

Project CS04.ii: Consumer Education Strategies

A summary and response on behalf of the Royal Australian and New Zealand College of Radiologists

Introduction

The *Consumer Education Strategies* projects were run and funded as 2 separate projects, with the findings of the first project (Phases 1 & 2) leading to the design of the second (Phases 3 & 4) using an iterative multi-method design. Consequently, the final report of the *Consumer Educations Strategies – Phases 3 & 4* provides an overview of both projects.

Purpose

The purpose of this project was to identify the most effective strategies to facilitate consumer education about the DI services. It aimed to identify the most effective means to assist consumers to be more aware of the purposes, benefits, limitations, risks, complications, distracting incidental findings and down stream costs to the community related to diagnostic imaging services. Such information will contribute to an informed choice.

Methods

The two stages of the project comprised:

Stage One – Phases 1 and 2: Literature review and consultation phase. The research outcomes are reported in the CS04.i final report.

Stage Two – Phases 3 and 4: Further stakeholder consultation and development of pilot consumer information materials, followed by a structured evaluation process.

Findings

Over 2000 Diagnostic Imaging [DI] consumers and 200 DI referrers and practice staff participated in the project.

DI testing is common in the Australian community, yet consumer knowledge about DI tends to be limited to a basic understanding of test purpose(s). Most consumers surveyed for this project reported receiving only verbal information at the time of DI referral, with few receiving written information. Significant numbers across all DI modalities reported receiving no information at all. Many reported they would have liked more information before their DI test.

For many consumers, DI testing is an anxious time as they await clarification from the test. This limits their ability to attend to and recall verbal information, and is associated with higher levels of dissatisfaction with service.

A number of key aspects in relation to improving consumer DI information flows was identified:

- Consumers tend not to get information about DI testing unless they request this information. Where it is given, it is predominantly verbal.
- There is a need for more consumer information about DI tests to be available, and this need is expressed by consumers, DI staff and referrers.
- There is a preference for more information at the referral point and also through DI practices.
- The need for information varies by age, gender, by type of DI, by previous experience, educational level, and by cultural/social factors.
- Basic DI information that includes information on where to find more consumer information, and that is simple, readable and accessible and part of a process should be provided to all consumers at the time of initial referral. Supplementary, more detailed information which can be accessed as desired should be available for those who require it.

- State anxiety is high given the context in which DI takes place, and the limited information made available to meet consumer needs. Coupled with the perceived characteristics of the DI environment (impersonal and mechanistic), this inhibits the ability to recall relevant verbal information. This also indicates the need to address process and environmental issues.
- While participation rates were low, the pilot test results indicate that the consumer information sheets are seen as a welcome development.
- DI practices, referrers and consumers participating in this pilot agreed that the tested materials provide a useful template as a source of consumer DI information.

Other points of interest discovered by the study include:

Consumer DI information:

- is helpful to consumers and health service providers.
- should be tailored to consumer needs.
- should be provided as part of a systematic and comprehensive process.
- should be available in a variety of formats targeted to consumers' and provider's needs and resources.
- needs to be evidence based and accredited.
- is most desirable in a question and answer format.

What the report tells us

The report tells us that the amount of information received by consumers about their radiological examination has been inconsistent, and at times inadequate. Consumers do want to be informed but often aren't, unless they ask for the information from the medical professional. This can lead to increased anxiety about their examination. The result of the project surveys of referrers, DI staff and consumers indicated strong support for more information to be available to both referrers and consumers at the referral point, and at the DI practice.

The report recommends a multi-level DI consumer information strategy led by the College:

- It recommends that the College should set up processes to author, endorse, distribute and regularly review DI consumer information. Processes would also need to be set up to further develop and disseminate information for specific DI issues and population groups. The processes would need to consider the needs of all stakeholders, including consumers, referrers and DI practices.
- DI practices and other health information providers can develop locally relevant DI consumer information, guided by recommended standards set by the College.
- Information provision can be supported by educational and promotional opportunities at all levels. There is good potential to align these processes with other activities of the College which engage consumers.

Issues for further consideration

The provision of enhanced and more comprehensive consumer information is desirable. Its provision is intended to *contribute* to an informed choice rather than define 'informed choice'. Patients need to be informed of the potential negative effects of any procedure, or series of procedures, in order for them to make an informed decision to proceed. Provision of information will help allay some of the stress involved. There are also legal issues around the full disclosure of information to a patient prior to a test.

There is a need for a solid evidence base to inform the development of consumer information material. This will require ongoing research to inform the development of materials and their subsequent review for currency. Given resource limitations in Australia, consideration should be given to the adoption of consumer information material developed in the US and Europe, with an appropriate Australian review process.

Implications for clinical role of radiologists

The provision of evidence based and appropriately written education materials provides an opportunity to inform consumers about the roles and responsibilities of all members of the imaging team.

Implications for RANZCR

The consultants reported that the College was seen by all stakeholders as the appropriate national body to authorise, endorse and make available the tested DI consumer information content. Given its strong standing amongst stakeholders, it was the view of the consultants that the College is well-placed to influence the information provision behaviour of its Fellows, referring doctors, and DI practice staff.

There is significant demand for this work to be undertaken, with resulting benefits for patients and referrers. However, the recommendations from this project have considerable financial and human resource implications. It is beyond the College's current resource capacity to independently take forward the recommendations of this report.

RANZCR welcomes this report and is of the view that the development of consumer materials is best carried forward through close collaboration with all relevant stakeholders. Further discussion and agreement between stakeholders will also be necessary to resolve issues of ownership, copyright, authorisation and liability for new consumer materials.

College recommendations

It is recommended that a project to adopt/develop and disseminate consumer and referrer information materials be included with high priority in the work program for phase 2 of the QUDI Program 2008 – 2013.