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Perspectives of Patients and Healthcare Providers on a Shared Decision-making Dashboard in Rheumatoid Arthritis Care

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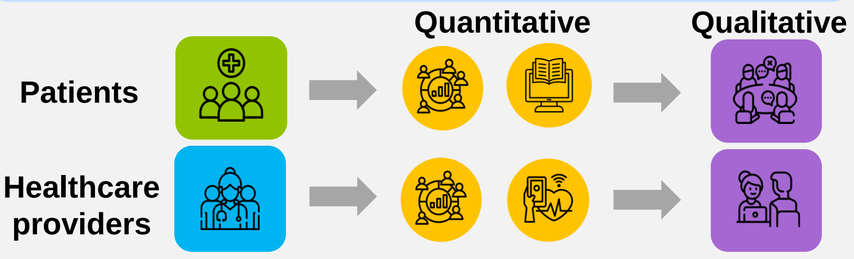
BACKGROUND

Rheumatoid arthritis (RA) is a chronic disease with increasing prevalence worldwide, placing a considerable burden on patients, healthcare systems, and society. While dashboards integrating patient-reported outcomes can support shared decision-making, patients with limited health literacy often face difficulties using these tools, leading to disparities in care and outcomes.

OBJECTIVE

To explore the perspectives of patients with rheumatoid arthritis (RA) with limited health literacy (LHL) and healthcare providers (HCPs) on the shared decision-making (SDM) dashboard, identifying barriers and facilitators to its use, and proposing strategies to enhance usability, support SDM, and improve person-centered care.

METHOD



Participants

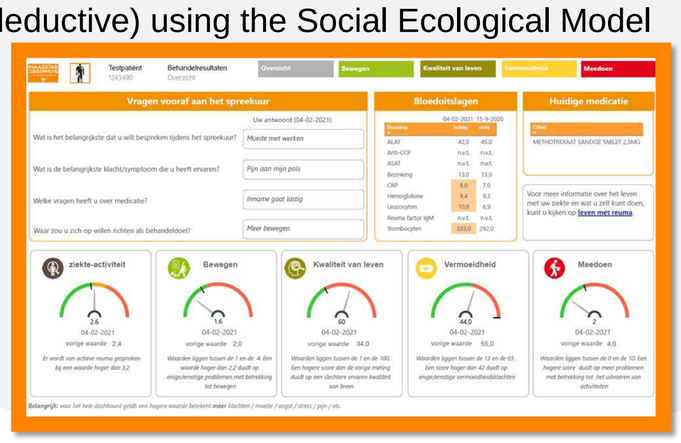
- *Patients:* RA patients with lower socioeconomic status, recruited via HCP referrals (purposive/convenience sampling)
- *HCPs:* Recruited during weekly multidisciplinary consultations (purposive/convenience sampling)

Procedures

- *Patients:* Intake form + Health Literacy Questionnaire (HLQ), completed at home or with researcher support
- *HCPs:* Intake form + UTAUT survey assessing dashboard usefulness and adoption

Analyses

- *Quantitative:* Descriptive statistics and cluster analysis
- *Qualitative:* Focus groups; thematic analysis (inductive + deductive) using the Social Ecological Model



RESULTS

Table 1. *Demographic characteristics of patients.*

	Session 1 (n = 5)	Session 2 (n = 3)	Session 3 (n = 4)	Total (n = 12)
Age, n (%)				
<50	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
50-59	1 (20.0)	0 (0.0)	1 (25.0)	2 (16.7)
60-69	4 (80.0)	1 (33.3)	3 (75.0)	8 (66.7)
70-79	0 (0.0)	2 (66.7)	0 (0.0)	2 (16.7)
≥80	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
Male, n (%)	2 (40.0)	2 (66.7)	1 (25.0)	5 (41.7)
Education, n (%)				
Low*	2 (40.0)	2 (66.7)	1 (25.0)	5 (41.7)
Intermediate**	3 (60.0)	1 (33.3)	3 (75.0)	7 (58.3)
High***	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
Paid work, n (%)	1 (20.0)	1 (33.3)	1 (25.0)	3 (25.0)

*No education, primary school, vmbo, mbo1
**mbo2, mbo3, havo, vwo
***hbo, wo

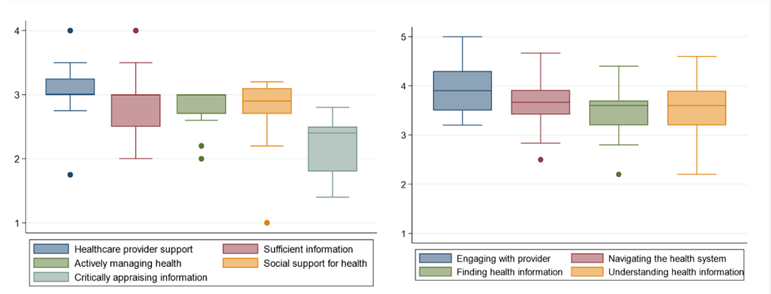


Figure 1. *Distribution of HLQ domain scores among RA patients.*

"When another person translates your pains, it becomes a grey area." (R2S3)

"I sometimes find it difficult to distinguish the nuances in the questions." (R1S3)

"Elderly individuals, aged 70 or above, can't work with a laptop. And they will never learn. It is too late for that." (R3S1)

Table 2. *Demographic characteristics of healthcare professionals*

	Professionals (n = 13)
Age, n (%)	
<30	0 (0.0)
30-39	3 (23.1)
40-49	4 (30.8)
50-59	6 (46.2)
≥60	0 (0.0)
Female, n (%)	11 (84.6)
Function, n (%)	
Physician	8 (61.5)
Physician Assistant	2 (15.4)
Nurse specialist	1 (7.7)
Physician resident	2 (15.4)

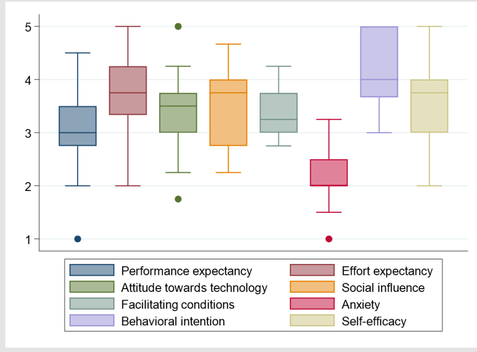


Figure 2. *Distribution of UTAUT domain scores among healthcare professionals.*

"Sometimes I quickly check if the patient has filled out the questionnaire before they come in... That always leads to a different kind of conversation in the consultation room." (R5)

"Patients are more in control." (R7)

"You've got ten minutes per patient, a lot to do, and now this gets added on top." (R11)

CONCLUSIONS

RA patients with LHL and HCPs recognize the potential of the SDM dashboard to improve patient care. However, several barriers currently limit its effectiveness. Addressing these challenges at multiple levels—individual, interpersonal, and organizational—could significantly improve the dashboard's role in rheumatologic care.

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