Decision Autonomy in Pragmatic Clinical Trials
Supplement to the TiME Trial

Scott Halpern, MD, PhD
Laura Dember, MD
Susan Ellenberg, PhD
Steven Joffe, MD, MPH
Jason Karlawish, MD

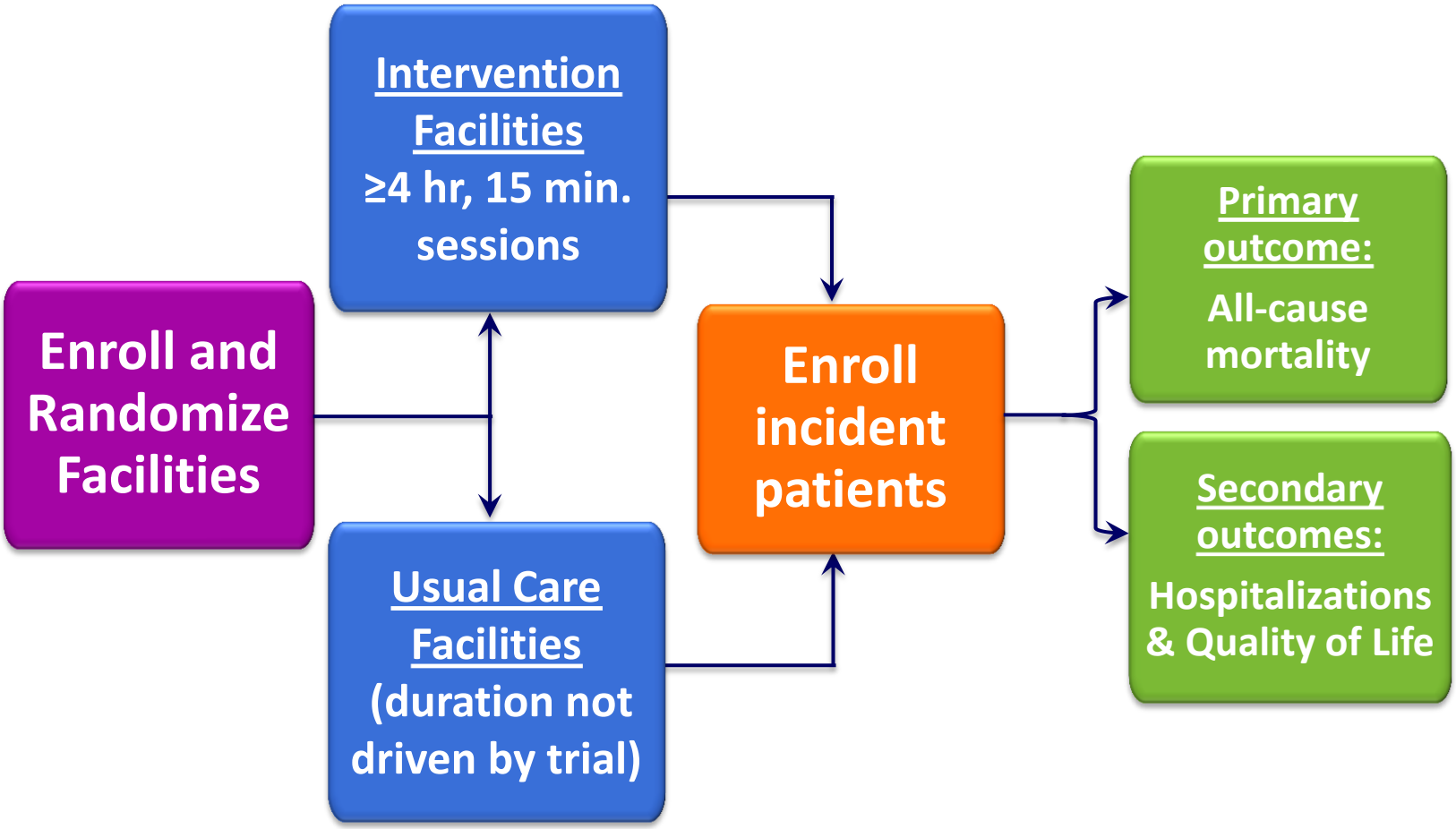
Goals of Supplement Project

Context: In the service of learning, clinical trials curtail autonomy of individual patients and physicians to choose specific treatments

We seek to learn:

- How patients and physicians view treatment autonomy
- How these valuations differ in the contexts of research versus clinical care
- Whether limitations on treatment autonomy should influence approach to informed consent

Motivated by the TiME Trial



Aims

Aim 1: Assess qualitatively how patients treated with hemodialysis and their providers value physician autonomy to choose among treatment strategies that are within the range of the standard of care

Aim 2: Quantify how curtailing treatment autonomy influences patients' and providers' willingness to participate in RCTs, and whether these influences differ in research vs. clinical care settings

Aim 3: Measure the extent to which requirements for informed consent modify patients' and providers' concerns regarding the curtailment of treatment autonomy in research and clinical care

Mixed Methods Approach

- Phase 1 (Aims 1 and 3): Semi-structured interviews
  - Patients: dialysis units in Philadelphia area (urban and suburban) not participating in the TiME Trial
  - Nephrologists: TiME Trial facilities

- Phase 2 (Aims 2 and 3): Conjoint analysis
  - Patients: dialysis units in Philadelphia area not participating in the TiME Trial
  - Nephrologists: TiME Trial facilities

Phase 1 informs Phase 2

Semi-Structured Interviews

- 2 vignettes presented to each participant, sequence varied
  - Research vignette: similar to TiME Trial
  - Clinical vignette: new facility policy
- Followed by open-ended questions

Interview Script – Research Vignette

If you were asked to participate in this study, what would your initial thoughts and reactions be?

- What factors would be important in your decision to participate or not?
- What do you like about the study, and what might motivate you to participate in it?
- In what ways might participating in this study benefit you?
- Are there any reasons that you might not want to participate in this study? What are they?
- What other concerns might you have about participating in this study?

Prompts (if needed)

Further prompts (only provide if needed)

- Would participating in this study affect your relationship with your doctor? If so, how?

- Suppose you were asked to help someone else decide whether to participate in this study. What would you tell this person in order to help them decide?
- Are there other things you would want to know about the study before deciding whether or not to participate? What are these?

Further prompts (only provide if needed)

- What else, if anything, would you like to know about the risks of being in the study?
- What else, if anything, would you like to know about the benefits of being in the study?
- How comfortable are you with the way patients are told about the study?
  - Do you have suggestions for a better way to inform and enroll patients?
  - Do you think it is appropriate that if patients do not want to participate, they can make a phone call to ask to be removed from the study?

Phase 2: Conjoint Analysis ("Discrete Choice Experiment")

- Experimental design forces participants to *reveal* preferences rather than to *state* preferences
- Use questionnaires to present multiple hypothetical RCTs to assess how attributes identified as important in Phase 1 influence willingness of patients/nephrologists to participate in RCTs
  - Restrictions on autonomy
  - Rationale for restriction: RCT participation vs adoptions of clinical practice guidelines
  - Burdens of trial participation for patients or providers
  - Inclusion of processes for informed consent, notification or neither
- Attributes presented to participants are systematically varied
- Evaluate main effects and interactions

Hypothetical RCTs

- Restrictions on autonomy
  - Longer without individualization
  - Longer with individualization
- Rationale for restriction on autonomy
  - RCT vs Clinical Practice Guideline
  - Hypothesized benefit
- Burdens of trial presentation
  - Extra tests
- Informed consent process: traditional, streamlined, none

Timeline and Progress

Task Description	Year 1										Year 2											
	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S
Develop and finalize interview guides																						
IRB documentation and approval																						
Complete semi-structured interviews																						
Develop codebook, code interviews																						
Qualitative data analysis																						
Develop conjoint analysis surveys																						
Participant recruitment, questionnaires																						
Quantitative data analyses																						
Integrate qualitative & quantitative data																						
Manuscripts and dissemination																						

Discussion

- Content linked tightly to the TiME Trial
- TiME Trial nephrologists included as participants