

SHARED DECISION MAKING WHAT? WHY? HOW?



INFORMED MEDICAL
DECISIONS FOUNDATION
Partnerships for Quality Care

Richard Wexler, MD
Chief Medical Officer

Disclosures

I am employed by the nonprofit Foundation for Informed Medical Decision Making which is funded by royalties and project revenue from Health Dialog. Health Dialog co-produces patient decision aids with the Foundation and distributes them to health plans, employers and provider groups.

I've learned what I know about implementation from the provider organizations with whom I've had the opportunity to work.

Learning Objectives

After this session you will be able to:

- Identify the key components of shared decision making (SDM) and patient decision aids (DAs)
- Discuss SDM in the context of current health system reform efforts
- Describe the benefits of SDM from the patient, provider, and provider organization perspectives
- Identify the objectives and strategies needed for successful implementation of SDM and the use of DAs in provider settings

Shared Decision Making (SDM)

“the process of **interacting** with patients who **wish** to be involved in arriving at an **informed, values-based** choice among two or more medically reasonable alternatives”¹

Informed

- There is a choice
- The options
- The benefits and harms of the options

Values-Based

- What’s important to the patient



¹A.M. O'Connor et al, “Modifying Unwarranted Variations In Health Care: Shared Decision Making Using Patient Decision Aids” *Health Affairs*, 7 October, 2004

A Word on Taxonomy

Effective Care

- Strong evidence base supports care
- Benefit-to-harm ratio high
- All with need should receive

Preference-Sensitive Care

- Evidence supports more than one approach
- Treatment/testing options involve significant trade offs
- Personal values, preferences, and life circumstances should drive decisions

SDM Sweet Spot

Preference-Sensitive Care

Interventions have **similar benefits** but **different risks**

e.g. management of ruptured Achilles tendon

Interventions have **different benefits** and **different risks**

e.g. surgery vs. medical management for knee osteoarthritis

Intervention has **uncertain benefits** but **certain risks**

e.g. PSA testing for prostate cancer screening

A Word on “Engaged”

- What do we mean?
 - Involved in activity*
 - Patients involved in their health and healthcare-related activities
- What does it take (necessary but not sufficient)?
 - Welcoming providers and provider systems
- Where can we start?
 - Involving patients in medical decisions

*Merriam-Webster On-line Dictionary

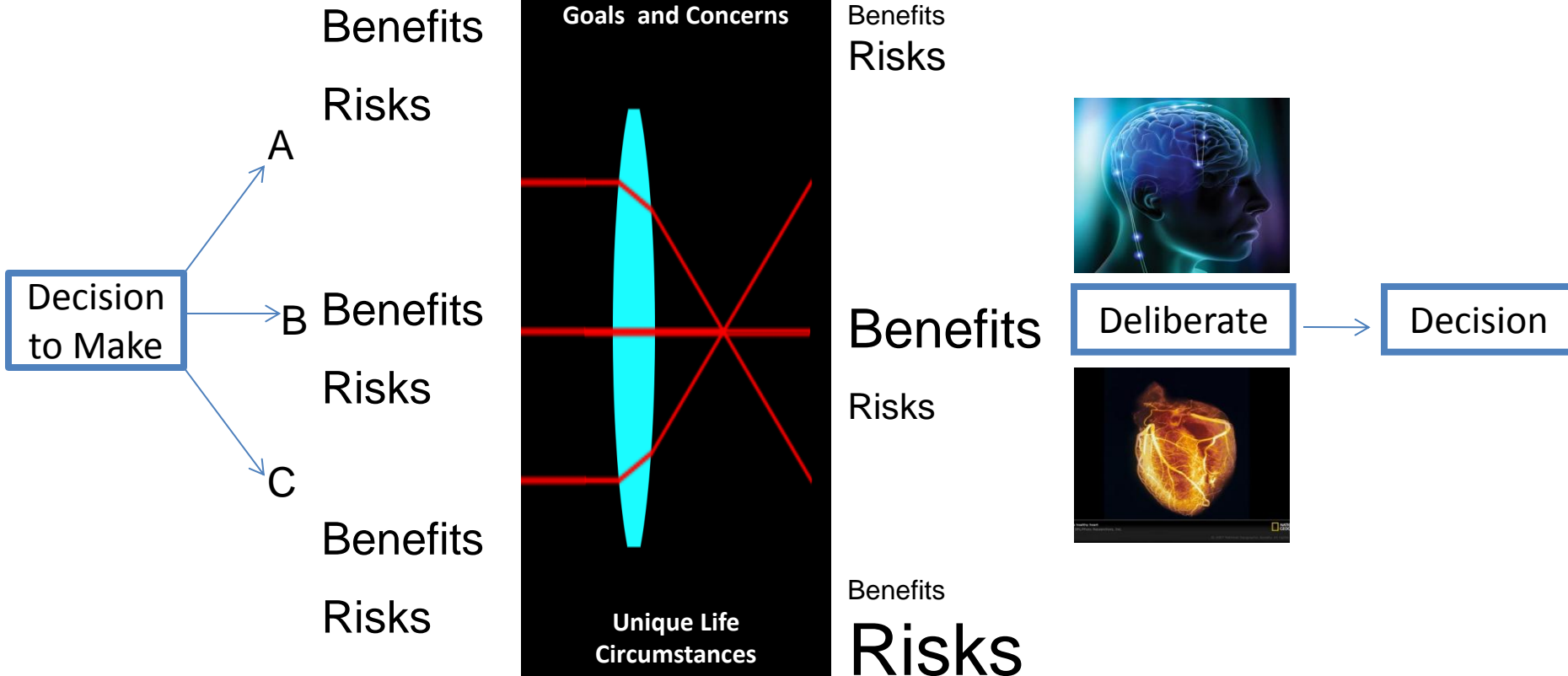
SDM as Patient Engagement

Shared decision making offers a process and tools to routinely engage patients in decisions about their own health.

A Schematic of Shared Decision Making

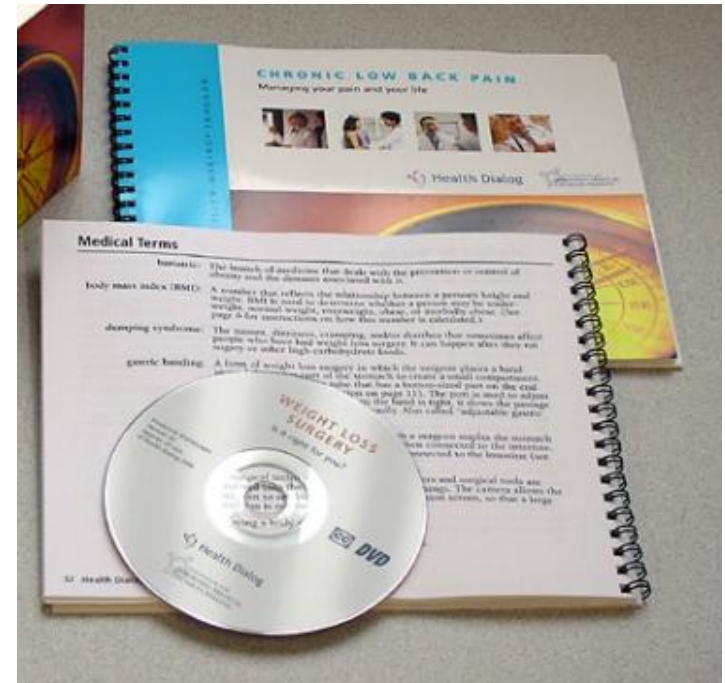
Options

Patient Lens

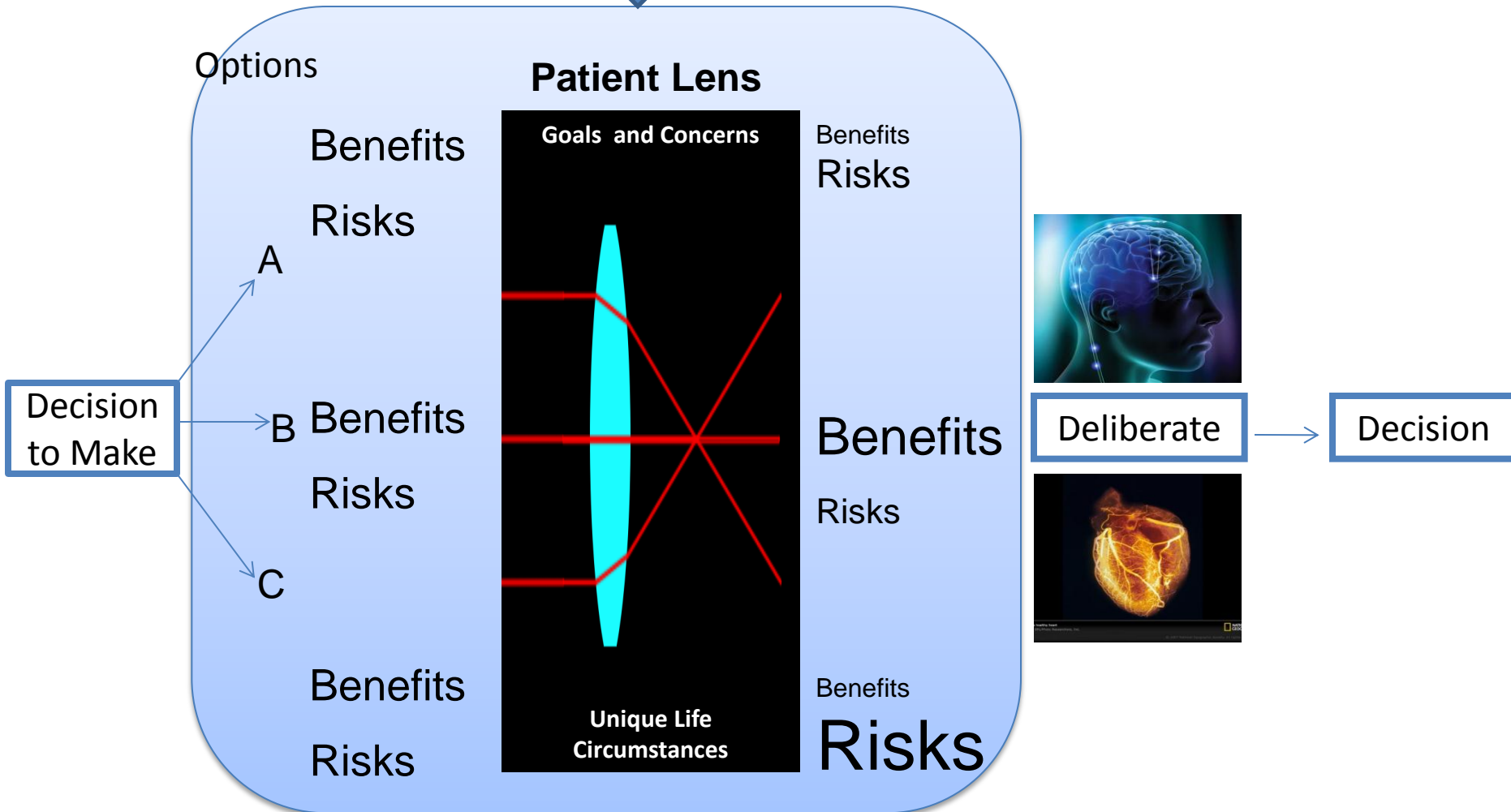


Patient Decision Aids: Tools to Facilitate SDM

- Describe a specific condition
- Present information organized around specific decisions
- Strive to keep information accessible (charts, graphs) and balanced
- Encourage patients to interpret information in the context of their own goals and concerns
- Engage viewers with real patient stories
- Advise patients to make decisions with their physician



Supported by Patient Decision Aids



Ottawa Hospital Research Institute



Patient Decision Aids



[Français](#)

Patient Decision Aids

- For specific conditions
- For any decision
- Developed in Ottawa

Conceptual Frameworks

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A to Z Inventory of Decision Aids

Search all decision aids:

OR

[Browse](#) an alphabetical listing of decision aids by health topic.

The A to Z Inventory of Decision Aids is designed to help you find a decision aid to meet your needs. It contains up-to-date and available decision aids meet a [minimal set of criteria](#).

More information about [decision aid developers](#).

Patient Decision Aids



Patient Decision Aids



[Français](#)

Patient Decision Aids

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Decision Aid Summary

| | |
|---|--|
| Title | What are my options for managing hip or knee osteoarthritis? |
| Health Condition | Arthritis |
| Type of Decision Aid | Treatment |
| Options Included | Level 0: Have not tried anything yet, Chondroitin, Capsaicin. Level 1: Exercise program, Control Weight, Glucosamine, Insoles. Level 2: Acetaminophen, Acupuncture. Level 3: Topical NSAIDs, Joint Injections (Steroid or Viscosupplement). Level 4: NSAID pills, Opioid painkillers. Level 5: See a surgeon about joint replacement. |
| Audience | People with osteoarthritis. |
| Developer | Tamara Rader and Peter Tugwell |
| Where was it developed? | cmsg@uottawa.ca University of Ottawa Canada |
| Year of last update or review | 2010 |
| Format | paper, PDF |
| Language(s) | English |
| How to obtain the decision aid | Go to http://musculoskeletal.cochrane.org/decision-aids and choose the decision aid from a short list. Available here. |
| The IPDAS assessment of this decision aid indicates that it meets: | 14 out of 15 of the content criteria 3 out of 9 of the development process criteria 0 out of 2 of the effectiveness criteria |

Some DAs in public domain, others are commercial products

IPDAS = International Patient Decision Aid Standards

Edited Version of DA “Treatment Choices for Knee Osteoarthritis”

Treatment choices for

KNEE OSTEOARTHRITIS



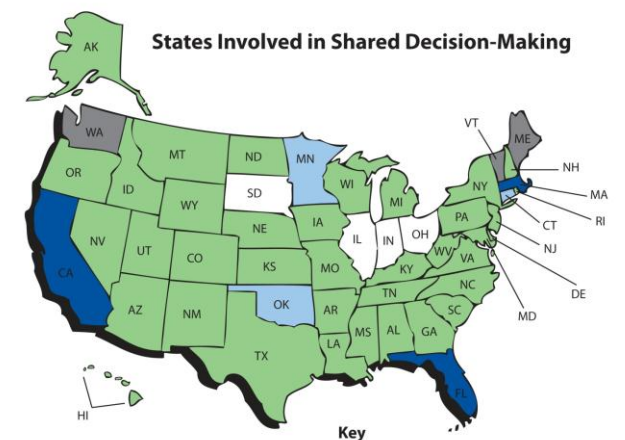
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A Chorus of Voices Calling for SDM



MILBANK MEMORIAL FUND

Making Health Care Decisions

Volume One: Report

The Ethical and
Legal Implications of
Informed Consent in the
Patient-Practitioner
Relationship



President's Commission for the Study of
Ethical Problems in Medicine and
Biomedical and Behavioral Research

President's Commission 1982

- First time shared decision making mentioned
- Informed consent is an ethical obligation that involves SDM and is rooted in mutual respect
- Patient entitled to accept or reject medical interventions based on personal values

Affordable Care Act

CMS Innovation Center shall design, implement, and evaluate 18 different models to control costs and enhance quality

- Assisting applicable individuals in making informed health care choices by paying providers for using patient decision support tools that improve individual understanding of medical options



CMS Innovation Center Award



Collaborative receives \$26M
Innovation Grant from Center
for Medicare and Medicaid
Innovation

“... to engage patients and
implement shared decision
making”

Pioneer ACOs Promote SDM

Launching Accountable Care Organizations — The Proposed Rule for the Medicare Shared Savings Program

Donald M. Berwick, M.D., M.P.P.

“A critical foundation of the proposed rule is its unwavering focus on patients. We envision that successful ACOs will honor individual preferences and engage patients in shared decision making about diagnostic and therapeutic options.”



Pioneer ACO Selection Criteria: Patient Centeredness – “demonstrate the ability to engage patients in shared decision making taking into account patient preferences”

ACO Regulations

SECTION 2: PATIENT/CAREGIVER EXPERIENCE

2013 ACO Narrative Measure Specifications Patient/Caregiver Experience Domain

CMS has finalized the use the Clinician and Group Consumer Assessment of Health Care Providers and Systems (CG CAHPS) to assess patient and caregiver experience of care. CMS plans to use the adult 12 month base survey and certain of the supplemental modules for the adult survey:

- ♣ ACO 1 (NQF #0005): Getting Timely Care, Appointments, and Information
- ♣ ACO 2 (NQF #0005): How Well Your Providers Communicate
- ♣ ACO 3 (NQF #0005): Patient Rating of Provider
- ♣ ACO 4 (NQF #0005): Access to Specialist
- ♣ ACO 5 (NQF #0005): Health Promotion and Education
- ♣ ACO 6 (NQF #0005): Shared Decision Making
- ♣ ACO 7 (NQF #0006): Health Status/Functional Status

Comprehensive Primary Care Initiative

- 500 primary care practices in 5 states
- “Practices will engage patients and families in shared decision making”

INNOVATION MODELS WEBINARS & FORUMS DATA & REPORTS SHAR

[Home](#) > [Innovation Models](#) > [Comprehensive Primary Care Initiative](#)

Comprehensive Primary Care Initiative Share

The Comprehensive Primary Care (CPC) initiative is a multi-payer initiative fostering collaboration between public and private health care payers to strengthen primary care. Medicare will work with commercial and State health insurance plans and offer bonus payments to primary care doctors who better coordinate care for their patients. Primary care practices that choose to participate in this initiative will be given resources to better coordinate primary care for their Medicare patients.

The Participating Practices



Source: Centers for Medicare & Medicaid Services

There are 500 primary care practices participating in the CPC initiative. ([List](#) | [Map](#))
This represents 2,144 providers serving an estimated 313,000 Medicare beneficiaries.

Meaningful Use

- Stage 2
 - “smart information prescribing”
- Stage 3
 - Incorporating patient-generated health information

Stage 3 Recommendations

MENU: Provide 10% of patients with the ability to submit patient-generated health information to improve performance on high priority health conditions, and/or to improve patient engagement in care (e.g. patient experience, pre-visit information, patient created health goals, shared decision making, advance directives, etc.). This could be accomplished through semi-structured questionnaires, and EPs and EAs would choose information that is most relevant for their patients and/or related to high priority health conditions they elect to focus on.

States are Coming on Board

States with SDM Initiatives

- Washington
- Oregon
- Oklahoma
- Minnesota
- Maine
- Vermont
- Massachusetts
- Connecticut



Bastions of Medicine are Stepping Up



AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES Resolution: 817

RESOLVED, That our American Medical Association educate and communicate to physicians about the importance of shared decision-making tools through its publications and assist the medical community in moving towards patient-centered care.
(Directive to Take Action)

Institute of Medicine



INSTITUTE OF MEDICINE

OF THE NATIONAL ACADEMIES

**DRIVING PATIENT DEMAND FOR SHARED DECISIONS,
BETTER VALUE, AND CARE IMPROVEMENT**



*An Institute of Medicine Workshop
Sponsored by the Gordon and Betty Moore Foundation and
Blue Shield of California Foundation*



A LEARNING HEALTH SYSTEM ACTIVITY
IOM ROUNDTABLE ON VALUE & SCIENCE-DRIVEN HEALTH CARE

FEBRUARY 25-26, 2013
THE NATIONAL ACADEMY OF SCIENCES
2101 CONSTITUTION AVENUE, NW
WASHINGTON, DC

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The Evidence About Decision Aids

Review of 86 randomized trials evaluating patient decision aids

- Increase patient knowledge
- Increase patient involvement in decision making
- Increase the proportion of patients with accurate risk perceptions (patients have more realistic expectations)

Decision aids for people facing health treatment or screening decisions (Review)

Stacey D, Bennett CL, Barry MJ, Col NF, Eden KB, Holmes-Rovner M, Llewellyn-Thomas H, Lyddiard A, Légaré F, Thomson R



This is a register of a Cochrane review, prepared and maintained by The Cochrane Collaboration and published in The Cochrane Library 2011, Issue 10

<http://www.thecochranelibrary.com>



Decision aids for people facing health treatment or screening decisions (Review)
Copyright © 2011 The Cochrane Collaboration. Published by John Wiley & Sons, Ltd.

The Evidence About Decision Aids

- Increase the consistency between patient decisions and patient values
- Reduce decisional conflict related to feeling uninformed or unclear about personal values
- Reduce the proportion of patients who remain undecided
- Reduce the choice of major elective surgery in favor of more conservative options

The Evidence About Decision Aids

Review of 86 randomized trials evaluating patient decision aids

- **Increase patient knowledge**
- **Increase patient involvement in decision making**
- **Reduce the choice of major elective surgery in favor of more conservative options**

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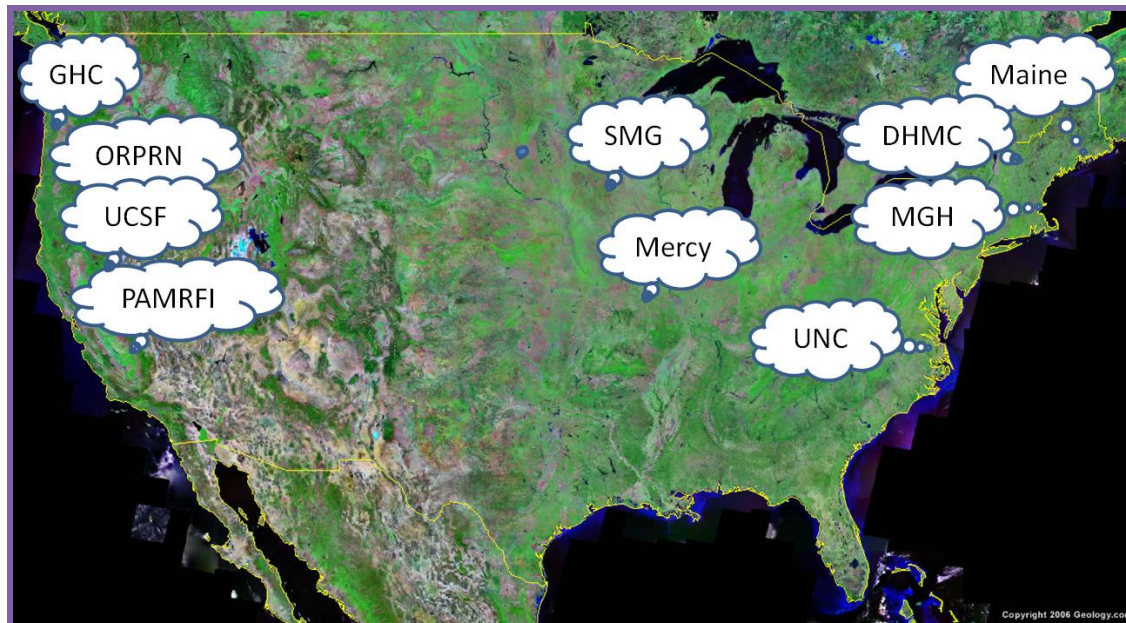
Are Patients Informed?

| Question | Percent Correct |
|---|-----------------|
| How many people | |
| ... get pain relief from surgery | 28 |
| ... experience a surgical complication (e.g. wound infection) | 46 |
| ... will have replacement last at least 20 years | 15 |
| How long most people require to return to normal activity | 39 |

The Decisions Study. Medical Decision Making 2010; 30 supplement 1

Demonstration Site Program

Objective: to demonstrate that shared decision making and the use of patient decision aids can effectively and efficiently become part of day-to-day care



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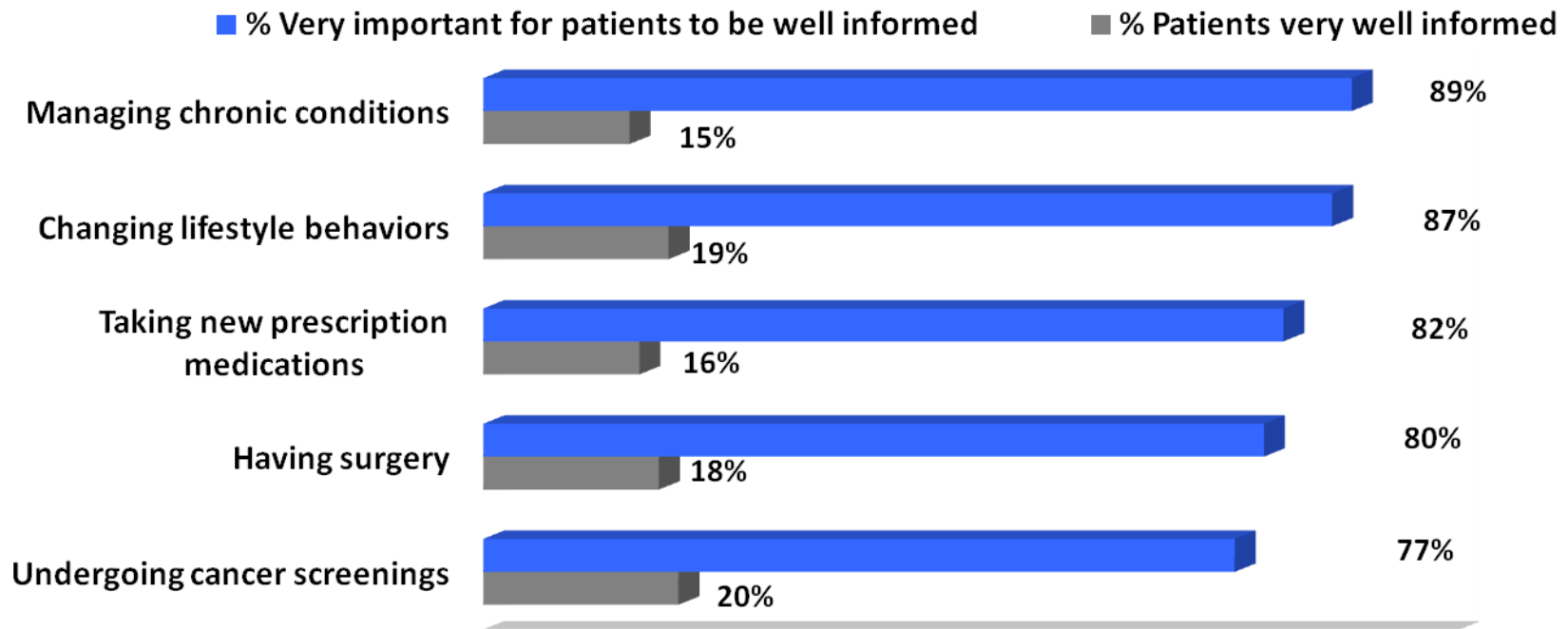
The Primary Care Physician's Perspective of SDM

A National Survey of 402 Primary care physicians
Lake Research Partners

Importance of Being Informed

How important do you feel it is for patients to be well informed when making decisions about:

In general, how well informed do you feel most of your patients are when making decisions about:



Are Patients Involved?

| Patient Recollection of Decision Making Process | PCa Survery n=685 (%) | CA Stent n=472 (%) |
|--|--------------------------|-----------------------|
| Doctor discussed reasons for surgery | 625 (95) | 341 (77) |
| Doctor discussed reasons might not want surgery | 416 (63) | 85 (19) |
| Doctor discussed any alternative as serious option | 408 (64) | 43 (10) |
| Doctor asked about patient preference for Rx | 497 (76) | 69 (16) |

Fowler et al, JGIM 2/28/12

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Top Three Goals and Concerns for Breast Cancer Decisions

| Condition: Goal | Pat | Prov | p |
|------------------------------|-----|------|---|
| Keep your breast? | | 71% | |
| Live as long as possible? | | 96% | |
| Look natural without clothes | | 80% | |
| Avoid using prosthesis | | 0% | |

Top Three Goals and Concerns for Breast Cancer Decisions

| Condition: Goal | Pat | Prov | p |
|------------------------------|-----|------|--------|
| Keep your breast? | 7% | 71% | P<0.01 |
| Live as long as possible? | 59% | 96% | P=0.01 |
| Look natural without clothes | 33% | 80% | P=0.05 |
| Avoid using prosthesis | 33% | 0% | P<0.01 |

Group Health Cooperative

6 months follow up

- 38% drop knee replacement surgery
- 26% drop hip replacement surgery
- 12-21% lower costs

SHARED DECISION MAKING

By David Arterburn, Robert Wellman, Emily Westbrook, Carolyn Rutter, Tyler Ross, David McCulloch, Matthew Handley, and Charles Jung

Introducing Decision Aids At Group Health Was Linked To Sharply Lower Hip And Knee Surgery Rates And Costs

ABSTRACT Decision aids are evidence-based sources of health information that can help patients make informed treatment decisions. However, little is known about how decision aids affect health care use when they are implemented outside of randomized controlled clinical trials. We conducted an observational study to examine the associations between introducing decision aids for hip and knee osteoarthritis and rates of joint replacement surgery and costs in a large health system in Washington State. Consistent with prior randomized trials, our introduction of decision aids was associated with 26 percent fewer hip replacement surgeries, 38 percent fewer knee replacements, and 12–21 percent lower costs over six months. These findings support the concept that patient decision aids for some health conditions, for which treatment decisions are highly sensitive to both patients' and physicians' preferences, may reduce rates of elective surgery and lower costs.

Health Dialog Experience

- DAs plus telephonic decision support
- One year follow up
- Results
 - 5.3% reduction overall medical costs
 - 9.9% fewer preference-sensitive surgeries
 - 12.5% fewer hospital admissions


AT THE INTERSECTION OF HEALTH, HEALTH CARE, AND POLICY


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Enhanced Support For Shared Decision Making Reduced Costs Of Care For Patients With Preference-Sensitive Conditions → Expand

David Veroff^{1,*}, Amy Marr² and David E. Wennberg³

 Author Affiliations

 *Corresponding author

Abstract

Shared decision making is an approach to care that seeks to fully inform patients about the risks and benefits of available treatments and engage them as participants in decisions about the treatments. Although recent federal and state policies pursue the expanded use of shared decision making as a way to improve care quality and patient experience, payers and providers want evidence that this emerging model of care is cost-effective. We examined data obtained from a yearlong randomized investigation. The study compared the effects on patients of receiving a usual level of support in making a medical treatment decision with the effects of receiving enhanced support, which included more contact with trained health coaches through telephone, mail, e-mail, and the Internet. We found that patients who received enhanced support had 5.3 percent lower overall medical costs than patients who received the usual level of support. The enhanced-support group had 12.5 percent fewer hospital admissions than the usual-support group, and 9.9 percent fewer preference-sensitive surgeries, including 20.9 percent fewer preference-sensitive heart surgeries. These findings indicate that support for shared decision making can generate savings. They also suggest that a "remote" model of support—combining telephonic coaching with decision aids, for example—may constitute a relatively low-cost and effective intervention that could reach broader populations without the need for the direct involvement of regular medical care team members.

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SDM: Making It Happen



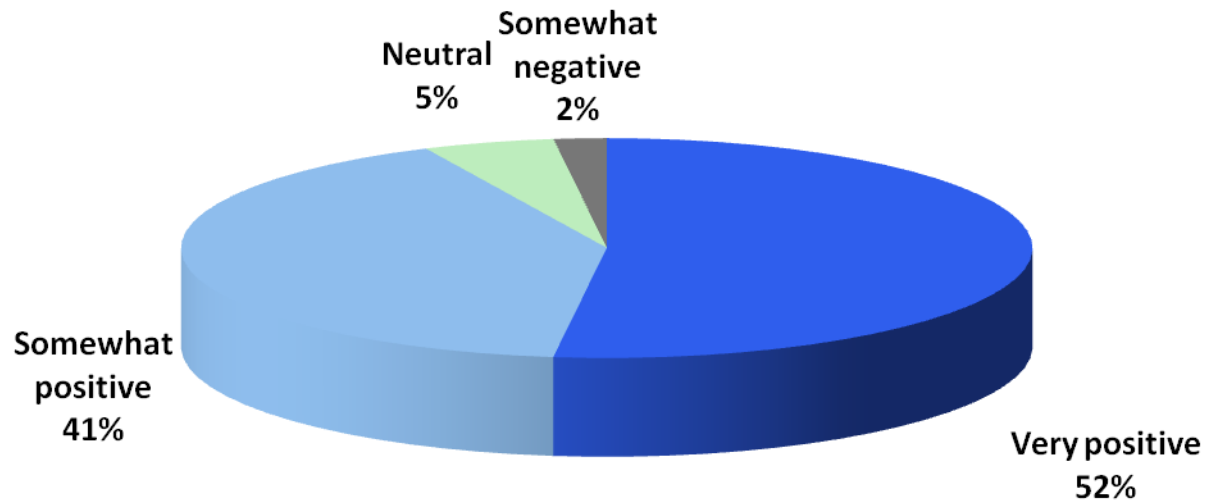
Where the Rubber Meets the Road

The Primary Care Physician's Perspective of SDM

A National Survey of 402 Primary care physicians
Lake Research Partners

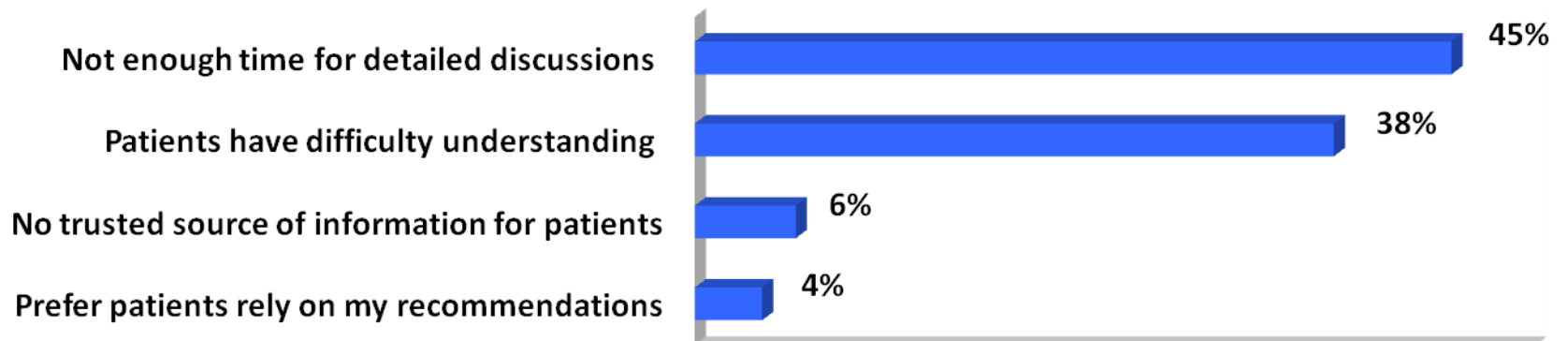
Support for Principle of SDM

In your view, does "shared decision-making" sound like a positive or negative process?

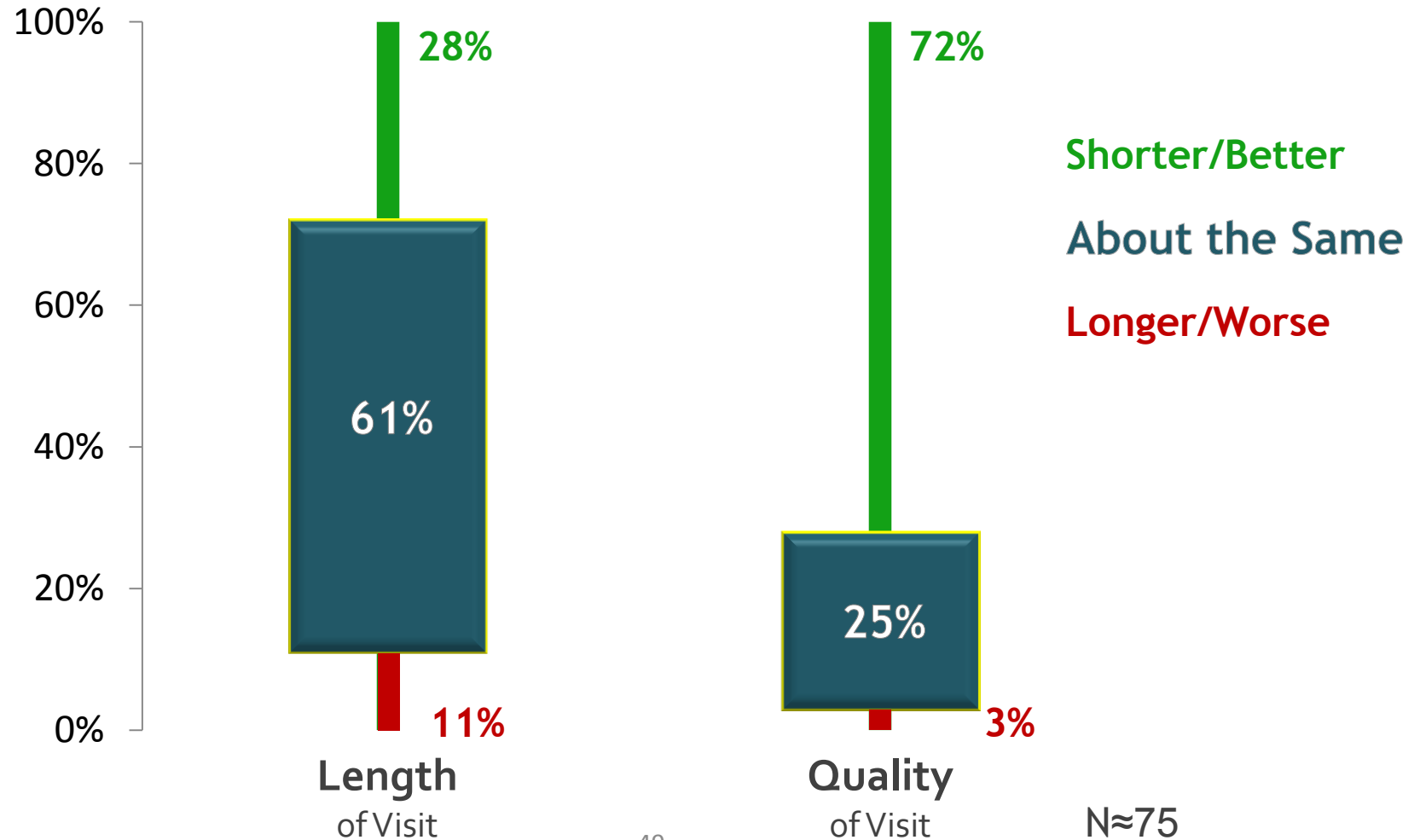


Biggest Barrier to SDM

For you personally, what is the number one barrier to engaging patients in a shared-decision making process?

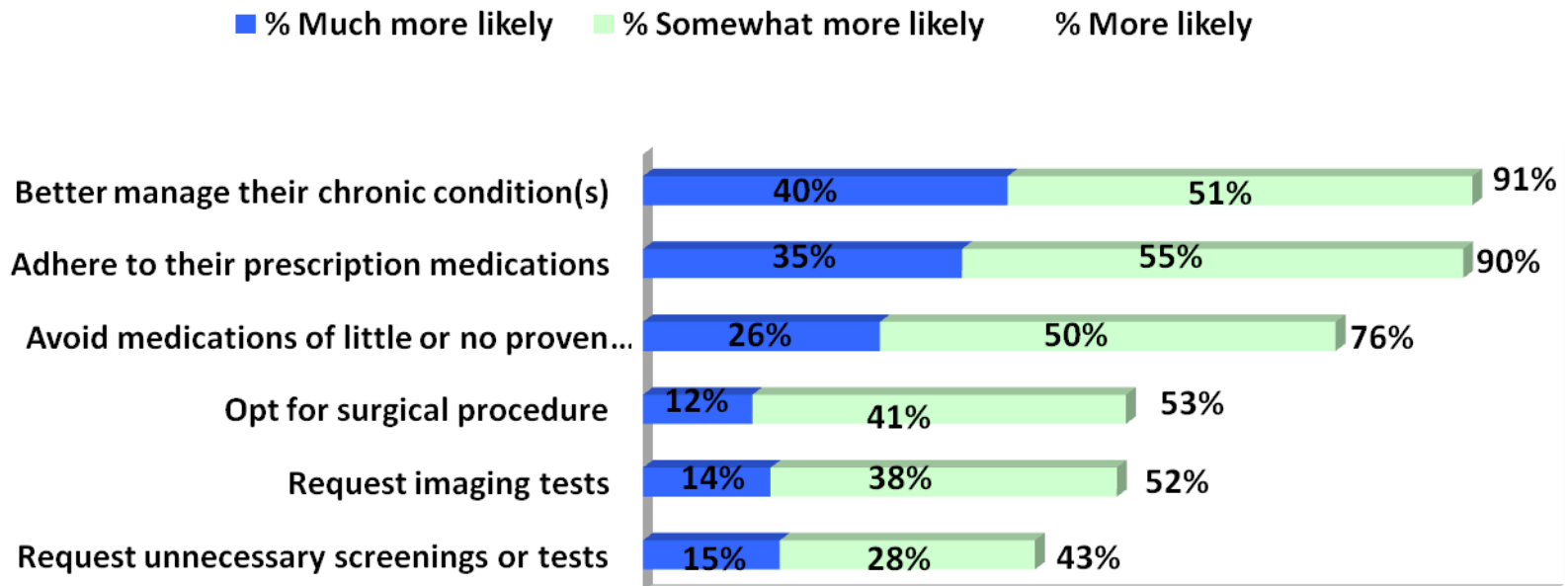


Compared to Visits with Patients Who Didn't View DA: Length & Quality of Visit



Anticipated Impact of SDM

Do you think a shared decision-making process would result in patients being more likely to:



Key Objectives For Successful Implementation of SDM with DAs

Engage & Train Providers & Staff

Target Individuals or Populations

Identify & Engage Patients

Distribute DAs

Encourage Viewing

Provide Decision Support

Measure Impact

Provide feedback

Key Objectives For Successful Implementation of SDM with DAs

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Encourage Viewing

Provide Decision Support

Measure Impact

Provide feedback

Motivation = Importance + Confidence

Six Steps of SDM

- Invite patient to participate
- Present options
- Provide information on benefits and risks
- Assist patient in evaluating options based on their goals and concerns
- Facilitate deliberation and decision making
- Assist with implementation

choosing the right treatment for your
Knee Osteoarthritis

Resources

invitation

compare

decide

decision summary

Work together to make the
best treatment decision **for**
you.



[Start a New Visit](#)

Key Objectives For Successful Implementation of SDM with DAs

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Distribute DAs

Encourage Viewing

Provide

Target patients that can be identified

Target patients in a “decision window”

Leverage non-physician staff

Leverage technology

- Primary care: registries (screening) and referral systems

- Sub-specialty care: appointment systems

Engage patients by explaining the SDM process and its importance

Key Objectives For Successful Implementation of SDM with DAs

Engage & Train Providers & Staff

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Distribute DAs

Encourage Viewing

Provide Decision

Me

DAs come as print, video and web products

- Use multiple formats and access channels to increase access

Pre-visit distribution “decompresses” the visit and allows for personalized discussions

Post-visit distribution requires a “close the loop” strategy

Key Objectives For Successful Implementation of SDM with DAs

Engage & Train Providers & Staff

Target Individuals or Populations

Identify & Engage Patients

Distribute DAs

Encourage Viewing

Provide Decision Support

Measure Impact

Provide feedback

Enthusiastic endorsement helps
Clinical context matters
Viewing deadlines motivate
Reminders can help, too

Key Objectives For Successful Implementation of SDM with DAs

Engage & Train Providers & Staff

Target Individuals or Populations

Identify & Engage Patients

Distribute DAs

Encourage Viewing

Provide Decision Support

Measure Impact

Provide feedback

Many patients will need some help

- Understanding the information
- Clarifying what's personally important
- Preparing for physician visits
- Implementing decisions

Support may be provided

- By physicians or non-physicians
- In person, by phone, and in groups

Key Objectives For Successful Implementation of SDM with DAs

Engage & Train Providers & Staff

Target Individuals or Populations

Identify & Engage Patients

Distribute DAs

Encourage Viewing

Provide Decision Support

Measure Impact

Provide feedback

Decision Quality

- Knowledge
- Process
- Value concordance

Screening rates

Referral rates

Utilization and cost

Key Objectives For Successful Implementation of SDM with DAs

Engage & Train Providers & Staff

Target Individuals or Populations

Identify & Engage

Distribute

Decision Quality Measurement Instruments

http://www.massgeneral.org/decisionsciences/research/DQ_Instrument_List.aspx

https://cahps.ahrq.gov/clinician_group/cgsurvey/adult12mopcmheng2.pdf

<http://www.facs.org/ahp/cahps/about-scs.html>

Measure Impact

Provide feedback

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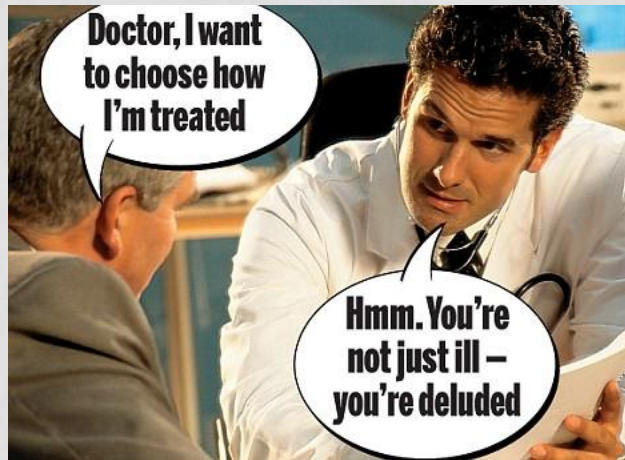
Measure Impact

Provide feedback

Patient -specific reports facilitate SDM conversations

Project -level reports allow for quality improvement

THANK YOU
RICHARD WEXLER, MD
RWEXLER@IMDFFOUNDATION.ORG



Shared Decision Making
A Journey Worth Taking

