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Shared decision making in inflammatory bowel disease clinical practice: What are the experiences, barriers, and opportunities according to patients and healthcare professionals?

Elise Schoefs[1], Lauren Michiels[1*] Séverine Vermeire[2,3], Marc Ferrante[2,3], Bram Verstockt[2,3], João Sabino[2,3], Lynn Debrun[2], Elien Loddewijkx[2], Noortje Straetemans[4,5], Isabelle Huys[1#], Rosanne Janssens[1#]*

BACKGROUND & OBJECTIVE

Shared decision making (SDM) is a strategy to facilitate patient-centered care and is increasingly important in inflammatory bowel disease (IBD). However, views about SDM **in IBD clinical practice remain unknown**. Understanding factors that impede or facilitate the use of SDM will provide insights into its further implementation.

Objective: To explore the experiences, barriers, and opportunities of stakeholders with respect to SDM in IBD clinical practice.

METHODS

Semi-structured interviews with IBD patients (n=15), IBD nurses (n=12), and gastroenterologists (n=11) in Belgium were performed between december 2022 and April 2023.

DETAILED INFORMATION

- Interviews conducted in Flemish
- Interviews were analysed using the thematic analysis
- Patients, IBD nurses, gastroenterologists, and an SDM expert were involved as active researchers throughout the study.

RESULTS

Knowledge about SDM

PATIENTS: Lack of knowledge regarding term SDM

GASTROENTEROLOGISTS AND IBD NURSES: Difficulties providing definition consistent with literature although being familiar with concept

Current implementation of SDM

PATIENTS:
50%: Involved in treatment-decision making
50%: Not involved in treatment-decision making
Positive change over the years

GASTROENTEROLOGISTS

Have the feeling to **apply SDM while indicating that some steps of the OPTION instrument** (Elwyn *et al*.) **are not systematically applied** (E.g.. Assessing patients' preferred approach to receive information, exploring patients concerns, eliciting patients' preferred level of involvement).

IBD NURSES

Crucial role as **accessible point of contact**, providing patients with extra time and attention to address their concerns and questions. Complement role of the gastroenterologist by:

Providing **lay-language information** and possibly explain information again already provided by the gastroenterologist

Asking about personal expectations and fears = **providing emotional support**

Commonly raised barriers and facilitators

Barriers	Facilitators
1. ADOPTER LEVEL (= influencing factors related to the individuals who use the innovation which is the SDM process)	
− Cognitive impairment and low health literacy of patients	+ Good communication skills and use of tailored information
− Language barriers	+ Education of patients, which will result in patient empowerment
− Poor communication skills of gastroenterologists	+ Professional translators
2. INNOVATION LEVEL (= influencing factors related to the SDM process or the collaborative decision-making approach)	
− Insufficient patient-centered information	+ Education about SDM
− Low conviction about SDM effectiveness	+ Development of patient decision aids
− Lack of knowledge and skills in SDM	
3. DECISION LEVEL (= influencing factors related to the decision itself or that are antecedent to the SDM process)	
− Quick decisions (e.g., acute settings)	+ Complex decisions
− Small decisions (e.g., time of follow-up)	
− Perceived lack of treatment options	
4. RELATIONAL LEVEL (= influencing factors related to the interpersonal interactions during the SDM process)	
− Fear of disagreeing with gastroenterologist	+ Trust between the patient and the clinician
− Bad patient-clinician relationship	+ Recognizing there are 2 experts in the clinical encounter
− Multiple doctors treating the same patient	+ Patients accepting responsibility to be involved in decision-making
5. ENVIRONMENTAL LEVEL (= influencing factors related to practice environment and clinical setting)	
− Time constraints	+ Supportive policy
− Interruptions during consultations	+ Inclusion of SDM in clinical guidelines

CONTACT INFORMATION

Contact: elise.schoefs@kuleuven.be

Author affiliations – 1. KU Leuven, Department of Pharmaceutical and Pharmacological Sciences, Leuven, Belgium, 2. Department of Gastroenterology and Hepatology, University Hospitals Leuven, KU Leuven, Leuven, Belgium, 3. Department of Chronic Diseases, Metabolism and Ageing, KU Leuven, Leuven, Belgium. 4. Department of Gastroenterology, az Vesalius, Tongeren, Belgium, 5. Belgian IBD Nurses and Study Coordinators Association (BINAStoria), Brussels, Belgium. * shared first author. # shared senior author.

CONCLUSION

- **Participants recognized the importance of SDM** in IBD, although indicating that not all steps are systematically applied in routine clinical practice.
- Results from this study point towards **the need for SDM skills training and organizational changes,** such as the recognition and a more strengthened role of the IBD nurse in the SDM process, as they can provide emotional and decision support.
- **Patient organizations** can have an important role in **creating awareness** about SDM among patients and in **stimulating patient empowerment**.
- Results can be **used to inform multi-stakeholder concerted interventions**.