

Literature Review for Shared Decision Making

| Title | Brief Description | Topic | Year Published | Author(s) | Associated Fee/Subscription | MetaAnalysis? |
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| Shared Decision Making in the Medical Encounter: Are We All Talking about the Same Thing? (Abstract only) | This article aims to explore 1) whether after all the research done on shared decision making (SDM) in the medical encounter, a clear definition (or definitions) of SDM exists; 2) whether authors provide a definition of SDM when they use the term; 3) and whether authors are consistent, throughout a given paper, with respect to the research described and the definition they propose or cite. | Defining what SDM is | 2007 <i>(Medical Decision Making)</i> | Nora Moumjid, Amiram Gafni, Alain Bremond, Marie-Odile Carrere | Subscription or other payment options | Yes (76 reports) |
| Implementation of Shared Decision Making into Practice | | | | | | |
| Group Health's Participation In A Shared Decision-Making Demonstration Yielded Lessons, Such As Role Of Culture Change (PDF available) | In 2007 Washington State became the first state to enact legislation encouraging the use of shared decision making and decision aids to address deficiencies in the informed-consent process. Group Health volunteered to fulfill a legislated mandate to study the costs and benefits of integrating these shared decision-making processes into clinical practice across a range of conditions for which multiple treatment options are available. The Group Health Demonstration Project, conducted during 2009–11, yielded five key lessons for successful implementation, including the synergy between efforts to reduce practice variation and increase shared decision making; the need to support modifications in practice with changes in physician training and culture; and the value of identifying best implementation methods through constant evaluation and iterative improvement. These lessons can guide other health care institutions moving toward informed patient choice as the standard of care for medical decision making. | Implementing SDM into practice | 2013 <i>(Health Affairs)</i> | Ben Moulton, Jamie King | Open access | No |

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| Interventions for increasing the use of shared decision making by healthcare professionals (Summary only) | Shared decision making (SDM) is a process by which a healthcare choice is made by the patient, significant others, or both with one or more healthcare professionals. However, it has not yet been widely adopted in practice. This is the second update of this Cochrane review. The objective was to determine the effectiveness of interventions for increasing the use of SDM by healthcare professionals. We considered interventions targeting patients, interventions targeting healthcare professionals, and interventions targeting both. | Implementing SDM into practice | July 2018 update (Cochrane Database of Systematic Reviews) | Légaré F, Adekpedjou R, Stacey D, Turcotte S, Kryworuchko J, Graham ID, Lyddiatt A, Politi MC, Thomson R, Elwyn G, Donner-Banzhoff N | Subscription or other payment options | Yes (87 studies) |
| Interventions for improving the adoption of shared decision making by healthcare professionals (Cochrane Review) (PDF available) | Shared decision making (SDM) can reduce overuse of options not associated with benefits for all and respects patient rights, but has not yet been widely adopted in practice. Objective is to determine the effectiveness of interventions to improve healthcare professionals' adoption of SDM. | Implementing SDM into practice | 2014 update (Cochrane Database of Systematic Reviews) | Légaré F, Stacey D, Turcotte S, Cossi MJ, Kryworuchko J, Graham ID, Lyddiatt A, Politi MC, Thomson R, Elwyn G, Donner-Banzhoff N | Open access | Yes (39 studies) |
| Implementing shared decision-making in routine practice: barriers and opportunities (PDF available) | The purpose of the study is to determine feasibility of shared decision-making programs in fee-for-service hospital systems including physicians' offices and in-patient facilities. The interventions focused on surgical treatment choice for breast cancer and ischemic heart disease treatment choice. | Implementing SDM into practice | 2001 (Health Expectations) | Margaret Holmes-Rovner, Diane Valade, Catherine Orłowski, Catherine Draus, Barbara Nabozny-Valerio and Susan Keiser | Open access | No |
| Barriers and facilitators to implementing shared decision-making in clinical practice: a systematic review of health professionals' Perceptions (PDF available) | SDM is advocated because of its potential to improve the quality of the decision-making process for patients and ultimately, patient outcomes. However, current evidence suggests that SDM has not yet been widely adopted by health professionals. Therefore, a systematic review was performed on the barriers and facilitators to implementing shared decision-making in clinical practice as perceived by health professionals | Implementing SDM into practice | 2006 (Implementation Science) | Karine Gravel, France Légaré, and Ian D Graham | Open access | Yes (28 studies) |

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| A Demonstration Of Shared Decision Making In Primary Care Highlights Barriers To Adoption And Potential Remedies (PDF available) | Recent developments in health reform related to the passage of the Affordable Care Act and ensuing regulations encourage delivery systems to engage in shared decision making. To better understand how delivery systems can implement shared decision making, we interviewed representatives of eight primary care sites participating in a demonstration funded and coordinated by the Informed Medical Decisions Foundation. | Implementing SDM into practice | February 2013 <i>(Health Affairs)</i> | Mark W. Friedberg, Kristin Van Busum, Richard Wexler, Megan Bowen, and Eric C. Schneider | Open access | No |
| “Many miles to go ...”: a systematic review of the implementation of patient decision support interventions into routine clinical practice (PDF available) | Two decades of research has established the positive effect of using patient-targeted decision support interventions: patients gain knowledge, greater understanding of probabilities and increased confidence in decisions. Yet, despite their efficacy, the effectiveness of these decision support interventions in routine practice has yet to be established; widespread adoption has not occurred. The aim of this review was to search for and analyze the findings of published peer-reviewed studies that investigated the success levels of strategies or methods where attempts were made to implement patient-targeted decision support interventions into routine clinical settings. | Implementing SDM into practice | 2013 <i>(BMC Medical Informatics and Decision Making)</i> | Glyn Elwyn, Isabelle Scholl, Caroline Tietbohl, Mala Mann, Adrian GK Edwards, Catharine Clay, France Légaré, Trudy van der Weijden, Carmen L Lewis, Richard M Wexler, Dominick L Frosch | Open access | Yes (17 studies) |
| Ten Years, Forty Decision Aids, And Thousands Of Patient Uses: Shared Decision Making At Massachusetts General Hospital (Abstract only) | Massachusetts General Hospital’s integration of shared decision making into practice has focused on the following three elements: developing a culture receptive to, and health care providers skilled in, SDM conversations; using patient decision aids to help inform and engage patients; and providing infrastructure and resources to support the implementation of SDM in practice. In the period 2005–15, more than 900 clinicians and other staff members were trained in SDM, and more than 28,000 orders for one of about forty patient decision aids were placed to support informed patient-centered decisions. We profile two different implementation initiatives that increased the use of patient decision aids at the hospital’s eighteen adult primary care practices, and we summarize key elements of the shared decision making program. | Implementing SDM into practice | April 2016 <i>(Health Affairs)</i> | Karen R. Sepucha, Leigh H. Simmons, Michael J. Barry, Susan Edgman-Levitan, Adam M. Licurse, and Sreekanth K. Chaguturu | Subscription or other payment options | No |

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| MAKING SHARED DECISION-MAKING A REALITY No decision about me, without me (Report available) | <p>The government (UK) wants SDM to become the norm in the NHS, but there is confusion about why it is important, what it involves and what the implications might be for patients, clinicians and the wider health service. This report clarifies the concept and outlines the actions needed to make the aspiration a reality.</p> | <p>Implementing SDM into practice</p> | <p>2011 <i>(The Kings Fund, UK & Foundation for Informed Medical Decision Making)</i></p> | <p>Angela Coulter, Alf Collins</p> | <p>Open access</p> | <p>No</p> |
| Authoritarian Physicians And Patients' Fear Of Being Labeled 'Difficult' Among Key Obstacles To Shared Decision Making (PDF available) | <p>Relatively little is known about why some patients are reluctant to engage in a collaborative discussion with physicians about their choices in health care. To explore this issue further, we conducted six focus-group sessions with forty-eight people in the San Francisco Bay Area. In the focus groups, we found that participants voiced a strong desire to engage in SDM about treatment options with their physicians. However, several obstacles inhibit those discussions. These include the fact that even relatively affluent and well-educated patients feel compelled to conform to socially sanctioned roles and defer to physicians during clinical consultations; that physicians can be authoritarian; and that the fear of being categorized as "difficult" prevents patients from participating more fully in their own health care.</p> | <p>Implementing SDM into practice</p> | <p>May 2012 <i>(Health Affairs)</i></p> | <p>Dominick L. Frosch, Suepattra G. May, Katharine A.S. Rendle, Caroline Tietbohl, and Glyn Elwyn</p> | <p>Open access</p> | <p>No</p> |
| Prime Time for Shared Decision Making (PDF available) | <p>A Op-Ed piece that outlines what is needed to implement and spread the use of SDM and certified PDAs</p> | <p>Spreading SDM broadly</p> | <p>April 2017 <i>(JAMA)</i></p> | <p>Erica Spatz, MD, Harlan Krumholz, MD, Benjamin Moulton, JD</p> | <p>Subscription (We have a copy from one of the authors)</p> | <p>No</p> |
| Implementing shared decision making in federally qualified health centers, a quasi-experimental design study: the Office-Guidelines Applied to Practice (Office-GAP) program (PDF available) | <p>Use of SDM and Decision Aids has been encouraged but is not regularly implemented in primary care. The Office-Guidelines Applied to Practice (Office-GAP) intervention is an application of a previous model revised to address guidelines based care for low-income populations with diabetes and coronary heart disease (CHD). Objective: To evaluate Office-GAP Program feasibility and preliminary efficacy on medication use, patient satisfaction with physician communication and confidence in decision in low-income population with diabetes and CHD in a Federally Qualified Healthcare Center (FQHC).</p> | <p>Implementing SDM into a specific type of practice</p> | <p>2016 <i>(BMC Health Services Research)</i></p> | <p>Adesuwa Olomu, William Hart-Davidson, Zhehui Luo, Karen Kelly-Blake and Margaret Holmes-Rovner</p> | <p>Open access</p> | <p>No</p> |

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| Implementing shared decision making in routine mental health care (PDF available) | Implementing SDM in routine mental health services is as much a cultural as a technical problem. Three challenges are identified: creating widespread access to high-quality decision support tools; integrating SDM with other recovery-supporting interventions; and responding to cultural changes as patients develop the normal expectations of citizenship. Two approaches which may inform responses in the mental health system to these cultural changes – social marketing and the hospitality industry – are identified. | Implementing SDM into a specific type of practice | 2017 <i>(World Psychiatry)</i> | Mike Slade | Open access | No |
| Physicians' Attitudes About Shared Decision Making for Prostate Cancer Screening (PDF available) | Shared decision making (SDM) for prostate cancer screening (PCS) is recommended for physicians and patients due to the uncertainty regarding the risks and benefits of screening. This study assessed primary care physicians' attitudes and specific factors that may influence the SDM process, including level of training and practice setting. | Implementing SDM for a specific topic area | 2011 <i>(Family Medicine)</i> | Kimberly Davis, PhD; Lisa Haisfield, MA; Caroline Dorfman; Alex Krist, MD, MPH; Kathryn L. Taylor, PhD | Open access | No |
| The effects of shared decision-making compared to usual care for prostate cancer screening decisions: a systematic review and meta-analysis (PDF available) | Shared decision-making (SDM) is recommended for men facing prostate cancer (PC) screening decisions. We synthesize the evidence on the comparative effectiveness of SDM with usual care. We searched academic and grey literature databases, and other sources for primary randomized controlled trials (RCTs) published in English comparing SDM to usual care and conducted in primary and specialized care. | Implementing SDM for a specific topic area | October 2018 <i>(BMC Cancer)</i> | Nahara Anani Martínez-González, Stefan Neuner-Jehle, Andreas Plate, Thomas Rosemann, and Oliver Senn | Open access | Yes (4 RCTs) |

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| Implementation of Shared Decision Making with Patient Decision Aids | | | | | | |
| Decision aids for people facing health treatment or screening decisions (Cochrane Review) (PDF available) | Decision aids are interventions that support patients by making their decisions explicit, providing information about options and associated benefits/harms, and helping clarify congruence between decisions and personal values. The purpose of this review was to assess the effects of decision aids for people facing treatment or screening decisions. This update includes 18 new studies, with a removal of 28 for a total of 105 studies involving 31,043 participants. New for this updated is evidence indicating improved knowledge and accurate risk perceptions when decision aids are used either within or in preparation for the consultation. Further research is needed on the effects on adherence with the chosen option, cost-effectiveness, and use with lower literacy populations. | Efficacy of PDAs to support SDM | 2017 <i>(Cochrane Database of Systematic Reviews, Previously published in 2014)</i> | Stacey D, Légaré F, Lewis K, Barry MJ, Bennett CL, Eden KB, Holmes-Rovner M, Llewellyn-Thomas H, Lyddiatt A, Thomson R, Trevena L | Open access | Yes (18 new studies, for a total of 105) |
| Patient, surgeon, and healthcare purchaser views on the use of decision and communication aids in orthopaedic surgery: a mixed methods study (PDF available) | Despite evidence that decision and communication aids are effective for enhancing the quality of preference-sensitive decisions, their adoption in the field of orthopaedic surgery has been limited. The purpose of this mixed-methods study was to evaluate the perceived value of decision and communication aids among different healthcare stakeholders. | Efficacy of PDAs to support SDM in a specific topic area | 2014 <i>(BMC Health Services Research)</i> | Kevin J Bozic ¹ , Kate Eresian Chenok, Jennifer Schindel, Vanessa Chan, James I Huddleston III, Clarence Braddock III, and Jeffrey Belkora | Open access | No |
| Introducing Decision Aids At Group Health Was Linked to Sharply Lower Hip And Knee Surgery Rates And Costs (PDF available) | 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. | Efficacy of PDAs to support SDM | September 2012 <i>(Health Affairs)</i> | David Arterburn, Robert Wellman, Emily Westbrook, Carolyn Rutter, Tyler Ross, David McCulloch, Matthew Handley, and Charles Jung | Open access | No |

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| Evaluating Shared Decision Making | | | | | | |
| Patient and family engagement: a survey of US hospital practices (PDF available) | Patient and family engagement (PFE) in healthcare is an important element of the transforming healthcare system; however, the prevalence of various PFE practices in the USA is not known. Objective: We report on a survey of hospitals in the USA regarding their PFE practices during 2013–2014. | Evaluating patient and family engagement | June 2015 (<i>BMJ Quality & Safety</i>) | Jeph Herrin, Kathleen G Harris, Kevin Kenward, Stephen Hines, Maulik S Joshi, Dominick L Frosch | Open access | No |
| Evaluating Shared Decision Making for Lung Cancer Screening (PDF available) | The US Preventive Services Task Force recommends that SDM involving a thorough discussion of benefits and harms should occur between clinicians and patients before initiating lung cancer screening (LCS) with low-dose computed tomography. The Centers for Medicare & Medicaid Services require an SDM visit using a decision aid as a prerequisite for LCS coverage. However, little is known about how SDM about LCS occurs in practice. The purpose of this study was to assess the quality of SDM about the initiation of LCS in clinical practice. | Evaluating SDM implementation initiatives | October 2018 (<i>JAMA Internal Medicine</i>) | Alison T. Brenner, PhD, MPH; Teri L. Malo, PhD, MPH; Marjorie Margolis, MSPH; Jennifer Elston Lafata, PhD; Shynah James, MPH; Maihan B. Vu, DrPH, MPH; Daniel S. Reuland, MD, MPH | Subscription | Yes |
| Failing Grade for Shared Decision Making for Lung Cancer Screening (PDF available) | Op Ed piece that highlights the poor results of the evaluation of the use of SDM for screening for Low Dose Topography and the need for improving medical education, culture, communication skills, and payment policies to advance the use of SDM. | Evaluating SDM implementation initiatives (Op Ed) | October 2018 (<i>JAMA Internal Medicine</i>) | Rita Redberg, MD | Subscription | No |
| Health Disparities and Shared Decision Making | | | | | | |
| Effect of a Decision Aid on Access to Total Knee Replacement for Black Patients With Osteoarthritis of the Knee: A Randomized Clinical Trial (PDF available) | Black patients with advanced osteoarthritis (OA) of the knee are significantly less likely than white patients to undergo surgery. No strategies have been proved to improve access to surgery for black patients with end-stage OA of the knee. OBJECTIVE To assess whether a decision aid improves access to total knee replacement (TKR) surgery for black patients with OA of the knee. | SDM and how it can address disparities in healthcare | November 2016 (<i>JAMA Surgery</i>) | Said A. Ibrahim, MD, MPH, MBA; Marissa Blum, MD; Gwo-Chin Lee, MD; Pekka Mooar, MD; Elina Medvedeva, MS; Aliya Collier, MSOD; Diane Richardson, PhD | Subscription (Can access for free when you sign up for free AMA account) | No |

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| The Potential of Shared Decision Making to Reduce Health Disparities (PDF available) | This article reviews the evidence of shortcomings in our informed consent system and then explores the potential for a new approach to engage patients at all levels of health literacy in their treatment decisions. Specifically, the article will examine the potential of shared decision-making (SDM) to bridge gaps in knowledge, increase patient adherence to treatment, and improve health outcomes in low health literacy patient populations. | SDM and how it can address disparities in healthcare | 2011 <i>(Journal Of Law, Medicine & Ethics)</i> | Jaime S. King, Mark H. Eckman, and Benjamin W. Moulton | Open access | No |
| Other | | | | | | |
| Mandatory Shared Decision Making by the Centers for Medicare & Medicaid Services for Cardiovascular Procedures and Other Tests (PDF available) | This paper provides an overview of CMS mandates for SDM, including recommendations for other things CMS could be doing to promote the use of SDM in practice. (Good policy background information) | Policy mandates to promote SDM | August 2018 <i>(JAMA)</i> | Faisal M. Merchant, MD, Neal W. Dickert Jr, MD, PhD, David H. Howard, PhD | Subscription | No |
| Incentivizing shared decision making in the USA – where are we now? (Abstract only) | The Affordable Care Act raised significant interest in the process of shared decision making, the role of patient decision aids, and incentivizing their utilization. However, it has not been clear how best to put incentives into practice, and how the implementation of shared decision making and the use of patient decision aids would be measured. Our goal was to review developments and proposals put forward. | Incentivizing providers to do SDM | 2015 <i>(Healthcare)</i> | Durand MA, Barr PJ, Walsh T, Elwyn G. | Subscription or other payment options | Yes, sort of (more of a “qualitative document analysis”) |

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| Twelve myths about shared decision making (PDF available) | <p>As shared decision makes increasing headway in healthcare policy, it is under more scrutiny. We sought to identify and dispel the most prevalent myths about shared decision making. Methods: In 20 years in the shared decision making field one of the author has repeatedly heard mention of the same barriers to scaling up shared decision making across the healthcare spectrum. We conducted a selective literature review relating to shared decision making to further investigate these commonly perceived barriers and to seek evidence supporting their existence or not. Results: Beliefs about barriers to scaling up shared decision making represent a wide range of historical, cultural, financial and scientific concerns. We found little evidence to support twelve of the most common beliefs about barriers to scaling up shared decision making, and indeed found evidence to the contrary.</p> | Understanding the perceived barriers to SDM | 2014 <i>(Patient Education and Counseling)</i> | France Legare', Philippe Thompson-Leduc | Open access | Yes (400 original studies) |
| Shared Decision Making: Have We Missed the Obvious? (Abstract only) | <p>The last several years have brought a proliferation of literature about shared decision making, participatory decision making, decision aids, and related topics. A recent PubMed search for “shared decision making” resulted in 1891 articles. Although we may be tempted to think that we know all that we need to know about it, the article in this issue of the Archives by Young et al adds a twist to the thinking about this somewhat unsettling topic. These researchers not only found that the physicians in their study engaged in very little shared decision making—as many other researchers have also documented²⁻⁷—they also found that a very minor action by patients stimulated a little more sharing of decisions on the part of physicians. This suggests that both parties influence one another, yet we have put most of our research emphasis on the role of physicians in engaging patients, neglecting the interactive nature of sharing between the 2 parties. With this slightly prismatic shift in perspective, I would like to challenge some prevalent notions that arise in conversations about shared decision making.</p> | Providers and patients influence on successful SDM | 2008 <i>(JAMA Internal Medicine)</i> <i>(Editorial)</i> | Janice L. Hanson, PhD | Subscription | Yes? |