

Introduction to Shared Decision Making

Blair Brooks, MD

Nan Cochran, MD

Dartmouth-Hitchcock Medical Center

White River Jct. VAH

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Workshop Outline

- Introductions/ goals
- Shared decision making overview
- Does SDM work?
 - Decision aids
 - Clinical skills
- Practice clinical skills
- Teaching SDM

Our Goals

- Increase interest in SDM
- Share our experience and address challenges
- Practice communication skills
- Explore strategies to teach shared decision making to students

The 3 Categories of Care

Effective care:

Evidence-based care that all with need should receive

Preference-sensitive care:

Treatment choices with multiple options; involves tradeoffs

Supply-sensitive care:

Visits, hospitalizations, ICU admissions and other services where utilization is associated with supply of resources

Variation

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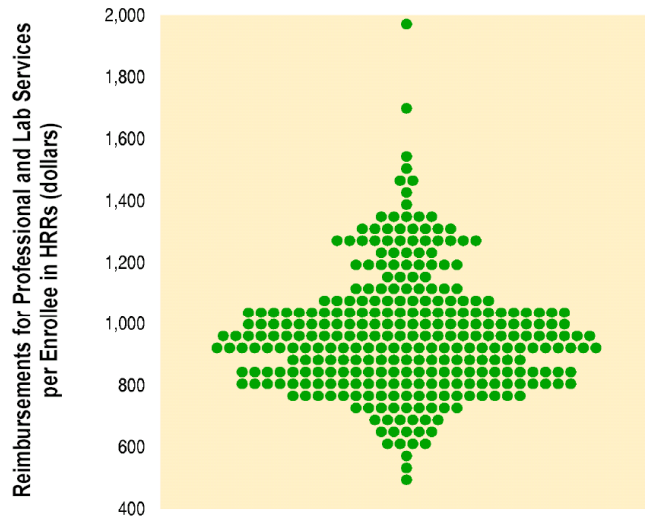


Figure 1.3. Age, Sex, Race, Price and Illness Adjusted Part B Medicare Reimbursements for Professional and Laboratory Services

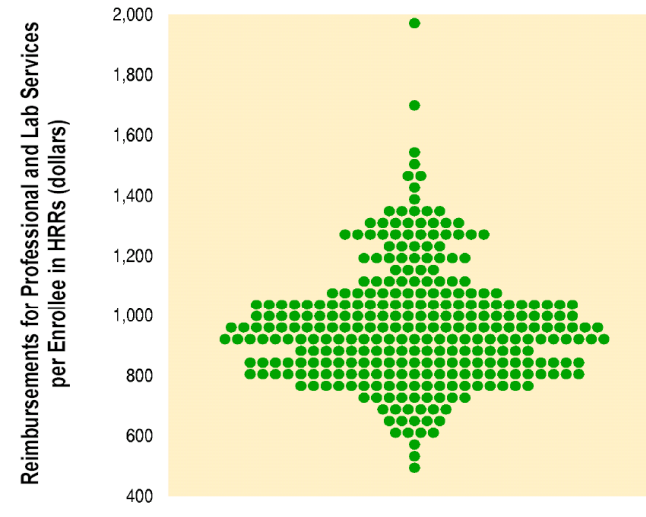
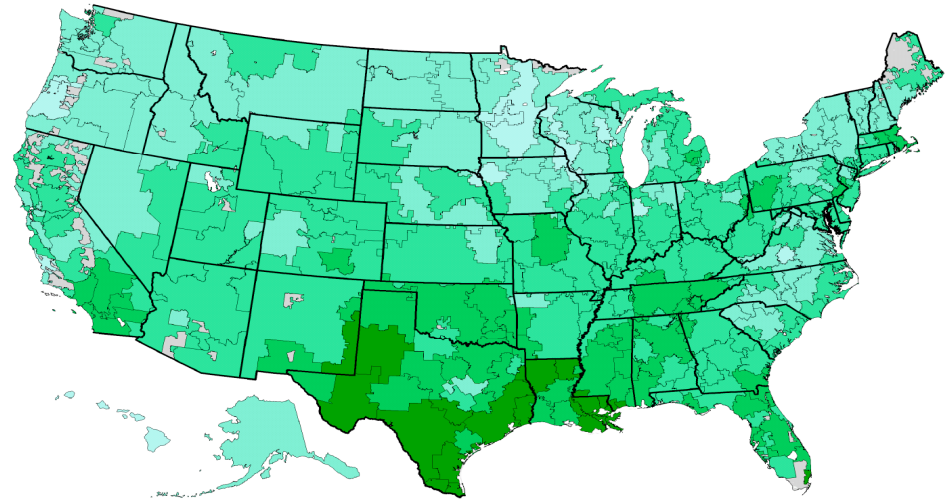


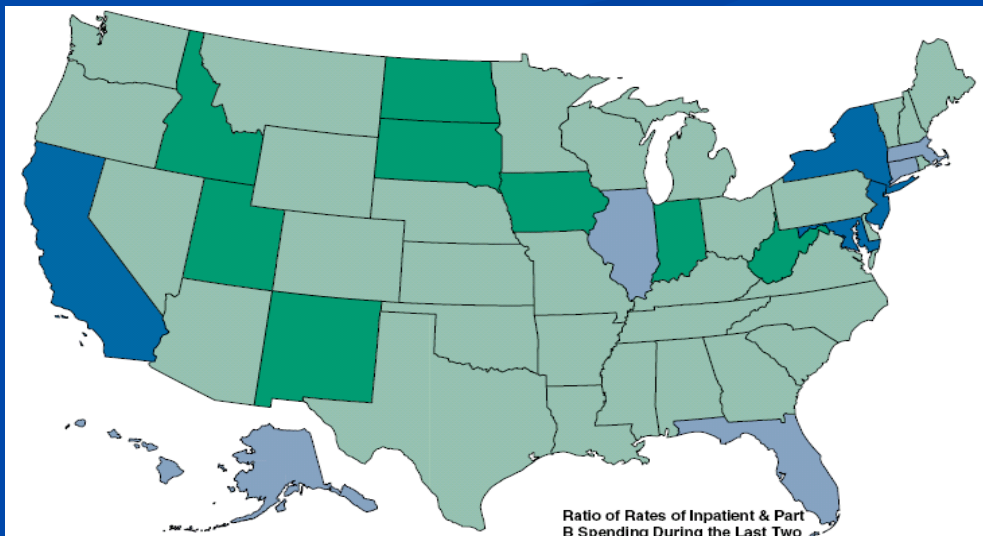
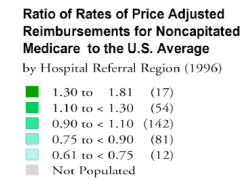
Figure 1.3. Age, Sex, Race, Price and Illness Adjusted Part B Medicare Reimbursements for Professional and Laboratory Services

Variation in Intensity of Care

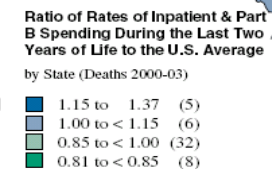


Map 1.1. Age, Sex, Race, Illness and Price Adjusted Reimbursements for Noncapitated Medicare (1996)

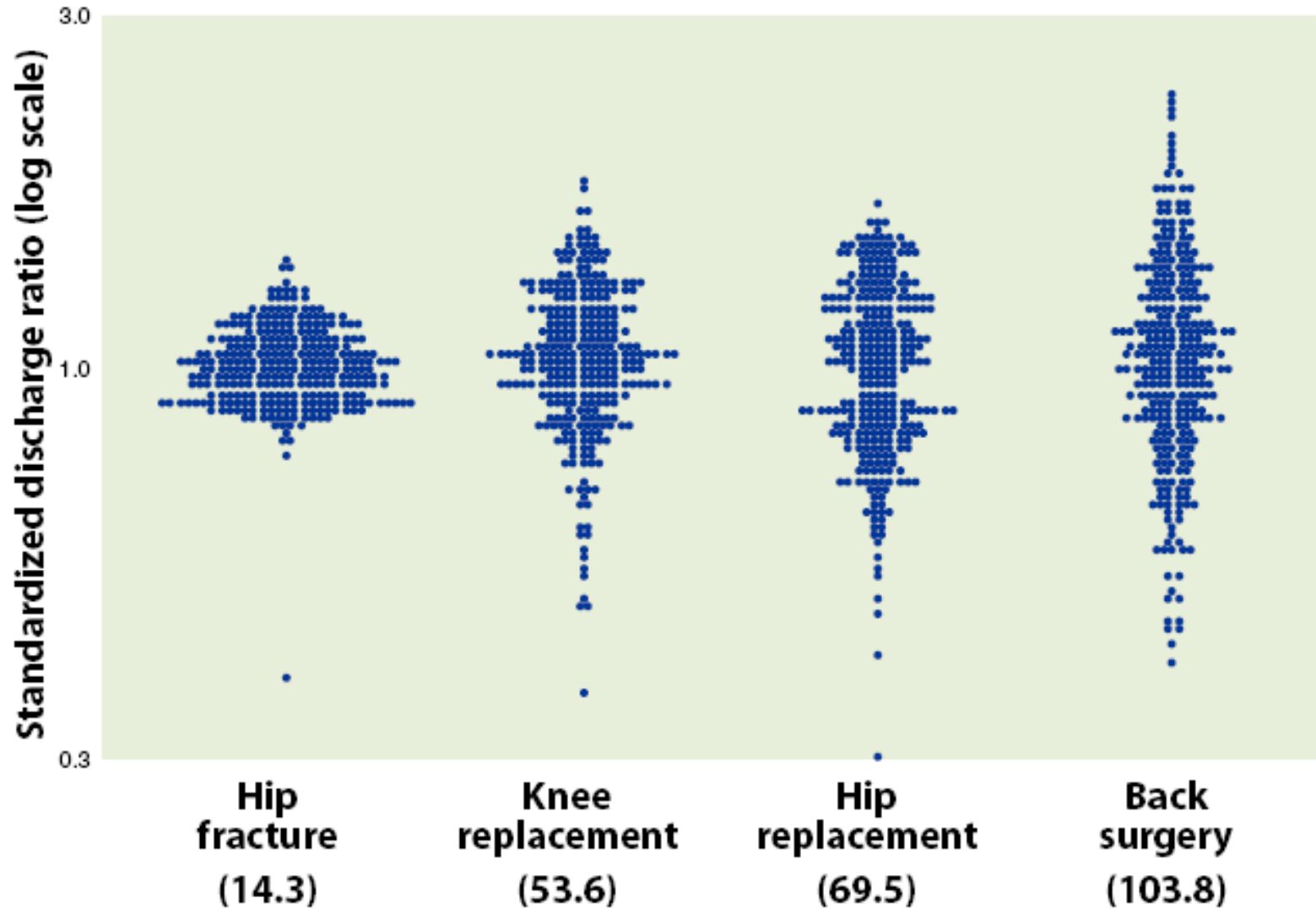
Payments by the Medicare program were generally higher in the South and Midwest than in the North and West. Total reimbursements for all services were substantially higher than the national average in several Northern cities and in parts of Texas and Louisiana.



Map 2.7. Variation, by State, in Inpatient and Part B Spending During the Last Two Years of Life



Rates of 4 orthopedic procedures among Medicare enrollees



Patient's Expanding Role in Decision Making

- Relationship: paternalism → partnership
- Increasing patient autonomy
- Broader access to information
- Expanding clinical options
- Rising costs
- Ascendancy of chronic illness
- Complex tradeoffs
- Greater accommodation of personal values

How can variation be addressed?

- One strategy:
 - Inform and engage patients in decisions reduces unsupported variation (e.g. shared decision making)
- Other strategies:
 - Adjust supply of health care (clinicians, beds, etc.)
 - Change financial incentives

What is a preference sensitive decision?

- Uncertain or no clear evidence supporting one testing, screening or treatment option over another
- Options have different inherent benefits/risks
- Patient values important in optimizing decision

Shared Decision Making - a definition

Shared decision making is defined as decisions that are shared by doctors and patients, informed by the best evidence available and weighted according to the specific characteristics and values of the patient.

IOM “Crossing the Quality Chasm”

Shared decision making is reflected in 4 of the 10 “simple rules” for redesign of HC:

- Customization based on patients’ needs and values
- Patient as source of control
- Shared knowledge and free flow of information
- Evidence based decision making

What is a good decision?

Patient centered decision is defined as the extent to which it reflects the considered needs, values and expresses preferences of a well informed patient.

**SDM has not been adopted by
health professionals.**

Why not?

What are the barriers?

Barriers to SDM

- Clinicians
 - Challenge to physician autonomy
 - Don't recognize preference sensitive decisions
 - Evidence difficult to extract, interpret, communicate
- Practice
 - Logistics
 - Lack of time
 - Lack of reimbursement
- Patients
 - “Patients don't want to participate”
 - Variation in role preference
 - Literacy, numeracy challenges
- Resources
 - Need portfolio of appropriate decision aids

TIME

- Time Required to Deliver
All Highly Recommended
Preventive Services:

7.4 hrs/day

- Time Required to Deliver All
Highly Recommended
Chronic Care Services:

10.6 hrs/day

Yarnall et al. AJPH, 2003
Yarnell, Ann Fam Med, 2005

Can Decision Aids Be Helpful?

- Save time
 - Expand counseling beyond time constraints of busy office visits
- Improve informed consent
- Multiple media
 - Print/video/decision boards/audiotape/web formats

What are the Goals of Decision Aids?

- Adjunct to counseling
- Inform re options, benefits, risks
- Specify probabilities of outcomes
- Clarify personal values
- Guide in deliberating & communicating
- Empower patient



Impact of Decision Aids: Cochrane review of 51 RCTs

- Increase Patient Involvement
- Improve Patient Knowledge
 - balance, accuracy, consistency of information
- Clarify Patient Values
 - Improve concordance between values and choices
- Reduce Patient Decisional Conflict, Regret
 - Improve realistic expectations
 - Lower decisional conflict
 - Decrease number who are undecided

Additional conclusions of Cochrane review

Variable Impact on Decisions

- Dampen enthusiasm for invasive surgery & medicine
- Variable impact on preventive options

Minimal/No Impact

- Satisfaction
- Anxiety
- Health outcomes

DHMC experience with SDM

- Spine Center
- Comprehensive Breast Program
- Center for Shared Decision Making
- Primary Care Experience in GIM and WRJVAH
 - Preventive Medicine DAs
 - Chronic Condition DAs

DHMC Experience: Primary Care

■ Goals

- Assess feasibility of integrating SDM resources into General Internal Medicine practices.
- Measure decision quality in primary care setting

■ Assumptions

- Time is a challenge in the primary care visit – cannot add complexity or time
- Minimal extra resources to maximize generalizability

Needs Assessment Results

- Patients welcome more accessible, better information
- Only 65% patients felt they had enough info for recent decision
- Patients more willing to use decision aids than providers perceive
- Patients willing to discuss decision with another member of health care team
- Providers identify time, multiple medical issues, inadequate patient/physician skills and lack of accessible information

Preventive Medicine DAs Distribution - Colon Cancer and PSA Screening

Pre-visit

- DA mailed to men 50-75 yo before preventive medicine visit
- Patient self selects exclusion criteria

Post-visit

- Video distributed after any primary care visit
- Health techs screen for exclusion criteria, DA provided as default

PSA Screening Choice

Choice (n=801)	Before vs After Video	
Unsure	27%	16% *
No PSA screening	25%	41% *
PSA Screening	49%	43% *
CHANGED THEIR MINDS		29%*

44% patients that changed their choice moved from “Unsure” to “No screen”

38% patients that change their choice moved from “Screen” to “Unsure” or “No screen”

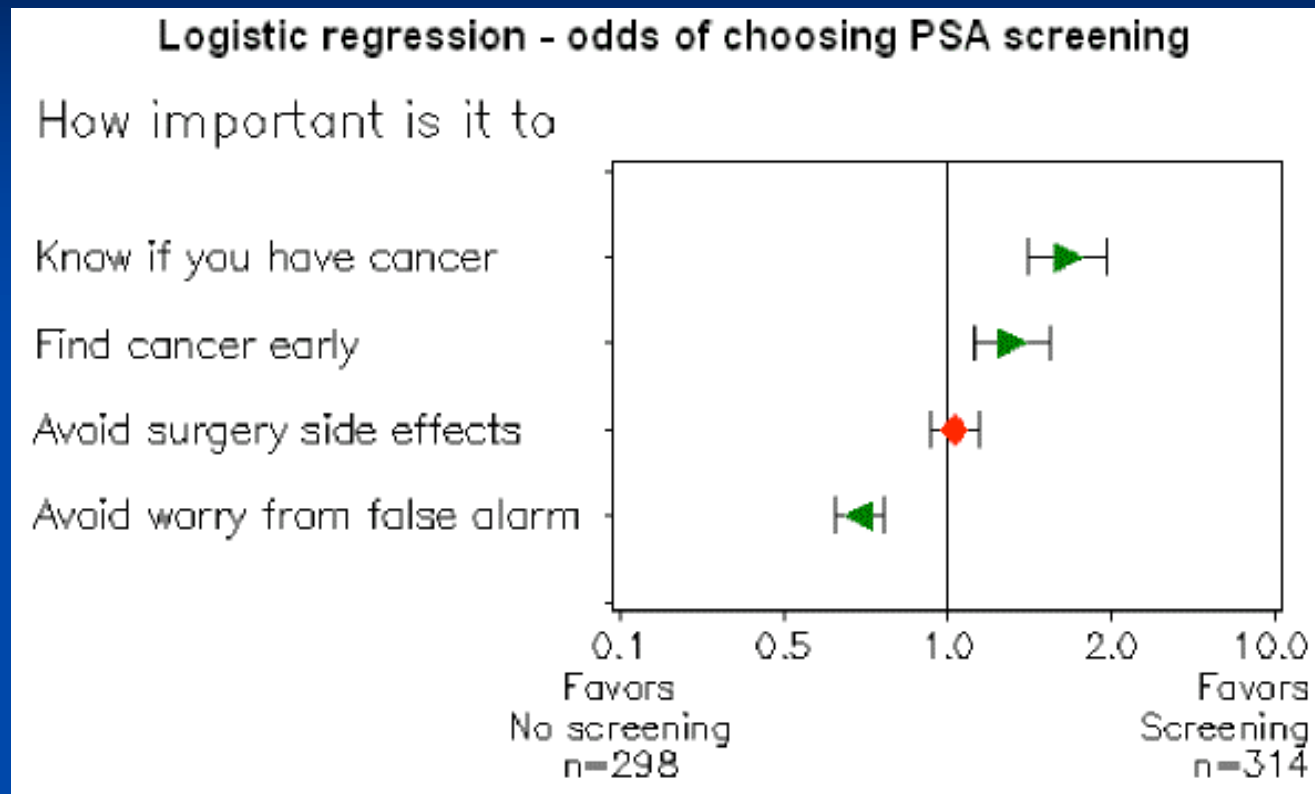
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Decision Quality - Knowledge

(% correct)

Knowledge Questions	DHMC	VA
Average score (5 questions)	93%	89%
Both the PSA test and prostate biopsy may miss a prostate cancer	79%	74%
How many men will die of prostate ca	99%	97%
Does having an elevated PSA always mean you have prostate cancer?	96%	94%
Many men with prostate cancers found by PSA screening will die of something else...	99%	96%
PSA tests may not help a man live, may find slow growing cancer	92%	86%

Patient Values Predicting Choice



- High concordance between choice to screen and “Desire to know if you have cancer” (OR ~2)
- No clear concordance between other values and choice

Patient Satisfaction

Acceptability of Video (% yes)	PSA (n=801)	CRC (n=26)
Helpful in making a screening decision	86	96
Recommend video to others facing the decision	95	100

Decision Aid: Resources

Foundation for Informed Medical Decision Making

- Early Stage Breast Cancer: Choosing your Surgery
- DCIS: Choosing your Treatment
- Breast Reconstruction: Is it Right for You?
- Treatment Choices for Abnormal Uterine Bleeding
- Treatment for LBP: Herniated Disc
- Treatment for LBP: Spinal Stenosis
- Chronic LBP: Managing your Pain and Your Life
- Knee OA: Treatment Choices
- Is a PSA Test Right for You
- Benign Prostatic Hyperplasia: Choosing Surgical or Non-surgical treatment
- Treatment Choices for Prostate Cancer
- Treatment Choices for CAD
- Living with CAD: Doing your Part
- The Informed HC Consumer
- Peace of Mind: Personal Stories about Advanced Directives
- Treatment Choices for Uterine Fibroids
- Ovarian Cancer: Reducing your Risks
- Treatment choices for Depression
- Weight loss surgery

Chronic Condition DA Study Goals

- To assess feasibility of integrating chronic condition DAs into routine primary care practice.
- To assess DA impact on patient decision making.

Methods

- Sites - GIM at DHMC and WRJ VAH Primary Care clinics
 - 68 clinicians (physicians, physician's assistants, nurse practitioners)
- Eligible Patients - all primary care patients with chronic conditions aligned with the DAs available
- DA Distribution - Video DAs covering 18 conditions/ decisions were available for clinicians to prescribe after a patient visit.
- Intervention/Data Collection

Patients completed a pre-DA questionnaire, watched DA, then completed a post-DA questionnaire.
- Measures - DA prescription, impact on decision process and DA acceptability.
- DA Topics - Back Pain (4), Hip/Knee Osteoarthritis (2), Depression, Congestive Heart Failure, Coronary Artery Disease (2), Weight Loss Surgery, Menopause, Uterine Bleeding, Fibroids and BPH. Also: AD, PSA and Colorectal Cancer Screening.

Preliminary Results

DA Distribution:

59% clinicians participated by ordering at least one DA (77% at DHMC and 43% at WRJVA).

256 DAs have been prescribed by clinicians.

Chronic Low Back Pain (34)

Colon Ca. screening (34)

PSA screening (32)

Knee Osteoarthritis (27)

Advanced Directives (26)

BPH (22)

Depression (21)

CHF (13)

Spinal Stenosis (11)

Other (36)

Results, cont.

- Patients found the DAs acceptable
- Fewer patients were unsure which decision to choose (McNemar's test, $p = .01$)
- Patients felt informed and clear about what matters most to them.
- 91% felt amount of information was right
- 85% felt information was balanced

Patient F/U After the DA

Clinicians and patients indicated they intended to finalize the decision together after the patient watched the DA.

- 55% wanted to talk with clinician at next visit
- 17% wanted to get treatment chosen
- 8% Asked to talk with other member of HC team
- 4% wanted more information
- 10% other

Conclusions

- 1) Use of chronic condition DAs in primary care practice is feasible.
- 2) Patients felt informed, clear about their values, and prepared to make their healthcare decision after watching DAs .
- 3) Early indications suggest chronic condition DAs are effective and acceptable tools to facilitate decision making in primary care.

Decision Aid Excerpts

PSA - Patient Values



PSA - Patient Values



CRCa Screening - Presentation of Data

What communication skills are required for effective SDM?

1. Define/explain problem
2. Discuss patient's desired role
3. Present options
4. Discuss pros/cons
5. Explore patient values, preferences
6. Assess patient self-efficacy
7. Present doctor recommendations
8. Clarify understanding
9. Make or explicitly defer decision

Which skills do clinicians most need to improve?

- Assess patients' values
- Ask about patients preferred role in decisions
- Screen for decisional conflict
- Assess support or undue pressure on patient
- Increase patients' involvement in decision making

S.U.R.E. (O'Connor et Légaré, October 2006)

Yes No Don't know

S. ure of
myself...

- Are you sure which choice is best for you?

U. niformed...

- Do you feel you are informed enough about the options?

R. isks/
Benefits
ratio...

- Do you know what matters most to you, the risks or the benefits?

E. ncourage...

- Do you have enough support or do you experience undue pressure?

Supporting patients facing difficult health decisions

Most important changes participants intended to make in their practice:

1. To ask about patient's preferred role in decision making
2. To screen for decisional conflict
3. To assess support or undue pressure on patients
4. To increase patients involvement in decision making

Trigger tapes

Debrief

Practice communication skills

- The scenario
 - 50 year old at primary care visit
 - Considering treatment options for knee OA
 - Concerned about current limitations despite optimal NSAID's and PT; fearful of complications of surgery
- The task: (~7 min/role play)
 - Engage in shared decision making discussion w/ pt.
 - Assess patient values
 - Identify decisional conflict
 - Observer(s) provide feedback

Ottawa Decision Support Framework

**How to teach SDM to
medical students and
residents?**

Shared Decision Making Websites

www.hitchcock.org/dept/csdm

<http://decisionaid.ohri.ca>

www.fimdm.org