April 2017 – SUPPORT Summary of a systematic review

Does training for healthcare providers in patient-centred care improve patient outcomes?

Communication problems in healthcare may arise if healthcare providers focus on diseases and their management, rather than people, their lives and their health problems. Training healthcare providers to be more 'patient centred' could improve communication in consultations, increase patient satisfaction with care and improve health outcomes.

Key messages

➔ **Patient-centred training for providers (with or without co-interventions)**

- **may improve consultation processes, including the extent to which care is patient centred, compared with no intervention.**
- **may slightly improve patient satisfaction with care, compared with no intervention.**
- **may slightly improve patient health behaviours, compared with no intervention.**
- **probably improves patient health outcomes, compared with no intervention.**

➔ **This review identified no studies from low- and middle-income countries.**

Who is this summary for?

People making decisions concerning outpatients' healthcare policies

! This summary includes:

- **Key findings** from research based on a systematic review
- **Considerations about the relevance of this research** for low-income countries

X Not included:

- Recommendations
- Additional evidence not included in the systematic review
- Detailed descriptions of interventions or their implementation

This summary is based on the following systematic review:

Dwamena F, Holmes-Rovner M, Gaulden CM, Jorgenson S, Sadigh G, Sikorskii A, Lewin S, Smith RC, Coffey J, Olomu A. Interventions for providers to promote a patient-centred approach in clinical consultations. Cochrane Database of Systematic Reviews 2012, Issue 12.

What is a systematic review?

A summary of studies addressing a clearly formulated question that uses systematic and explicit methods to identify, select, and critically appraise the relevant research, and to collect and analyse data from the included studies

SUPPORT was an international project to support the use of policy relevant reviews and trials to inform decisions about maternal and child health in low- and middle-income countries, funded by the European Commission (FP6) and the Canadian Institutes of Health Research.

Glossary of terms used in this report: www.supportsummaries.org/glossary-of-terms

Background references on this topic: See back page

Background

Communication problems between healthcare providers and patients are common, with providers often focusing more on diseases and their management, rather than on the person and his or her wider health issues.

Patient-centred care is one approach to address these problems. It has been defined as a philosophy of care that encourages: (a) shared control of the consultation, decisions about interventions or management of the health problems with the patient, and/or (b) a focus in the consultation on the patient as a whole person who has individual preferences situated within social contexts.

How this summary was prepared

After searching widely for systematic reviews that can help inform decisions about health systems, we have selected ones that provide information that is relevant to low-income countries. The methods used to assess the reliability of the review and to make judgements about its relevance are described here: www.supportsummaries.org/how-support-summaries-are-prepared/

Knowing what's not known is important

A reliable review might not find any studies from low-income countries or might not find any well-designed studies. Although that is disappointing, it is important to know what is not known as well as what is known.

A lack of evidence does not mean a lack of effects. It means the effects are uncertain. When there is a lack of evidence, consideration should be given to monitoring and evaluating the effects of the intervention, if it is used.

About the systematic review underlying this summary

Review objective: To assess the effects of interventions for healthcare providers that aim to promote patient-centred care (PCC) approaches in clinical consultations.

Types of	What the review authors searched for	What the review authors found
Study designs & Interventions	Randomised trials of interventions for healthcare providers that promote PCC in clinical consultations	43 randomised trials. All studies assessed interventions that included training related to a variety of PCC skills, using diverse teaching techniques and lengths of training. 20 of the 43 studies included additional interventions: - training or general educational material for patients (7) - health condition-specific training or materials for providers (7) - condition-specific materials or training for both providers and patients (6).
Participants	Any types of healthcare providers, including those training to qualify as healthcare providers	Most of the studies included primary care physicians or nurses practicing in community or hospital outpatient settings.
Settings	Clinical consultations of any type	Community or outpatient settings in the USA (16), UK (10), Germany (3), Switzerland (2), Netherlands (2), Spain (2), Australia (2), Canada (1), France (1), Holland (1), Norway (1), Israel (1) and Taiwan (1). There were no studies from low- and middle-income countries.
Outcomes	a) Consultation processes, including the extent to which patient-centred care was judged to be achieved in practice b) Patient satisfaction with care c) Patient healthcare behaviours, e.g. concordance with care plans and service utilization d) Patient health status and well-being: physiological measures (e.g., blood pressure); clinical assessments (e.g., wound healing); patient self-reports of symptom resolution or quality of life; and patient self-esteem	Most of the studies assessed the impacts on consultation processes and many also evaluated the impact on patient satisfaction. Patient health behaviours were less frequently assessed and patient health status was evaluated quite frequently.
Date of most recent search: June 2010		
Limitations: This is a well-conducted systematic review with only minor limitations.		

Dwamena F, Holmes-Rovner M, Gaulden CM, Jorgenson S, Sadigh G, Sikorskii A, Lewin S, Smith RC, Coffey J, Olomu A. Interventions for providers to promote a patient-centred approach in clinical consultations. Cochrane Database of Systematic Reviews 2012, Issue 12. Art. No.: CD003267. DOI: 10.1002/14651858.CD003267.pub2.

Summary of findings

The review included 43 studies from a range of high-income countries. The included studies assessed a wide range of PCC training strategies for providers. Some studies compared general training for providers with no intervention. In other studies training was accompanied by co-interventions, including education for patients or condition- specific training or materials for providers and/or patients.

➔ **Patient-centred training for providers (with or without co-interventions)**

- **may improve consultation processes, including the extent to which care is patient centred, compared with no intervention. The certainty of this evidence is moderate.**
- **may slightly improve patient satisfaction with care, compared with no intervention. The certainty of this evidence is low.**
- **may slightly improve patient health behaviours, compared with no intervention. The certainty of this evidence is low.**
- **probably improves patient health outcomes, compared with no intervention. The certainty of this evidence is moderate.**

About the certainty of the evidence (GRADE) *

⊕⊕⊕⊕
High: This research provides a very good indication of the likely effect. The likelihood that the effect will be substantially different† is low.

⊕⊕⊕◯
Moderate: This research provides a good indication of the likely effect. The likelihood that the effect will be substantially different† is moderate.

⊕⊕◯◯
Low: This research provides some indication of the likely effect. However, the likelihood that it will be substantially different† is high.

⊕◯◯◯
Very low: This research does not provide a reliable indication of the likely effect. The likelihood that the effect will be substantially different† is very high.

* This is sometimes referred to as 'quality of evidence' or 'confidence in the estimate'.

† Substantially different = a large enough difference that it might affect a decision

See last page for more information.

Patient-centred care (PCC) training for providers compared with no intervention

People Healthcare providers
Settings Ambulatory care in Australia, Canada, Israel, Taiwan, USA (16 studies), Western Europe (20 studies)
Intervention PCC training for providers (with or without general training for patients; with or without condition specific materials training for providers and/or patients)
Comparison No intervention

Outcomes	**Impact**	Number of participants (studies)	Certainty of the evidence (GRADE)
Consultation process (extent to which patient-centred care achieved; provider consultation skills and behaviour)	PCC training may improve consultation processes, including the extent to which care is patient centred	1922 (16 studies)	⊕⊕◯◯ Low
Patient satisfaction with care	PCC training may slightly improve patient satisfaction with care	1801 (11 studies)	⊕⊕◯◯ Low
Patient health behaviours (including concordance with care plans, attendance at follow-up consultations, health service utilization)	PCC training may slightly improve patient health behaviours	1385 (7 studies)	⊕⊕◯◯ Low
Patient health status (including physiological measures, clinical assessments, patient self-reports of symptom resolution or quality of life; and patient self-esteem)	PCC training probably improves patient health outcomes	1634 (10 studies)	⊕⊕⊕◯ Moderate

GRADE: GRADE Working Group grades of evidence (see above and last page)

Relevance of the review for low-income countries

➔ Findings	▷ Interpretation*
APPLICABILITY	
➔ This review did not find any studies conducted in LMICs. **➔ Studies mainly evaluated training interventions directed to primary care physicians. However, 4 studies also included specialist physicians; 6 studies included nurses; and 1 study included trained caregivers.** **➔ The training in patient-centred care covered a variety of skills, using diverse teaching techniques and lengths of training.**	▷ *Patient-centredness may be an objective of care in many settings. However, it is unclear to what extent the interventions and effects reported are applicable to low-income countries, to settings other than primary care and to the full range of healthcare providers involved in primary care.* ▷ *Interventions to promote patient-centred care may have varying acceptability and impact across different healthcare and cultural settings; may involve different components from training to organisational restructuring; and may impact in different ways on consumer and provider satisfaction across different settings.* ▷ *Human resource constraints in some health systems, and low motivation to deliver patient-centred care, may limit the feasibility and potential of this approach for improving provider practices and health outcomes.*
EQUITY	
➔ The included trials did not provide data regarding differential effects of the interventions for disadvantaged population.	▷ *The additional resources needed to provide patient-centred training and materials for providers and patients may be less easily available in disadvantaged settings, particularly where access to health services is poor. Low literacy levels in some settings may also limit the applicability of written materials for patients.* ▷ *If training in patient centredness is incorporated into undergraduate programmes, the resources needed may be less and may be more affordable and feasible for low-income countries.*
ECONOMIC CONSIDERATIONS	
➔ The studies included no direct evidence of the cost-effectiveness of interventions to promote patient-centred care.	▷ *The costs of implementing training interventions to promote patient-centred care are uncertain and are likely to vary across settings. Costs may be reduced if this training is combined with existing pre- and in-service training programmes for healthcare providers.* ▷ *If interventions to promote patient-centred care result in improved healthcare behaviours and outcomes, such as improved adherence to treatment, then these interventions may result in savings for the health system.*
MONITORING & EVALUATION	
➔ No evidence from low-income countries was identified. **➔ None of the studies reported whether patients were consulted regarding the outcomes that they considered most important for assessing the effects of interventions to promote patient-centred care.**	▷ *Rigorous evaluations of locally appropriate training interventions to promote patient-centred care are needed in low-income countries to inform decisions regarding scaling up. These studies should assess outcomes considered important by users of health services as well as the acceptability and costs of the interventions.* ▷ *More studies are needed of the impacts on training interventions to promote patient-centred care on providers other than primary care physicians.*

*Judgements made by the authors of this summary, not necessarily those of the review authors, based on the findings of the review and consultation with researchers and policymakers in low-income countries. For additional details about how these judgements were made see: www.supportsummaries.org/methods

Additional information

Related literature

Hobbs JL. A dimensional analysis of patient-centered care. Nurs Res. 2009;58(1):52-62.

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Conflict of interest

None declared. For details, see: www.supportsummaries.org/coi

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About certainty of the evidence (GRADE)

The "certainty of the evidence" is an assessment of how good an indication the research provides of the likely effect; i.e. the likelihood that the effect will be substantially different from what the research found. By "substantially different" we mean a large enough difference that it might affect a decision. These judgements are made using the GRADE system, and are provided for each outcome. The judgements are based on the study design (randomised trials versus observational studies), factors that reduce the certainty (risk of bias, inconsistency, indirectness, imprecision, and publication bias) and factors that increase the certainty (a large effect, a dose response relationship, and plausible confounding). For each outcome, the certainty of the evidence is rated as high, moderate, low or very low using the definitions on page 3.

For more information about GRADE: www.supportsummaries.org/grade

SUPPORT collaborators:

The Cochrane Effective Practice and Organisation of Care Group (EPOC) is part of the Cochrane Collaboration. The Norwegian EPOC satellite supports the production of Cochrane reviews relevant to health systems in low- and middle-income countries . www.epocoslo.cochrane.org

The Evidence-Informed Policy Network (EVIPNet) is an initiative to promote the use of health research in policymaking in low- and middle-income countries. www.evipnet.org

The Alliance for Health Policy and Systems Research (HPSR) is an international collaboration that promotes the generation and use of health policy and systems research in low- and middle-income countries. www.who.int/alliance-hpsr

Norad, the Norwegian Agency for Development Cooperation, supports the Norwegian EPOC satellite and the production of SUPPORT Summaries. www.norad.no

The Effective Health Care Research Consortium is an international partnership that prepares Cochrane reviews relevant to low-income countries. www.evidence4health.org

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