

Background

- Peri- and postmenopausal women could benefit from improved shared decision making (SDM) with their provider regarding menopause.
- Shared decision making is a collaborative process that allows patients and their providers to make health care decisions taking into account the best clinical evidence and patients' values and preferences.
- This project assessed the feasibility of the Veterans Health Administration's patient portal "My HealtheVet" (MHV) as an educational platform for women Veterans with menopause and assess its impact on menopause knowledge and SDM.

Methods

- We enrolled 140 women, ages 45-60, from the Miami Veteran Affairs Healthcare System.
- We implemented an educational intervention about communicating with their providers, menopause, and menopause associated symptoms and their treatment.
- Participants also received the Women's Health Questionnaire (WHQ) monthly about their menopause symptoms.
- The participants' usage of MHV was tracked using the weekly responses, read receipts, and monthly WHQ.
- After 6-months, participants were surveyed on their SDM experience with their providers using the SDM-9 (Table 2) and Communicating with providers (Table 3).

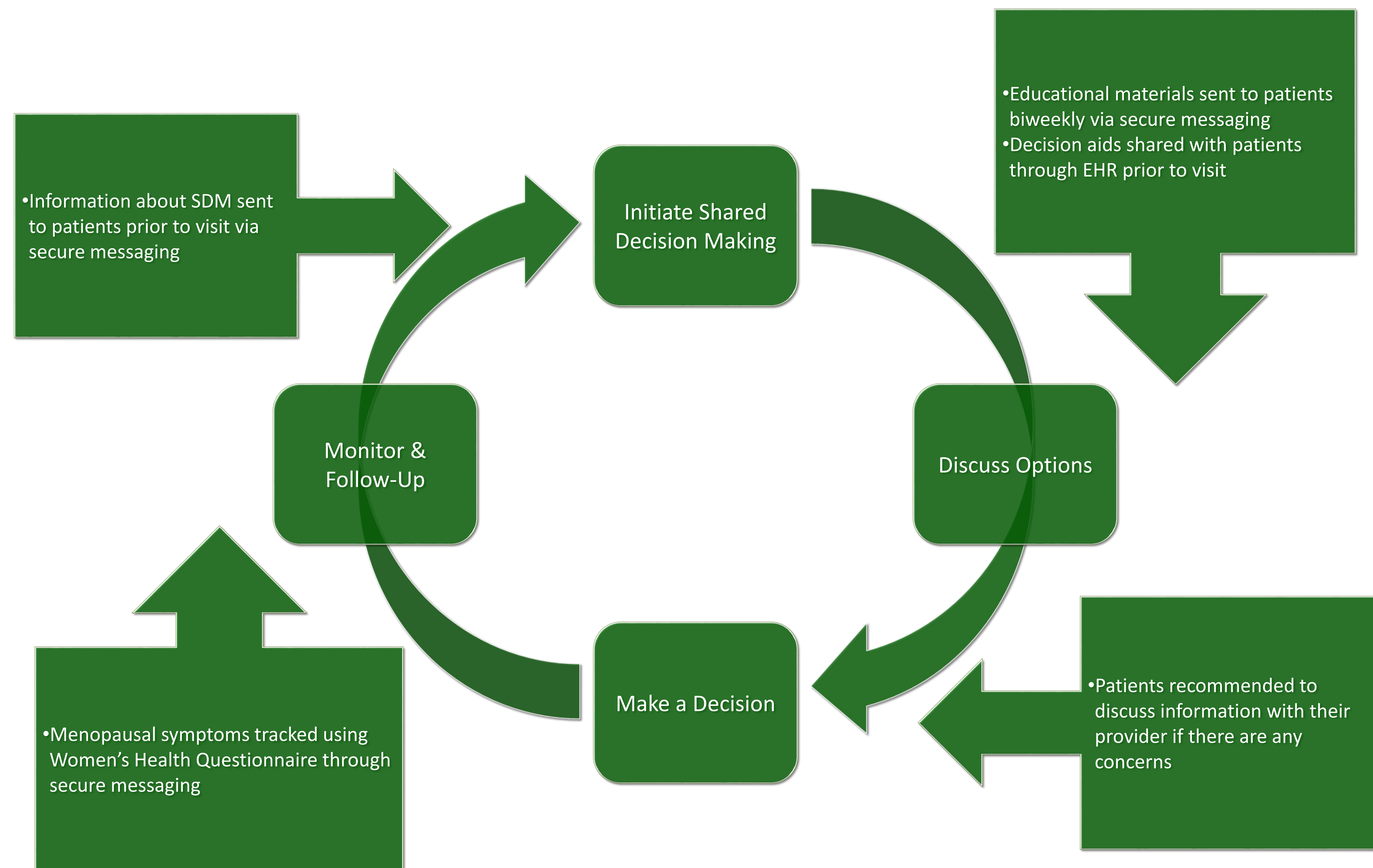


Figure 1: How the MEANS intervention supported SDM in menopause symptoms management.

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Results

- Survey respondents included 56 women (completed pre- and post), mean age 53 ± 4; 75% Non-Hispanic, 25% Hispanic; 44% White, 44% Black; and 92% with at least some college education.
- All the women reported previous computer, Internet, and search engine use.
- Of the 140 who received weekly messages, 13 to 91 read their messages, while 5 to 15 responded.
 - Overall 10,587 messages were sent out and 673 were received.
- Self-rated knowledge about menopause was measured on a 1-10 Likert scale; average score before participation was 5, after participating average score increased to 8.
- Menopause knowledge was testing using a 18-item true-false; 31 (55.4%) had an increase in score; average score increased from 81.7% to 87.8%.
- Self-reported incidence of SDM during a consultation was collected (Table 2).
 - 61% reported that they would definitely use SDM for important health decisions; 34% probably would.
 - 91% felt confident in discussing menopause treatment s with their providers, thereby initiating the process of SDM.
- Communication with provider data was collected using the Stanford survey (Table 3):
 - 86% stated that during face-to-face visits they bring a list of question.
 - 96% that they ask for further clarification.
 - 93% that they discuss personal problems regarding their illness.

Table 1. Demographic Data (n= 66)

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Ethnicity (%)	
Hispanic	24.6
Non-Hispanic	75.4
Race (%)	
White	43.9
Black	43.9
Other	12.2
Marital Status (%)	
Married	33.8
Single	11.5
Divorced	45.3
Other	9.4
Education (%)	
High School or Less	8.0
Some College or College Graduate	74.8
Graduate School	17.3
Income Status (%)	
Less than 10,000	5.0
10,001-19,999	15.8
20,000-29,999	15.8
30,000-39,999	8.6
40,000-49,999	10.8
50,000-59,999	7.2
60,000 or more	24.5
Prefer not to respond	12.2
Health Literacy: Confidence in Filling Forms (%)	
None or little of the time	1.4
Some or most of the time	16.4
All of the time	82.1

Table 2. Shared Decision Making Questionnaire-9

	Completely Disagree	Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree	Completely Agree
The material made it clear that a decision needs to be made.	3 (3.9%)	2 (2.6%)	1 (1.3%)	12 (15.6%)	30 (39.0%)	25 (32.5%)
The material told me that there are different options for treating my medical condition.	1 (1.3%)	3 (3.9%)	3 (3.9%)	8 (10.4%)	30 (39.0%)	30 (39.0%)
The material precisely explained the advantages/disadvantages of treatment.	1 (1.3%)	1 (1.3%)	4 (5.2%)	9 (11.7%)	34 (44.2%)	26 (33.8%)
The material helped me understand all the information	2 (2.6%)	1 (1.3%)	1 (1.3%)	11 (14.3%)	29 (37.7%)	31 (40.3%)
My doctor asked me which treatment option I prefer.	21 (27.3%)	6 (7.8%)	8 (10.4%)	16 (20.8%)	6 (7.8%)	14 (18.2%)
My doctor and I thoroughly weighed the different treatment options.	19 (24.7%)	7 (9.1%)	8 (10.4%)	15 (19.5%)	10 (13.0%)	14 (18.2%)
My doctor and I selected a treatment option together.	21 (27.3%)	7 (9.1%)	7 (9.1%)	8 (10.4%)	14 (18.2%)	15 (19.5%)
My doctor and I reached an agreement on how to proceed.	17 (22.1%)	5 (6.5%)	7 (9.1%)	9 (11.7%)	18 (23.4%)	18 (23.4%)
My doctor wanted to know exactly how I wanted to be involved in making the decision.	18 (23.4%)	9 (11.7%)	10 (13.0%)	11 (14.3%)	8 (10.4%)	18 (23.4%)

Table 3. Communication with Providers Questionnaire

	Always	Very Often	Fairly Often	Sometimes	Almost Never	Never
Prepare a list of questions for your doctor.	14 (21%)	7 (11%)	9 (14%)	27 (41%)	4 (6%)	5 (8%)
Ask questions about the things you don't understand about your treatment.	33 (50%)	9 (14%)	6 (9%)	15 (23%)	1 (2%)	1 (2%)
Discuss any personal problems that may be related to your illness.	24 (36%)	9 (14%)	10 (15%)	19 (29%)	1 (2%)	3 (5%)

Conclusion

- A need exist for increased communication regarding menopause between patients and providers .
- Patient portals may be a novel and practical way to enhance women's knowledge about menopause treatment options to promote menopause SDM.
- Such interventions using patient portals can also foster interactive SDM via use of secure messaging and during clinical visits with providers.
- There are some limitations to the support a patient portal can provide for SDM.

Future Direction

- As VHA patient portals use becomes ubiquitous, SDM supported by patient portals should also become a standard of patient care.
- Better incorporation of available patient portals capabilities, including tailored messages, automatic reminders, easier documentation, and educational tools, could feasibly achieve more widespread SDM.
- Further studies are needed on how to best harness patient portals' potential on SDM.

REFERENCES

1. Elwyn, G., et al., Shared decision making: a model for clinical practice. J Gen Intern Med. 27(10):p. 1361-7.
2. Briss, P., et al., Promoting informed decisions about cancer screening in communities and healthcare systems. Am J Prev Med, 2004. 26(1): p. 67-80.
3. Sheridan, S.L., R.P. Harris, and S.H. Woolf, Shared decision making about screening and chemoprevention. a suggested approach from the U.S. Preventive Services Task Force. Am J Prev Med, 2004. 26(1): p. 56-66.
4. O'Connor, A.M., F. Legare, and D. Stacey, Risk communication in practice: the contribution of decision aids. BMJ, 2003. 327(7417): p. 736-40.
5. Saver, B.G., et al., A tale of two studies: the importance of setting, subjects and context in two randomized, controlled trials of a web-based decision support for perimenopausal and postmenopausal health decisions. Patient Educ Couns, 2007. 66(2): p. 211-22.
6. Trudeau, K.J., et al., Identifying the educational needs of menopausal women: a feasibility study. Womens Health Issues. 21(2): p. 145-52.