Audience Reminders

- This webinar is funded in part by a donation in memory of Julian and Eunice Cohen.
- Submit a question by typing it into the Question and Answer pane at the right of your screen at any time.
- Respond to audience polls by clicking on the answer of your choice.
- Provide feedback through our electronic survey following the webinar.

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Today's Speakers

Calvin Chou, MD, PhD, FAACH
Professor of Clinical Medicine, University of California, San Francisco
Academy Chair for the Scholarship of Teaching and Learning
Vice President for External Education, AACH
Director, UCSF-VALOR Program

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Associate Professor of Medicine
Associate Professor of Community and Family Medicine
Associate Professor of The Dartmouth Institute
Dartmouth Medical School

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Improving Shared Decision Making

Nan Cochran, MD
Calvin Chou, MD, PhD
May 12, 2015

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Objectives

By the end of this webinar, participants will be able to:

1. Define “shared decision making” (SDM) and describe evidence supporting SDM
2. Describe effective ways of eliciting patient values
3. Demonstrate how to use risk communication and decision aids
4. Discuss resources for and barriers to SDM

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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"*

Informed
There is a choice
Options exist
Benefits and harms of the different options

Values based
What is important to this patient?

O'Connor et al, "Modifying Unwarranted Variations in Health Care: Shared Decision Making Using Patient Decision Aids" Health Affairs, 10/7/04

6

Organizations Supporting Shared Decision Making Policies and Standards

national partnership for women & families
AMA American Medical Association
Patient-Centered Primary Care Collaborative
NCQA Measuring quality. Improving health care.
American Cancer Society
AARP
MedPAC Report to the Congress: Reforming the Delivery System
Institute for Healthcare Improvement
National Business Group on Health
National Priorities Partnership Convened by the National Quality Forum
NQF The National Quality Forum
ABIM Foundation
New America Foundation
NPSF National Patient Safety Foundation
AHRQ Agency for Healthcare Research and Quality — Advancing Excellence in Health Care

7

Variation in the practice of medicine

Map 6.6. Back Surgery

Back Surgery per 1,000 Medicare Enrollees

- 3.44 to 7.02 (63 HRRs)
- 2.94 to <3.44 (61)
- 2.57 to <2.94 (57)
- 2.15 to <2.57 (63)
- 1.12 to <2.15 (62)
- Not Populated

"How can the best medical care in the world cost twice as much as the best medical care in the world?"

Uwe Reinhardt

Dartmouth Atlas for Health Care

8

After educating patients about risks and benefits, you will see *warranted* …

Variation in:

- preferences for participation in decision making
- attitudes towards risk
- preferences for different kinds of treatments
- preferences for different health outcomes

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Unwarranted Variations in Preference-Sensitive Care Exist because:

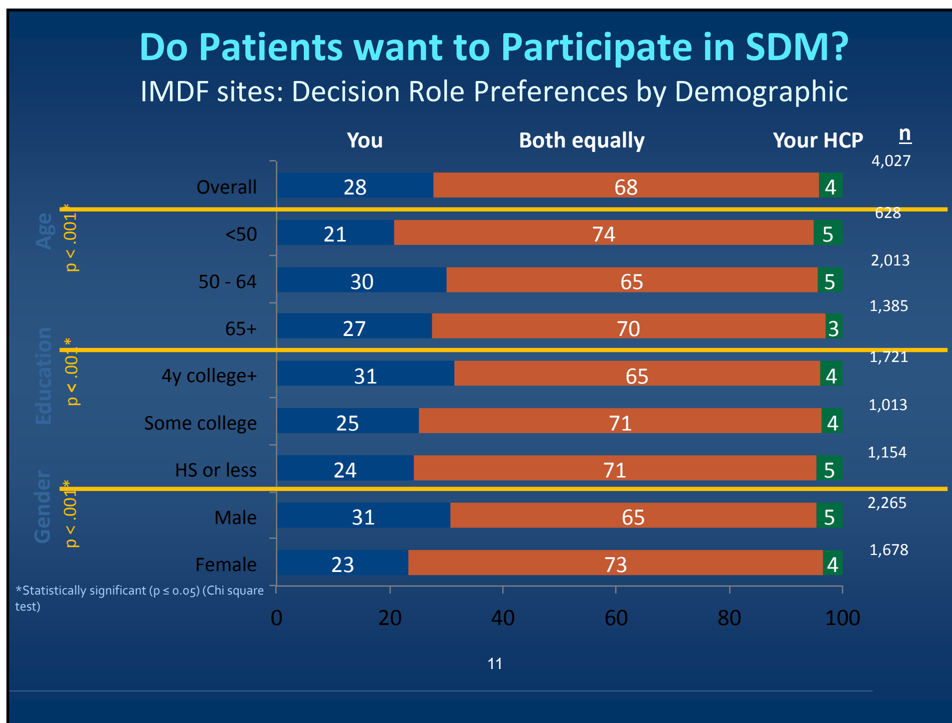
Information given to patients is inaccurate, incomplete, or misunderstood, and/or

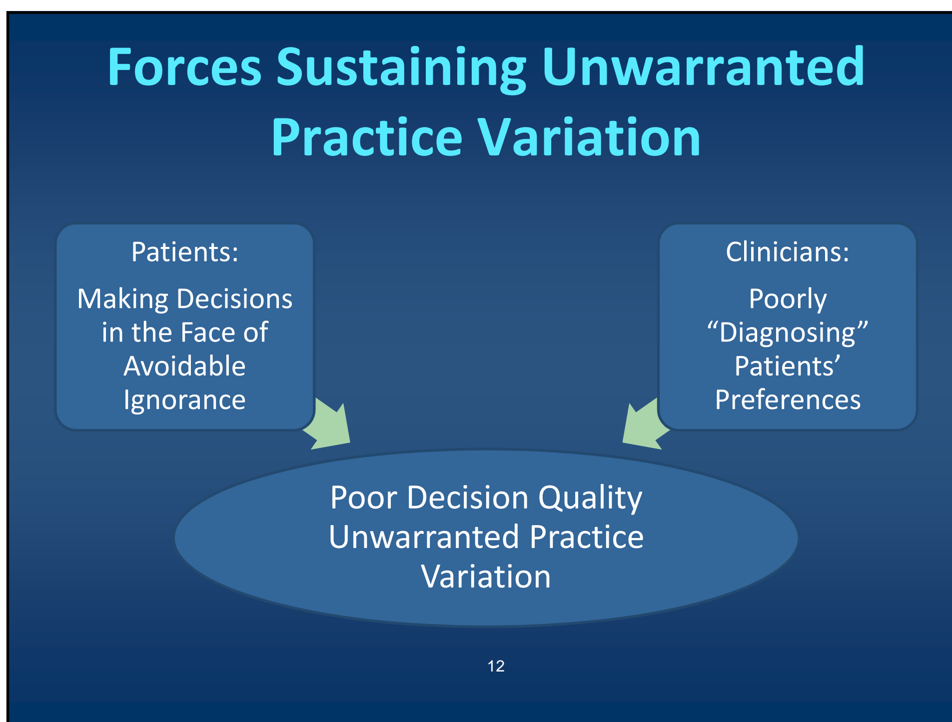
Patients' differing attitudes towards:

- risk
- treatment options
- health outcomes
- participation in decision making

are unknown or ignored

10


Do Patients want to Participate in SDM?
IMDF sites: Decision Role Preferences by Demographic
You
Both equally
Your HCP
n
Overall 28 68 4 4,027
Age p < .001*
<50 21 74 5 628
50 - 64 30 65 5 2,013
65+ 27 70 3 1,385
Education p < .001*
4y college+ 31 65 4 1,721
Some college 25 71 4 1,013
HS or less 24 71 5 1,154
Gender p < .001*
Male 31 65 5 2,265
Female 23 73 4 1,678
*Statistically significant (p ≤ 0.05) (Chi square test)
0 20 40 60 80 100
11


Forces Sustaining Unwarranted Practice Variation
Patients:
Making Decisions in the Face of Avoidable Ignorance
Clinicians:
Poorly "Diagnosing" Patients' Preferences
Poor Decision Quality
Unwarranted Practice Variation
12

Polling Question

13

High Quality Decisions

DEPEND ON:

1. **Adequate dec**
2. **Understandin**
   VALUES CLAR
3. **Treatment ch**
   VALUES-CH

Sepucha et al. Health Affairs 10-04, citing Hammond et. al. Smart Choices: A Guide to Making Better Decisions

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Elicit Patient Values

- Decision must take into account both the provider’s guidance and *the patient’s values and preferences*
- Avoid jargon – don’t use terms such as “*preferences*” or “*values*”

Legare F, Witteman HO. Shared decision making: examining key elements and barriers to adoption into routine clinical practice. Health Affairs 2013:32:276-284.

16

Patient treatment preferences 'often misdiagnosed'

Doctors are failing to really listen to patients' views on how they want to be treated, suggests a study in the British Medical Journal.

The Dartmouth College research says working out a patient's preferences is as important as an accurate medical diagnosis.

Involving patients in discussions about treatment could cut the cost of healthcare around the world, they say.

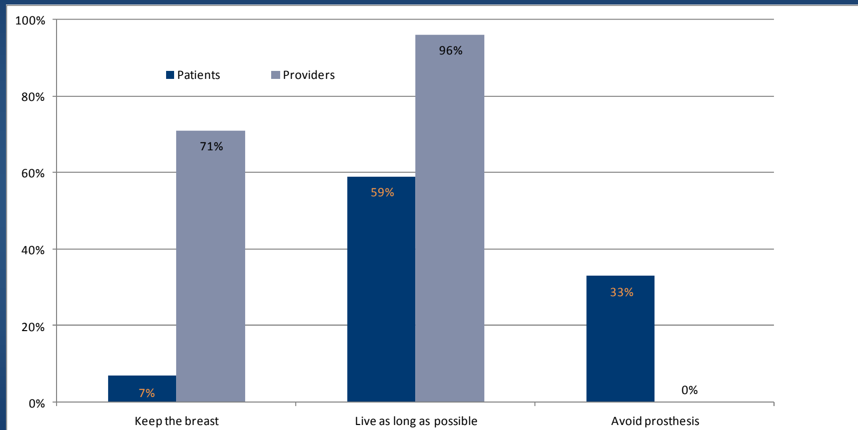
Doctors may not be listening to patients' wishes on treatment

"If operating on the wrong leg is considered a medical error, what do we call operating on the wrong patient?" ***Jack Wennberg***

Mulley A, Trimble C, Elwyn G. Patients' preferences matter: stop the silent misdiagnosis. London: Kings Fund: 2012.

17

How good are providers at "diagnosing" patient preferences?



18

Lee CN, et al. *Health Expect.* 2010;13(3):258-72

Active Listening 聽

- Refrain from imposing your own values
- Seek a non-judgmental stance
- Look for the emotions underlying the words
- "Give permission" - refer to what has been important to others
- And "*what else*?"

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Two Different Voices

Clinicians

- Culture of Medicine
- Diagnose and fix

Patients

- Personal experience
- Unique perspective
- Culture
- Stories

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Eliciting Patient Values: Recommended Language

"We have a decision to make – what role do you want to play? Are there others you want to involve?"

"What is most important to you in making this decision? and what else?"

"For example, some people choose …. while other people…"

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Risk communication

"the open two way exchange of information and opinion about risk, leading to better understanding and better decisions about clinical management."

BMJ Vol 324 April 2002 p 827

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Risk communication

- Quantitative risks rarely discussed with pts.
- Research difficult to translate
- People tend to overestimate benefit and underestimate risk without numerical data
- Patients who receive more information are more satisfied and adherent

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Polling Question

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Patient Challenges: Statistical Illiteracy

Widespread inability to understand the meaning of #s

- common to patients, journalists, **and clinicians**
- created by non-transparent framing of information –sometimes unintentional result of lack of understanding but ***can also be intentional*** effort to manipulate or persuade people
- can have serious consequences for health

Gigerenzer, G. et al. Helping Doctors and Patients Make Sense of Health Statistics. 2008 Assoc. Psych Science, 8 (2), 53-96.

26

Clear Risk Communication

1. Provide the context
2. Use natural frequencies
3. Use absolute risks
4. Use balanced framing
5. Use graphics, pictures
6. Explore decisional conflict

27

10 yr prob of fx for 65 yo woman with 2 RFs

Questionnaire:

1. Age (between 40-90 years) or Date of birth
   Age: 65 Date of birth: Y: 1946 M: 10 D: 20
2. Sex: Male / (•) Female
3. Weight (kg): 68.04
4. Height (cm): 165.1
5. Previous fracture: No / (•) Yes
6. Parent fractured hip: (•) No / Yes
7. Current smoking: No / (•) Yes
8. Glucocorticoids: (•) No / Yes
10. Secondary osteoporosis: (•) No / Yes
11. Alcohol 3 or more units per day: (•) No / Yes
12. Femoral neck BMD (g/cm²): Select DXA

Clear | Calculate

BMI 25.0
The ten year probability of fracture (%)

without BMD

Major osteoporotic	19
Hip fracture	4.5

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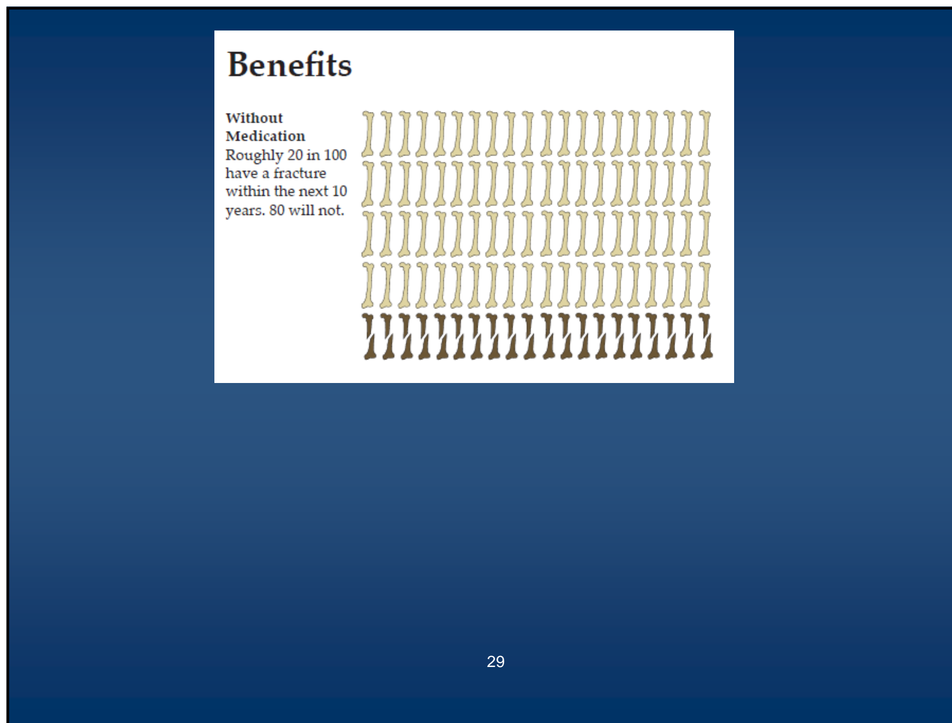
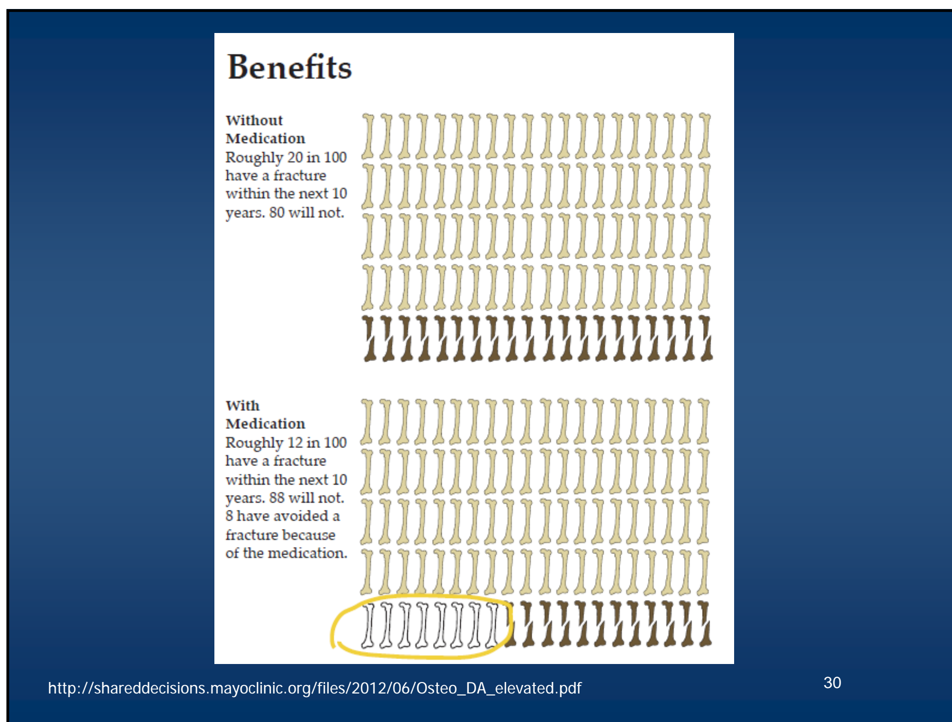
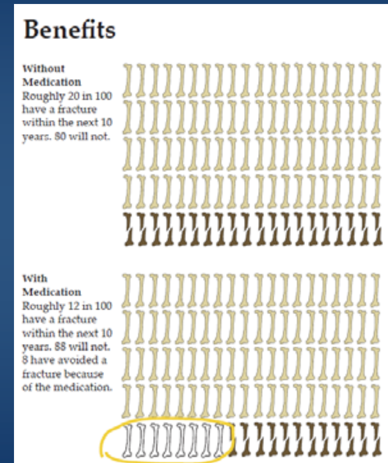
http://www.shef.ac.uk/FRAX/tool.aspx?country=9


Benefits
Without Medication
Roughly 20 in 100 have a fracture within the next 10 years. 80 will not.
29


Benefits
Without Medication
Roughly 20 in 100 have a fracture within the next 10 years. 80 will not.
With Medication
Roughly 12 in 100 have a fracture within the next 10 years. 88 will not. 8 have avoided a fracture because of the medication.
http://shareddecisions.mayoclinic.org/files/2012/06/Osteo_DA_elevated.pdf
30

Check in

- What do you think about the benefits of taking medicine to decrease a risk of a bone fracture?



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Downsides

Directions
This medication must be taken
- Once a week
- On an empty stomach in the morning
- With 8 oz of water
- While upright (sitting or standing for 30 min)
- 30 minutes before eating

Possible Harms

Abdominal Problems
About 1 in 4 people will have heartburn, nausea, or belly pain. However, it may not be from the medication. If the medication is the cause, the problem will go away if you stop taking it.

Osteonecrosis of the Jaw
Fewer than 1 in 10,000 (over the next 10 years) will have bone sores of the jaw that may need surgery.

Out of Pocket Cost
with insurance $30 | without insurance $70-90

What would you like to do?

http://shareddecisions.mayoclinic.org/files/2012/06/Osteo_DA_elevated.pdf

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Decision Aids (DA) - tools

- **high quality, balanced** information on the options and benefits/risks
- help patients clarify and communicate their **values**
- **They are just an adjunct to your counseling!**

The International Patient Decision Aid Standards Collaboration (IPDAS)

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Cochrane Review

>115 RCTs in 35 conditions demonstrate DAs

- Improve knowledge
- More accurate risk perceptions
- Increase patient involvement in decision making
- Improve realistic expectations
- Leave fewer patients undecided on which option to choose
- Increase agreement between values and choice

Stacey D et al. Decision aids for people facing health treatment or screening decisions. Cochrane Database of Systematic Reviews 2011, Issue 10 http://decisionaid.ohri.ca/cochsystem.html

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Ottawa Hospital Research Institute
Institut de recherche de l'Hôpital d'Ottawa

Patient Decision Aids

Français

- Patient Decision Aids
  - For specific conditions
  - For any decision
  - Developed in Ottawa
- Other KT Tools
- Conceptual Frameworks
- Development Toolkit
- Evaluation Measures
- Implementation Toolkit
- About Us
- News & Events

Search this site

Google Search

Alphabetical List of Decision Aids by Health Topic

Click on the **title** below to view a summary of the decision aid and a link for getting access to it. The developer is listed after each title.

Acne

- Acne: Should I see my doctor? Healthwise
- Acne: Should I take isotretinoin for severe acne? Healthwise

Allergy

- Allergies: Should I Take Allergy Shots? Healthwise
- Allergies: Should I Take Shots for Insect Sting Allergies? Healthwise
- Allergy Shots and Allergy Drops for Adults and Children. Agency for Healthcare Research and Quality (AHRQ)

Alternative Medicine

- Complementary Medicine: Should I Use Complementary Medicine? Healthwise

Alzheimer's Disease

- Alzheimer's disease: Should I take medicines? Healthwise
- Alzheimer's or other dementia: Should I move my relative into long-term care? Healthwise

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CollaboRATE
Patient-Reported Measure of SDM

	Final Items
Explanation	How much effort was made to help you understand your health issues?
Preference elicitation	How much effort was made to listen to the things that matter most to you about your health issues?
Preference integration	How much effort was made to include what matters most to you in choosing what to do next?

Elwyn G, et al. Developing CollaboRATE: A fast and frugal patient-reported measure of SDM. PEC 2013 http://dx.doi.org/10.1016/j.pec.2013.05.009

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Decisional Conflict

Definition: uncertainty about which course of action to take when the choice among competing actions involves risk, loss, regret, or a challenge to personal life values.

- Identification is key
- Outcomes optimal when physicians address patients' emotional as well as biomedical concerns

Legare et al, Canadian Family Physician 4/06

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Decisional Conflict - Causes and Presentations

- **Lack of knowledge about options**
  "I'm not sure about the complications of getting a stent."
- **Unclear or conflicting values**
  "I don't want to have stent, but the angina makes me nervous."
- **Unrealistic expectations**
  "I know the stent will work for sure."
- **Social / provider pressure**
  "My family thinks I need a stent." "I'll need to think about it, doc."
- **Lack of skills/self-confidence**
  *"What do **you** think I should do, doc?"*

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Decision Coaches vs Trained Clinicians

	Trained Clinicians	Decision Coaches
Advantages	• Patient-clinician relationship • Integrated in care • Potential for reimbursement • Less need to coordinate roles	• More neutral • Less demanding on clinician • c/w IP collaboration • Higher quality counseling
Disadvantages	• Provider bias • Clinician time for counseling • Need for training and skill development	• Lack of clinical expertise • Inefficient if not coordinated with clinician's role • Reimbursement issues

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SDM Resources

- **IMDF** http://informedmedicaldecisions.org
- **Mayo clinic** http://shareddecisions.mayoclinic.org
- **OHRI** http://decisionaid.ohri.ca/AZsumm.phpID=1507
- **Option grids** www.optiongrid.co.uk
- **DHMC SDM** http://patients.dartmouth-hitchcock.org/shared_decision_making.html
- **Dartmouth Atlas** www.dartmouthatlas.org
- **Harding Center** https://www.harding-center.mpg.de/en
- **Cates smiley face grids** http://www.nntonline.net/visualrx/

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Thanks for your attention!

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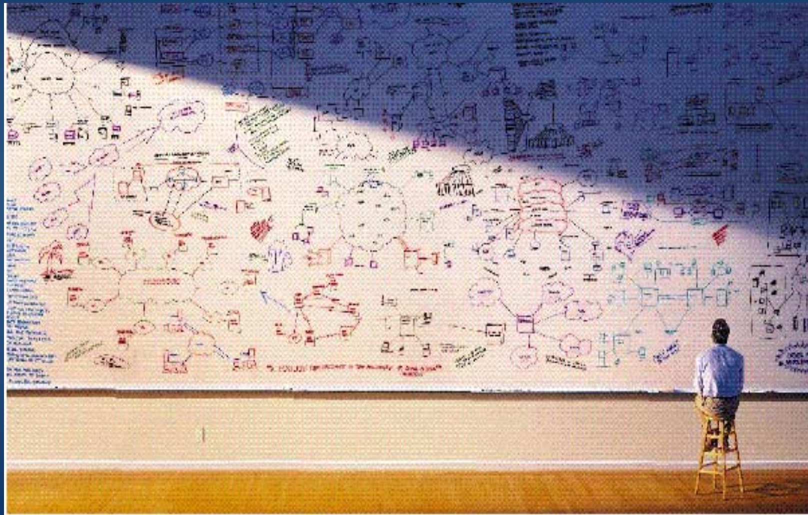
What barriers exist in your setting?



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Questions & Answers

Calvin Chou, MD

Nan Cochran, MD

Beth A. Lown, MD

To submit a question, type it into the question's pane at the right of your screen at any time.

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Upcoming Schwartz Center Webinars

Family Meetings: Improving Patient-Family-Clinician Communication
October 19

Visit www.theschwartzcenter.org *for more details or to register for a future session, and look for our Webinar email invitations.*

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Congratulations to Dr. Thea James of Boston Medical Center, this year's recipient of the Schwartz Center Compassionate Caregiver Award®, and to all the extraordinary finalists!

A More Compassionate Healthcare System
The *Journal of Patient Experience* published "Seven Guiding Commitments: Making the U.S. Healthcare System More Compassionate," by our medical director, Dr. Beth Lown.

Gaining Patient Insights on Care

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Thank you for participating in today's session.

Please take a moment to complete the electronic survey upon exiting today's program.

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