

# Patient Preferences Are Essential to Bringing the Patient Into Focus

Patient preferences are an essential component of the patient voice and their subsequent use in **patient-centered clinical decision support (PC CDS)** can advance patient-centered care.

Providing care that respects what patients want makes it easier for them to actively participate and make decisions about their healthcare journey. Recognizing patients' needs and desires and adjusting healthcare decision making to address these preferences can greatly enhance patient care, experience, and outcomes. To fully realize the power of this kind of responsive care, it's important to understand the preferences that matter in patient-centered clinical decision support (PC CDS) and figure out the best way to put them into practice.

The Agency for Healthcare Research and Quality's (AHRQ) Clinical Decision Support Innovation Collaborative (CDSiC) produced a **Taxonomy of Patient Preferences**, based on a literature review, key informant interviews, and a focus group. This infographic presents an organizing framework that includes six domains for patient preference information most relevant to PC CDS, as well as key considerations for collecting and incorporating patient preferences within PC CDS.

# Six Patient Preference Domains

Patient-centered clinical decision support (PC CDS) is CDS that centers on the patient or their caregiver and facilitates their active involvement in healthcare decision making with their clinicians.

## Personal characteristics

This domain encompasses preferences that are captured in a patient profile (e.g., a patient's preferred salutation, name, pronouns, and language). Use of this information helps personalize PC CDS.

## Access and care experience

This domain encompasses preferences around the range of interactions a patient has across the healthcare system and shapes the delivery and receipt of PC CDS to improve patient experience.

## Considerations for Collecting and Incorporating Patient Preferences

### Stability of patient preferences



Patient preferences may be dynamic, changing over the course of a patient's life or illness or under different circumstances. Preference stability varies depending on the patient, their health condition, symptom severity, prognosis, and preference domain.

### Capture/collection of patient preferences



Time constraints, technological limitations for recording or storing unstructured preference data, and lack of training on collecting preferences in a sensitive manner may pose challenges to capturing patient preferences for healthcare providers.

### Use of patient preferences



Preferences that are collected should be incorporated into clinical care discussions or otherwise acted upon to avoid frustration and mistrust between patient and clinician.

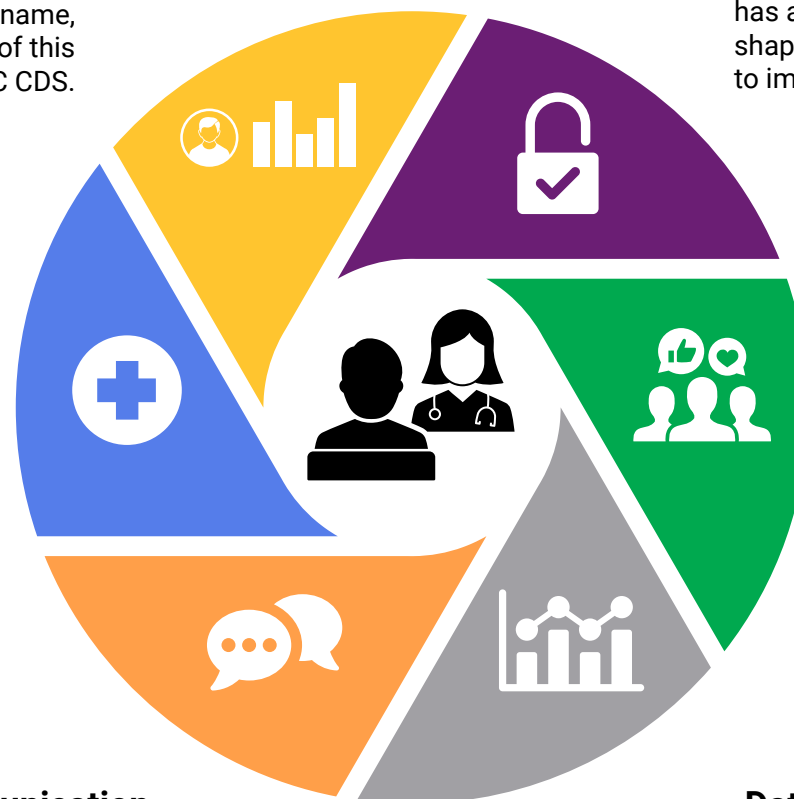
### Measuring concordance with patient preferences



Current methods of assessing the extent to which actions taken comply with the patient's stated preferences have focused on measures of treatment-preference concordance and decision quality.

## Healthcare services

This domain includes concepts related to care planning and health consequences of care provided or refused, such as receipt of preventive care, receipt of results, treatment preferences, palliative care preferences, and advance care directives. These preferences can be used in PC CDS to prioritize care.



## Engagement

This domain encompasses a patient's desired level of involvement in their care, including information seeking, decision making, and self-management. It increases the likelihood of relevant recommendations and patient understanding.

## Data

This domain encompasses patient preferences around access and use of personal health data and enhances the relevance and accuracy of PC CDS, while mitigating potential safety implications.

## Communication

This domain includes concepts such as the timing, the mode, the frequency, and use of various communication tools. Consideration of these preferences allows for naturally integrating PC CDS into patient lifeflow.

## Learn More

Read the full report, **Outcomes and Objectives Workgroup: Taxonomy of Patient Preferences**. Developed by the AHRQ CDSiC Outcomes and Objectives Workgroup, this report provides a framework for developers, evaluators, patient advocates, and organizations looking to advance patient-centered care by incorporating patient preferences into the delivery of patient-centered clinical decision support.

## About AHRQ CDSiC

The AHRQ Clinical Decision Support Innovation Collaborative (CDSiC) is a community of diverse stakeholders at the forefront of using technology to better support care teams, patients, and caregivers. The CDSiC is working toward healthcare decisions driven by both patient-centered and patient-specific information that align with patient needs, preferences, and values. Learn more at <https://cdsic.ahrq.gov/>.

