



Improving the Usability of Decision Support for PTSD in Primary Care (R03)

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Project Overview

Discover phase: Identify the decision support needs of service recipients (primary care patients with PTSD) and assess the usability of the existing VA decision aid.

Design/Build Phase: Conduct prototype testing with service providers (integrated mental health clinicians) using storyboarding and clinical workflow mapping to depict possible approaches to incorporating decision support into routine practice.

Test Phase: Conduct small scale, proof of concept testing with 10 patient-provider dyads.

Population/Sample

Discover phase: 25 veterans (VA primary care patients) with PTSD

Design/Build Phase: 9 mental health clinicians working in primary care

Test Phase: 2 mental health clinicians from Aim 2 who agreed to test the prototype in clinic

We also enlisted the help and feedback of 2 clinical experts / consultants, who were not study participants, but they provided additional input and did beta-testing of the prototype throughout the design/build and test phases.

Key Findings

Discover Phase: It had become apparent that not everyone understood SDM nor did they know if they were already doing it with their patients. With design we needed to address this knowledge gap. As is typical for design, we did not know the exact shape of our solution prior to starting the Discover phase. The initial idea was to create a provider checklist of SDM steps; however, as we learned more about the knowledge gaps, it became clear that we needed something that could also *educate* and *guide* clinicians through SDM. Given the short time constraints and the reality that very few people would be motivated to add extra work, we looked into what aspects of the clinical visit could be revised. Since documentation is a requirement of all patient care, creating a visit template with SDM sections became an ideal vector for teaching clinicians and help them seamlessly adopt it into their practice.

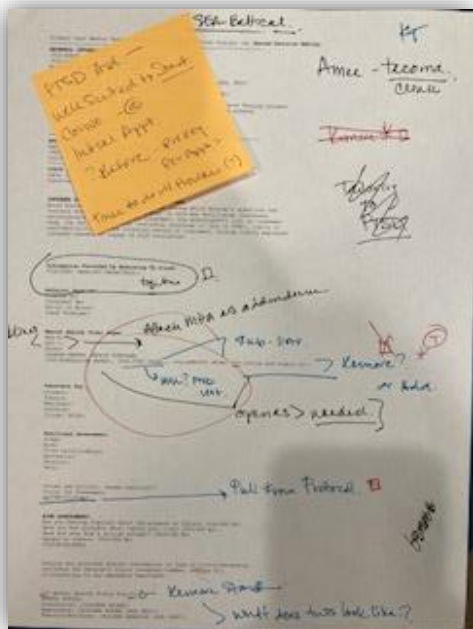


Photo 1: Moving from a structured agenda for the intake assessment template to the first prototype.

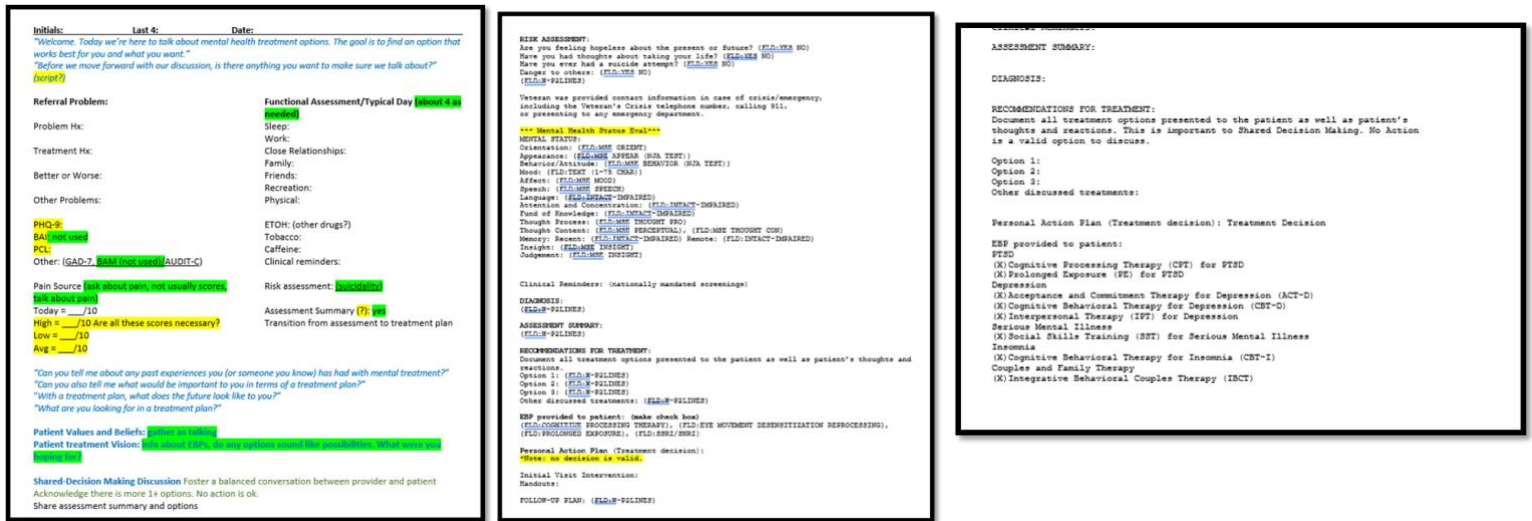


Photo 2: Examples of different iterations of the SDM clinical documentation template.

Design/Build Phase: We begin initial prototyping and feedback. Iterative feedback was provided as clinicians were recruited into the project. The prototype template was continually refined re: additional clinical information, understanding of new sections and the flow of the document. The redesigned template marries the requirements of the functional assessment with SDM goals. It is meant to be used during the patient visit, with each section progressing towards a patient-centered conversation about treatment options. In our template, SDM is prompted by requiring clinicians to ask about the patients' values and goals and enter information about the different options discussed along with the patients' reaction to them. This template was developed with mental health clinicians and has been added to the EHR catalog for general use.

Test Phase: – Our word doc template was translated into an EHR version and added to the template catalog for clinicians to use. We had 4 clinicians take a week to use the template and provide feedback. Many responses touched on personal preferences in wording, section order and formatting (open text vs. check boxes). All clinicians reported understanding the template without explanation. However, not all would expressly choose to use it over their own current workflow. Pertaining specifically to the SDM sections, the new content was self-

explanatory and served as a reminder to both have this type of discussion with their patients and document the conversation. Every clinician expressed interest in using the SDM section, whether in the template we created or copying it into their personal ones. It was clear that the SDM section provided clinicians with a tool that they did not currently have while not adding to documentation burden during the visit. Additionally, VA revamped their guidelines for clinical privileging in the past year and now require all mental health assessments to include documentation of SDM. Now that this is a required part of mental health clinicians' routine competency assessments to maintain clinical privileges, clinicians seem more motivated to use the SDM template.

Measures used

- Demographics
- Qualitative interviews w/ think-aloud usability testing
- UBS (subset of factors)
- PTSD Knowledge questionnaire
- Generalized self-efficacy scale
- Sheehan Disability Scale
- PCL (PTSD Checklist)
- [Patient Health Questionnaire 9 item scale](#)
- [Generalized Anxiety Disorder 7 item scale](#)
- [Intervention Usability Scale](#)
- [Acceptability of Implementation Measure](#)
- [Feasibility of Implementation Measure](#)
- [Intervention Appropriateness Measure](#)

Method

Discover Phase: Interviewed study experts and participants to learn the general walk through of the Functional Assessment and discuss SDM. Clinicians shared both the Co-located Collaborative Care (CCC) training tool (a standardized tool for completing Functional Assessments), as well as homegrown templates, notes, and worksheets they use in this visit.

Design/Build Phase – The initial Structured Agenda was developed, pulling together all visit information and homegrown templates. As we added SDM sections, we created our first prototype. Iterative feedback was provided as clinicians were recruited into the project. Later, all participants who had not seen the prototypes before critiqued the redesign.

Test –4 clinicians took a week to use the template and provide feedback. They were not directed towards specific sections or aspects, only to use the template in the same way they would document a Functional Assessment.

Next steps

Following feedback, we could potentially develop a short-form, SDM only mini template and investigate whether this shorter format would engage more of those clinicians that don't want to change their whole routine but see the value in adding SDM to their practice and documentation. As VA encourages the documentation of SDM, our template serves as an option for clinicians to use. Furthermore, as the VA transitions into a new EHR, this template can serve as a prototype to build easy dynamic documentation (for example, SmartPhrases).

Recommended readings

Chen JA, Matson TE, Lehavot K, et al. [Provider Perspectives on Implementing Shared Decision Making for PTSD Treatment in VA Primary Care](#). *Adm Policy Ment Health*. 2021;48(6):1046-1054. doi:10.1007/s10488-021-01119-5