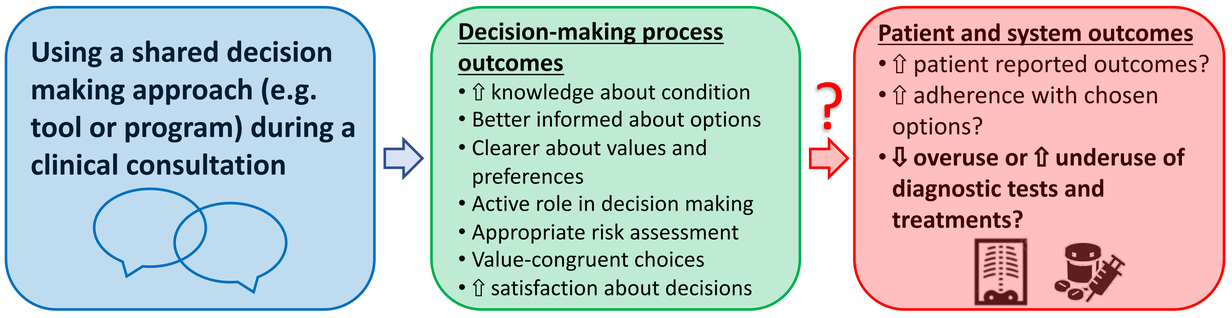
The Normalization Process Theory (NPT) focuses on actions required to ensure that an intervention become « normalized » in practice[3].

► PHASE 1: CO-DESIGN OF *PRISM* (USER-CENTRED)

- KUs committee : patients-partners with MSKD (n=3), family physicians (n=3), physiotherapists and occupational therapists (n=3), nurses (n=2), clinic manager (n=1)).
- Three cycles: 1- understand users, 2- prototype development, 3- observe users.
- One-day workshop[4] : 1- SDM principles applied to decisions about primary care for MSKD, 2- training on using IPDAS-compliant patient decision aids, 3- role-play and feedback exercises.

► PHASE 2: MIXED-METHODS STUDY AND PILOT CLUSTERED RANDOMIZED TRIAL[5]

SETTING	Primary care clinics (randomization unit, n=4)
POPULATION	Adults patients with MSKD (n=100) cared for by clinicians (e.g. family physicians, physiotherapists)
INTERVENTION	Two clinics will receive *PRISM* directly (exposure)
COMPARATOR	Two clinics will receive *PRISM* afterward
OUTCOMES	**a)** if and how SDM occurred (*e.g. DCS, SDM-Q9, OPTION*) **b)** decisions made about imaging tests, speciality/surgery referrals, pain medication or rehabilitation and patients' knowledge about preferred and chosen options (with follow-up at 3 months) **c)** pain and quality of life (with follow-up at 3 months) **d)** feasibility and acceptability of *PRISM*: proportion of recruited clinics (50%), clinicians (75%) and patients (75%), user satisfaction and uptake of educational material



Categories of outcomes following SDM in clinical consultations.

- Focus groups will perform qualitative process evaluation of *PRISM* (NPT). All consultations will be filmed/audio-recorded and transcribed verbatim for qualitative analysis.

► CONCLUSION

Integrating SDM into primary care for MSKD will support discussion of overuse and underuse of tests and treatments between clinicians and patients living with MSKD.

References

1- *Babatunde et al. (2018)*. doi: 10.1371/journal.pone.0178621. **2-** *Stacey et al. (2017)*. doi: 10.1002/14651858.CD001431.pub5. **3-** *May et al. (2009).* doi: 10.1177/0038038509103208. **4-** Légaré et al. (2018). doi: 10.1002/14651858.CD006732.pub4. **5-** *Eldridge et al. (2016)*. doi: 10.1186/s40814-016-0105-8.

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