

# Can patients influence clinical practice?

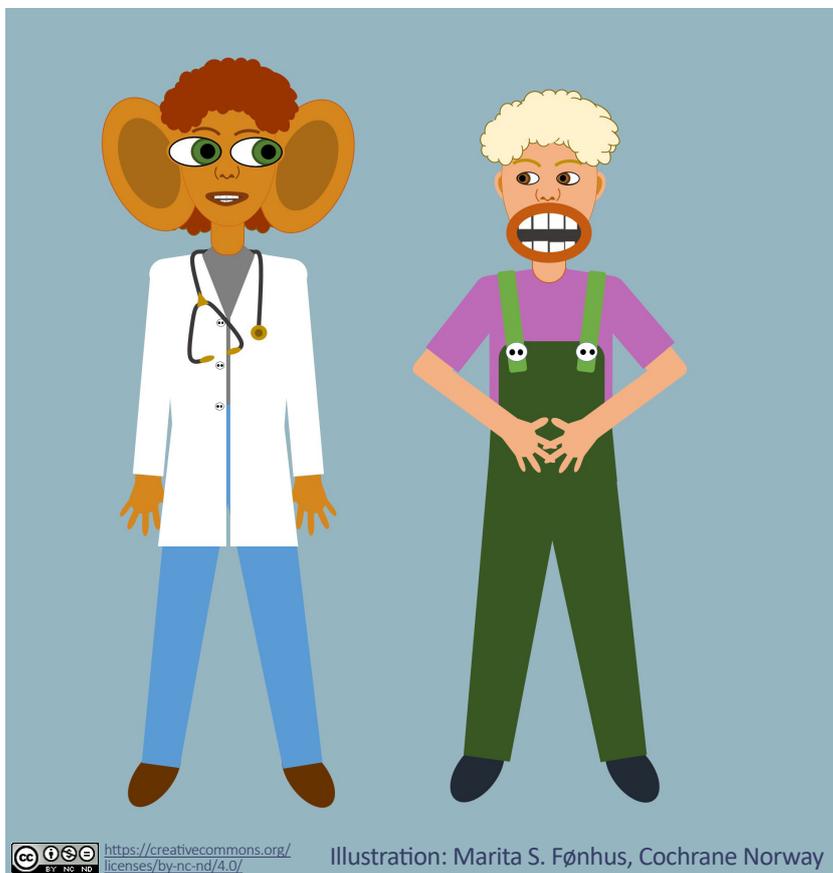
This Cochrane review shows that patient-mediated strategies, such as patient information, patient education or when patients give information about themselves, can help improve clinical practice.

## What does the research tell us?

In systematic reviews, available research is collected and critically appraised. The research question in this systematic Cochrane review was: What is the effect of patient-mediated strategies on clinical practice? Patient-mediated strategies were compared to no intervention or usual care. Findings from four types of patient-mediated strategies are presented below.

### Results

- Patient-reported health information probably improves clinical practice
- Patient information may improve clinical practice
- Patient education probably improves clinical practice
- Patient decision aids may make little or no difference to clinical practice



## Effectiveness of different patient-mediated strategies on clinical practice<sup>2</sup>

| What happens?   | WITHOUT patient-mediated strategies | WITH patient-mediated strategies   | Certainty of evidence <sup>1</sup> |
|---|-------------------------------------|------------------------------------|------------------------------------|
| Patient-reported health information<br>Patient-reported health information probably improves clinical practice <sup>2</sup> | 17<br>per 100 patients              | 26<br>per 100 patients (23 to 30)* | ⊕⊕⊕○<br>Moderate                   |
| Patient information<br>Patient information may improve clinical practice <sup>2</sup>                                       | 20<br>per 100 patients              | 32<br>per 100 patients (24 to 42)* | ⊕⊕○○<br>Low                        |
| Patient education<br>Patient education probably improves clinical practice <sup>2</sup>                                     | 35<br>per 100 patients              | 46<br>per 100 patients (39 to 54)* | ⊕⊕⊕○<br>Moderate                   |
| Patient decision aid<br>Patient decision aids may make little or no difference to clinical practice <sup>2</sup>            | 37<br>per 100 patients              | 32<br>per 100 patients (24 to 43)* | ⊕⊕○○<br>Low                        |

\* The confidence interval (95% CI) reflects the extent to which the [play of chance](#) may be responsible for an [effect estimate](#) from a [study](#). <sup>1</sup> Indicates the extent to which one can be confident that an estimate of effect is correct. <sup>2</sup> Clinical practice is defined as healthcare professionals following recommended clinical practice (following clinical Guidelines and recommendations)

## Background

Many strategies have been tested to see if they can improve healthcare professionals' practice and make sure that patients receive the best available care. Patient-mediated strategies are any strategies aimed at changing the performance of healthcare professionals through interactions with patients, or information provided by or to patients. Patient-reported health information is a strategy where patients give information about their own health, concerns or needs to the doctor. One example can be that you fill out a questionnaire in the waiting area before a consultation. Patient information is defined as information given to patients about recommended care or reminding them to use services, for instance to go for a check-up. Patient education is a strategy where one of the main goals is to increase a person's knowledge about his or her condition. This, in turn, is proposed to increase self-efficacy and improve health and quality of life. Decision aids are strategies that intend to help people make decisions about their medical management. This is done by giving balanced information about treatment options including risks and benefits. Other examples of patient-mediated approaches include patient feedback about clinical practice, patients being members of committees or boards, or patient-led training or education of healthcare professionals.

## What is this information based on?

The Cochrane authors searched for relevant studies in research databases up to March 2018. They found 25 studies (randomised controlled trials) with a total of 12 268 of people mostly 50 years or older. The number of healthcare professionals included ranged from 8 to 167 in the studies where this was reported. Ten studies were on preventive care with a general patient population or an 'at risk' patient population (cancer screening, diabetes screening, or vaccination). Fifteen studies were on identification, treatment or management of patients with certain conditions such as mental health problems, asthma, diabetes, cancer, hypertension, heart-related disease, dyspepsia, musculoskeletal pain, depression, mobility difficulty, and upper respiratory tract symptoms. All studies involved physicians, but in five studies nurses and physician assistants were also included. Most studies were carried out in the USA and conducted in a primary care setting.

Six studies were about patient-reported health information. Thirteen studies were about patient information. These included written or electronic reminders, prompts, handouts, posters etc. or video or web-based information. Five studies were about patient education interventions that varied greatly in content from electronic based education or training, to in-person communication or coaching interventions, to a multi session nurse-led patient-education intervention. One study was about patient decision aids. Fourteen studies delivered the intervention at the practice site while the remaining 12 studies delivered the intervention outside the practice, including in the patient's home, in person, by telephone, electronically (e-mail or web portal), or by post. The comparisons were either no approach or usual care. The authors did not find any studies on other types of patient-mediated strategies such as patient feedback about clinical practice, patients being members of committees or boards, or patient-led training or education of healthcare professionals. The main outcome of interest was adherence to recommended clinical practice (following clinical Guidelines and recommendations) by healthcare professionals.

## Reference

Fønhus MS et al. Patient-mediated interventions to improve professional practice. Cochrane Database of Systematic Reviews 2018, Issue 9. Art. No.: CD012472. DOI: 10.1002/14651858.CD012472.pub2.

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## Systematic review

In systematic reviews you search for and summarise studies that answer a specific research question. The studies are identified, assessed and summarised by using a systematic and predefined approach (read more [Cochrane Consumer Network](#)).

## Certainty of the evidence (GRADE)

When we summarise studies and present the result (effect estimate), we also need to say something about how certain we are about this result. The certainty of the evidence tells us something about how sure we can be that the result reflects real life or reality. [GRADE](#) is a system (or a tool) that we use to make these judgements. Among the elements we judge in GRADE are:

- how well the studies were conducted
- if the studies are large enough
- if the studies are similar enough
- how relevant the studies are
- if all relevant studies have been identified