

# Maximizing the “Shared” in Shared Decision Making:

## Addressing Health Literacy

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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
- 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 is part of Affordable Care Act legislation.
- It supports:
  - the core ethical principal of autonomy
  - the core quality principal of patient-centeredness
- It improves health outcomes:
  - Knowledge and risk perception
  - Value concordant decision making
  - Some health behaviors
  - Cost

# SDM is Challenging

- It requires:
  - High quality evidence
  - Simple presentations
  - Patient engagement to clarify values
  - A decision with the doctor

# SDM is Influenced by many factors

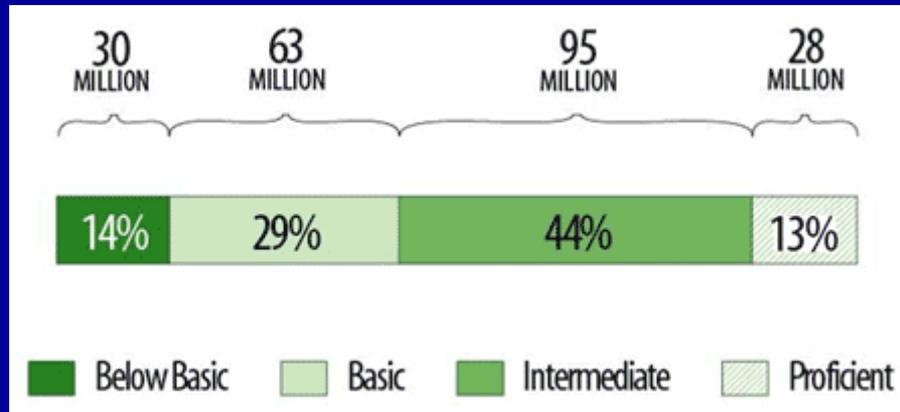
- Culture
- Language
- Health Literacy

# Health literacy

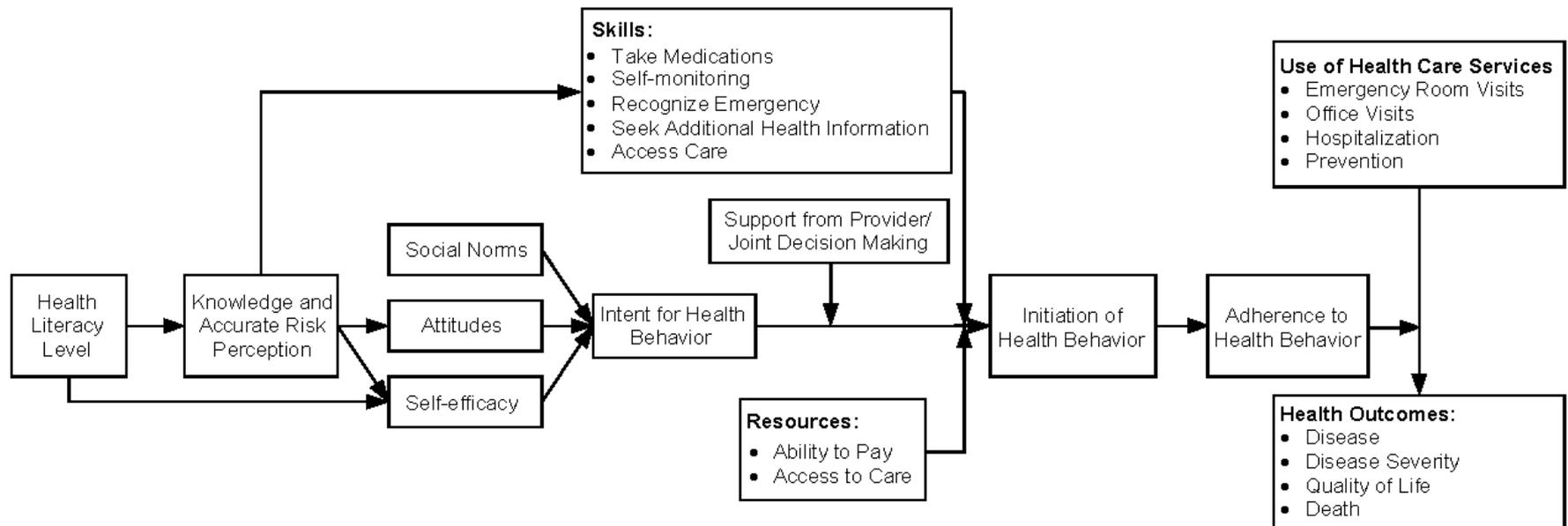
Innate ability to obtain, process, and understand basic health information and make decisions

# Health Literacy in the US is Suboptimal

According to the National Assessment of Adult Literacy (NAAL):



# Low health literacy works through many pathways



# Health literacy is associated with poorer health outcomes

- Poorer knowledge
- Less appropriate use of medications
- Poorer ability to interpret labels and health messages
- Less receipt of preventive care (e.g. immunizations)
- Poorer health status
- Lower quality of life among seniors
- Greater emergency care use
- Increased hospitalizations
- Higher mortality among seniors
- Health disparities among blacks

# ...and poorer SDM outcomes

- Lower knowledge
- Higher decisional uncertainty and regret
- Less desire for involvement in decision making
- Less question asking
- Lower patient centered communication

How do I maximize the “shared”  
in SDM  
for those with low health literacy?

# Maximizing the “Shared”

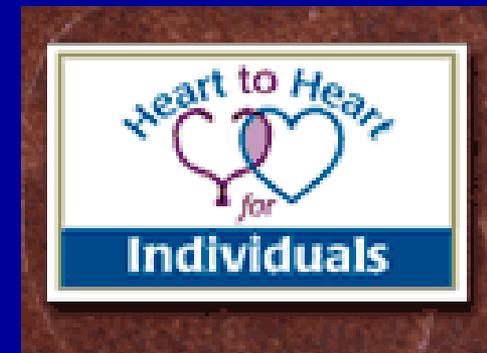
- Simpler presentations
  - Essential information only and first
  - Good risk presentation
    - » Common denominators
    - » Icon arrays or pictographs
    - » Information in tables rather than text
- Video to enhance salience of health states
- Skill building for values clarification/participation

# Maximizing the “Shared”

- Speak slowly
- Start with a purpose
- Use active voice and simple sentences
- Avoid jargon
- Group like ideas together
- Teach to mastery
- Model appropriate behavior

# Maximizing the “Shared”

- Choose high quality decision aids that follow the International Panel of Decision Aid standards



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

# Maximizing the “Shared”

- Investigate your local environment:
  - A supportive culture?
  - High quality decision aids?
  - Training in literacy and SDM?
  - Reminders to screen or use “universal precautions”?
  - Feedback on literacy and processes?

# In 2010, HHS issued a Call to Action on Health Literacy

What will you do?