SHARED DECISION MAKING

THE PINNACLE OF PATIENT-CENTERED CARE

Bree Collaborative Meeting
Benjamin Moulton JD, MPH
Senior Legal Advisor
Lecturer in Health Law HSPH
Boston University Law School
November 30, 2012
Foundation Mission

• The mission of the Foundation is to inform and amplify the patient’s voice in health care decisions
Principles that guide our work

We believe patients should be:

- Supported and encouraged to participate in their health care decisions
- Fully informed with accurate, unbiased and understandable information
- Respected by having their goals and concerns honored
• The Foundation has a licensing agreement with Health Dialog.
  • Provides royalties and contract funding to develop and maintain decision support materials.

• Strict conflict-of-interest policy.
  • Staff and Medical Editors are prohibited from financial support from the drug and device industries.
Shared decision making (SDM)

"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

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Health policy reasons for adoption of SDM on large scale

• Ethical imperative to do the right thing
• Perfected Informed Consent-aligning preferences, values and lifestyle with individual’s clinical decision
• Bridging health disparities
• Conservative utilization of surgical interventions
High Quality Decision Support

“DECISION AIDS 101”
Decision Aids Inform Patients

Translate evidence into information that is:

• Accurate
• Unbiased
• Understandable
• Actionable
Selecting Decision Aid Topics

• How much do preferences matter? Variation, overuse/underuse, etc.?
• What’s at stake? Tradeoffs, complications, quality of life?
• Evidence that decision aids for similar conditions improve knowledge and decision quality
• Identify & reach patients at the right time?
Literature Review

Review and summarize key clinical literature

• High-quality systematic reviews—Cochrane, EPCs
• Evidence-based guidelines
• Selected key RCTs

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Gather Patient Perspective

• Review qualitative literature
• Focus groups and one-on-one interviews
• Surveys
Interview Patients & Providers

• Real patients—not actors—in their own words
• Providers address key clinical points and reinforce why shared decisions are important
Production

- Decision aid elements
  - Interview material
  - Graphics—anatomy and outcomes data
  - Web and printed text
- Multiple drafts and clinical reviews
- Formal external evaluation by providers and patients and health literacy experts
  - Clinical accuracy
  - Balance
  - Relevance
  - Knowledge
Review & Update

• Every 6 months
  • Clinical accuracy

• Every 2 years
  • Medical Editor, Clinical Advisors, Reviewers
  • Data from Demo sites
  • Patient focus groups
  • Clinical accuracy, balance, relevance, knowledge

Program content revised as needed.
Available Decision Aids

**Cardiovascular Disease/Diabetes (7)**
- Coronary Artery Disease
- Heart Disease Testing
- Carotid Endarterectomy
- Peripheral Artery Disease
- Living with Heart Disease
- Living with Heart Failure
- Diabetes

**Orthopedics (8)**
- Acute and Chronic Low Back Pain
- Herniated Disc
- Spinal Stenosis
- Hip Osteoarthritis
- Knee Osteoarthritis & Meniscus Tears
- Osteoporosis

**Re-admissions (4)**
- Advance Care Planning
- Advance Directives
- Living with Heart Failure
- Geriatrics

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Maternity initiative

- Collaborative effort between IMDF and Childbirth Connection; web-based decision aids on multiple topics, including:
  - Induction of labor or Cesarean for common indications
  - Elective Induction of labor
  - Repeat cesarean vs. planned vaginal birth
  - Choosing a caregiver and birth setting
  - Management and screening of gestational diabetes
  - Pain management and labor support
  - Breastfeeding

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Innovative Approach

• Fresh, user-centered web-based interface
• Personalized around patient’s own goals and concerns
• Emphasis on sharing, engagement
• Facilitates two-way communication
Learning How to Get Patient Decision Aids Into Practice

DEMONSTRATION SITE PROGRAM

Richard Wexler
Director Patient Support Strategies
November 2012
Demonstration Sites

• A diverse group of provider organizations
  • Academic and community-based
  • Primary care and specialty care
• Developing proof of concept that the use of pDAs and process of shared decision-making can become part of day-to-day care
• Foundation provides technical assistance and facilitates a learning collaborative (3+ years)
• Many sites use a common data set with data aggregated and analyzed by the Foundation

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### Are Patients Informed and Involved?
Demonstration Site Patient Surveys

**Survey #1: Pre-/Post-Viewing Survey**
- Knowledge
- Goals/Values
- Preferred role in decision making before & after
- Treatment leanings before & after

**Survey #2: Post-Visit survey**
- Components of a SDM conversation
- Provider recommendations for treatment
- Patient plans for treatment

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Demonstration Site Implementation Tracking

- pDA distribution rates
- pDA viewing rates
- Survey response rates
- Results from provider and staff surveys and focus groups
Opportunities to Create Incentives Which Promote SDM

- pDA viewing rates
- Condition specific knowledge scores
- Patient perceptions of provider visits where SDM may have occurred
## Foundation Demonstration Sites

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<thead>
<tr>
<th>Demonstration Sites</th>
<th>Primary Care</th>
<th>Specialty Care</th>
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<tr>
<td>Massachusetts General Hospital</td>
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<td>Allegheny General Hospital – Breast Cancer</td>
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<td>University of California San Francisco – Breast Cancer</td>
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Group Health Hip/Knee pDA Results

- Introduced pDAs for hip/knee arthroplasty candidates in 2009
- Reached 28% of eligible knee (N=3510) and 41% of hip patients (N=820)
- Over 6 months:
  - 38% fewer knee replacements
  - 26% fewer hip replacements
  - 12-21% lower costs

(Arterburn D, et al. Health Affairs 2012; 31(9))
Primary Care Demo Site Results

- Over 10,000 pDAs distributed
- Over 3,500 patient surveys analyzed
Primary Care Demo Site Results, Cont’d

- Knowledge scores improved in patients of all ages and education levels
- “Dose-response”: greater knowledge gain with more pDA exposure
- All patients, regardless of age or education level want to play an active role in their care
- All patients, regardless of age or education level, think pDAs are important
Planting Seeds That Grow: IMDF’s Provider Training Program

Julie Riley
Adult Learning Specialist
Our goal

To “grow” providers who are skilled in SDM and who are motivated to become SDM champions.
Our SDM implementation experience

Our SDM training experience

- GroupHealth
- Large CMMI grant implementation
Literature on SDM, provider education, and behavior change

Original research on SDM competencies
Solid grounding

Education & instructional design theory

Designed with providers who practice SDM
Our Approach
Flexible & modular learning

Online, self-paced

Modular design allows customization of length and content
Six Steps of SDM

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

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The Case for SDM
SDM Skills for Providers
SDM Implementation
Innovative instructional design

Activities grounded in a real-world, problem-oriented context

Video cases with branching logic allow for virtual practice

Motivational learning built in
Support for practice & integration

Designed with skill acquisition and behavior change as the primary goals

Follow-up reminders and mini-modules

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Thank you!
Questions?