

Engaging Patients in Their Healthcare:

Why, When, and How to Do Shared Decision Making

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Shared Decision Making (SDM)

Particular process of joint patient-provider decision making by which an individual...

- 1) Understands the risk or seriousness of the disease to be prevented
- 2) Understands the screening (including the benefits, risks, alternatives, uncertainties)
- 3) Has weighed his or her values regarding the potential benefits and harms
- 4) Has made a decision or deferred a decision

SDM is important

- It supports a core ethical principal:

Autonomy

“An individual’s right to chose and govern for themselves”

SDM is Important

- It improves outcomes (115 RCTs):

Outcome	Mean difference (95% CI)
Knowledge (0-100 scale; n=42)	13.34 (11.17 to 15.51)
Decisional Conflict (0-100 scale; n =10)	-6.22 (-8.00 to -4.44)

SDM Is Important

- It improves outcomes (115 RCTS):

Outcome	RR (95% CI)
Accuracy of Risk Perception (n=11)	1.82 (1.52 to 2.16)
Patient DM (n=7)	1.28 (1.02 to 1.60)
Choice consistent with values (n=7)	1.51 (1.17 to 1.96)
Behavior:	
Surgery (n=15)	0.79 (0.68 to 0.93)
PSA screening (n=9)	0.87 (0.77 to 0.98)
Colon Cancer Screening (n=10)	1.12 (0.95 to 1.31)
Breast CA genetic testing (n=4)	1.01 (0.83 to 1.22)

SDM is Important

- It has the potential to result in significant health savings:
 - One group estimated \$9 billion savings nationally over 10 years if implemented for 11 overused services
 - However, systematic reviews have showed mixed effects on costs

SDM is Important

- It embodies a central quality criteria:

Patient-centeredness

“care that is respectful of and responsive to individual patient preferences, needs, and values

...and encompasses compassion, empathy, and responsiveness”

SDM is Important

- It is part of recent healthcare legislation.
- The Affordable Care Act of 2010:
 - Provides funds for an independent entity to develop standards, certify decision aids, and train providers to facilitate SDM
 - Supports the CMMS Innovation Center in testing SDM delivery models

Despite interest in SDM,
delivery of SDM is quite variable

When to do It

An basic approach

Effective Care

- Moderate or large net benefit

i.e. colonoscopy in men and women aged 50-75



Recommend with Simple Consent

(or SDM if equally effective options)

Preference Sensitive Care

- Small or uncertain net benefit

i.e. osteoporosis screening in low risk women



Shared Decision Making

Harmful Care

- Zero net benefit or harm

i.e. antibiotics for viral respiratory infections



Recommend Against

How to do It

To Do SDM

- Know what specific content needs to be conveyed
- How to convey content to optimize engagement and outcomes
 - What medium
 - What implementation strategy

The Content of Good Shared Decision Making

	President's Commission [19]	Charles et al. [4] , [7] and [8]	Coulter et al. [52] , [54] and [162]	Towle and Godolphin [27] and [173]	Elwyn et al. [5] , [6] , [28] , [65] , [66] and [67]
Essential elements					
Define/explain problem	X		X		X
Present options	X	X	X	X	X
Discuss pros/cons (benefits/harms/uncertainty)		X	X	X	X
Patient values/preferences	X	X	X	X	X
Discuss patient ability/self-efficacy ^b					
Doctor knowledge/recommendations	X	X			
Check/clarify understanding		X			X
Make or explicitly defer decision		X	X	X	X
Arrange follow-up ^c				X	X

What Benefits Should be Discussed

Type of Benefit	Example
Reduced Morbidity	Reduced symptoms or disease outcomes
Reduced Mortality	Reduced chances of death

What Harms Should be Discussed

Type of Harm	Example
Physical	Discomfort or complications of tests and/or treatments
Psychological	Worry or other effects about possible/actual test results and treatments
Financial	Cost of tests, treatments, travel, and missed work
Hassle	Time, Travel, Missed Work, Inconvenience to others who fill in for responsibilities
Opportunity	Time and energy that could have been directed to other work

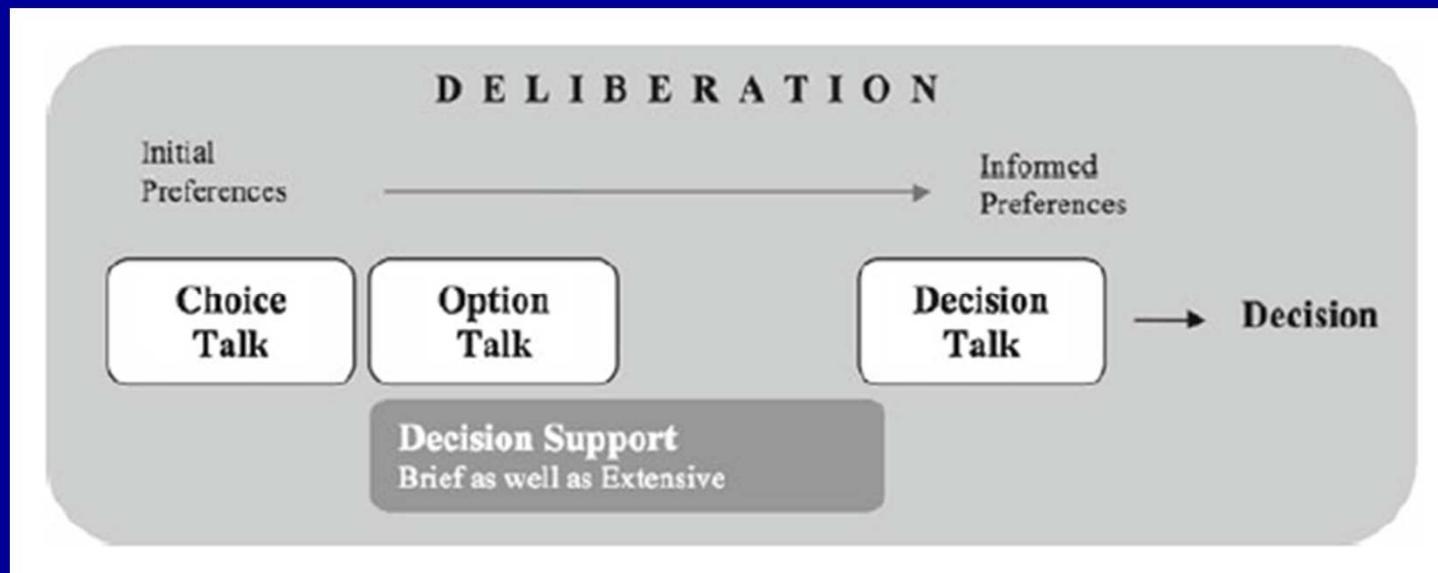
What Values Clarification Method Should Used

- Not clear
- An implicit process of weighing the attributes or features of a decision seems to do as well as many formal processes of values clarification

How to Convey SDM Content: The Medium

- Communication by providers or trained counselors within the clinical encounter
- Decision support interventions used as adjuncts to clinical encounter

SDM in the Clinical Encounter



SDM in the Clinical Encounter: Choice Talk

- Step back:
 - “Now that we’re focused on screening, it is time to think about what to do next.”
- Offer a choice:
 - “We have two options...There is good information about how these options differ”
- Justify the choice:
 - “These options have different consequences...some will matter more to you and some more to other people.”

SDM in the Clinical Encounter: Option Talk

- List options
 - “Before we get into any detail, let me list the options.”
- Describe the options, benefits, and harms
 - “The first option is x...it involves...the benefits of this option are...but it also has some harms...”
 - “As you can see, both options are similar in that...however, they differ in that...”

SDM in the Clinical Encounter: Decision Talk

- Focus on preferences
 - “So, which option sounds better to you given what matters to you most?”
- Move to a decision
 - “Are you ready to decide? What else do we need to discuss to help you make a decision?”

Decision Support Intervention: Outcome Tables

The Facts About Prostate Cancer Screening

Deaths from Prostate Cancer:

Without screening over 10 years: 4/1000 men

With screening over 10 years: 3/1000 men

Benefit of Screening over 10 years:

Fewer deaths in: 1/1000 men

Harms of Screening over 10 years:

Moderate to serious infection or bleeding with biopsy: 300/1000 men

Sex and urine problems with treatment: 300/1000 men

Decision Support Interventions

Option Grid



Breast cancer surgery

Use this grid to help you and your clinician decide whether to have mastectomy or lumpectomy with radiotherapy.

Frequently asked questions	Lumpectomy with Radiotherapy	Mastectomy
Which surgery is best for long term survival?	There is no difference between surgery options.	There is no difference between surgery options.
What are the chances of cancer coming back in the breast?	Breast cancer will come back in the breast in about 10 in 100 women in the 10 years after a lumpectomy.	Breast cancer will come back in the area of the scar in about 5 in 100 women in the 10 years after a mastectomy.
What is removed?	The cancer lump is removed with a margin of tissue.	The whole breast is removed.
Will I need more than one operation on the breast?	Possibly, if cancer cells remain in the breast after the lumpectomy. This can occur in up to 5 in 100 women.	No, unless you choose breast reconstruction.
How long will it take to recover?	Most women are home 24 hours after surgery	Most women are home 2-3 days after surgery.
Will I need radiotherapy?	Yes, for up to 6 weeks after surgery.	Unlikely, radiotherapy is not routine after mastectomy.

Decision Support Interventions: Decision Aids

- Multimedia tools that provide information, values clarification, coaching in deliberation and communication
- Over 500 are currently in existence and catalogued by the Cochrane collaboration

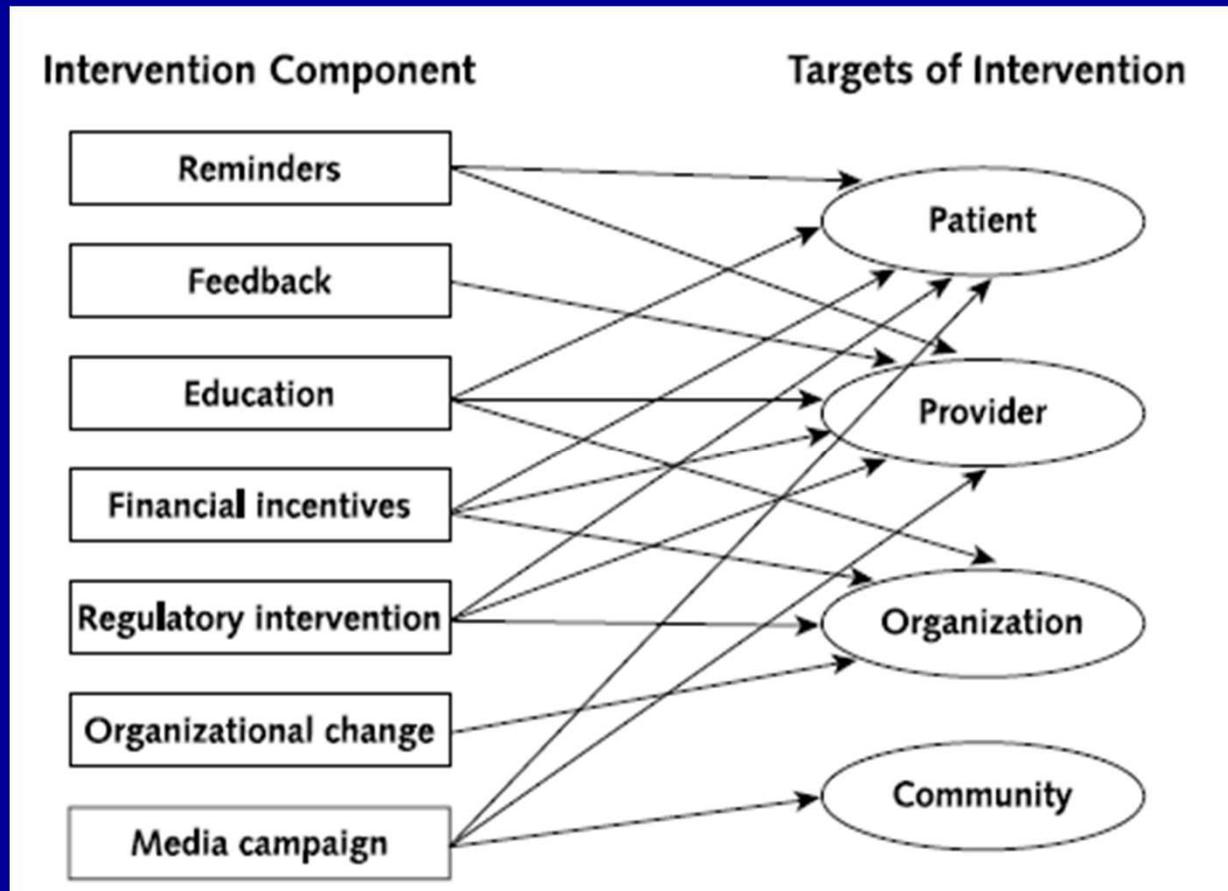


<http://decisionaid.ohri.ca/>

How to Convey Content: Strategy for Implementing SDM

- Systematic review of implementation strategies (n=17)
 - Nearly all mailed a decision aid to patients or asked them to view it at home
 - Viewing rate was ~25%
 - 1 study also using pre-medical interns with phone/in person coaching to ask questions and use decision support has better viewing rates (~90%)

How to Convey Content: Other multi-component approaches



Ann Intern Med 2002; 136: 641-51
J Eval Clin Pract 2008; 14: 888-897

Moving to Full Engagement

- There is great potential to improve outcomes if we engage patients in SDM
- It will take the coordinated effort from a group like this to realize that full potential
 - Choice of high quality decision support
 - Rigorous multi-component implementation approaches

For Questions

Barriers to Implementation of SDM

- Most common barriers reported
 - Lack of time for use of decision support
 - Distracted from referral to decision support interventions
 - Lack of applicability to patient characteristics or clinical situation
- Other common barriers
 - Patient preferences for DM
 - Lack of Self-efficacy or expected improvement in outcomes

Decision Support Interventions are Useful

- Standardized presentation of information
- Often follow standards for certification and quality:
 - Use of up to date scientific evidence and rigorous development process
 - Clear specification of all relevant outcomes and consequences
 - Presentation of information in unbiased, balanced manner
 - Use of plain language
 - Use of understandable quantitative presentation of probabilities
 - Disclosure of conflicts of interest

http://www.ipdas.ohri.ca/IPDAS_checklist

BMJ, 2006. 26;333(7565):417

MDM, 2013. August 30. Epub ahead of print.

Other Evidence for SDM/Decision Aids

- Training in information seeking and negotiation skills led to improvements in symptoms and physiologic outcomes for decisions

Greenfield, 1988. JGIM 3: 448-7.

Kaplan, 1989. Med Care 27: S110-27.

Oliver, 2001. J Clin Oncol 19: 2206-12.

Kennedy, 2002. JAMA 288: 2701-8.

Other Evidence for SDM/Decision Aids

- Perceived negotiation of a common plan (as well as participation, regardless of preferred role) produced benefits in health outcomes and satisfaction

Stewart, 2000. J Fam Pract 49: 796-804.
Gatellari, 2001. Soc Sci Med 52: 1865-78.

What works with Coaching

- Effective techniques include:
 - Instruction in question asking
 - Modeling of patient concerns

- Little work has addressed:
 - Agenda setting
 - Negotiation with the provider
 - Solicitation of support from the provider

PECC, 2004. 52: 7-16.
BMJ, 2008. 337: a485.
Med Care, 2007. 45: 340-49.