

# New technology could help patients make better decisions on care

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An overview of the interactive layers of the new SHARE-IT decision aids, developed by an international team led by researchers of the Michael G. DeGroote School of Medicine. Credit: McMaster University

Traditional decision aids to help patient-doctor discussions have drawbacks, but a new electronic model developed by McMaster University researchers holds promise of revolutionizing shared decision-making in the doctor's office with the touch of an electronic tablet.

To make sound joint decisions on treatment for a health issue, [doctors](#) need skills, tools and the trust of patients, while patients need

[information](#) and support.

In the study, published in the *British Medical Journal*, lead author Thomas Agoritsas and an international team of researchers explore the disadvantages of traditional decision-making aids and describe the new prototype of an electronic, interactive tool intended to kickstart meaningful conversations between patients and their doctors.

The SHARE-IT decision aids present medical information and evidence summaries in simple formats to be reviewed at the point of care using tablets or computers. The information can also easily be published in different languages or adapted to national context.

"It's designed so that the doctor is inviting the patient to discuss what's important to them," said Agoritsas, a research fellow of the Department of Clinical Epidemiology and Biostatistics of the Michael G. DeGroote School of Medicine. "So, you both sit down in front of the tablet and you dive in and talk about what's most important to the patient first."

This is in contrast to traditional printed decision-making tools that have typically been lengthy, difficult to produce, onerous to update, and not always easy for patients to understand. Agoritsas said that these materials are often too long for a patient to discuss thoroughly with their doctor during a visit. The assumption is that the patient will review it at home before discussing the information with their doctor, but this is not very practical, he said.

"There is often too much information presented," said Agoritsas. "The process should be more about the discussion you have with your doctor and about enhancing the conversation, not overwhelming patients with too much information. It's less about showing the evidence than showing it in a way that it becomes a discussion."

Agoritsas added that the research showed the SHARE-IT model showed great promise at helping communication and shared decision-making because when used, the patient had the opportunity to ask questions and have a say on their care.

"In our study, this happened every time so far," he said.

Agoritsas said [patients](#) can expect to use an electronic decision aid like this in their doctor's office within one or two years. First, researchers need to test it to be sure it can be applied in different scenarios, since shared decision-making would look different in terms of discussing a blood clot versus treatment for diabetes or depression.

The authors conclude that they are now "in a position to construct, test, and refine electronic evidence summaries for use in the clinical encounter for a wide variety of patient groups and clinical settings."

**More information:** [www.bmj.com/content/350/bmj.g7624.full](http://www.bmj.com/content/350/bmj.g7624.full)

Provided by McMaster University

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