



**Older Adults' and Home Care
Physical Therapists' Perspectives
on the Potential Usefulness and
Use-ability of a Goal Setting
Patient Decision Aid**

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The purpose of this qualitative, exploratory study is to obtain and analyze feedback from older adult consumer representatives and from home care physical therapists (PTs) regarding the potential usefulness and use-ability of an evidence-based physical therapy goal setting decision aid (DA) prototype, and ways to improve it.

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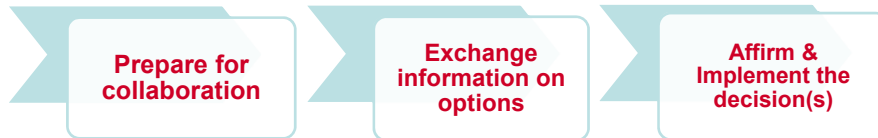
What is shared decision making?

- **A process in which clinicians and patients collaborate to figure out what to work on (goals) and which interventions to pursue**
- **Values the expertise of the clinician and the patient**
- **No decision about me, without me**
- **What matters most? versus What's the matter?**

Montori, 2013; Politi, 2013; Legare, 2013; Coulter, 2011

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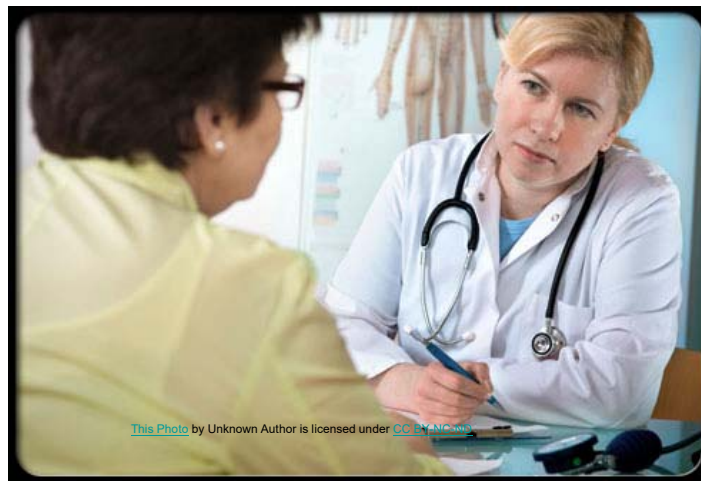
Stages of shared decision making



(Coulter, 2011; Elwyn, 2014a; Elwyn, 2014b; Moore & Kaplan, 2018)

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Why should we care about SDM?



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SDM's potential benefits - increase

- **Patient satisfaction with care** (Lindheim, 2014; Lofland, 2017; Wiley, 2015)
- **Patient engagement in care** (LeBlanc, 2015; Stacey, 2014)
- **Patient activation** (Politi, 2013; Branda, 2013; Strauss, 2015; Stacey, 2014; Dures, 2016)
- **Patient adherence** (Lindheim, 2014; Lofland, 2017)

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SDM's potential benefits - improve

- **Patient – clinician communication** (Stacey, 2014)
- **Patient self-management**
(Politi, 2013; Liddy, 2014; Coulter, 2015; Dures, 2016; Peek, 2012; Strauss, 2015)
- **Patient clinical outcomes**
(Strauss 2015, Peek 2012, Lindheim 2014)
- **Clinician well-being and reduce burn-out**
(Dobler, 2017)

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SDM's potential benefits

- **Individualize evidence-based recommendations** (Politi, 2013; Coulter, 2015; Hoffman, 2014)
- **Reduce health disparities** (Peek, 2012; Durand, 2014)
- **Contain costs** (Stacey, 2014; Lofland, 2017; Fiks, 2012)
 - gain efficiencies from early identification of individual patient's concerns, priorities, motivations & barriers, resources
 - improved adherence, better disease management
 - reduced rehospitalization & ED utilization (Fiks 2012)
- **Manage risks (professional liability)** (Durand 2015)

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PTs and SDM – room for improvement?

- **PTs support SDM concepts** (Legare, 2013; Norris, 2014)
- **But studies suggest gap between intent & delivery**
 - Dierckx, 2013
 - Jones LE, 2014
 - Stenner, 2016
 - Jones F, 2013
 - Rose, 2016

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SDM facilitator: Patient decision aids

- **Help patients consider, identify, and/or communicate their concerns, preferences, priorities, questions resources needed & available for adherence**
(Stacey, 2014; Coulter, 2011)
- **Encourage patients/caregivers to actively engage in decision making**
- **Can be paper, videos, computer-based**
- **Can be general or condition-specific**
- **Can be used before, during, and/or after visits**
- **Quality standards (<http://ipdas.ohri.index.html>)**

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Physical Therapy Patient Decision Aids (DAs, PtDAs)

- **Where are they???**
- **8% of decision aids in Ottawa Hospital Research Institute's inventory mentioned PT-related prevention or treatment options. Few of these offered detail about PT options**
(<https://decisionaid.ohri.ca/AZinvent.php>)
- **If available, need to be used appropriately**
(Tiedje, 2013)

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I could find no DA tool for assisting with PT goal setting in home care or other PT settings.

<https://englishiscoolsite.wordpress.com/2017/03/10/at-the-restaurant/>



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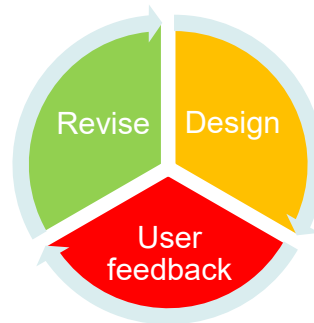
Developing a P.T. decision aid

To support collaborative goal-setting in physical therapy

- help patients ID & communicate what they want to work on
- empower patients & therapists to collaborate
- give therapists more insight into patients' views & resources

Evidence-based prototype, then

User-Centered Design to refine the decision aid



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Picture cards of activities therapy might address

- Determining “menu” of activities to include
- How to communicate those activities
- Pictures – for multiple reasons (Baum 2008; AHRQ 2016)
 - engaging & evoke recall
 - literacy-friendly & communication friendly
- Captions
- Card format
 - tactile
 - different from paper/computer form
 - can be manipulated by patient
 - flexible administration for tailoring to contexts

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Card Deck contents & organization:

7 topic areas (*# of card options per topic*) + Wild Card topic
 → 45 total cards

- Move around in my home (5)
- Move around outside of my home & in the community (8)
- Do my personal care & hygiene (9)
- Do household chores and take care of home (5)
- Take care of others / Work / School (4)
- Leisure / Free time Activities (6)
- Comfort / Safety / Wellness (7)

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Patient functional goal possibilities			
Move around in my home			
Get into and out of a chair			
Get into and out of bed			
Move from room to room on main level			
Go up and down stairs in home			
Other move in home: _____			
Move around outside of my home			
Enter and exit my home			
Go up and down outside stairs			
Move around outside: sidewalk, curb, grass, ramp <i>(Circle all that apply.)</i>			
Get into and out of private or public transportation: car, van, bus, train, plane <i>(Circle all that apply.)</i>			
Resume driving			
Access public settings: doctor office, store, church, library or other places			
Go visit friends or family			
Other move outside of home: _____			
Do my personal care and hygiene			
Dress myself			
Bathe myself at the sink / sponge bathe			
Bathe myself in the tub or shower			
Wash my hair			
Perform other personal care activities: comb hair, shave, brush teeth			

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Take my medicines **3.8**

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Do household chores
and take care of home

4.0

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Do my laundry

4.3

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Rationale for qualitative design

- Gain in-depth perspectives of participants
- Info of setting (home care) context
- understanding of contextual factors and may miss important information that investigators were unaware of or did not know how to measure
- open-ended questions and flexible, iterative semi-structured interviewing allows investigators to gather rich data and drill down on issues raised by participants for clarification or additional detail

(Cresswell, 2013; Cresswell & Plano Clark, 2018; Merriam, 2009; Tariq & Woodman, 2013)

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Sampling

- Consumers: older adults 65+ y.o., residing in NJ, English-speaking, able to participate in interviews (individual or focus group). Persons currently undergoing PT treatment were excluded.
- PTs: PTs with home care experience, able to participate in interviews (individual or focus group) in NJ.
- Target 8-16 consumers & 8-16 PTs for data “saturation”
- IRB adherence!
- IRB approved modification to allow age 63+

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Recruitment

- **Consumers: Flyers in public libraries (3), announcements by PI at approved Community Education classes**
- **PTs: announcements by PI at APTANJ events**
- **Voluntary**
- **NO COERSION**

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Participant Protections

- **Voluntary, and can opt out at any time. Info in invitations & consent reviewed with participants prior to scheduling & interview.**
- **Consent form reviewed & signed prior to interview.**
- **Confidentiality of data, demographic form (no address/phone/financial info on demographic form), and recording.**
- **Able to choose individual interview even if focus group available.**

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Data collection

- Interview process – individual or focus group
- 9 older adult consumers = 8 participants in 4 focus groups and 1 individual interview
- 9 home care PTs = 3 participants in 1 focus group and 6 in individual interviews
- Interview questions – semi-structured interview
- Audio recorded (take batteries & extra recorder)

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Interview Guide

- Semi-structured
- Content: Relevance of activities pictured; missing activities
- Format: Card size; categories; photo & wording selections
- Feelings & opinions about using cards
- Opinions regarding how & when (or when not) to use cards
- Feedback regarding card deck overall, other formats

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Data analysis

- **Descriptive data of sample**
- **NVivo 12**
- **Thematic analysis of transcripts -- familiarize with overall data; generate initial codes; search for themes; review themes; define and name themes; produce report (Cresswell 2013; Nowell 2017)**
- **Narrative examples**

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Participant Demographics

- **Older Adult Consumer Representatives, n = 9**
- **Age range 63-89, median 69, mean 70.1**
- **6 female, 3 male**
- **1 Hispanic origin**
- **9 White**
- **All self-reported suburban**
- **Education: 2 high school, 1 some college, 3 Bachelor's degree, 3 Masters/Doctorate degree**

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Participant Demographics

- Home Care Physical Therapists, n = 9
- Age range 36-65, median = 49, mean = 51.7
- 7 Female, 2 Male
- None of Hispanic origin
- 9 white
- Areas served: 5/9 urban, 9/9 suburban, 2/9 rural
- Years experience healthcare range 10-42, mean 27.3
- Years experience as a PT range 10-42, mean 26.8
- Years experience working with older adults range 8-42, mean 26.8
- Years experience in home care range 2-39, mean 19.1

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Preliminary overall themes

- Engaging / having a say in goal setting
- Knowing options – what can be addressed in therapy
- Relating goals ↔ interventions
- Supporting patient – therapist partnership & therapeutic alliance
- Ways to improve the decision aid tool
- How to use the tool

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Preliminary data / themes: Consumers

- Value of pictures to prompt their deliberations & considering of varied activities (some of which they did not know PT could address)
- How the cards increase understanding how exercises recommended by the PT could relate to getting better at desired activities

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Reduce amount or type of pain medication I need 7.3

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Preliminary data / themes: Consumers

- Cards prompted participants to share their personal stories: what they used to be able to do & wish they could still do; why certain activities are important to them
- Consumers welcomed opportunity to voice their preferences, and described therapist using cards as “caring” and “thorough”
- Consumers offered some suggestions for changing card pictures or adding an activity – but fewer than offered by the PTs. Consumers liked having both the picture and the caption.

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Entertain guests

6.3

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Preliminary data / themes: PTs

- PTs focused more the cards content/format & methods for using cards, and showed a less emotional response (fewer personal stories) regarding consumer engagement with the cards than did the consumers.
- PTs expressed varying views regarding the extent to which they would use cards, but all indicated that they would welcome having cards that they could use as they wished (optional versus required).
- Some PTs spoke of using the cards early on (initial eval, or on next visit due to IE time constraints) AND again part way thru episode to highlight goals met & consider new goals.

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Get into and out of a chair

1.1

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Preliminary data / themes: PTs

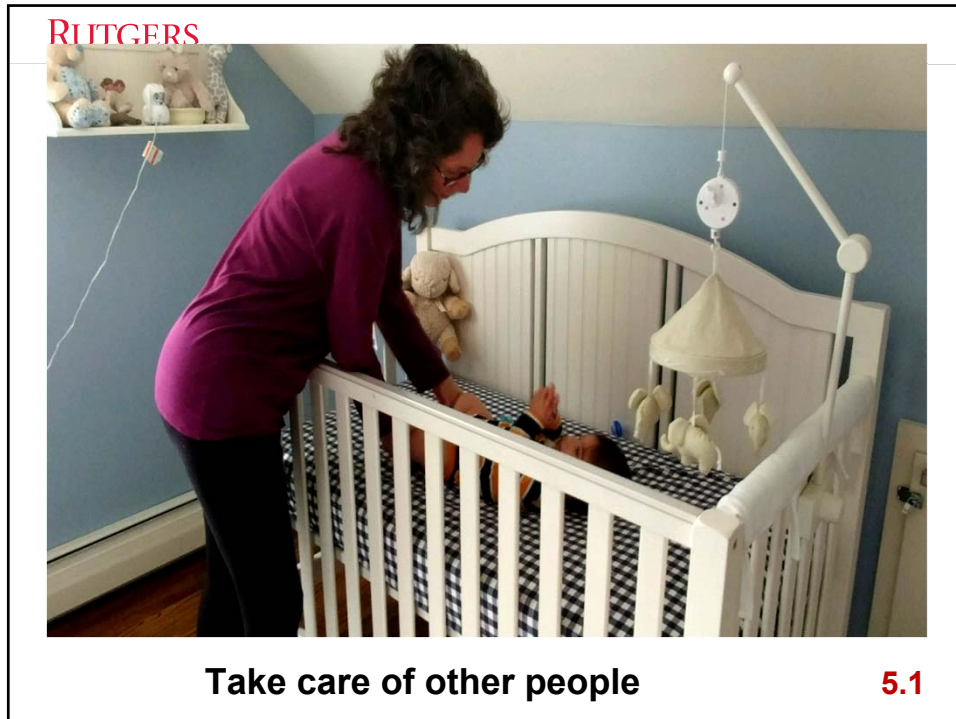
- Some PTs expressed interest in using the pictures as a part of their assessment interview – to help explain the tasks that the PT was asking the patient to self-rate.
- Some PTs wanted cards, binder, and checklist for their “toolkit”; some preferred having activity photos within a binder format or having the activity picture cards on a D ring.
- PTs tended to favor offering patients cards from 2-3 categories that the PTs felt would be most applicable to the patient – offering a restricted “menu”

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Preliminary data / themes: PTs

- Most PTs had a couple suggestions for condensing 2 cards into 1, adding a card/activity, re-categorizing a card, or changing the card picture. PTs liked having the picture AND the caption.
- PTs identified card use barriers related to limited time (so many other tasks PT must do during the eval; e.g. patients could take a lot of time pondering cards & telling their stories).
- PTs identified card use barriers related to lack of available table space in many homes.
- No PTs reported having seen a PT activities/goals “menu”

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Discussion

- **Benefits:** include new information from users' perspectives that can inform DA refinements (product & how to use it). Implications for successful implementation/KT; benefits of UCD
- **Barriers to its use by PTs need to be addressed.** identified space and time barriers to DA use, and verbalized concern that the DA and SDM might interfere with their ability to meet their job responsibilities. Their comments about SDM barriers can be considered in the TDF's domains of *environmental context and resources, professional role and identity, and beliefs about consequences.*

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Discussion

- **Semi-structured interview allowed participants to contribute information not anticipated by the researcher**
- **Challenge of temporal impressions: consumer/PT contrasts made on same-day interviews felt more dramatic to interviewer**

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Limitations

- **Diversity of PTs – from multiple (4) home care agencies/employer and regions of central NJ, but small still limited diversity and small sample (9)**
- **Demographically-homogenous and limited number of consumer participants (9). Difficulty obtaining recruitment sites to increase diversity.**
- **Novice researcher. Looking back, see need to increase frequency of field notes/reflections/audit trail.**
- **To date, analysis only by one researcher (no triangulation/peer debriefing.**

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Next steps

- **Complete analysis of**
- **Revision of decision aid based on consumer and PT feedback -- consistent with User Centered Design and DA quality & development literature**
- **Evaluate the DA for usefulness & use-ability**
- **Research current use of and barriers to SDM in home care PT practice**
- **Cindy.Moore@shp.Rutgers.edu or SDM4BetterCare@gmail.com**

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A person's mind, "once stretched by a new idea, never regains its original dimensions" -Oliver Wendell Holmes



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