

Background

Shared decision making is a key component of patient-centered care, *“a process that allows patients and their providers to make health care decisions together, taking into account the best scientific evidence available, as well as the patient’s values and preferences.”*¹ Shared decision making is appropriate for preference-sensitive conditions in which there is high-quality clinical evidence for more than one treatment or management option.² This process is different from informed consent in which patients undergoing a procedure are made aware of benefits and risks but may not necessarily be making a key decision, from only education, and also distinct from motivational interviewing. Shared decision making allows communication between a provider and patient, and in some cases family members or others, about risks, benefits, and exploration of values and goals.

Shared decision making for preference-sensitive conditions has been shown to help people gain knowledge about their health condition(s) and possible outcomes of care and have more confidence in their decisions.³ The process has also been associated with improved patient satisfaction with care, health outcomes, and with the appropriateness of care.^{4,5} Knee and hip replacement and prostate cancer screening are the most well-studied health conditions. Shared decision making can also help to reduce health disparities such as increasing rates of total knee replacement for black patients with osteoarthritis of the knee to rates closer to white patients.⁶

Unfortunately, involving patients as equal partners in health care decisions that have multiple clinically appropriate options by fully discussing risks and benefits remains limited within clinical practice. Barriers to implementing shared decision making into clinical practice include provider time, being overworked, lack of training, lack of structural support including through electronic health records and the general workflow, fear of revenue loss, and decision aids themselves not being applicable to the specific patient’s characteristics or not being applicable to the specific clinical situation.^{7,8} Having a supportive clinical culture is paramount to successful implementation starting with engaged leadership.⁹ Other than the converse of the barriers listed above, facilitators include providers being motivated and providers seeing a positive impact on the clinical process or on a patient’s outcomes.⁷

The Washington State Health Care Authority (HCA) has worked to certify patient decision aids since April 2016.¹⁰ Washington State law allows for shared decision making to meet informed consent standards and supports the shared decision making process.¹¹ Shared decision making has been a component in the majority of Bree Collaborative recommendations and patient decision aids are identified in the statute that formed the Collaborative as a mechanism to increase use of evidence-based best practice.¹²

Recommendations for Stakeholder Actions and Quality Improvement Strategies

Do not use these recommendations in lieu of medical advice.

Patients and Family Members

- Understand value of shared decision making
- Request shared decision making
- Engage with shared decision making

Providers

- Training

Care Settings (including Primary Care Practices, Hospitals, Health Systems)

- Leadership and culture
 - Clinical champions
- Patient education and engagement
- Knowledge and training
- Implementation into system
 - Defined roles for care team members
- Tracking, monitoring, and reporting
- Use high-quality decision aids

Health Plans

- Reimburse for use of shared decision aids for the 10 topic areas in FFS
- Incorporate shared decision making requirements as standards for value-based models (e.g., Centers of Excellence)

Employers

- Incorporate shared decision making requirements as standards for value-based contracting (e.g., Centers of Excellence)

Washington State Health Care Authority

- Certify patient decision aids for the ten areas.

Recommendations

The Shared Decision Making workgroup prioritized ten health conditions for which shared decision making is appropriate including:

- Knee and Hip Osteoarthritis
- Abnormal Uterine Bleeding
- Advanced Care Planning
- Prostate Specific Antigen Testing
- Depression Treatment
- Attention Deficit Hyperactivity Disorder Treatment
- Breast Cancer Screening
- Opioid Use Disorder Treatment
- Trial of Labor After Cesarean Section
- Spine Surgery (Lumbar Fusion)

The workgroup staged the ten areas based on how widely used shared decision making within the health service area is, whether aids are available, and whether aids are certified by the HCA. See **Table 1** on the following page. Stages include:

1. Existing pilots to widely used
2. Certified, not widely used
3. Aids available, not certified, not widely used
4. No aids available or few aids (want to incentivize creation of aids)

The workgroup also categorized the ten areas based on type of health care service. Similar areas, such as those that concern surgical procedures or those that concern whether or not to undergo screening for a type of cancer, are assumed to assist with implementation of one another based on similar workflows. For example, learnings from a pilot for breast cancer screening could be applied to prostate cancer screening. Categories include:

- Procedural
- Advance care planning
- Screening
- Behavioral health

The workgroup endorses the National Quality Partner's Playbook: Shared Decision Making in Healthcare

The workgroup does not recommend specific patient decision aids but does encourage use of HCA certified aids.

Table 1: Shared Decision Making Categories

	Type	Stage	Literature	HCA Certification
Knee and Hip Osteoarthritis	Procedural	I	Group Health's Participation In A Shared Decision-Making Demonstration Yielded Lessons, Such As Role Of Culture Change Patient, surgeon, and healthcare purchaser views on the use of decision and communication aids in orthopaedic surgery: a mixed methods study Introducing Decision Aids At Group Health Was Linked to Sharply Lower Hip And Knee Surgery Rates And Costs Effect of a Decision Aid on Access to Total Knee Replacement for Black Patients With Osteoarthritis of the Knee: A Randomized Clinical Trial	Treatment choices for hip osteoarthritis (Health Dialog Services Corporation) Treatment choices for knee osteoarthritis (Health Dialogue Services Corporation) Hip osteoarthritis: is it time to think about surgery? (Healthwise) Knee osteoarthritis: is it time to think about surgery? (Healthwise) Is knee replacement surgery right for me? (Avaz Decisions) Is hip replacement surgery right for me? (Avaz Decisions)
Abnormal Uterine Bleeding	Procedural	III		No
Advanced Care Planning	Other	I		CPR: advanced cancer (ACP Decisions) CPR: advanced disease (ACP Decisions) CPR: advanced heart failure (ACP Decisions) CPR: advanced liver disease (ACP Decisions) CPR: advanced lung disease (ACP Decisions) CPR: a closer look for people with a serious illness (ACP Decisions) Decisions about dialysis for patients 75 and older (ACP Decisions) Goals of care: advanced cancer (ACP Decisions) Goals of care: advanced dementia (ACP Decisions) Goals of care: advanced disease (ACP Decisions) Goals of care: advanced heart failure (ACP Decisions) Goals of care: advanced lung disease (ACP Decisions) Goals of care: family meetings in the ICU (ACP Decisions) Goals of care: skilled nursing facility (ACP Decisions) Hospice: advanced cancer (ACP Decisions) Hospice: skilled nursing facility (ACP Decisions) Hospice: an introduction (ACP Decisions)

				Supporting decisions involving extremely premature infants (ACP Decisions) Dementia for caregivers: goals of care: across the spectrum for Alzheimer's disease (ACP Decisions) CPR decision aid (Respecting Choices) Help with breathing decision aid (Respecting Choices) Long-term tube feeding decision aid (Respecting Choices) Medical care for serious illness (Health Dialog Services Corporation) Advanced lung cancer patient decision aid (Seattle Cancer Care Alliance)
Prostate Specific Antigen Testing	Screening	III	Physicians' Attitudes About Shared Decision Making for Prostate Cancer Screening The effects of shared decision-making compared to usual care for prostate cancer screening decisions: a systematic review and meta-analysis	No
Depression Treatment	Behavioral Health	III		No
Attention Deficit Hyperactivity Disorder Treatment	Behavioral Health	III		No
Breast Cancer Screening	Screening	III		No
Opioid Use Disorder Treatment	Behavioral Health	IV	https://clinicaltrials.gov/ct2/show/NCT03568552	No
Trial of Labor After Cesarean Section	Procedural	I	Accountable Care Program SDM TOLAC Pilot	Pregnancy: your birth options after cesarean (Healthwise) Pregnancy: birth options if your baby is getting too big (Healthwise)
Spine Surgery (Lumbar Fusion)	Procedural	I	Patient, surgeon, and healthcare purchaser views on the use of decision and communication aids in orthopaedic surgery: a mixed methods study	Spinal stenosis: choosing the right treatment for you (Health Dialogue)

- **Shared Decision Making Process**

Steward: Massachusetts General Hospital

NQF #2962

This measure assesses the extent to which health care providers actually involve patients in a decision-making process when there is more than one reasonable option. This proposal is to focus on patients who have undergone any one of 7 common, important surgical procedures: total replacement of the knee or hip, lower back surgery for spinal stenosis of herniated disc, radical prostatectomy for prostate cancer, mastectomy for early stage breast cancer or percutaneous coronary intervention (PCI) for stable angina. Patients answer four questions (scored 0 to 4) about their interactions with providers about the decision to have the procedure, and the measure of the extent to which a provider or provider group is practicing shared decision making for a particular procedure is the average score from their responding patients who had the procedure.

- **Informed, Patient-Centered Hip and Knee Replacement Surgery**

NQF #2958

Steward: Massachusetts General Hospital

The measure is derived from patient responses to the Hip or Knee Decision Quality Instruments. Participants who have a passing knowledge score (60% or higher) and a clear preference for surgery are considered to have met the criteria for an informed, patient-centered decision. The target population is adult patients who had a primary hip or knee replacement surgery for treatment of hip or knee osteoarthritis.

- **Gains in Patient Activation Scores at 12 Months**

NQF #2483

Steward: Insignia Health

The Patient Activation Measure® (PAM®) is a 10 or 13 item questionnaire that assesses an individual's knowledge, skill and confidence for managing their health and health care. The measure assesses individuals on a 0-100 scale. There are 4 levels of activation, from low (1) to high (4). The measure is not disease specific, but has been successfully used with a wide variety of chronic conditions, as well as with people with no conditions. The performance score would be the change in score from the baseline measurement to follow-up measurement, or the change in activation score over time for the eligible patients associated with the accountable unit. The outcome of interest is the patient's ability to self-manage. High quality care should result in gains in ability to self-manage for most chronic disease patients. The outcome measured is a change in activation over time. The change score would indicate a change in the patient's knowledge, skills, and confidence for self-management. A positive change would mean the patient is gaining in their ability to manage their health.

- **Back Pain: Shared Decision Making**

NQF #0310

Steward: National Committee for Quality Assurance

Percentage of patients at least 18 years of age and younger than 80 with back pain with whom a physician or other clinician reviewed the range of treatment options, including alternatives to surgery prior to surgery. To demonstrate shared decision making, there must be documentation in the patient record of a discussion between the physician and

the patient that includes all of the following: Treatment choices, including alternatives to surgery; Risks and benefits; Evidence of effectiveness

- **NCQA Supplemental items for CAHPS® 4.0 Adult Questionnaire (CAHPS 4.0H)**

NQF #0007

Steward: National Committee for Quality Assurance

This supplemental set of items was developed jointly by NCQA and the AHRQ-sponsored CAHPS Consortium and is intended for use with the CAHPS 4.0 Health Plan survey. Some items are intended for Commercial health plan members only and are not included here. This measure provides information on the experiences of Medicaid health plan members with the organization. Results summarize member experiences through composites and question summary rates. In addition to the 4 core composites from the CAHPS 4.0 Health Plan survey and two composites for commercial populations only, the HEDIS supplemental set includes one composite score and two item-specific summary rates.: Shared Decision Making Composite, Health Promotion and Education item, Coordination of Care item

- **CAHPS**

Q10: In the last 6 months, did a doctor or other health provider talk with you about the pros and cons of each choice for your treatment or health care?

Q11: In the last 6months, when there was more than one choice for your treatment or health care, did a doctor or other health provider ask which choice you thought was best for you?

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