The Health Foundation
Inspiring Improvement

Case study:

How using clinical coding has supported the monitoring of shared decision making and encouraged behaviour change

The MAGIC project aims to change clinicians' behaviour. Participating primary care practices in Newcastle have used a 'shared decision making/patient experience' questionnaire SDM Questionnaire (768.5Kb) doc-file to support this goal. This informs clinicians about their performance, and regularly reminds them about the programme's goals.

What happened?

Very early on in the MAGIC project, Collingwood and Central surgeries decided they wanted to go one step further to explore different ways to remind clinicians about shared decision making, with the aim of encouraging this activity.

The initial approach was to code consultation behaviour and then feed this back to clinicians on a regular basis. Collingwood opted to use a single code that reflected when a clinician had tried to engage a patient in shared decision making. Central surgery chose three codes, that recorded partial shared decision making, full shared decision making and shared decision making including use of decision support tools.

While Collingwood had early positive results, coding activity and feedback stopped, as the practice felt the code was too broad. At Central Surgery their approach has continued and has been adopted by Collingwood. At Central a competitive element was introduced to encourage more shared decision making. Codes were searched and winners awarded weekly with a 'MAGIC cup'. This regularly reminded clinicians about shared decision making, incentivising activity in a playfully competitive culture, while demonstrating that shared decision making was taking place.

The MAGIC team has negotiated to add these three codes to the EMIS system, and they are therefore available to around 50% of primary care practices nationally.

Shared decision making:

- partial
- full – without decision support materials
- full – with decision support materials.

What was the impact?

MAGIC practices have found the technique of coding consultations and then feeding back on activity helpful for:

- regularly reminding the practice about shared decision making and its importance
- encouraging involvement
- providing a positive competitive element.
- It has been noted that some clinicians may have not recorded activity because:
- clinicians underestimated their level of shared decision making activity
- methods of doing shared decision making vary (but it is agreed in the participating practices that there is no 'one right way' to do shared decision making)
- recording activity takes time and feels like an extra challenge at first.

What are the lessons?

- Simple and familiar recording and measures are often best.
- Programmes that aim to change behaviour need to be flexible and you should expect them to need modifying.
- Allowing practices to develop their own measures helps them engage effectively.
- Precise coding is not the most important thing. Behaviour change can occur through participation; just feeding back clinicians' data helps them to see what they and their colleagues are doing.
- Data must be routinely collected and regularly fed back to maintain momentum and embed new processes.