SHARED DECISION MAKING

AMGA 2013 INSTITUTE FOR QUALITY LEADERSHIP

INFORMED MEDICAL DECISIONS FOUNDATION

Partnerships for Quality Care

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DISCLOSURE

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

INTRODUCTIONS

- David McCulloch, MD, FRCP
  - Medical Director of Clinical Improvement, GHC
  - Clinical Prof of Medicine, University of Washington
- Karen Sepucha, PhD
  - Director of the Health Decisions Science Center Massachusetts General Hospital
  - Assistant Professor in Medicine at Harvard Medical School
- Richard Wexler, MD
  - Chief Medical Officer, Informed Medical Decisions Foundation

SESSION OUTLINE

- What is shared decision making (SDM) and why bother with it?
- What does a large scale implementation of SDM look like?
- How do we measure "decision quality"?
- **What's going on in your world with SDM?**
- How do we get started with SDM?

SHOW OF HANDS

In the past 2 years, have you made a decision about starting or stopping a medication or having a surgical procedure?

SHARED DECISION MAKING

"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

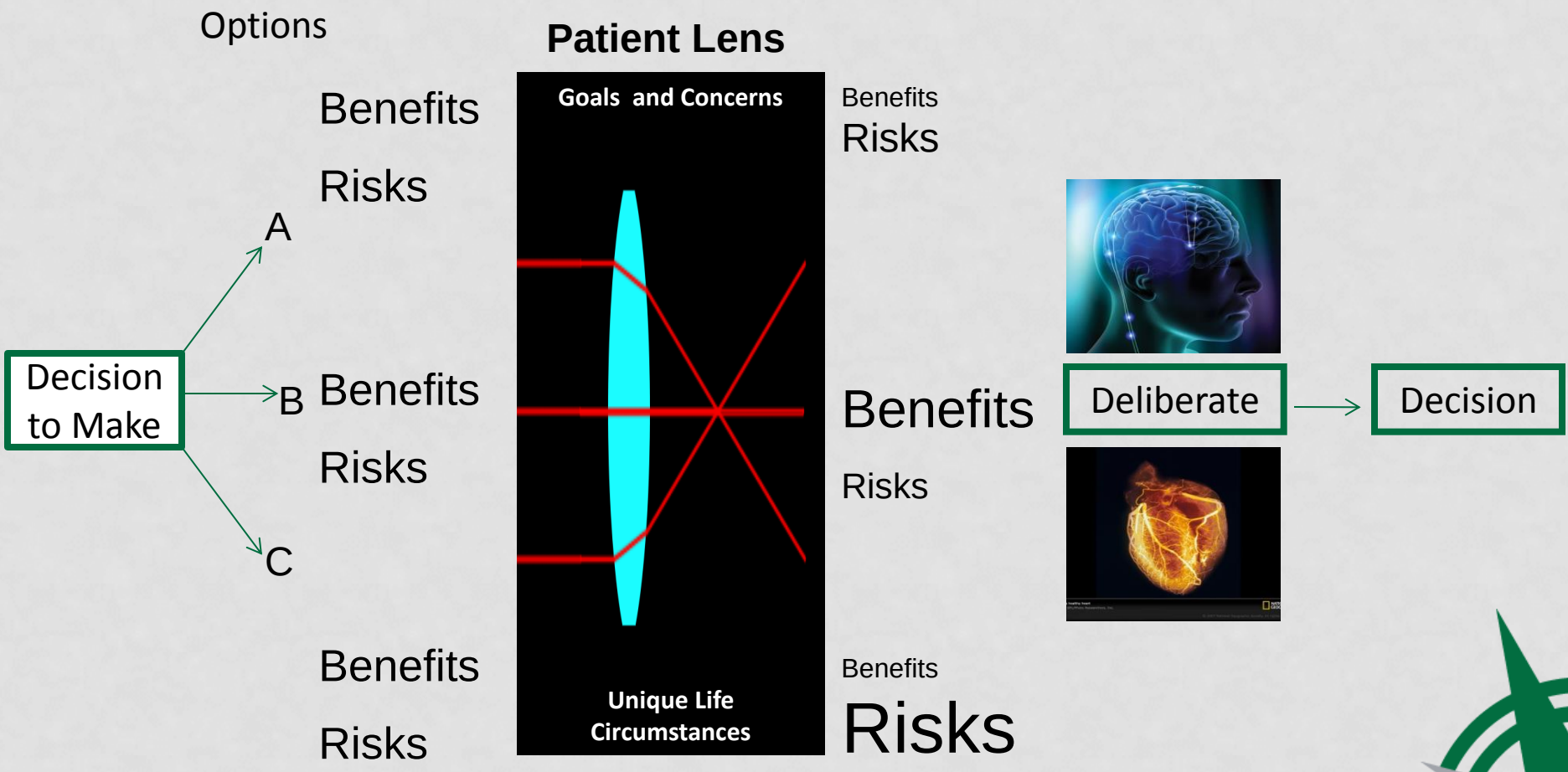
Values-Based

What's important to the patient

The Clinician ⟷ **Information** ⟷ **The Patient**

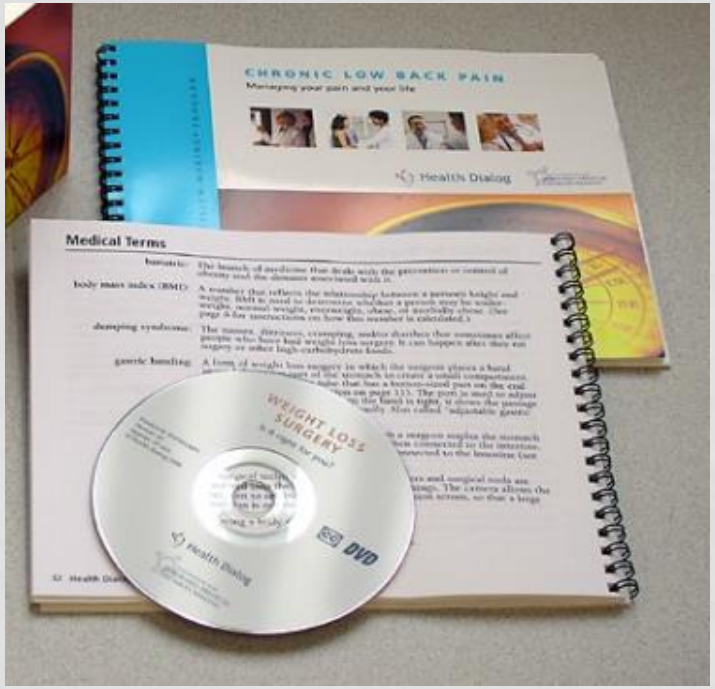
[1]A.M. O'Connor et al, "Modifying Unwarranted Variations In Health Care: Shared Decision Making Using Patient Decision Aids" *Health Affairs,* 7 October, 2004

A SCHEMATIC OF SHARED DECISION MAKING



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 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

Options

Benefits

Risks

A

Decision to Make

B Benefits

Risks

C

Benefits

Risks

Patient Lens

Goals and Concerns

Unique Life Circumstances

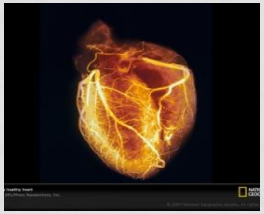
Benefits

Risks

Benefits

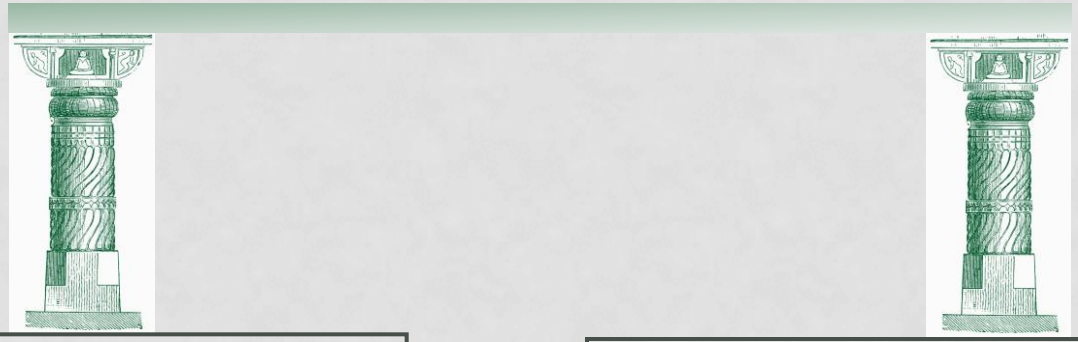
Risks

Deliberate → Decision



WHY BOTHER WITH SDM?

Shared Decision Making



Ethical Imperative

Pragmatic Considerations

WHY BOTHER WITH SDM?

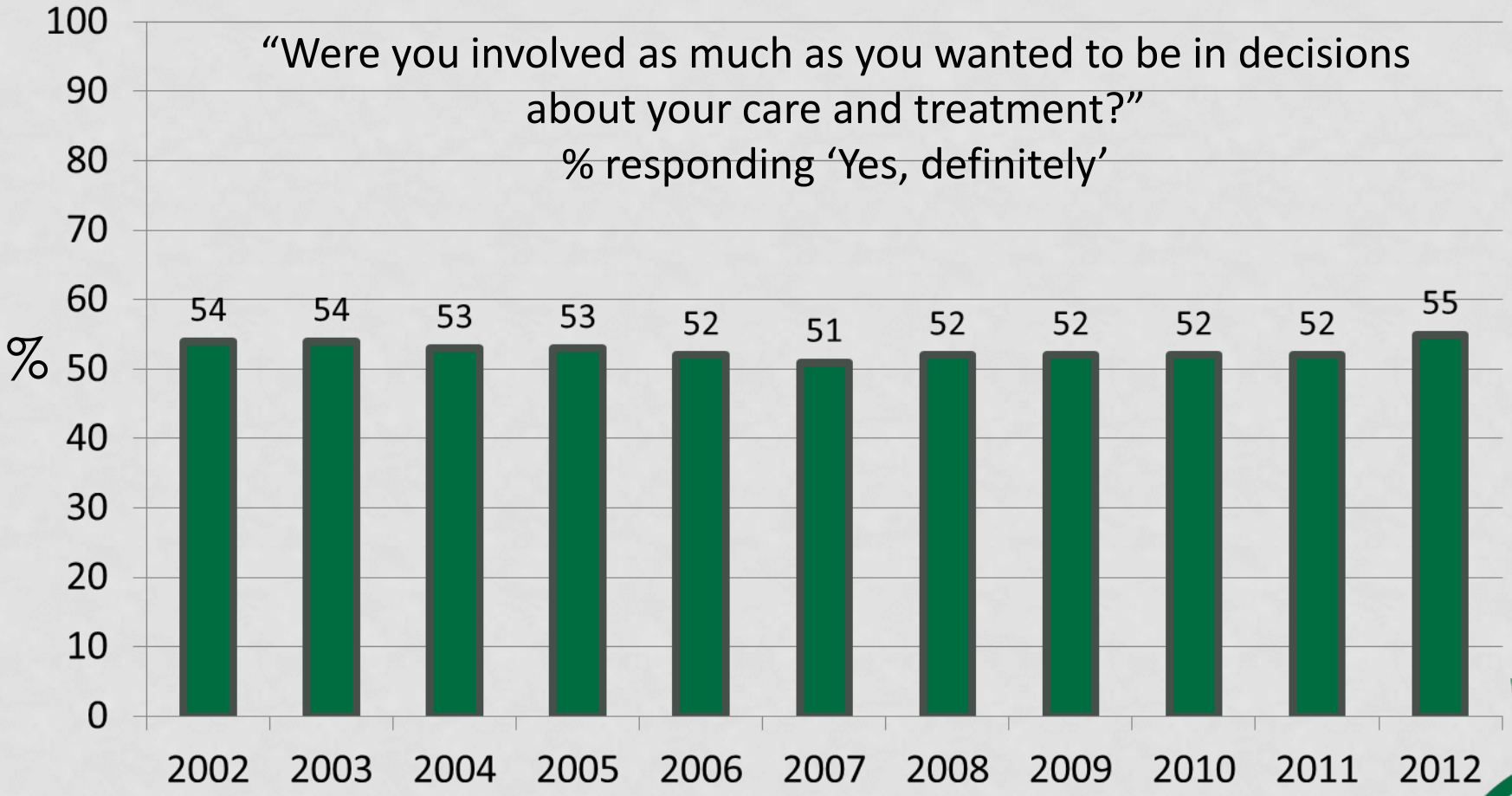
Ethical Imperative

- Patient autonomy
  - "No fateful decision in the face of avoidable ignorance"
  - " No decision about me without me"

Pragmatic Considerations

- Federal policy initiative
- State policy initiatives
- Increasing patient demand
- Professional society support

NO DECISION ABOUT ME WITHOUT ME



Source: NHS inpatient surveys

THE SILENT MISDIAGNOSIS

"Many doctors aspire to excellence in diagnosing disease. Far fewer, unfortunately, aspire to the same standards of excellence in diagnosing what patients want."

Mulley A, Trimble C, Elwyn G. Patients' preferences matter: stop the silent misdiagnosis. 367 London: King's Fund; 2012

A CHORUS OF VOICES CALLING FOR SDM

NPSF
National Patient Safety Foundation®

AMA
AMERICAN MEDICAL ASSOCIATION

national partnership for women & families

AARP

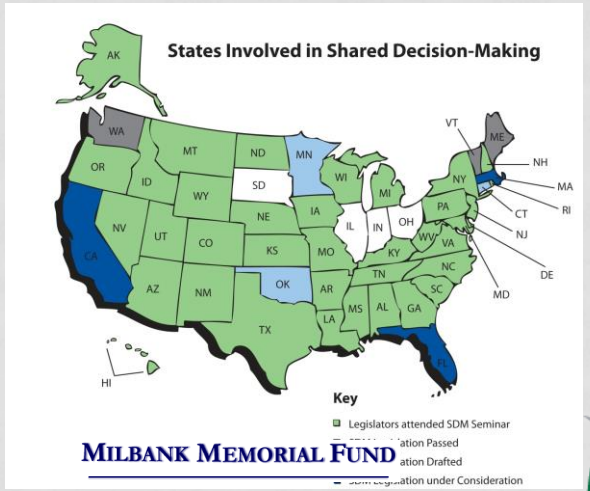
ABIM FOUNDATION

National Priorities Partnership
Convened by the National Quality Forum

NQF
THE NATIONAL QUALITY FORUM

Patient-Centered Primary Care COLLABORATIVE

National Business Group on Health



American Cancer Society®

FOUNDATION FOR INFORMED MEDICAL DECISION MAKING

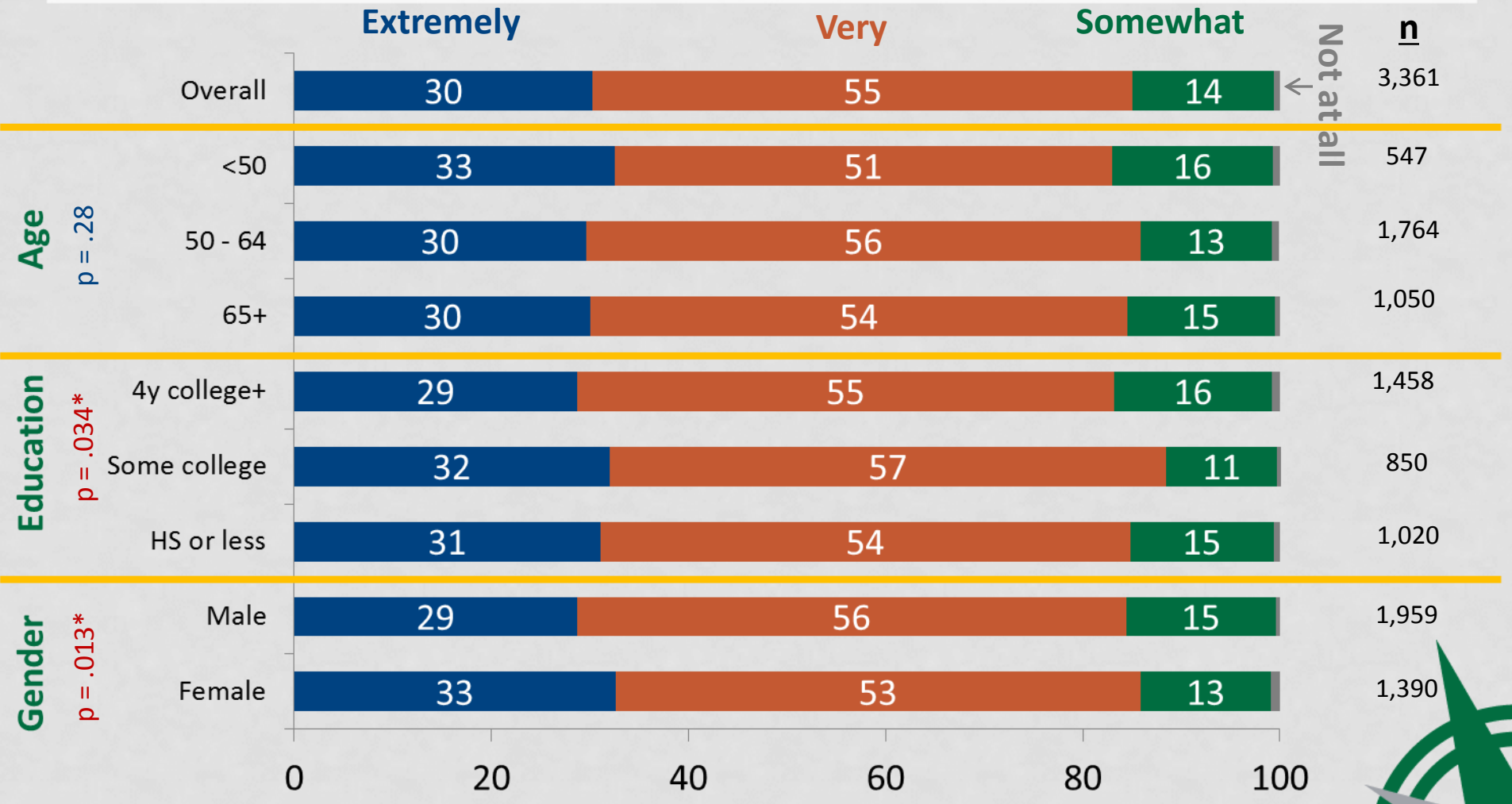
PRESIDENT'S COMMISSION FOR THE STUDY OF ETHICAL PROBLEMS (1982)

- 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

30 YEARS LATER

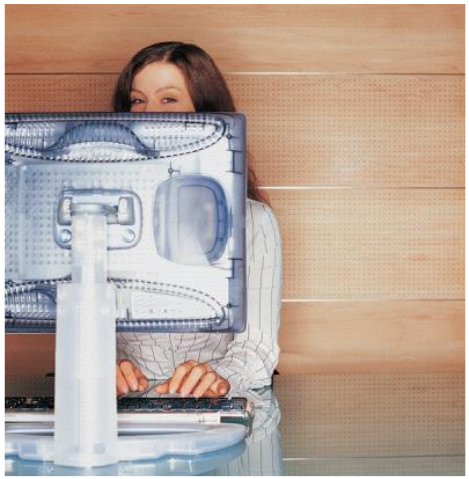
- SDM requirements for
  - Accountable Care Organizations
  - Comprehensive Primary Care practices
  - Centers of Excellence
- Greater protection against medical/legal action when decision aids are used
- SDM as a major component of the National Quality Strategy

IMPORTANCE RATINGS BY DEMOGRAPHIC GROUP



ncludes all valid demonstration site surveys in Illume database distributed in a primary care setting as of 6/1/12 (unweighted)
**Statistically significant ($p \leq 0.05$) (Chi square test)






Implementation of Shared Decision Making At Group Health: Lessons Learned

David K. McCulloch, MD

GroupHealth

Here's the question

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Wouldn't it be great if every time a person had to make a difficult medical decision in their life that they got all the relevant, useful information they needed to help them (and their families) come to the best decision for them…

Isn’t that like “Mom and apple pie?”

Surely what we do right now is good enough?

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If that were the case then the rates of various procedures and surgeries would be the same across the country and differences would be accounted for only by differing medical needs in the population.

Variation rates for knee replacement across the USA

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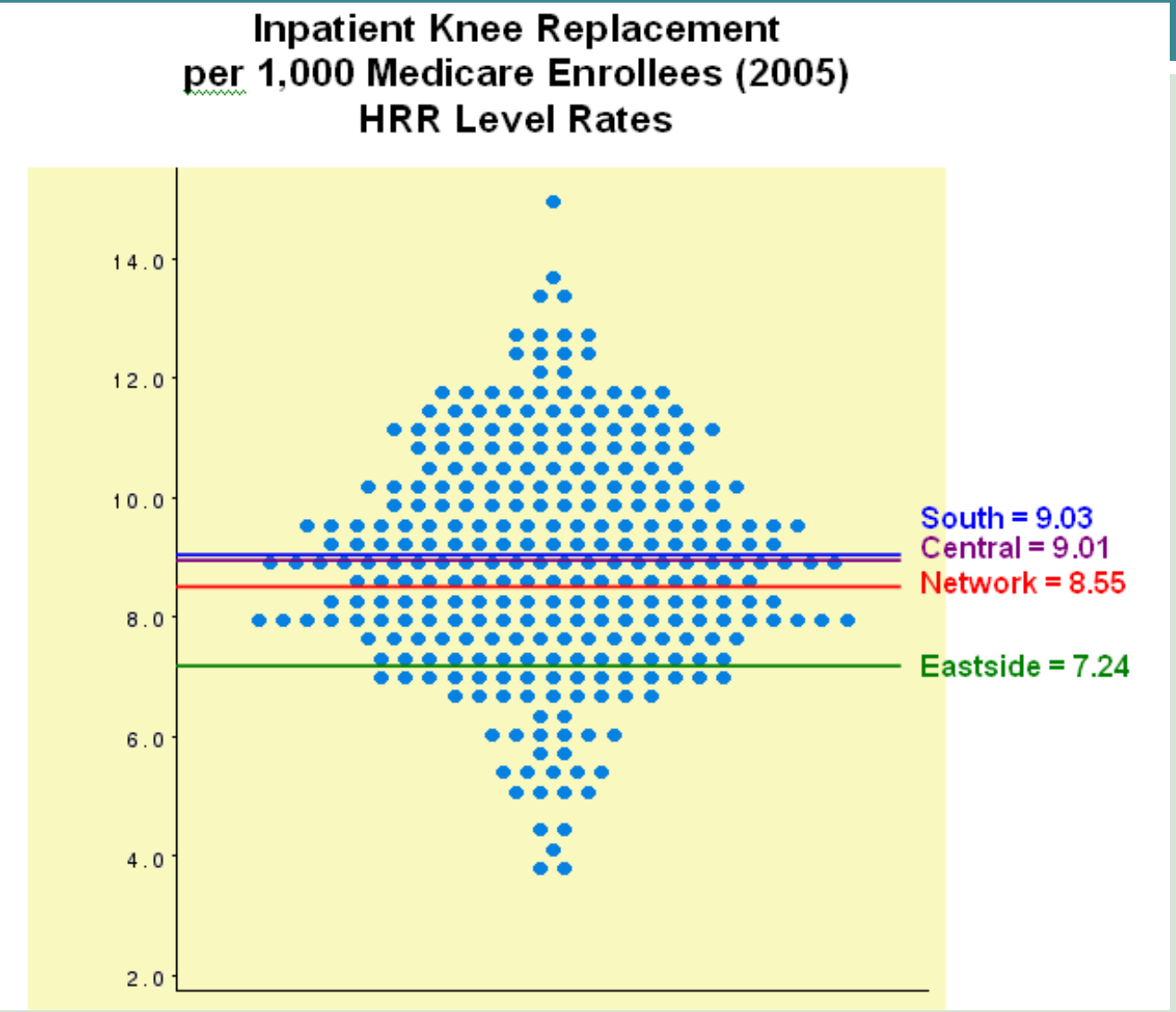
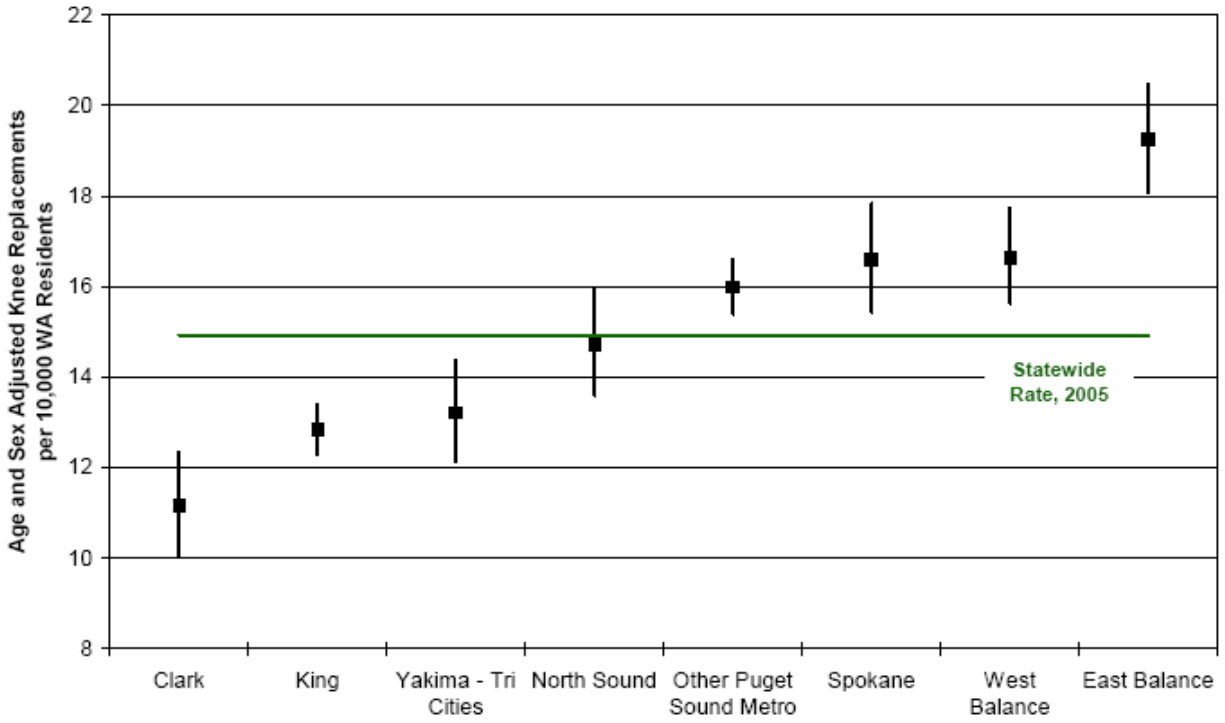


SDM May Reduce Unwarranted Variation in Health Care Use

Figure 3: Age and Sex Adjusted Knee Replacement Rates By Region: 2005

Universe: Washington residents discharged from hospitals located in Washington



Source: Authors' calculations using CHARS data, 1990 to 2005.
Rates are directly adjusted to the age and sex distribution of Washington's population in 1990.
95% confidence intervals are shown.

Washington Inpatient Atlas Project (WAIP)

Why variation?

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Rates of knee replacement vary remarkably, because there is less consensus among physicians about when to do these procedures, who needs them, and how effective they are in addressing the problems they are intended to solve.

Decision Aids help find the “right rate”

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The “right rate” of a given procedure should be based on the choices made by informed patients, with information about, but not dominated by, their physicians’ opinions.

Shared decision making, supported by decision aids, would help to establish valid measures of the actual demand for a given treatment option.

In some areas, where the rates of some procedures may increase.

In other areas, the rates may decrease.

How important is “Shared Decision Making (SDM)?”

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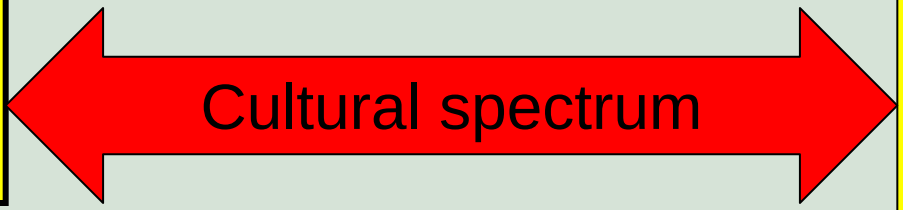
Nice to do if you have the time and inclination.



No patient should undergo a preference sensitive procedure without documented evidence that they got all the information they needed and then had a conversation with their provider in which their preferences were expressed before they made their decision.

I want to push us right over here!

But I already DO shared decision-making with my patients…

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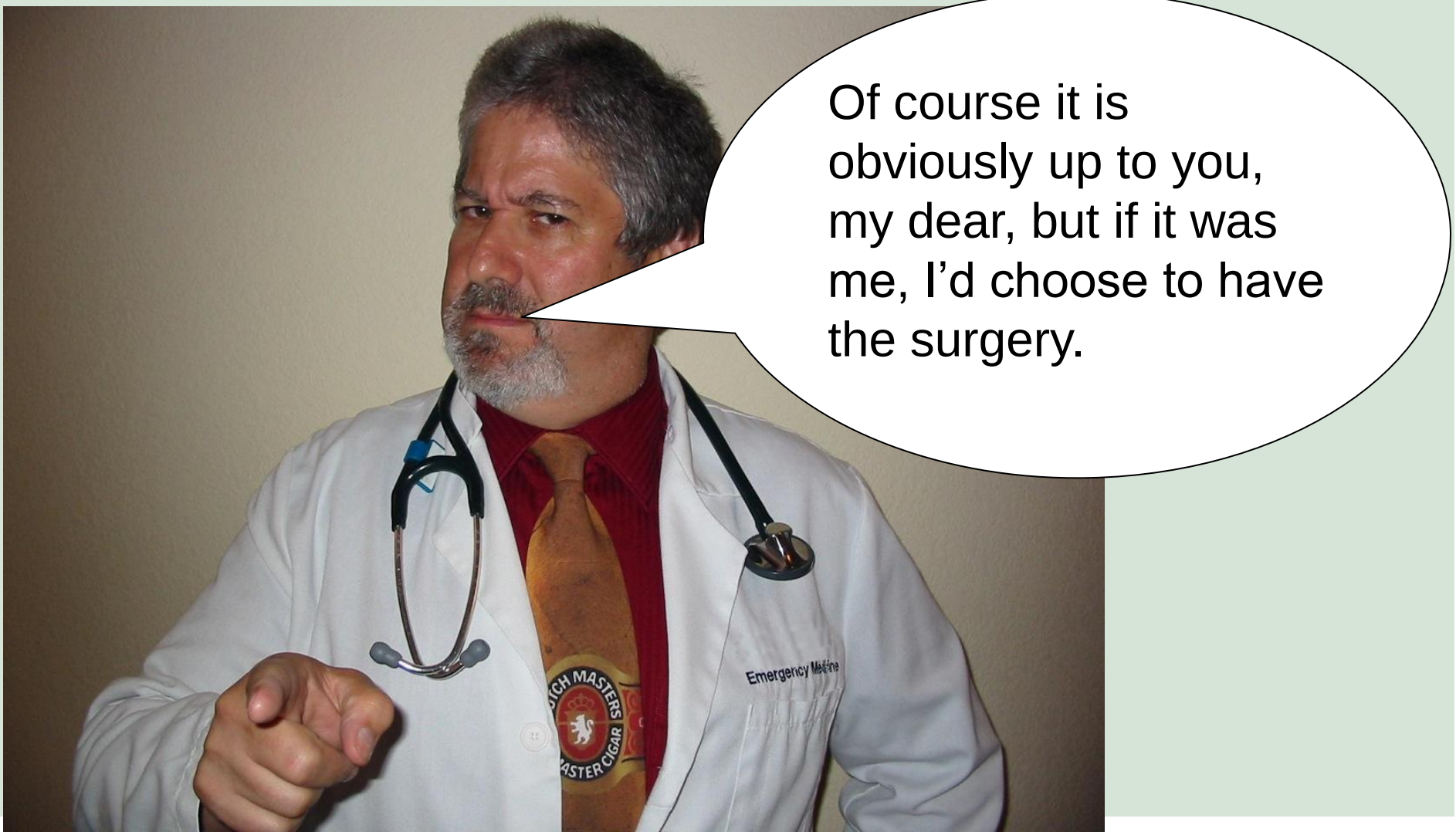


Key points about the Health Dialog/IMDF videos that are available at Group Health

- **They are available in two ways:**
  - As a DVD that will be mailed to them via an Epic order
  - Streaming live (accessed from MyGroupHealth)
- **They are incredibly well balanced and do not push patients into one particular direction or another**
- **They do NOT push patients away from surgery**
- **Patients and their families do NOT find them to be too long**
- **A brief questionnaire that patients fill out afterwards tests their knowledge and invites them to express their preferences and where they have questions**

Preference-sensitive surgical conditions

Orthopedic Surgery

- Hip Osteoarthritis
- Knee Osteoarthritis

Cardiology

- Coronary Artery Disease

Neurosurgery/Orthopedics

- Spinal Stenosis
- Herniated Disc
- Acute Low Back Pain
- Chronic Low Back Pain

Women's Health

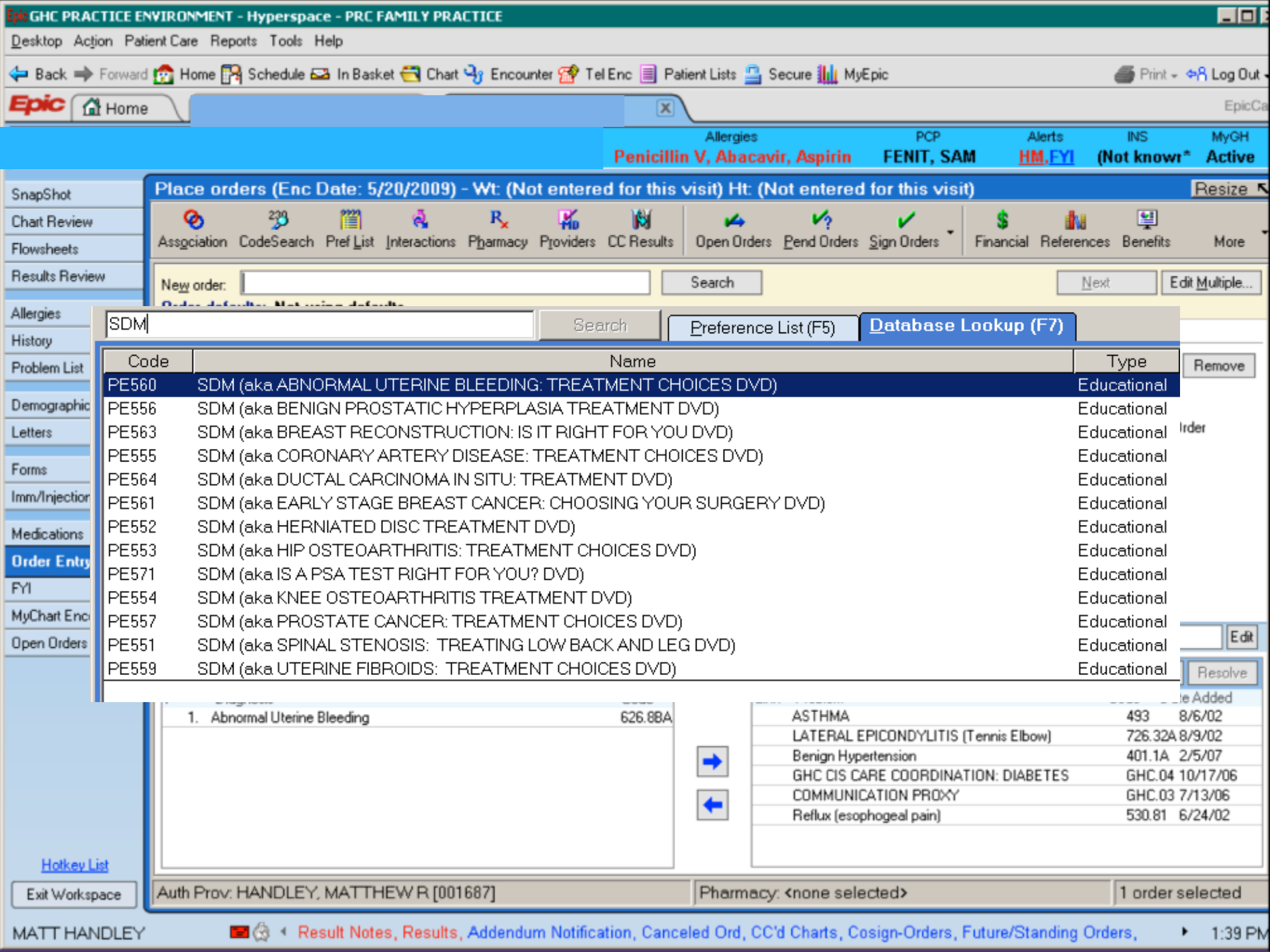
- Uterine Fibroids
- Abnormal Uterine Bleeding

Breast Cancer-General Surgery

- Early Stage Breast Cancer
- Breast Reconstruction
- Ductal Carcinoma In Situ

Urology

- Benign Prostatic Hyperplasia


GHC PRACTICE ENVIRONMENT - Hyperspace - PRC FAMILY PRACTICE
Desktop Action Patient Care Reports Tools Help
Back Forward Home Schedule In Basket Chart Encounter Tel Enc Patient Lists Secure MyEpic Print Log Out
Epic Home
Allergies
Penicillin V, Abacavir, Aspirin
PCP
FENIT, SAM
Alerts
HM,FYI
INS
(Not known*
MyGH
Active
SnapShot
Chart Review
Flowsheets
Results Review
Allergies
History
Problem List
Demographic
Letters
Forms
Imm/Injectior
Medications
Order Entry
FYI
MyChart Enc
Open Orders
Hotkey List
Exit Workspace
Place orders (Enc Date: 5/20/2009) - Wt: (Not entered for this visit) Ht: (Not entered for this visit)
Resize
Association CodeSearch Pref List Interactions Pharmacy Providers CC Results
Open Orders Pend Orders Sign Orders
Financial References Benefits More
New order:
Search
Next
Edit Multiple...
SDM
Search
Preference List (F5)
Database Lookup (F7)
Code
Name
Type
PE560 SDM (aka ABNORMAL UTERINE BLEEDING: TREATMENT CHOICES DVD) Educational
PE556 SDM (aka BENIGN PROSTATIC HYPERPLASIA TREATMENT DVD) Educational
PE563 SDM (aka BREAST RECONSTRUCTION: IS IT RIGHT FOR YOU DVD) Educational
PE555 SDM (aka CORONARY ARTERY DISEASE: TREATMENT CHOICES DVD) Educational
PE564 SDM (aka DUCTAL CARCINOMA IN SITU: TREATMENT DVD) Educational
PE561 SDM (aka EARLY STAGE BREAST CANCER: CHOOSING YOUR SURGERY DVD) Educational
PE552 SDM (aka HERNIATED DISC TREATMENT DVD) Educational
PE553 SDM (aka HIP OSTEOARTHRITIS: TREATMENT CHOICES DVD) Educational
PE571 SDM (aka IS A PSA TEST RIGHT FOR YOU? DVD) Educational
PE554 SDM (aka KNEE OSTEOARTHRITIS TREATMENT DVD) Educational
PE557 SDM (aka PROSTATE CANCER: TREATMENT CHOICES DVD) Educational
PE551 SDM (aka SPINAL STENOSIS: TREATING LOW BACK AND LEG DVD) Educational
PE559 SDM (aka UTERINE FIBROIDS: TREATMENT CHOICES DVD) Educational
Remove
Edit
Resolve
1. Abnormal Uterine Bleeding 626.8BA
ASTHMA 493 8/6/02
LATERAL EPICONDYLITIS (Tennis Elbow) 726.32A 8/9/02
Benign Hypertension 401.1A 2/5/07
GHC CIS CARE COORDINATION: DIABETES GHC.04 10/17/06
COMMUNICATION PROXY GHC.03 7/13/06
Reflux (esophageal pain) 530.81 6/24/02
Auth Prov: HANDLEY, MATTHEW R [001687]
Pharmacy: <none selected>
1 order selected
MATT HANDLEY
Result Notes, Results, Addendum Notification, Canceled Ord, CC'd Charts, Cosign-Orders, Future/Standing Orders,
1:39 PM

MyGroupHealth

LOG OUT

PRINT-FRIENDLY VERSION

Your Feedback Is Needed

Have you viewed a video here or read the related document? If so, we'd like your opinion. Your feedback is appreciated.
Fill out survey

Video Library: Deciding on a Treatment

These patient education videos explain treatment or screening options for certain diseases and conditions. The programs aren't intended to be medical advice.

Your doctor may have referred you to a video to help you understand the pros and cons of your options. Not all of the options discussed here may be appropriate to your medical situation. Talk with your doctor; this information can help you take an active role in making treatment decisions with your doctor.

Arthritis

- Treatment Choices for Hip Osteoarthritis (48 minutes)
- Treatment Choices for Knee Osteoarthritis (45 minutes)

Back Care

- Spinal Stenosis: Treating Low Back and Leg Symptoms (54 minutes)
- Herniated Disc: Choosing the Right Treatment for You (38 minutes)

Heart Disease

- Treatment Choices for Coronary Artery Disease (51 minutes)

Men's Issues

- Enlarged Prostate (BPH): Choosing Your Treatment (45 minutes)
- Treatment Choices for Prostate Cancer (45 minutes)

Women's Issues

- Treatment Choices for Uterine Fibroids (34 minutes)
- Treatment Choices for Abnormal Uterine Bleeding (32 minutes)

Breast Cancer

- Early Stage Breast Cancer: Choosing Your Surgery (54 minutes)
- Breast Reconstruction: Is It Right for You? (55 minutes)
- Ductal Carcinoma In Situ (DCIS): Choosing Your Treatment (54 minutes)


96%
OF 2,156 PATIENTS SURVEYED
Decision aid videos helped me understand my treatment choices


95%
OF 2,139 PATIENTS SURVEYED
Decision aid videos helped me prepare to talk with my provider

Clip from Knee Osteoarthritis video (discussing surgical options)

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How many of you have watched some part of the Health Dialog videos?

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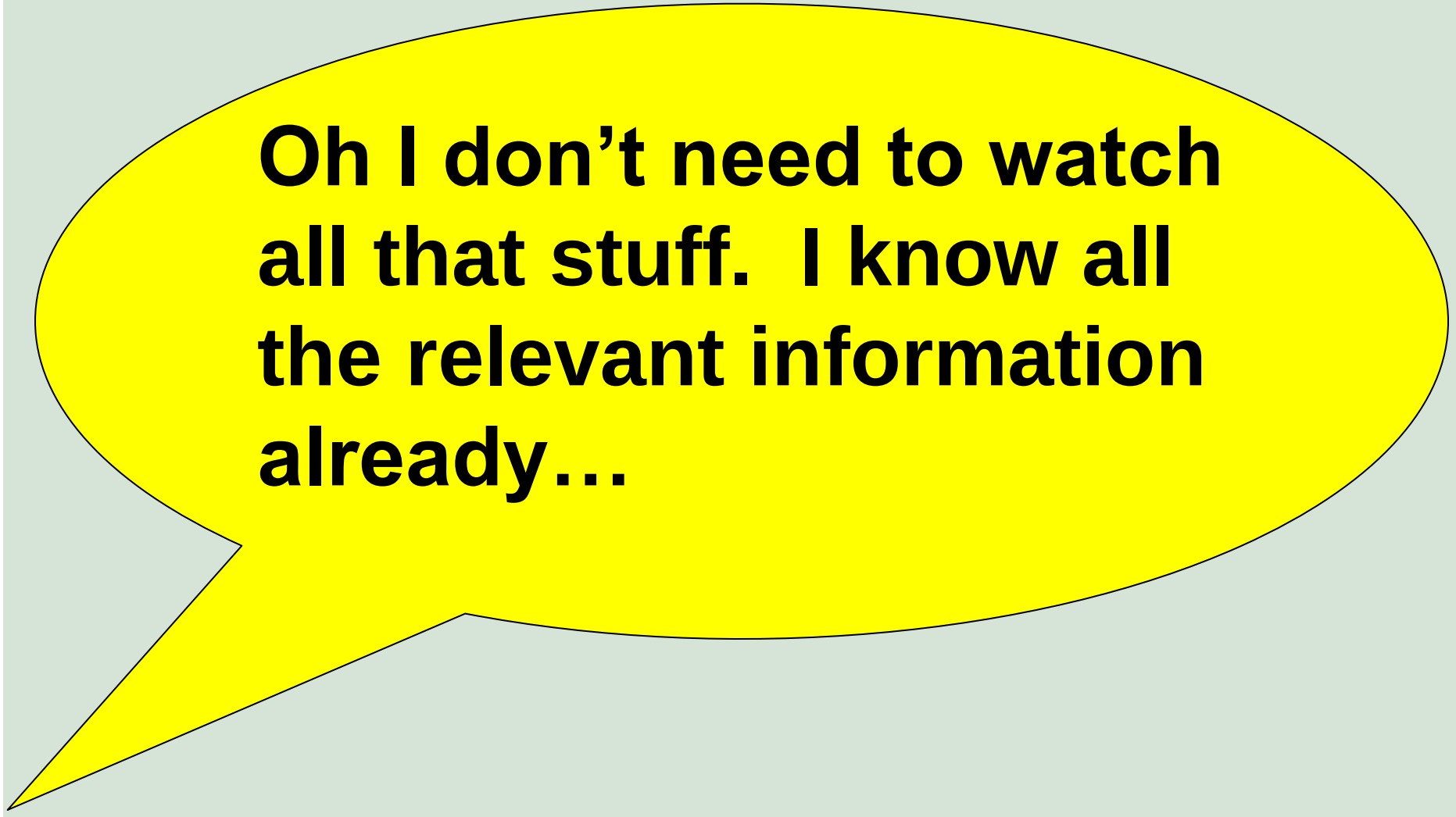

Knowledge questions after using the DA

Out of 100 people with painful knee osteoarthritis and using non-surgical treatments, after 10-18 years how many are doing about the same or better?

1. **<5**
2. **5-10**
3. **10-30**
4. **30-50**
5. **50-70**
6. **70-90**
7. **>90**

Knowledge questions after using the DA

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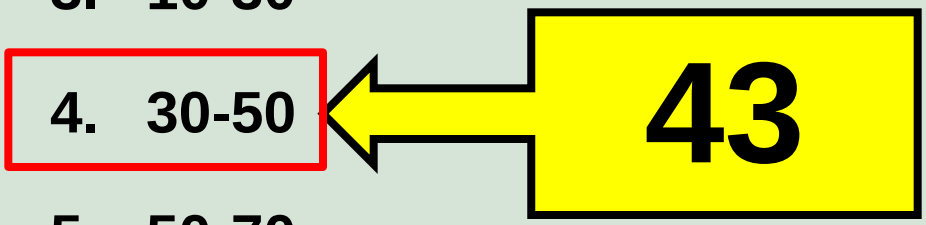

Questions patients need to ask themselves before deciding about surgery or nonsurgical options

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- **How much pain am I in?**
- **What does the pain prevent me from doing?**
- **How well do nonsurgical treatments manage the pain?**
- **What am I willing to do to manage the pain nonsurgically?**
- **Am I willing to take on the risk of surgery?**
- **Can I afford to take the time off for recovery?**
- **Which is more important; getting the possible benefits from surgery or avoiding the possible harms?**

38,000

More than ~~31,000~~ decision aids delivered to patients as of ~~January~~ 2013.

July

In process measurement–volume of distribution

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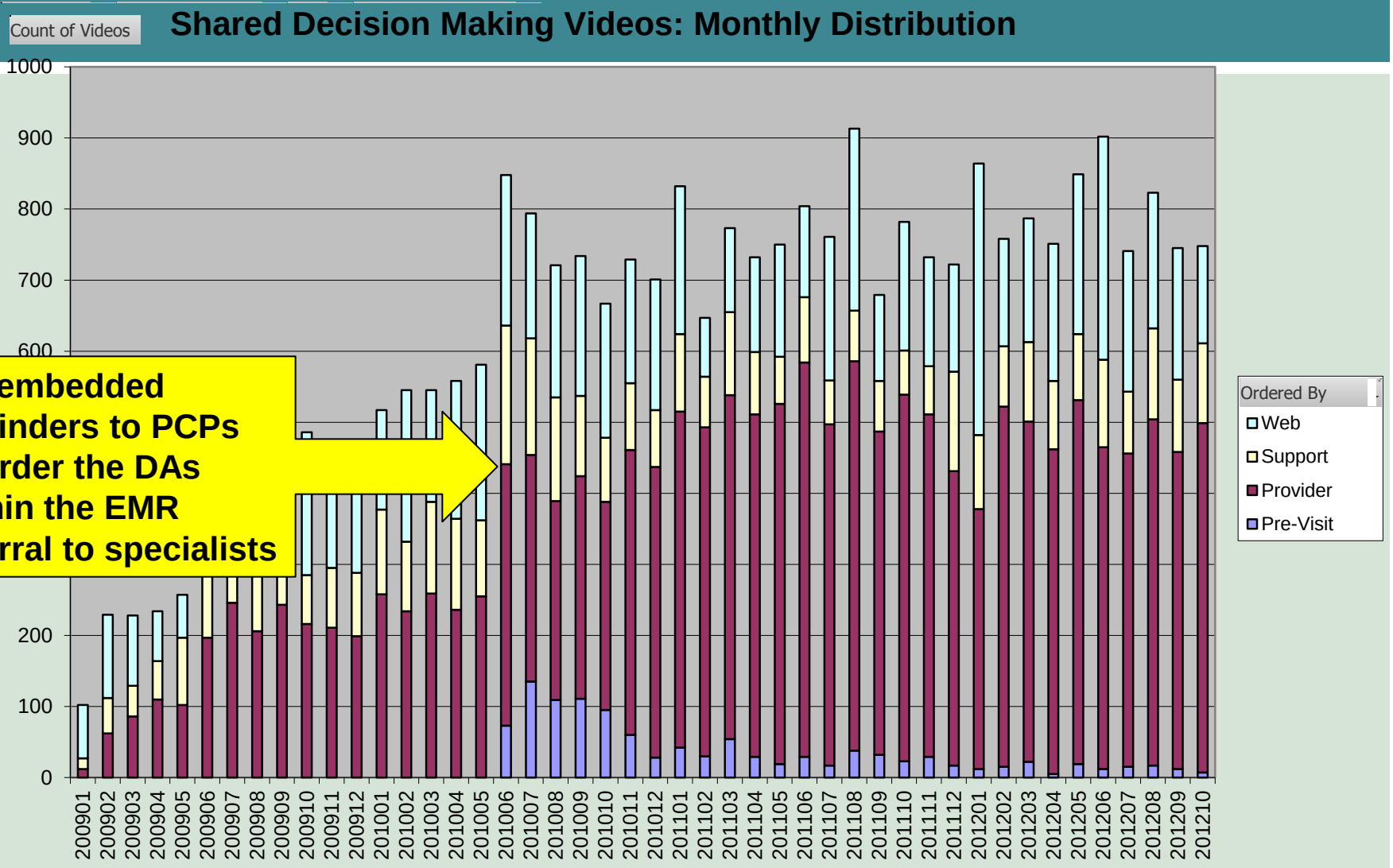

We embedded reminders to PCPs to order the DAs within the EMR referral to specialists

In process measure–"defect measure"

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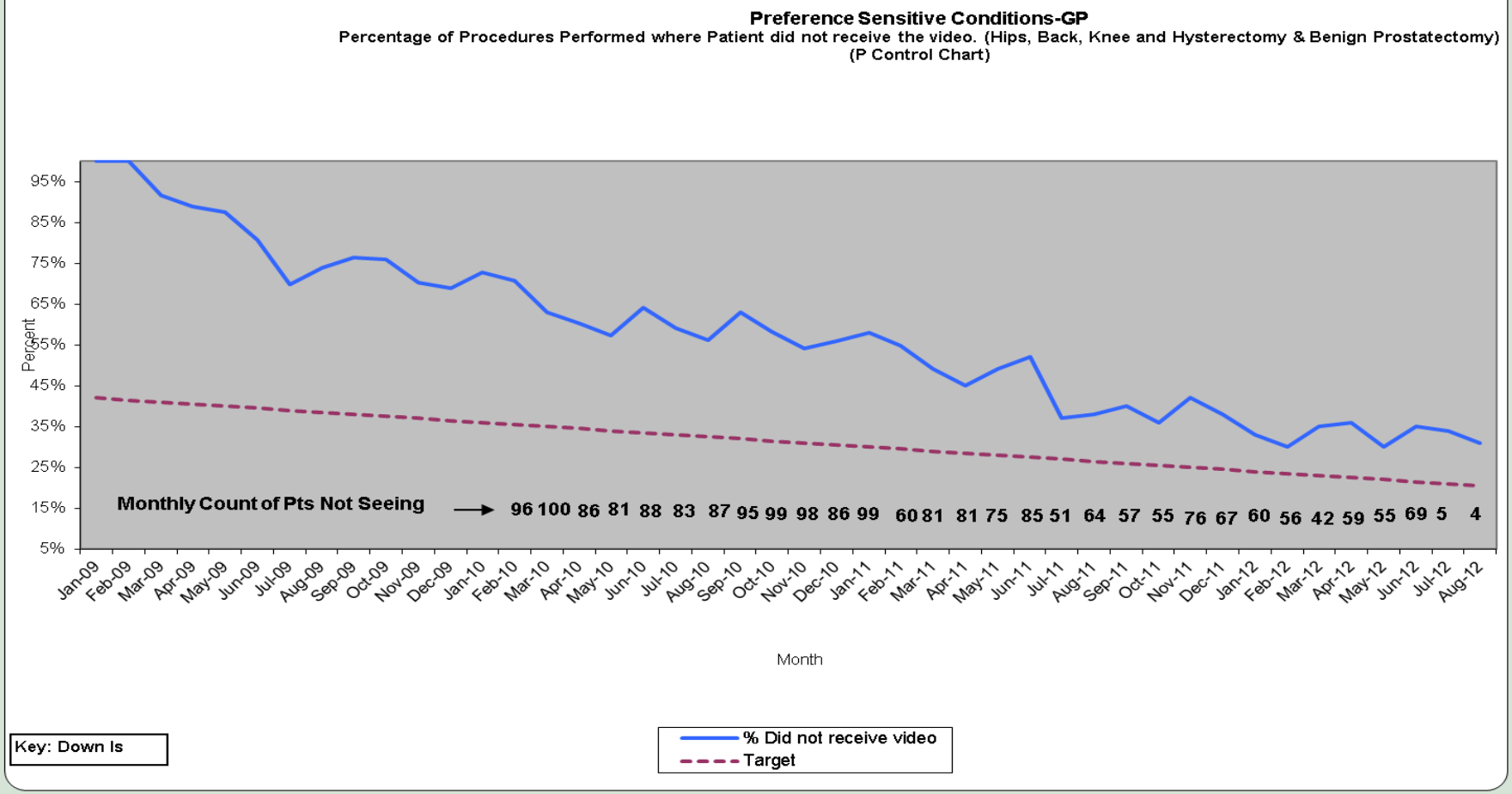


HIGHER SATISFACTION
LOWER COSTS
HIGHER QUALITY

Large scale implementation of patient decision aids is feasible.

Improves patient satisfaction and knowledge.

Appears to lower rates of elective surgery.

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

DOI: 10.1377/hlthaff.2011.0686
HEALTH AFFAIRS 31,
NO. 9 (2012): –

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 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.

David Arterburn (arterburnd@ghc.org) is a general internist and associate investigator at Group Health Research Institute and an affiliate associate professor at the University of Washington, in Seattle.

Group Health Research Institute.

Carolyn Rutter is a biostatistician and senior investigator at Group Health

Comparison of mean costs in 6 months after index date, control vs. intervention

GroupHealth

	Hip Osteoarthritis Cohorts		Knee Osteoarthritis Cohorts	
	Control N=968	Intervention N=820	Control N=4217	Intervention N=3510
Costs (2009 dollars)				
Total, Mean	16,557	13,489	10,040	8,041
Inpatient	7,793	5,774	3,512	2,475
Outpatient	8,764	7,715	6,528	5,565
Primary Care	548	568	597	532
Pharmacy	4,894	4,091	3,219	2,591
Specialty Care	2,497	1,868	1,460	951
Orthopedic Surgery	790	629	773	694

- **Overall positive or neutral about decision aids**
- **Benefits of decision aids outweigh minor concerns**
- **Patients are more informed**
- **Takes less time**
- **90% of surgeons attended a Shared Decision Making CME event in 2011**
- **Overall positive comments about training experience**

Well-accepted by clinicians.

Reduces costs or is
at least cost-neutral.

Offers potential for greater liability protection.

Lessons Learned and Keys To Success?

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- **We learned things about patient behavior**
- **We learned things about provider behavior**
- **We learned things about "system" behavior**
- **Some lessons are not specific to Shared Decision Making but are basic "QI implementation-101"**
  - Leadership involvement
  - Clinician engagement
  - Effective measurement systems

Lessons Learned

GroupHealth

1. **Most patients LOVE this amount of detailed information**
2. **Most patients do NOT think the video**
3. **Most docs think they know the key cl**
4. **Most docs do NOT know the key clini**
5. **Most docs think they already do SDM**
6. **Most docs do NOT do effective SDM**
7. **The selling point for clinical teams is that this is thou respectful patient-centered care**
8. **The selling point to specialists is that they will see mo atients who are great candidates for the procedure and will have "better outcomes"**
9. **Getting SDM inserted earlier in the process is better (though better late than never!)**

- **A higher level of informed consent**
- **Patients are happier with the outcome no matter which option they chose**
- **Patients are less likely to sue if things don't go well**

Keys To Success

GroupHealth

1. **Get meaningful senior leadership buy-in**
2. **Get buy-in from specialists**
3. **Set the expectation that this is a routine part of excellent patient-centered care**
4. **Coach communication skills to all team members**
5. **Embed SDM in processes (like referrals) and standard work at check-in, rooming, etc.**
6. **Measure processes right down to individual provider team level**
7. **Make measurement transparent**
8. **Make SDM part of standard management rounding**
9. **Document patient's knowledge, values, preferences**
10. **Document that SDM conversations have occurred**

Next steps for Group Health

Adding more decision aids

End-of-Life Care

Acute and Chronic Low Back Pain

End Stage Renal Disease

Knee Arthroscopy for Meniscal Tears and Osteoarthritis

Moving shared decision making upstream into Primary Care

Automated recording of knowledge, values, and treatment choices in electronic medical records

Measuring and Improving the Quality of Medical Decisions

Karen Sepucha, PhD
Health Decision Science Center
Massachusetts General Hospital
ksepucha@partners.org
http://www.massgeneral.org/decisionsciences/

Disclosure

Funding for this work was provided by the Informed Medical Decisions Foundation

Dr. Sepucha also receives salary and research support from the Susan G. Komen Foundation, AHRQ, and Mass General Physician's Organization

Dr. Sepucha is an advisor for Vital Decisions LLC

Goal

Every patient facing a significant medical decision is well informed, meaningfully involved and receives treatment that matches their goals.

Agenda

1. How can we measure shared decision making?

2. How does SDM fit into organizational priorities?
   - Quality improvement
   - Performance measurement

Who made the decision about treatment of your breast cancer?

- ❑ Mainly the doctor

  "they didn't say to me, "Well, we could remove the breast, we could do this, we could do that." They just said, "This is what we're going to do." And that was it—I wasn't in on the decision."

- ☒ Both equally

  "She[the doc] was compassionate, … [and] gave me the data that I needed ... We talked statistics and sizes and things that helped me with my decision."

- ❑ Mainly you

  "I made the decision. I'm very happy with the lumpectomy because that's what I wanted to do from the beginning. They [my doctors] didn't disagree. They didn't agree. They just said, "Okay."."

Measuring Decision Quality

DECISION QUALITY

Policy Support For Patient-Centered Care: The Need For Measurable Improvements In Decision Quality

Documenting gaps in patients' knowledge could stimulate rapid change, moving decisions and care closer to a patient-centered ideal.

by Karen R. Sepucha, Floyd J. Fowler Jr., and Albert G. Mulley Jr.

ABSTRACT: The phenomenon of practice variation draws attention to the need for better management of clinical decision making as a means of ensuring quality. Different policies to address variations, including guidelines and measures of appropriateness, have had little demonstrable impact on variation itself or on the underlying quality problems. Variations in rates of interventions raise questions about the patient-centeredness of decisions that determine what care is provided to whom. Policies that support the development and routine use of measures of decision quality will provide opportunities to measurably improve

To provide evidence that

- The patient understands key facts.

-The treatment received is consistent with the patient's personal goals.

-The patient was meaningfully involved in decision making

Source: Sepucha et al. 2004 Health Affairs

Measuring knowledge

- Key facts
- Mix of gist and quantitative
- Strong psychometrics

Section 2: Facts About Hip Osteoarthritis

This set of questions asks about some facts doctors think are important for patients to know about hip osteoarthritis. The correct answer to each question is based on medical research. Please do your best to answer each question.

2.1. Which treatment is most likely to provide relief from hip pain caused by osteoarthritis?

- ☐ Surgery
- ☐ Non-surgical treatments
- ☐ Both are about the same
- ☐ I am not sure

2.2. About how many people who have hip replacement surgery will need to have the same hip replaced again in less than 20 years?

- ☐ More than half
- ☐ About half
- ☐ Less than half
- ☐ I am not sure

2.3. If 100 people have hip replacement surgery, about how many will have less hip pain when walking after the surgery?

- ☐ 25 or fewer
- ☐ 26 to 50
- ☐ 51 to 75
- ☐ 76 to 100
- ☐ I am not sure

Decisions Study

Nationally representative sample of 3,010 English speaking adults 40+

- **Surgery**
  - Back surgery, knee/hip replacement, cataracts
- **Cancer screening**
  - Prostate, colorectal, breast
- **Medications**
  - High blood pressure, high cholesterol, depression

What Did Patients Know?

For 7 out of 9 decisions, fewer than half could get more than one of the knowledge questions right.

→ *Patient decision aids increase knowledge*

Source: Fagerlin et al. MDM 2010

Measuring involvement

- Concrete, observable actions
- Focused on specific decision
- Adapted for use in CG-CAHPS

Section 3: Talking With Health Care Providers

Please answer these questions about what happened when you talked with health care providers including doctors, nurses and other health care professionals about hip replacement surgery and other non-surgical treatments, such as exercise or medicine, for hip osteoarthritis.

3.1. Did any of your health care providers talk about hip replacement surgery as an option for you?

- ☐ Yes
- ☐ No

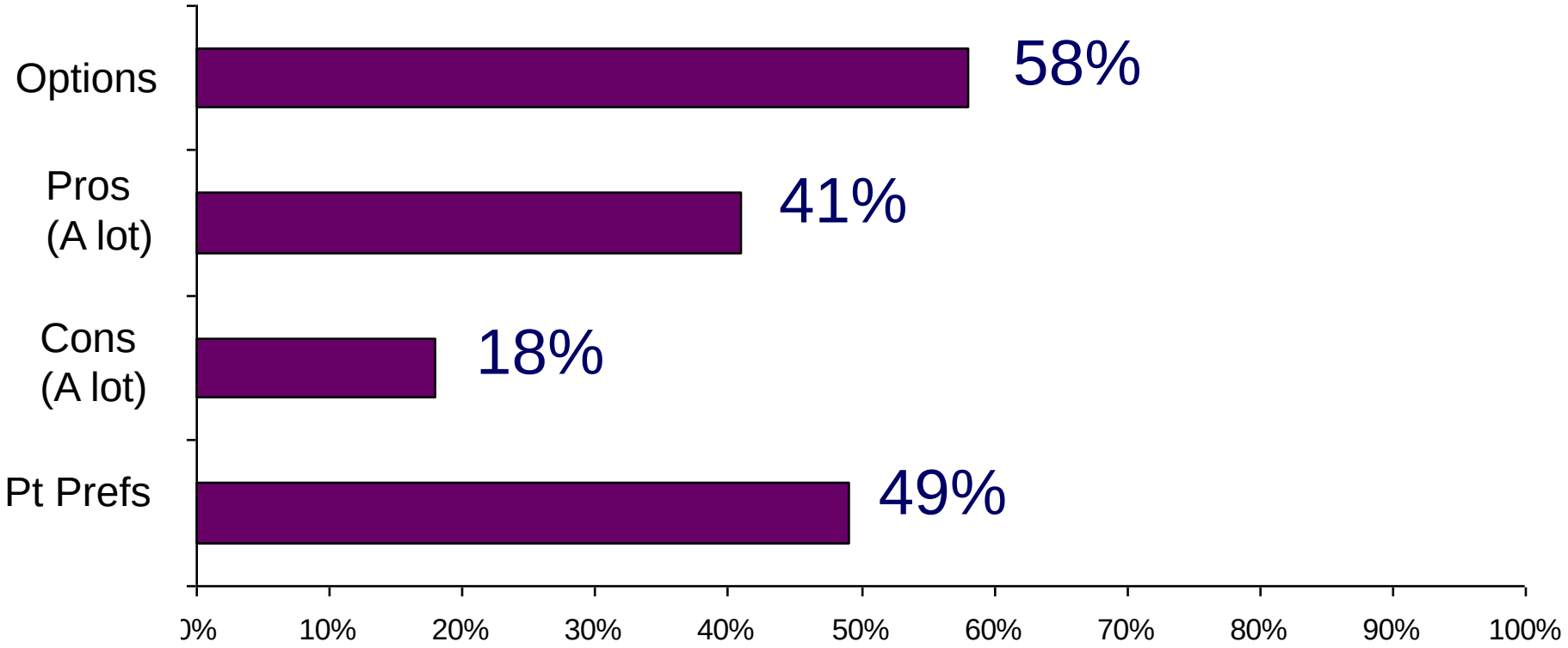
3.2. How much did you and your health care providers talk about the reasons to have hip replacement surgery?

- ☐ A lot
- ☐ Some
- ☐ A little
- ☐ Not at all

3.3. How much did you and your health care providers talk about the reasons not to have hip replacement surgery?

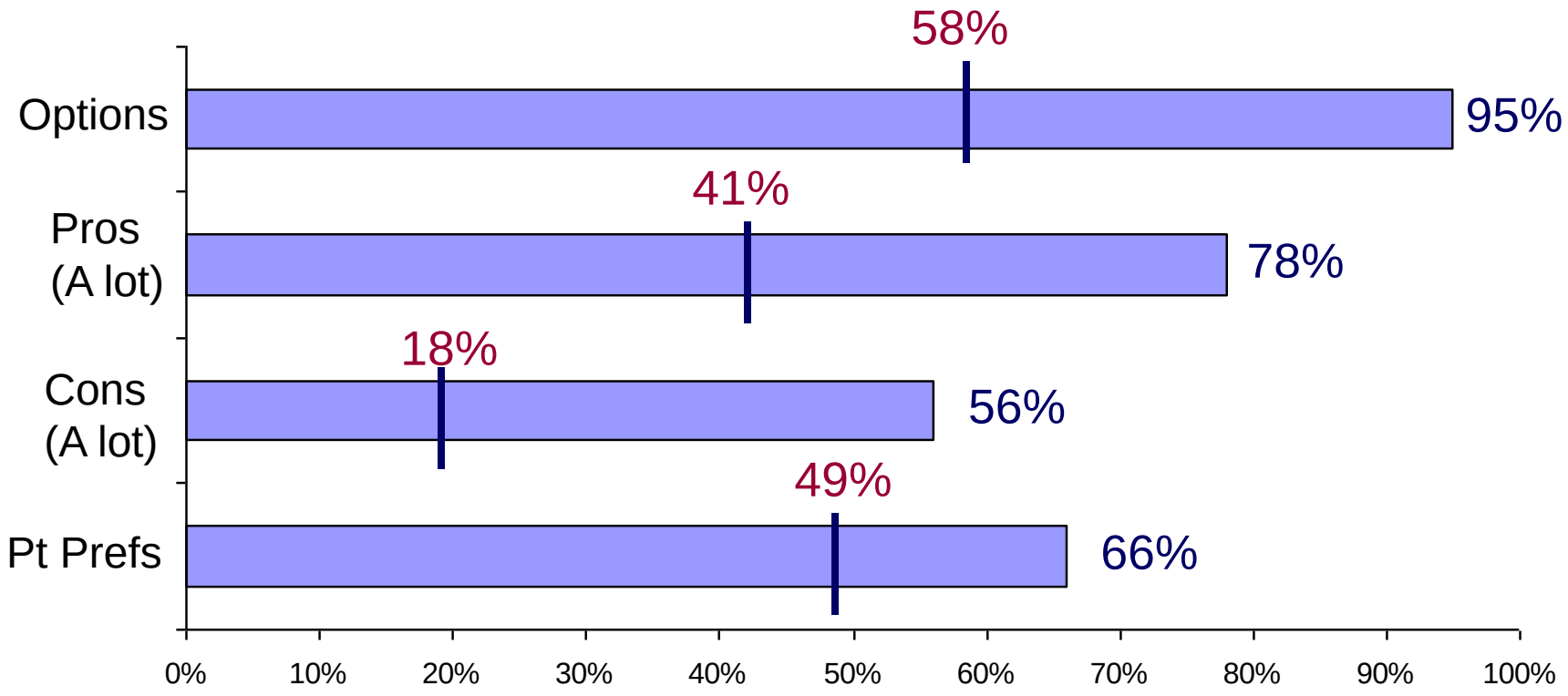
- ☐ A lot
- ☐ Some
- ☐ A little
- ☐ Not at all

Breast cancer surgery decision n=440



Source: Lee et al. JACS 2009

What's possible? UCSF Decision Services



N=131, Belkora et al. 2011

Measuring goals

- Straightforward task
- Key consequences good and bad
- Challenge of timing assessment

Section 1: What Matters Most to You

This set of questions includes some reasons people have given for choosing to have hip replacement surgery or not. We are interested in what is important to you.

Please circle a number from 0 to 10, where 0 is not at all important and 10 is extremely important, to indicate how important each of the following are to you as you are thinking about whether or not to have surgery.

How important is it to you to . . .

	Not at all important										Extremely important
1.1. relieve your hip pain?	0	1	2	3	4	5	6	7	8	9	10
1.2. not be limited in what you can do because of your hip pain?	0	1	2	3	4	5	6	7	8	9	10
1.3. avoid having surgery for your hip?	0	1	2	3	4	5	6	7	8	9	10
1.4. avoid taking prescription medicine for your hip pain?	0	1	2	3	4	5	6	7	8	9	10

Do patients get treatments that match their goals?

	Had Surgery	Had non surgical treatment
Goals suggest Surgery		Underuse?
Goals suggest Non surgical	Overuse?	

Hip and knee osteoarthritis patients (n=383)

	Had Surgery	Had non surgical treatment
Goals suggest Surgery	50%	25%
Goals suggest Non surgical	12%	14%

Source: Sepucha K et al. Decision quality instrument for treatment of hip and knee osteoarthritis: a psychometric evaluation. BMC Musculoskelet Disord 2011 Jul 5;12(1):149.

Is there a "Decision Quality" score?

- Informed and receive treatments that match their goals
  - 31% of hip/knee respondents met cutoff for knowledge and had treatment that matched their goals
  - Site (using decision aids), involvement score, and having had surgery were associated with higher DQ
- Linked to less regret and more confidence

Agenda

1. How can we measure whether shared decision making is happening?

2. How does SDM fit into organizational priorities?
   - Quality improvement
   - Performance measurement

Case study: Mr. M's Story

- 71yo man referred to orthopedics, worsening right hip pain over past 2 years, x-rays confirm damage
- Orthopedic surgeon's note: "I went over in some detail different treatment options. He very much wishes to proceed with right total hip replacement."
- Talked with family and friends, saw PCP for pre-op evaluation

Mr. M's Letter

Massachusetts General Hospital
Yawkey Center for Outpatient Care
55 Fruit Street, Suite 3700
Boston, Massachusetts 02114

Dear Dr. [redacted]

Re: Hip Replacement Surgery

I am writing to tell you that at this time I will not be proceeding with my right hip replacement procedure. Therefore, will you please cancel my appointments for pre-admission testing on July 12, [redacted] and for surgery on July 28, [redacted]

About six months ago I added daily biking to my exercise routine and after three months found that the nighttime hip pain was gone. When I saw you in May, I was not sure if this important change to my life style would hold. It has so far.

Based on a conference with Dr. [redacted] [redacted] my primary care physician, and on a viewing of the very helpful information on a DVD that he prescribed (Treatment Choices for Hip Osteoarthritis), sent to me by Massachusetts General's Patient and Family Learning Center, I have decided that waiting for the surgery is the best decision.

Thank you for your help and patience.

With kind regards,

What if…

- The PCP hadn’t sent the video?
- The patient had gone through with surgery?
- The surgeon had asked if the patient had any concerns about surgery?

Model on Ontario arthritis centers

1.

2.

3.

Summary of Clinical Priority and Patient's Preference for Total Joint Replacement

Patient's Preference & Decisional Needs

Certainty — **Prefers: Knee replacement surgery** —
✔ Feels sure about best choice

Knowledge — **75%** correct answers
✔ Feels knows enough
✔ knee pain worsens over time
✔ replacement needed again in 11-20 years
✔ surgery improves walking without pain in >75% patients
✖ full recovery takes more than 6 months

Values — **97%** values predict surgical preference
✔ Feels clear about values

	Not Important 1 2 3 4 5 6 7 8 9 10 Very Important
Reasons for Surgery	
Get pain relief	**10**
Return to normal activities	**10**
Avoid side effect of pain meds	**5**
Reasons Against Surgery	
Avoid surgery	**3**
Avoid time off for recovery	**2**
Avoid side effect of surgery	**5**

Support — ✔ Feels has enough support and advice to make a choice

Patient's Questions and Comments

Version 2.0, Dec-07

Quality Improvement

- OB/Gyn department used SDM for QI bonus
  - Q1: watch decision aid and complete needs assessment questionnaire
  - Q2: order patient decision aid

→ Providers familiar with content, open to using programs

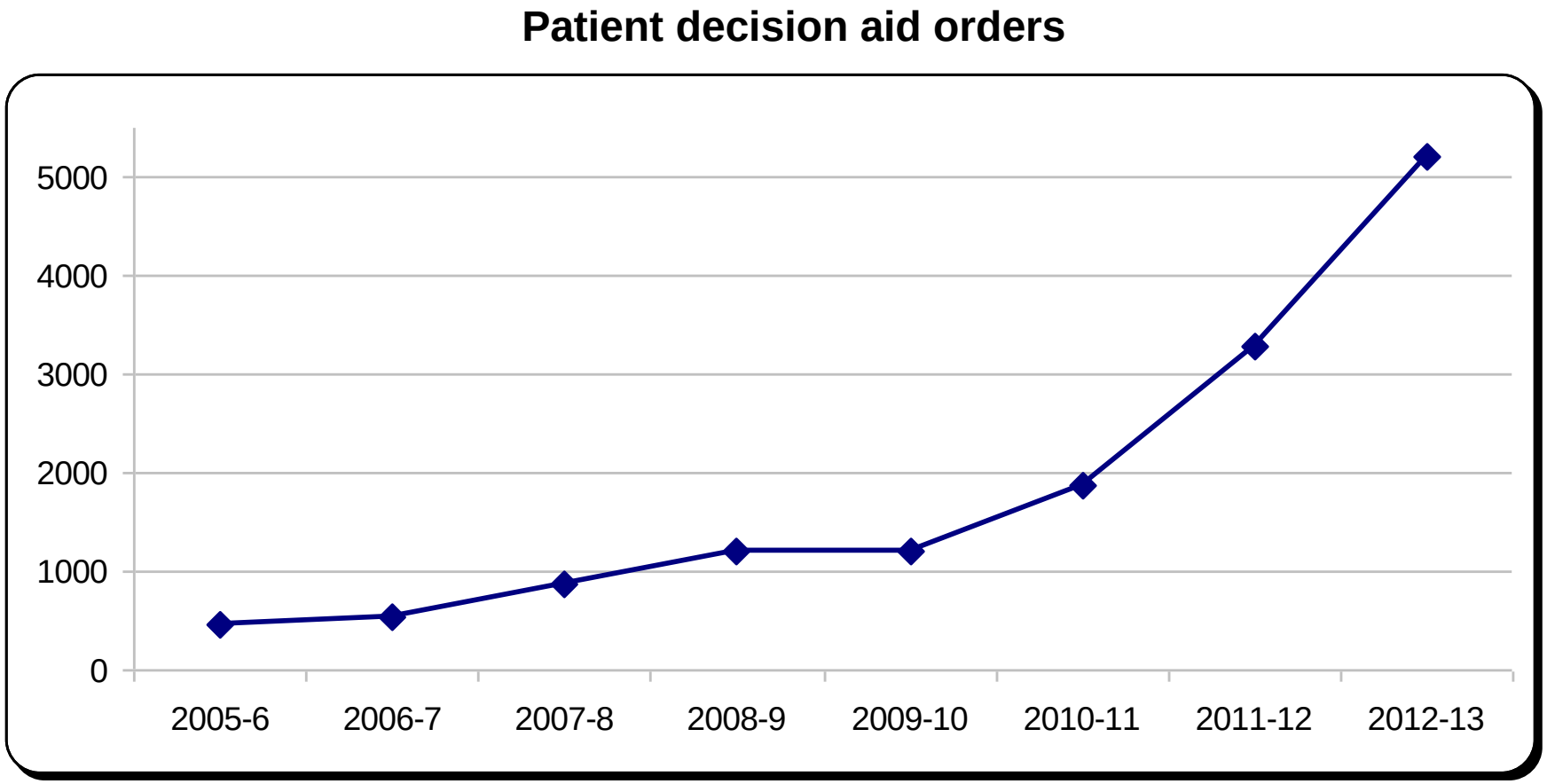
→ Incorporated into nurse triage role

Partners ACO: care improvement tactics

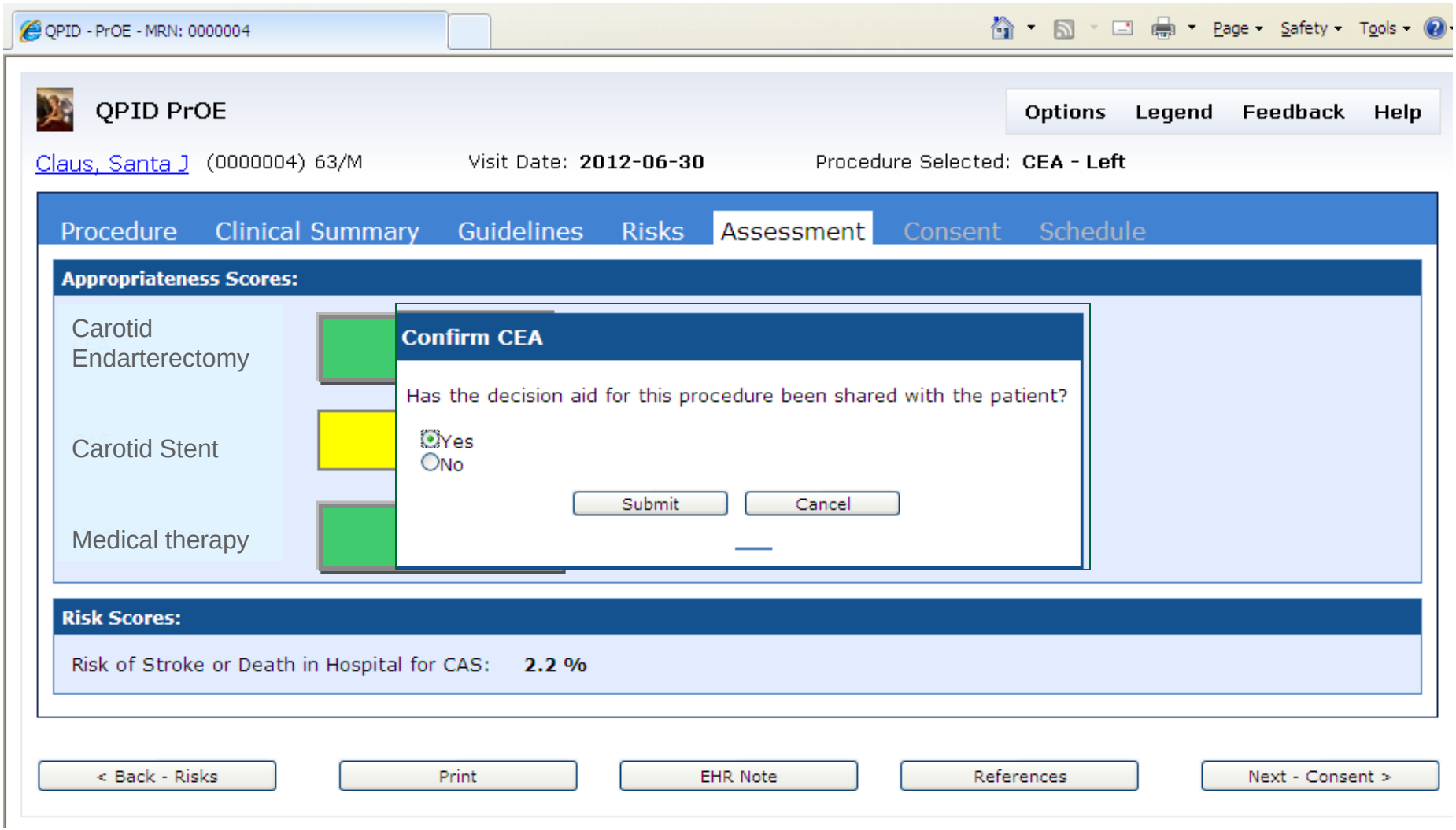
	Longitudinal Care	Episodic Care	
	Primary Care	Specialty Care	Hospital Care
Access to care	**Patient portal/physician portal**		**Access program**
	Extended hours/same day appointments		**Reduced low acuity admissions**
	Expand virtual visit options		
Design of care	**Defined process standards in priority conditions (multidisciplinary teams)**		
	High risk care management	**Shared decision making**	**Re-admissions**
			Hospital Acquired Conditions
	100% preventive services	**Appropriateness**	**Hand-off and continuity programs**
	Chronic condition management		
	EHR with decision support and order entry		
Measurement	**Incentive programs**		
	Variance reporting/performance dashboards		
	Quality metrics: clinical outcomes, satisfaction		
	Costs/population	**Costs/episode**	

Source: Milford, CE, Ferris TG (2012 Aug). A modified "golden rule" for health care organizations. Mayo Clin Proc. 87(8):717-720.

MGH Shared Decision Making Program



Procedure Decision Support System



Mr. M's story, continued

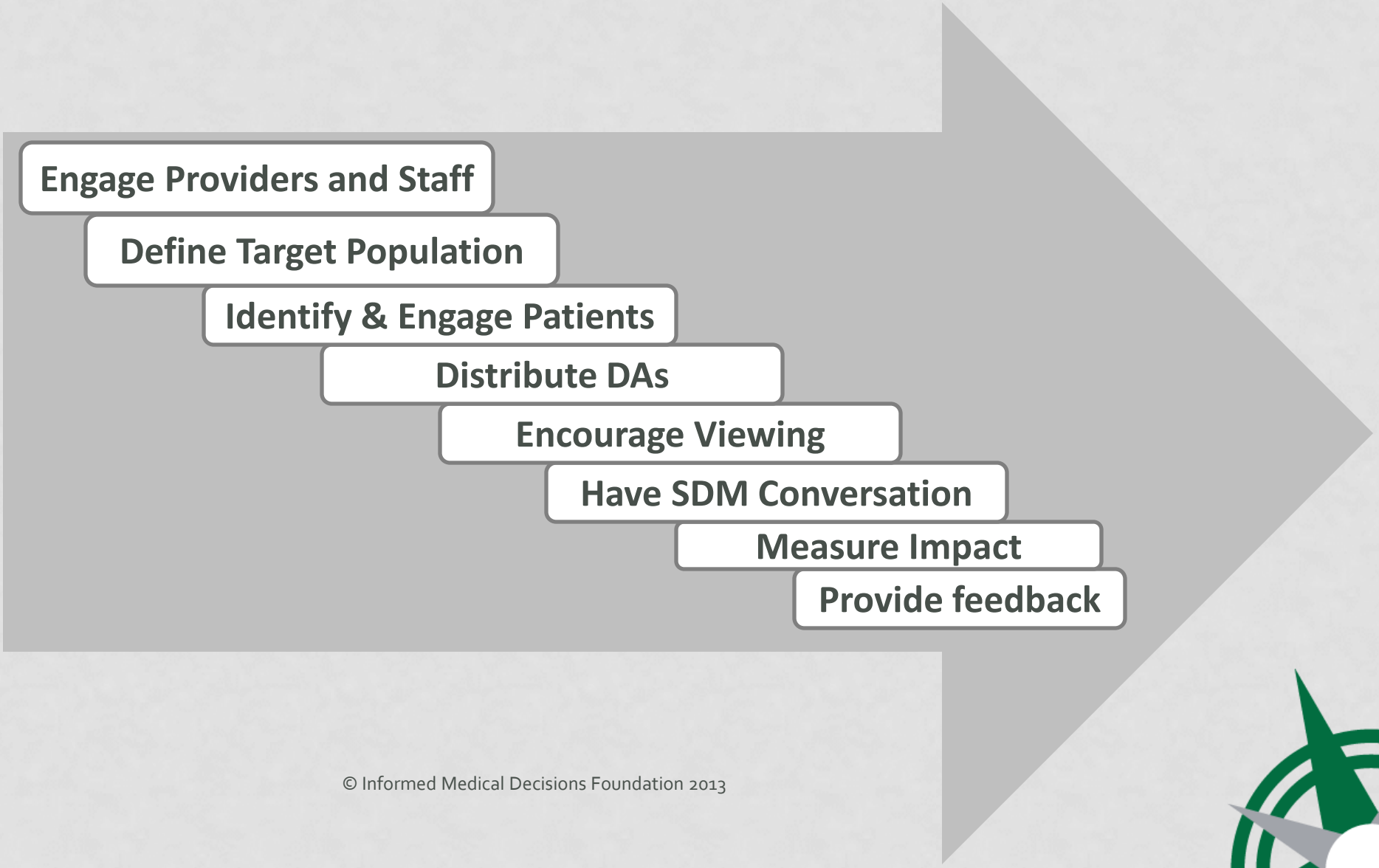
- 2 years later, pain worsened and night time pain came back
- Went back to surgeon and had replacement surgery
- Good relief of pain, good function, no regrets

Summary

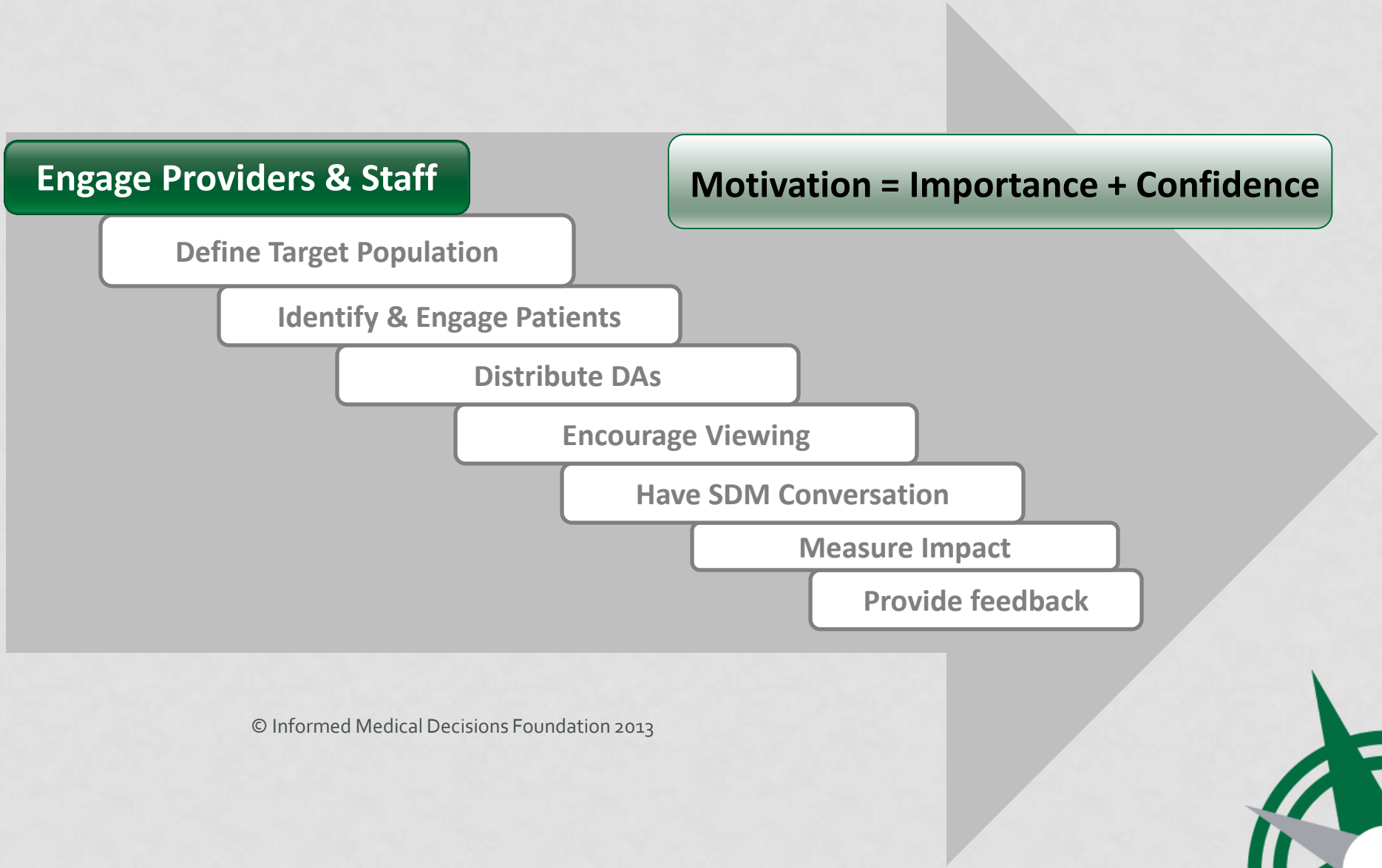
- SDM measurement is part of ACO and PCMH
  - CG-CAHPS
  - Decision quality instruments available at: (*www.massgeneral.org/decisionsciences/)*
- In general, patients not well informed or involved, and do not always receive treatments that match goals
- Assessment of decision quality may enhance accountability that we have reached right patient, right treatment, right time

SHARED DECISION MAKING GETTING STARTED

Key Objectives For Successful Implementation of SDM with DAs



Key Objectives For Successful Implementation of SDM with DAs



SIX STEPS TO SDM

1. Invite patient to participate
2. Present options
3. Provide information on benefits and risks
4. Assist patient in evaluating options based on their goals and concerns
5. Facilitate deliberation and decision making
6. Assist with implementation

KEY RESOURCES

www.decisionaid.ohri.ca

www.informedmedicaldecisions.org

www.massgeneral.org/decisionsciences

www.mayo.edu/research/labs/knowledge-evaluation-research-unit


Thank
You
Merci
Graciasi
Biyan
Grazie
Juspaxar
Shukuria
Tashakkur
bolzïn
Mehrbani
Arigato
Dankscheen
Yaqhanyelay
Efcharisto
suksama
Shukria
Maake
Maketai
Paldies
Hatur
Sanco
hui
Wabeeja
Medawagse
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Spasibo
Ekhmet
Spassibo
Agayje
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Baiika Yuspagaràtam
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Maitoka
ekoju
Tavtapuch
Sikomo
Merastawhy
Iah
Dhanyabaad
Chalitu
nahun
Snachalhuya
Nmachalhya
Gul