Family-Centered Care and Shared Decision Making: Are they the same construct?

and

The Association of Family-Centered Care and Family-Centered Care and Shared Decision Making, with Receipt of all Needed Prescription Drugs and Emergency Department Visits in Children with Asthma

Abstract

Barbara L. Brumbaugh

Asthma is the most prevalent chronic health condition in children. This is a significant public health burden not only on the children’s care givers, but also on schools, employers and the health care system. In many cases asthma cannot be prevented, but improvement of outcomes is an achievable goal. While over the past 2 decades we have seen a substantial increase in therapies available for treating asthma have, the prevalence of asthma and the health care use associated with the disease, have not decreased substantially. This suggests we need to look at alternate strategies to manage the disease including those that enable the patient and their families to manage it more effectively. These alternate strategies include family-centered care (FCC) and shared decision making (SDM).

Our study first examined the measures of family-centered care and measures of shared decision making, found in the 2009-2010 National Survey of Children with Special Health Care Needs (NS-CSHCN) to determine if they are separate constructs. Our study found that measures of FCC and SDM are the same construct and should potentially be included together into a more comprehensive measure of FCC.
Our second study then examined specific outcomes relative to the receipt of FCC and the receipt of FCC and SDM in children with asthma. We found that after controlling for enabling, predisposing and need factors that those children with asthma, who received care that was perceived as FCC or care that was FCC and included SDM were significantly more likely to receive all of their needed prescription medications and not to have visited the emergency department in the past 12 months.

We concluded that FCC has important implications in the treatment of pediatric asthma. It has the potential to effect better outcomes that include reduced morbidity, decreased costs and increased quality of life for patients and their families. Further efforts should be initiated to implement family-centered care across the continuum of healthcare, especially in chronic disease management. In addition there should be further study of the relationship between FCC and SDM to ensure we measure outcomes relative to the two appropriately.