SHARED DECISION MAKING

AMGA 2013 INSTITUTE FOR QUALITY LEADERSHIP
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?
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

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 SCHEMATIC OF SHARED DECISION MAKING

Options

A

Benefits

Risks

B

Benefits

Risks

C

Benefits

Risks

Patient Lens

Goals and Concerns

Unique Life Circumstances

Benefits

Risks

Deliberate

Decision
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

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Supported by Patient Decision Aids

Options

B

C

Patient Lens

Goals and Concerns

Benefits

Risks

Benefits

Risks

Benefits

Risks

Unique Life Circumstances

Benefits

Risks

Benefits

Risks

Deliberate

Decision

Decision to Make

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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
“Were you involved as much as you wanted to be in decisions about your care and treatment?”

% responding ‘Yes, definitely’

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

A CHORUS OF VOICES CALLING FOR SDM
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

<table>
<thead>
<tr>
<th></th>
<th>Extremely</th>
<th>Very</th>
<th>Somewhat</th>
<th>Not at all</th>
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<td>54</td>
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<td>850</td>
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<td>54</td>
<td>15</td>
<td>1,020</td>
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<tr>
<td><strong>Gender</strong></td>
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<tr>
<td>Male</td>
<td>29</td>
<td>56</td>
<td>15</td>
<td>1,959</td>
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<tr>
<td>Female</td>
<td>33</td>
<td>53</td>
<td>13</td>
<td>1,390</td>
</tr>
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</table>

Includes all valid demonstration site surveys in Illume database distributed in a primary care setting as of 6/1/12 (unweighted)

*Statistically significant (p ≤ 0.05) (Chi square test)
Implementation of Shared Decision Making
At Group Health: Lessons Learned

David K. McCulloch, MD
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?”

I have everything I could possibly need…

Isn’t life just perfect…

Aaaaaaaaaaaaaaaaaah gosh jee willikers….
Surely what we do right now is good enough?

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
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.
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.
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)?”

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…

Of course it is obviously up to you, my dear, but if it was me, I’d choose to have the surgery.
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
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<th>Name</th>
<th>Type</th>
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</thead>
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<td>SDM (aka ABNORMAL UTERINE BLEEDING: TREATMENT CHOICES DVD)</td>
<td>Educational</td>
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<tr>
<td>PE556</td>
<td>SDM (aka BENIGN PROSTATIC HYPERPLASIA TREATMENT DVD)</td>
<td>Educational</td>
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<td>PE563</td>
<td>SDM (aka BREAST RECONSTRUCTION: IS IT RIGHT FOR YOU DVD)</td>
<td>Educational</td>
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<tr>
<td>PE555</td>
<td>SDM (aka CORONARY ARTERY DISEASE: TREATMENT CHOICES DVD)</td>
<td>Educational</td>
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<tr>
<td>PE564</td>
<td>SDM (aka DUCTAL CARCINOMA IN SITU: TREATMENT DVD)</td>
<td>Educational</td>
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<tr>
<td>PE561</td>
<td>SDM (aka EARLY STAGE BREAST CANCER: CHOOSING YOUR SURGERY DVD)</td>
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<tr>
<td>PE552</td>
<td>SDM (aka HERNIATED DISC TREATMENT DVD)</td>
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<tr>
<td>PE553</td>
<td>SDM (aka HIP OSTEOARTHRITIS: TREATMENT CHOICES DVD)</td>
<td>Educational</td>
</tr>
<tr>
<td>PE571</td>
<td>SDM (aka IS A PSA TEST RIGHT FOR YOU? DVD)</td>
<td>Educational</td>
</tr>
<tr>
<td>PE554</td>
<td>SDM (aka KNEE OSTEOARTHRITIS TREATMENT DVD)</td>
<td>Educational</td>
</tr>
<tr>
<td>PE557</td>
<td>SDM (aka PROSTATE CANCER: TREATMENT CHOICES DVD)</td>
<td>Educational</td>
</tr>
<tr>
<td>PE551</td>
<td>SDM (aka SPINAL STENOSIS: TREATING LOW BACK AND LEG DVD)</td>
<td>Educational</td>
</tr>
<tr>
<td>PE559</td>
<td>SDM (aka UTERINE FIBROIDS: TREATMENT CHOICES DVD)</td>
<td>Educational</td>
</tr>
</tbody>
</table>
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)

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

Oh I don’t need to watch all that stuff. I know all the relevant information already…
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
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

43
Questions patients need to ask themselves before deciding about surgery or nonsurgical options

- 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
We embedded reminders to PCPs to order the DAs within the EMR referral to specialists
In process measure—“defect measure”

Preference Sensitive Conditions-GP
Percentage of Procedures Performed where Patient did not receive the video. (Hips, Back, Knee and Hysterectomy & Benign Prostatectomy)
(P Control Chart)

Monthly Count ofPts Not Seeing

Month

Key: Down Is

- % Did not receive video
- Target
Shared decision making with decision aids

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

### Hip Osteoarthritis Cohorts

<table>
<thead>
<tr>
<th>Costs (2009 dollars)</th>
<th>Control N=968</th>
<th>Intervention N=820</th>
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</thead>
<tbody>
<tr>
<td><strong>Total, Mean</strong></td>
<td>16,557</td>
<td>13,489</td>
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<tr>
<td><strong>Inpatient</strong></td>
<td>7,793</td>
<td>5,774</td>
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<tr>
<td><strong>Outpatient</strong></td>
<td>8,764</td>
<td>7,715</td>
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<tr>
<td><strong>Primary Care</strong></td>
<td>548</td>
<td>568</td>
</tr>
<tr>
<td><strong>Pharmacy</strong></td>
<td>4,894</td>
<td>4,091</td>
</tr>
<tr>
<td><strong>Specialty Care</strong></td>
<td>2,497</td>
<td>1,868</td>
</tr>
<tr>
<td><strong>Orthopedic Surgery</strong></td>
<td>790</td>
<td>629</td>
</tr>
</tbody>
</table>

### Knee Osteoarthritis Cohorts

<table>
<thead>
<tr>
<th>Costs (2009 dollars)</th>
<th>Control N=4217</th>
<th>Intervention N=3510</th>
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</thead>
<tbody>
<tr>
<td><strong>Total, Mean</strong></td>
<td>10,040</td>
<td>8,041</td>
</tr>
<tr>
<td><strong>Inpatient</strong></td>
<td>3,512</td>
<td>2,475</td>
</tr>
<tr>
<td><strong>Outpatient</strong></td>
<td>6,528</td>
<td>5,565</td>
</tr>
<tr>
<td><strong>Primary Care</strong></td>
<td>597</td>
<td>532</td>
</tr>
<tr>
<td><strong>Pharmacy</strong></td>
<td>3,219</td>
<td>2,591</td>
</tr>
<tr>
<td><strong>Specialty Care</strong></td>
<td>1,460</td>
<td>951</td>
</tr>
<tr>
<td><strong>Orthopedic Surgery</strong></td>
<td>773</td>
<td>694</td>
</tr>
</tbody>
</table>
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?

• 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

1. Most patients LOVE this amount of detailed information
2. Most patients do NOT think the videos are too long
3. Most docs think they know the key clinical points
4. Most docs do NOT know the key clinical points
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 thoughtful, respectful, patient-centered care
8. The selling point to specialists is that they will see more patients 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

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

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Disclosure

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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
“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.”

“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.”

“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

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

Options
Pros (A lot)
Cons (A lot)
Pt Prefs

58%
41%
18%
49%

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 . . .

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<tr>
<th>Question</th>
<th>Not at all important</th>
<th>Extremely important</th>
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<tbody>
<tr>
<td>1.1. relieve your hip pain?</td>
<td>0 1 2 3 4 5 6 7 8 9 10</td>
<td></td>
</tr>
<tr>
<td>1.2. not be limited in what you can do because of your hip pain?</td>
<td>0 1 2 3 4 5 6 7 8 9 10</td>
<td></td>
</tr>
<tr>
<td>1.3. avoid having surgery for your hip?</td>
<td>0 1 2 3 4 5 6 7 8 9 10</td>
<td></td>
</tr>
<tr>
<td>1.4. avoid taking prescription medicine for your hip pain?</td>
<td>0 1 2 3 4 5 6 7 8 9 10</td>
<td></td>
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</table>
Do patients get treatments that match their goals?

<table>
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<tr>
<th>Goals suggest</th>
<th>Had Surgery</th>
<th>Had non surgical treatment</th>
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<tbody>
<tr>
<td>Surgery</td>
<td>✔️</td>
<td>Underuse?</td>
</tr>
<tr>
<td>Non surgical</td>
<td>Overuse?</td>
<td>✔️</td>
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## Hip and knee osteoarthritis patients (n=383)

<table>
<thead>
<tr>
<th>Goals suggest Surgery</th>
<th>Had Surgery</th>
<th>Had non surgical treatment</th>
</tr>
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<tbody>
<tr>
<td>Goals suggest Surgery</td>
<td>50%</td>
<td>25%</td>
</tr>
<tr>
<td>Goals suggest Non surgical</td>
<td>12%</td>
<td>14%</td>
</tr>
</tbody>
</table>

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

Dear Dr. [Name]

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, [Date] and for surgery on July 28, [Date]

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 lifestyle would hold. It has so far.

Based on a conference with Dr. [Name], 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. Patient referred to specialist
2. Examined at referral center, view decision aid, complete survey
3. If meet clinical criteria and informed patient preference then see specialist

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

<table>
<thead>
<tr>
<th>Patient's Preference &amp; Decisional Needs</th>
<th>Certainty</th>
<th>Knowledge</th>
<th>Values</th>
<th>Not Important</th>
<th>Very Important</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prefer: Knee replacement surgery</td>
<td>✓</td>
<td>✓ 75% correct answers</td>
<td>✓ 97% values predict surgical preference</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>✓ Feels knows enough</td>
<td>✓ Feels clear about values</td>
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</tbody>
</table>

#### 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
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

<table>
<thead>
<tr>
<th>Access to care</th>
<th>Longitudinal Care</th>
<th>Episodic Care</th>
<th>Hospital Care</th>
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</thead>
<tbody>
<tr>
<td>Primary Care</td>
<td>Specialty Care</td>
<td></td>
<td></td>
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<tr>
<td>Patient portal/physician portal</td>
<td>Access program</td>
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<tr>
<td>Extended hours/same day appointments</td>
<td>Reduced low acuity admissions</td>
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<tr>
<td>Expand virtual visit options</td>
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</table>

**Design of care**

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<tbody>
<tr>
<td></td>
<td>Defined process standards in priority conditions</td>
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<tr>
<td>(multidisciplinary teams)</td>
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<tr>
<td>High risk care management</td>
<td>Shared decision making</td>
<td>Re-admissions</td>
<td>Hospital Acquired Conditions</td>
</tr>
<tr>
<td>100% preventive services</td>
<td>Appropriateness</td>
<td></td>
<td>Hand-off and continuity programs</td>
</tr>
<tr>
<td>Chronic condition management</td>
<td>EHR with decision support and order entry</td>
<td>Incentive programs</td>
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</table>

**Measurement**

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MGH Shared Decision Making Program

Patient decision aid orders
Procedure Decision Support System

QPID PrOE

Claus, Santa J (00000004) 63/M
Visit Date: 2012-06-30
Procedure Selected: CEA - Left

Appropriateness Scores:

Carotid Endarterectomy
- Confirm CEA
  - Has the decision aid for this procedure been shared with the patient?
    - Yes
    - No

Carotid Stent

Medical therapy

Risk Scores:

Risk of Stroke or Death in Hospital for CAS: 2.2 %
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

Engage Providers and Staff
Define Target Population
Identify & Engage Patients
Distribute DAs
Encourage Viewing
Have SDM Conversation
Measure Impact
Provide feedback

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Key Objectives For Successful Implementation of SDM with DAs

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Motivation = Importance + Confidence

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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