

# Patient-Centered Care for Addictions Treatment: A Scoping Review

Kirsten Marchand (PhD Candidate)  
School of Population and Public Health,  
University of British Columbia

[kmarchand@cheos.ubc.ca](mailto:kmarchand@cheos.ubc.ca)



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THE UNIVERSITY OF BRITISH COLUMBIA

**Faculty of Medicine**  
School of Population and Public Health

# Disclosures

- I have no affiliation (financial or otherwise) with a pharmaceutical, medical device or communications organization.

# Background

- Approximately 1.3 million Canadians >15 years meet criteria for substance use disorder.
- Only 155,210 Canadians accessed publically funded substance use treatments.
- Suggests a treatment gap that might be overcome by improving the **patient-centeredness** of treatment.

Source: Pirie, T., & National Treatment Indicators Working Group. (2015). National Treatment Indicators Report: 2012-2013 Data. Ottawa, Ontario: Canadian Centre on Substance Abuse.

# What is Patient-Centered Care?

- Patient-centered care “puts the person first”. Its core principles:
  - A holistic focus
  - An individualized focus
  - Positive therapeutic alliance
  - Balance of power & shared decision-making
- Potential benefits – improved consultation process, perceived quality of care, reduced patient barriers.

Sources: Slater L. Person-centredness: a concept analysis. *Contemp Nurse* 2006;23(1):135-44;  
Dwamena F, Holmes-Rovner M, Gaulden CM, et al. Interventions for providers to promote a patient-centred approach in clinical consultations. *Cochrane Database Syst Rev* 2012;12:Cd003267.

# Research Questions

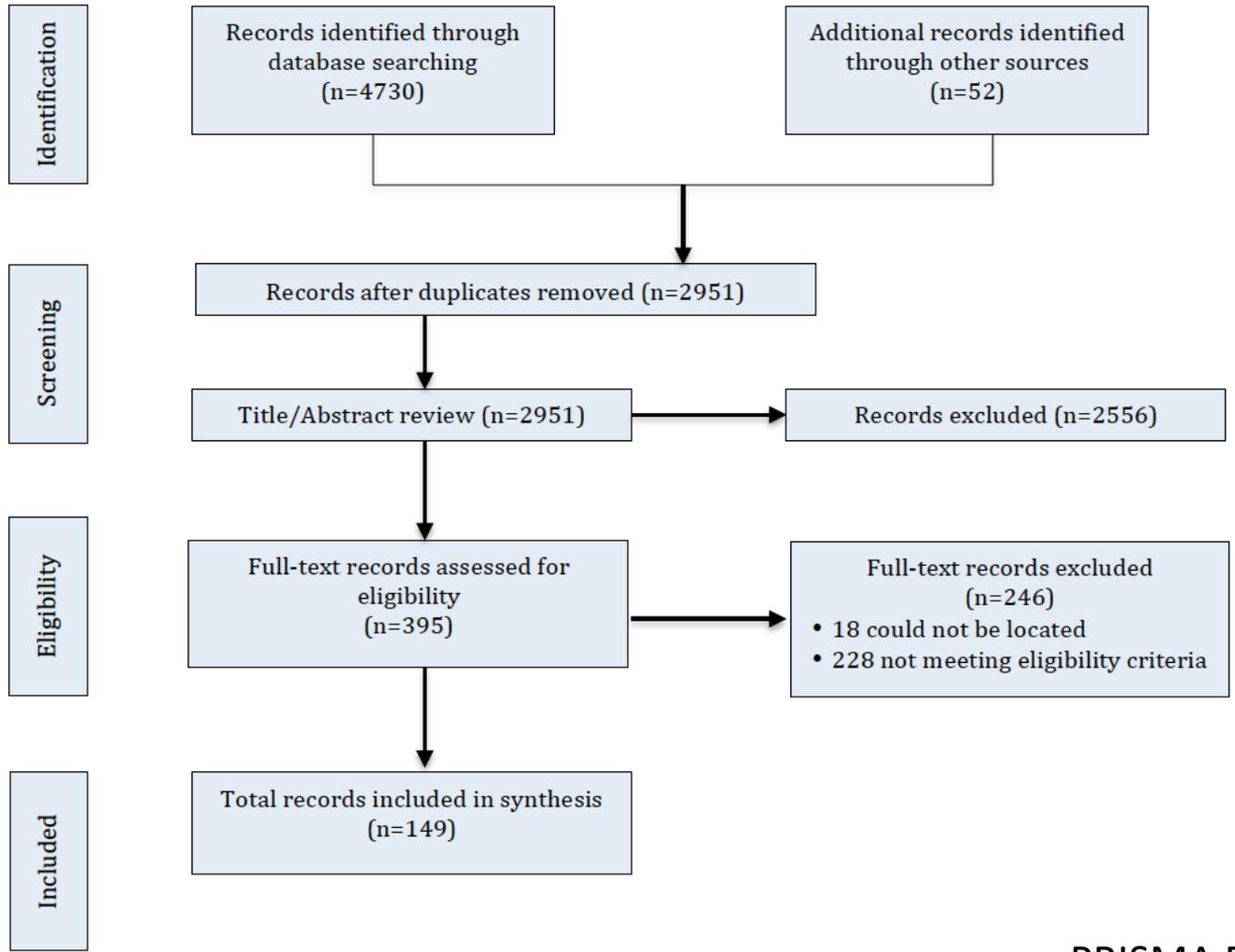
- 1) Which PCC principles have been implemented in health care settings for people with problematic substance use?
- 2) How have these PCC principles been operationalized when used in health care settings for people with problematic substance use?

# Methods

- Scoping review methodology, following the best practice frameworks (Arksey and O'Malley, Joanna Briggs Institute, PRISMA-ScR)
- Search strategy developed in consultation with Health Sciences Librarian and our team's knowledge users; piloted and peer-reviewed.
- Screening (both title/abstract and full-text) done independently by two reviewers (author KM and SB) with over 87% agreement in both stages.
- Data extraction led by KM and checked by a co-author SB with 92% agreement.
- Descriptive summaries and directed content analysis (in Nvivo)

# Medline Search Terms

Population	Concept
<p>MeSH for Substance-related disorder (exploded)</p> <p>Keywords for problematic substance use (e.g, substance dependence, abuse; injection drug use)</p> <p>Keywords for specific substances and their routes (e.g., opioids, cocaine; amphetamine; alcohol; cannabis; tobacco)</p> <p>MeSH for Dual diagnosis</p>	<p>MeSH for Patient Centered Care (exploded)</p> <p>Keywords for patient-centered care (e.g., person focused care; client centered care)</p> <p>Keywords for specific principles (e.g., shared decision-making; therapeutic alliance; holistic nursing)</p>



PRISMA Flow Diagram

# General Reference Characteristics (n=149)

- 51% of eligible references published since 2010
- 98% were published in English
- 67% were published in North America; 25% in Europe
- 72% were empirical references (74 quantitative, 25 qualitative, 3 mixed-methods, 5 reviews)
- Population targeted was primarily clients with problematic substance use (64%)
- Health care setting was primarily outpatient (66%)
- Treatment provided was primarily psychosocial (66%)

# Which Principles have been Implemented?

Principle	N (% of 149*)
Holistic care	35 (23.5)
Individualized care	43 (28.9)
Shared decision-making	53 (35.6)
Therapeutic alliance	107 (71.8)
More than one principle	63 (42.3)

\* Principles coded were not mutually-exclusive; a reference could be coded at more than one principle.

# Directed Content Analysis of Defining Characteristics of Patient-centered Care

- Direct provision of health/psychosocial service within addiction treatment setting (n=25)

- Coordination of services (n=15)

- Gender responsive services (n=9)

Holistic Care  
(n=35)

- Assessment of individual needs (n=29)

- Delivery of care according to patient need and preference (n=24)

Individualized Care  
(n=43)

- Client and provider negotiation in decision-making process (n=31)

- Autonomous decision-making (n=17)

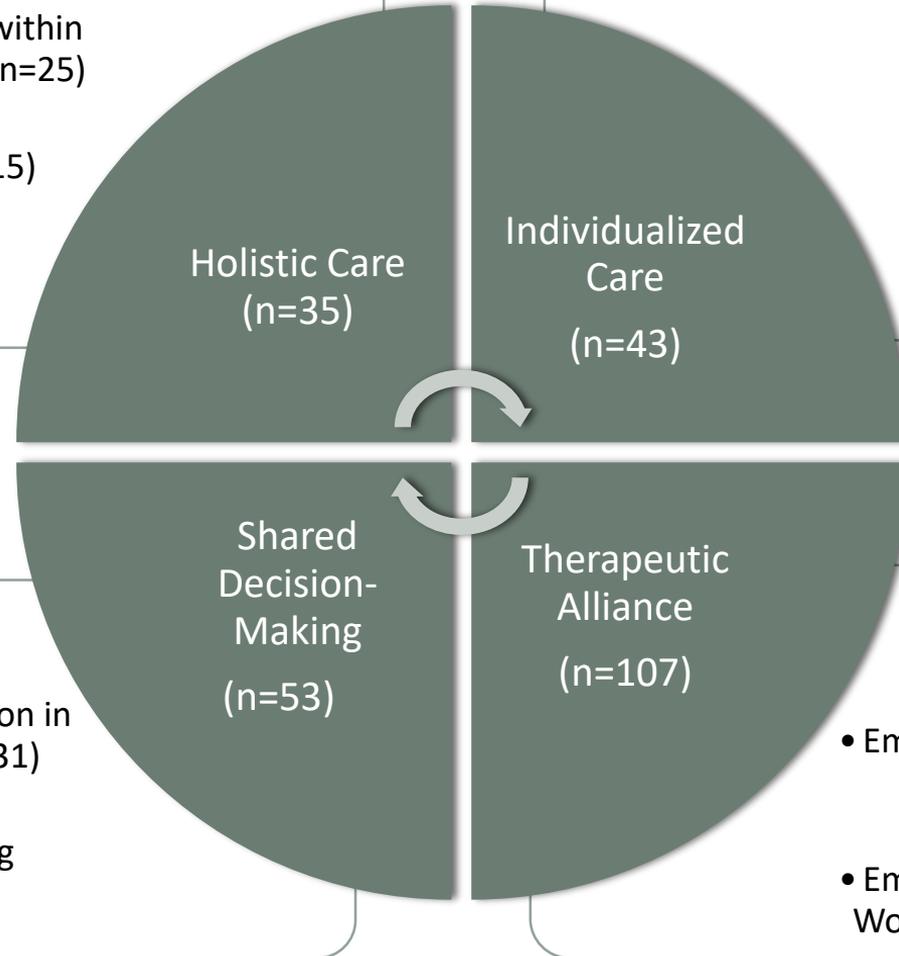
Shared Decision-Making  
(n=53)

- Non-judgmental, respectful, accepting (n=37)

- Empathy, understanding, warmth (n=32)

Therapeutic Alliance  
(n=107)

- Empirically-based definition, e.g., Working Alliance Inventory (n=56)



# Discussion

- The defining categories agreed with existing frameworks with a few population-specific characteristics:
  - Gender-responsive services
  - Less emphasis on shared decision-making strategies (e.g., decision support tools)
  - More emphasis on non-judgment and respect
- Therapeutic alliance was the most frequently described principle of PCC, but...
  - Over 50% of these references based their definition on empirical measures adopted from psychotherapy.
  - How well do those measures reflect the category of non-judgment?

# Conclusions

- Findings inform an evidence-based operationalization of the patient-centered principles for people accessing treatment for problematic substance use.
- Such operationalization is necessary for designing and testing the effectiveness of patient-centered approaches.

# Thank You & Acknowledgements

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- Health Sciences Librarian: Ursula Ellis, UBC Woodward Library
- Contact: [kmarchand@cheos.ubc.ca](mailto:kmarchand@cheos.ubc.ca)

# Limitations & Strengths

- Both population and concept of interest have been indexed using a variety of terms.
  - Challenge to balance breadth with specificity; resulting in a lot of false positives.
  - Extensive consultation with multidisciplinary team, Health Sciences Librarian and a PRESS review was done.
- This breadth also posed challenge for synthesis.
  - Directed content analysis – a coding framework maintains consistency with existing theory, but can also remain open to alternative framings.