Shared Decision Making: What, Why & How

Integrating SDM into the Primary Care Visit

January 21st, 2015
We Want To Hear From You!

Type questions into the Questions Pane at any time during this presentation.
Patient-Centered Primary Care Institute

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TA Network
Oregon’s PCPCH Model is defined by six core attributes, each with specific standards and measures

- **Access to Care**  “Health care team, be there when we need you”
- **Accountability**  “Take responsibility for making sure we receive the best possible health care”
- **Comprehensive Whole Person Care**  “Provide or help us get the health care, information and services we need”
- **Continuity**  “Be our partner over time in caring for us”
- **Coordination and Integration**  “Help us navigate the health care system to get the care we need in a safe and timely way”
- **Person and Family Centered Care**  “Recognize that we are the most important part of the care team - and that we are ultimately responsible for our overall health and wellness”

Learn more: [http://primarycarehome.oregon.gov](http://primarycarehome.oregon.gov)
Introduce Presenter

Lyle J. (LJ) Fagnan, MD
Professor of Family Medicine
Oregon Rural Practice-based Research Network, Oregon Health & Science University
Overview—Key Questions

POLL
Medical Decision Making

• A central tenet of medicine and our approaches to treatment and diagnosis is its uncertainty

• Unwarranted variations in care in U.S.
  – The Dartmouth Atlas project has documented that a person is far more likely to get certain surgical procedures in some cities than in others, such as for the back or knee

• Preference-sensitive conditions
  – Treatments for knee osteoarthritis, menopause
  – Screening for PSA testing, colon cancer screening
  – Management of chronic conditions
  – End of life decisions
Grey Zone of Decision Making

- 50% Beneficial
- 11% Likely to be beneficial
- 23% Trade-off
- 14% Unknown effectiveness
- 7% Unlikely to be beneficial
- 6% Likely to be ineffective or harmful

N= about 3000 commonly used treatments

BMJ Clinical Evidence 2012
Lomas & Lavis 1996
What is a Preference Sensitive Condition?

• Uncertain or no clear evidence supporting one testing, screening or treatment option over another

• Options have different benefits/risks

• Patient values important in optimizing decision
Knee Osteoarthritis Treatment Choices

- Lifestyle changes—weight loss, exercise
- Pain medications
- Injections
- Complementary therapies such as acupuncture
- Surgery—arthroscopy, osteotomy, knee replacement
Early Stage Breast Cancer Treatment Options

- Mastectomy
- Lumpectomy
- Breast reconstruction
- Chemotherapy
- Hormone therapy
Shared Decision Making: a Definition

Integrative process between patient and clinician:

- Engages the patient in decision-making
- Provides patient with information about alternative treatments
- Facilitates the incorporation of patient preferences and values into the medical plan


Slide from Michael Barry, MD, IMDF President
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.”


Disregard of Patients’ Preferences is a Medical Error—“Failure to Engage Hospitalized Elderly Patients and Their Families in Advance Care Planning”

2/3 of patient preferences not documented in the medical record

- Allsion, TA and Sudore RL. JAMA Intern Med 2013;173(9):787
Consequences of Unresolved Decisional Conflict

- 59 times more likely to change mind (e.g. not showing up for colonoscopy)
- 23 times more likely to delay decision
- 5 times more likely to have regret
- 3 times more likely to fail knowledge test (e.g. informed consent)
- 19% more likely to blame clinician for bad outcomes

# Screening for Decisional Conflict

<table>
<thead>
<tr>
<th>Sure</th>
<th>Do you feel sure about the best choice for you?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Uninformed</td>
<td>Do you know the benefits and risks of each option?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Risk/Benefit Ratio</td>
<td>Are you clear about which benefits and risks matter most to you?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Encourage</td>
<td>Do you have enough support and advice to make a choice?</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

O’Connor & Légaré, 2006  
Légaré et al. Can Fam Physician 2010
Patient’s Role in Decision Making
SDM “Essential Elements”

- Define/explain problem (decision point)
- Present options (evidence)
- Discuss pros/cons (uncertainty)
- Explore patient preferences (values)
- Discuss patient self-efficacy (implementation)
Present clinician recommendation (knowledge)
Check/clarify understanding (agreement)
Make or explicitly defer decision (choice)
Arrange follow-up (what’s next)

Makoul & Clayman 2006
Patient Introductions

Linda Deardorff

Sally Morgan
Invite Patient to Participate

• “There’s a decision to make about your treatment (or testing) and I’d like to make it with you. Knowing what’s important to you will help us make a better decision.”

OR

• “Sometimes things in medicine aren’t as clear as most people think. Let’s work together so we can come up with the decision that’s right for you.”
Facilitate Deliberation, Decision Making

• “Considering what we’ve discussed, do you have a preference about the direction we take?”
• “You have time to think things over.”
• “Is there any more information you need?”
• “What’s the hardest part about deciding?”
• Population health
  – Promotes screening, primary and secondary prevention

• Patient experience
  – The ultimate patient centered care; patients empowered to self care and participation in care decisions

• Cost per capita
  – Fully informed patients tend to opt for less expensive care
<table>
<thead>
<tr>
<th>43a</th>
<th>In the last 12 months, did you visit this provider for a specific health issue?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>43b</td>
<td>How much effort was made to help you understand your health issue?</td>
<td>No effort at all</td>
<td>A little effort was made</td>
</tr>
<tr>
<td>43c</td>
<td>How much effort was made to listen to the things that matter most to you about your health issue?</td>
<td>No effort at all</td>
<td>A little effort was made</td>
</tr>
<tr>
<td>43d</td>
<td>How much effort was made to include what matters most to you in choosing what to do next?</td>
<td>No effort at all</td>
<td>A little effort was made</td>
</tr>
<tr>
<td>43e</td>
<td>Choices for your treatment or health care can include choices about medicine, surgery, or other treatment. In the last 12 months, did this provider tell you there was more than one choice for your treatment or health care?</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>
# SDM Patient Experience Questions

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
</table>
| 43f In the last 12 months, did this provider talk to you about the pros and cons of each choice for your treatment or health care? | o Yes  
|                                                                          | o No             |
| 43g In the last 12 months, when there was more than one choice for your treatment or health care, did this provider ask you which choice was best for you? | o Yes  
|                                                                          | o No             |
| 43h In the last 12 months, how often did this provider make it easy for you to ask questions or raise concerns? | o Never  
|                                                                          | o Sometimes     
|                                                                          | o Usually       
|                                                                          | o Always        |
| 43i In the last 12 months, did you get care from more than one kind of health care provider or use more than one kind of health care service? | o Yes  
|                                                                          | o No             |
| 43j In the last 12 months, have you felt that you could have used extra help arranging or coordinating your care | o Yes  
|                                                                          | o No             |
Key Messages
Patient SDM Behaviors

- Can be observed
- Can be modified
- Can be enhanced by decision support tools
- Can be influenced by clinicians’ attitudes

Legare, University of Laval
Clinician SDM Behaviors

• Can be observed
• Can be modified
• Two are most needed:
  – Assessing patient’s values and preferences
  – Screening for decisional conflict
• Can be enhanced by decision support tools and training

Legare, University of Laval
Ask 3 Questions

Sometimes there will be choices to make about your healthcare. If you are asked to make a choice, make sure you get the answers to these 3 questions:

- what are my options?
- what are the possible benefits and risks?
- how can we make a decision together that is right for me?

We want to know what’s important to you

http://personcenteredcare.health.org/uk/
Better Patient Outcomes from SDM

“No Decision About Me Without Me”
What Questions Do You Have?

Type questions into the **Questions Pane** at any time during this presentation.
Selected References

• Charles C. et al. Shared decision-making in the medical encounter: what does it mean?(or it takes at least two to tango) Soc Sci Med. 1997; 44: 681–69
• Allsion TA & Sudore RL: Disregard of Patients' Preferences Is a Medical Error Comment on “Failure to Engage Hospitalized Elderly Patients and Their Families in Advance Care Planning”. JAMA Int Med. 2013; 173(9): 787

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THANK YOU!