

Shared Decision Making Implementation: Challenges and Opportunities

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SCHOOL OF MEDICINE

Poll Question 1:

- Interest in Shared Decision Making (check all that apply)
 - Clinician
 - Researcher
 - Policy Implementation
 - Other

Poll Question 2:

- Knowledge of SDM (check all that apply)
 - None
 - A little
 - Some
 - A lot

What is Shared Decision Making?

A process by which decisions are made collaboratively by doctors and patients, informed by the best evidence available, and weighted according to specific characteristics and values of patients.

Stacey D, Légaré F, Col NF, et al. Decision aids for people facing health treatment or screening decisions. Cochrane Database of Systematic Reviews. 2014;(1):CD001431



<http://shareddecisions.mayoclinic.org/>

Steps in Shared Decision Making in Practice

- 1) Identify the situations in which SDM is critical
- 2) Acknowledge the decision to a patient
- 3) Describe the available options, including uncertainty
- 4) Elicit patients' preferences and values
- 5) Agree on a plan for the next steps

Goals of Shared Decision Making Research

1. Develop & promote the use of systematic methods to deal with the uncertainties of health decisions
2. Develop & evaluate tools based on these methods for patients and the public (patient decision aids)
3. Develop & evaluate techniques to assist clinicians' decisions under uncertainty (clinicians' decision support tools)

www.smdm.org

Implementation of SDM in Practice



Are we
there yet?

Are We There Yet?



A common
sentiment among
healthcare providers:

“We already do that
all the time.”

Are We There Yet?

- 1057 audio-taped clinical encounters, containing 3552 decisions.
- What proportion of decisions met most basic definition of fully informed decisions?
 - Nature of decision
 - Patient role in decision making
 - Exploration of patient preferences

Braddock et al, 1999, JAMA

Poll Question

- 0%
- 10%
- 25%
- 50%
- 75%

Braddock et al, 1999, JAMA

Are We There Yet?

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- What proportion of decisions met most basic definition of fully informed decisions?
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Braddock et al, 1999, JAMA

Are We There Yet?

- Nationally representative sample of 3,427 men aged 50 to 74 years in the 2010 National Health Interview Survey.
- 64.3% of men reported no SDM
- 27.8% reported discussion of 1 to 2 elements (partial SDM)
- 8.0% reported all 3 elements (full SDM)

Han et al., 2013, *Annals of Family Medicine*

Are We There Yet?

- 1034 preoperative elective surgery patients
- 34% had at least one critical, important, or concerning deficit in surgical decision making
- 50% had at least one deficit in advance care planning

Ankuda et al, 2014, *PEC*

Are We There Yet?

- 2718 patients 40 years or older who had either experienced or discussed with a health care provider 1-10 decisions in past 2 years
- Few patients were asked preferences about medications for hypertension, elevated cholesterol, and having mammograms (37.3%-42.7%)
- Discussed pros more than cons across all 10 decisions

Fowler et al, 2013, *JAMA Internal Med*

Are We There Yet?



A common
sentiment among
healthcare providers:

“What if My Patients
Do Not Want to be
Involved?”

Deliberation vs. Determination

- National study of almost 3000 participants, nearly all respondents (96%), regardless of their demographic characteristics, preferred to be offered choices
- About half (52%) of patients wanted to defer final decisions, but still wanted to engage in deliberation

Levinson et al, 2005, *JGIM*

Deliberation vs. Determination

- Invasive medical procedures: about **80%** wanted shared decision making or patient led decision making, and **93%** of patients wanted their clinicians to share risk information
- Review of surveys about patients' preferences for participation in decisions, only **3-8%** of patients stated they wanted no role in decision making

Mazur & Hickam, 1997, *JGIM*

Arora & McHorney, 2000, *Medical Care*

Can This Be Shared Decision Making?

Patient: “My preferences are to cure the disease as quickly as possible, but I would like to be able to continue working throughout treatment if possible. I am torn between option A and option B. What do you think I should do?”

SDM Challenges for Patients

- Limited knowledge can lead patients to say they want to defer decision making to a clinician or trusted other
- Preferences cannot be articulated or formed if the patient has inaccurate or missing information
- Start by acknowledging equipoise, recognizing underlying trade-offs between options, and offering treatment choices
- Once patients are informed, they can decide whether they would like more (or less) decision involvement

Politi et al, 2013, *BMJ*

SDM Challenges for Clinicians and Patients

- Can patients clearly articulate preferences?
- Do clinicians bias the decision making process when patients are making decisions based on unfamiliar, high-stakes, uncertain data?
- What if preferences change across several conversations?

Decision Support Interventions (DESI)

Interventions designed to help people make specific and deliberative choices among options by providing information about the options and outcomes that is relevant to a person's health status.

Stacey et al 2011
O'Connor et al 2009
Nelson et al., 2007

DESIIs

Other names for DESIIs:

- Decision aids
- Decision support tools
- Decision support systems or technologies
- Interactive health communication tools
- Shared decision making programs
- Risk communication tools

Elwyn et al 2010

DESI

Core elements of DESIs:

- Tailored information provision (knowledge)
- Exercises to support values clarification (preferences)
- Guidance in how to arrive at decisions (support)

Goal of DESIs:

- Facilitate informed, preference-sensitive decisions

O'Connor et al 2009

Elwyn et al 2010

Efficacy of DESIs

Cochrane review of 115 RCTs of 103 unique DESIs for 58 medical decisions across 34,444 participants:

1. DESIs improve knowledge vs. usual care (HQ evidence)
2. Patients feel more informed and clearer about preferences after viewing DESIs (HQ evidence)
3. DESIs give patients more accurate expectations of what care can accomplish (MQ evidence)
4. Patients participate more in decisions (MQ evidence)
5. Patients make value consistent decisions (MQ evidence)
6. DESIs can lead to more conservative decisions (e.g. PSA testing; elective surgery) but have a variable effect on other choices
7. DESIs improve patient-clinical communication
8. More detailed DESIs are better for knowledge and decisional conflict
9. DESIs do not worsen health outcomes; patients are satisfied with them

Stacey et al 2014

Barriers & Facilitators to Implementing DESIs in Practice

Most Common Barrier:

Time Constraint

Mixed evidence about the impact of DESIs on time

- Some studies show DESIs have no effect on consultation length, or save time
- Others show they can increase consultation length

Other time factors: training in SDM/DESIs, meeting for follow-up visits to evaluate decisions

Legare F, Ratta S, Gravel K, et al (2009)

Barriers & Facilitators to Implementing DESIs in Practice

Next Most Common Barriers:

Lack of applicability of SDM to specific patient characteristics or clinical situations

Perceived patient preferences for a decision-making model that does not fit SDM

Lack of willingness to discuss patients' preferred role in decision making

Legare F, Ratto S, Gravel K, et al (2009)

Barriers & Facilitators to Implementing DESIs in Practice

Facilitators:

Provider motivation

Positive impact on the clinical process

Patient outcomes

Legare F, Ratta S, Gravel K, et al (2009)

Barriers & Facilitators to Implementing DESIs in Practice

Cochrane Review (DESI formats):

- 64 were print-based DESIs
- 39 were multimedia tools (e.g., CDs, DVD's)
- 28 were digital DESIs
- 26 used a combination of formats

- Some DESIs are designed to be used during consultations; others are designed to supplement clinical consultations (before or after visits)

Politi, Adsul, Kuzemchak, Zeuner, Frosch (2014)

Barriers & Facilitators to Implementing DESIs in Practice

“The fact that this [paper based DESI] is like all in one page...it is just really easy for the patient to read and it’s easy to go through quickly...while you are in the office.” – (OBGYN, Female, 3-5 years in practice)

“...when someone hears they have cancer, it takes a couple visits to let that sink in before even talking about treatment options, so having this [digital DESI] at home [to let] that sink in would really help” -- (Internal Medicine, Female, 3-5 years in practice)

“I think both are very resourceful and useful. I would try to have as many different formats available because different patients prefer different ways...some of the younger patients may prefer the electronic version which is a format they are comfortable with. Maybe some older patients would prefer the paper format, maybe a video format...so the more formats the better” -- (Surgery, Female, 6-10 years in practice)

Politi, Adsul, Kuzemchak, Zeuner, Frosch (2014)

Barriers & Facilitators to Implementing DESIs in Practice

“We do have computers in the clinic rooms, but it takes so long for them to load anything...I have to log in, then it freezes, then I have to un freeze it and then have to get to the website whereas pulling out a pencil and paper thing would be so much more accessible” – (Medical Oncology, Female, 3-5 years in practice)

“There may be misunderstanding, that can happen in the interview, you know in person also, but there is no chance for intervention if they are doing it beforehand...and if they latch onto an idea it gets difficult to work around it.” – (Internal Medicine, Female 6-10 years in practice)

“That [digital DESI] would be a great tool but the problem, especially with cancer, is that a lot of times they have no idea the first visit what they have, what it means, and so they can’t look at that ahead of time...” -- (Medical Oncology, Female, 6-10 years in practice)

Politi, Adsul, Kuzemchak, Zeuner, Frosch (2014)

Implementation of SDM in Practice

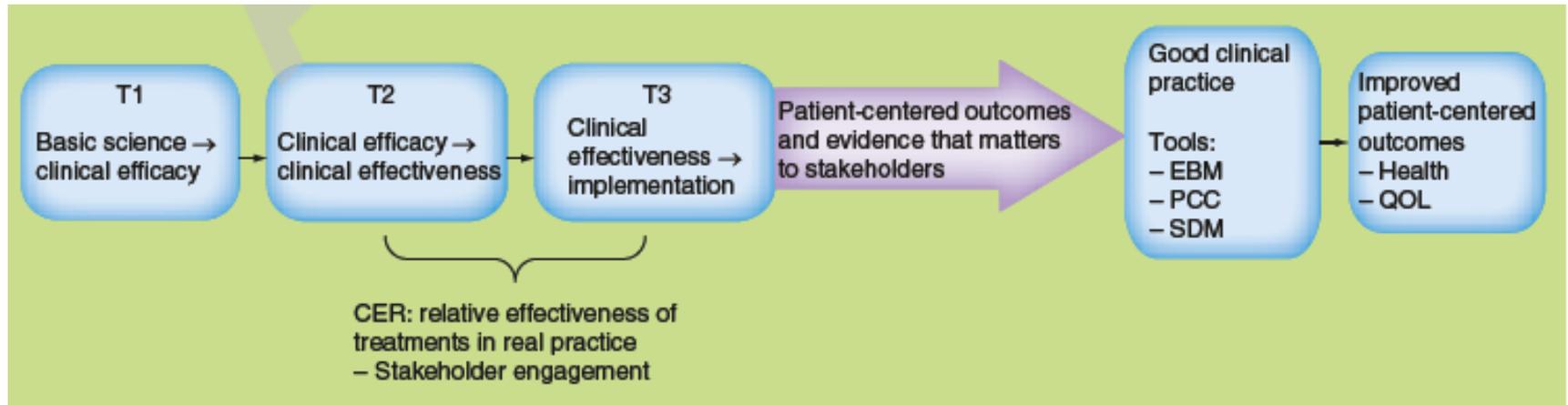
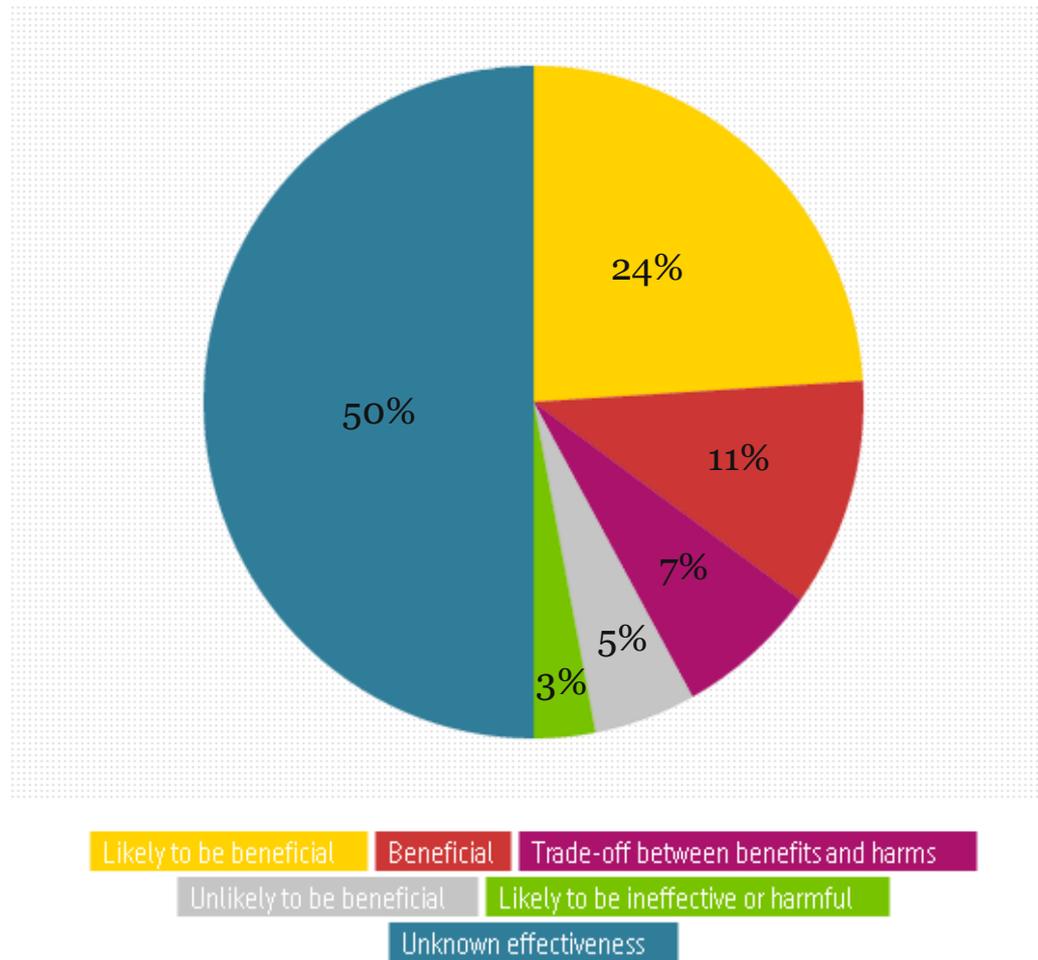


Figure 1. Comparative effectiveness research and shared decision-making along the evidence translation continuum.

CER: Comparative effectiveness research; EBM: Evidence-based medicine; PCC: Patient-centered communication; QOL: Quality of life; SDM: Shared decision-making.

Politi, Clayman, Fagerlin, Studts,
Montori 2013 *J of CER*

Effectiveness of medical treatments



Effectiveness of 3,000 treatments as studied in RCTs, as collected by BMJ's *Clinical Effectiveness* (2012)

Implementing CER and SDM In Practice: Key Challenges

Table 1. Challenges and possible solutions to implementing comparative effectiveness research and shared decision-making in routine practice.

Challenges in implementation	Possible solutions
Misconceptions about the goals of CER and SDM	Engaging key stakeholders in the design, conduct and evaluation of studies Encouraging transparency about generating, synthesizing and communicating evidence
Institutional and cultural norms do not support CER and SDM	Administrative and infrastructure support for CER and SDM (e.g., incorporating nurses or medical support staff prior to the physician–patient interaction)
Clinicians need time and resources to learn about CER and SDM skills	Economic incentives for clinicians to learn and implement CER and SDM Institutional training grants and resources available to teach clinicians about interpreting research evidence, analyzing administrative data, analyzing effectiveness data, communicating probabilities and providing decision support to patients Embed SDM and CER training into existing programs (e.g., as a supplemental module to a training program in evidence-based medicine) Videos to view SDM processes and skills in action

CER: Comparative effectiveness research; SDM: Shared decision-making.

Politi, Clayman, Fagerlin, Studts,
Montori 2013 *J of CER*

SDM/DESI Implementation

Dartmouth Hitchcock Medical Center

http://www.dhmc.org/shared_decision_making.cfm

Mayo Clinic National Resource Center

<http://shareddecisions.mayoclinic.org>

Minnesota SDM Collaborative

UCSF: SCOPED Note (www.scoped.org)

SDM/DESI Implementation

Washington State:

- 2007 legislation authorized a pilot project on SDM's impact on use & cost of preference-sensitive services
- Group Health (& others) prescribed & distributed video DAs—pilot funded by Commonwealth Fund
- 2012: decision aids had to be certified by the state
- Higher level of malpractice protection when SDM is used

SDM/DESI Implementation: Future

National Legislation:

- Section 936 of the ACA
- Federal-HELP Bill: if passed, funding for:
 - development and production of DAs
 - provider education in the use of DAs
 - SDM resource centers (technical assistance)
 - Work to develop standards and certification for DAs
 - SDM provider performance measures

SDM/DESI Implementation: Future

Federal-Wyden-Gregg Empowering Medicare Pt Choices Act:

Series of pilot programs to test SDM. If passed, it would occur in 3 phases:

1. 3-year pilot with up to 15 eligible providers considered "early adopters" (prior SDM experience)
2. 3-year pilot during which providers are eligible to receive reimbursement for using DAs
3. After those 6 years, providers would be *required* to use DAs for preference-sensitive conditions

SDM/DESI Implementation: Future

Vermont

- Legislation required a plan for a SDM demonstration project
- The legislation also required a statewide analysis of variation in care focusing on preference- and supply-sensitive services

SDM/DESI Implementation: Future

Minnesota: legislators have key questions:

1. How do we reliably identify and engage patients in SDM during the process of care?
2. How do we best provide SDM (in various settings, for various types of decisions) so that it is both efficient and effective?
3. Should we reimburse providers for SDM? If so, how?
4. How do we train physicians and staff on SDM?

SDM/DESI Implementation: Future

Minnesota (continued):

- Pilot work at Stillwater Medical Group, Mayo Clinic, and HealthPartners
- Community education and social marketing
 - A state-wide campaign to raise awareness about the importance of practice pattern variation, patient preferences, patient participation in MDM

Shared Decision Making Implementation

USA

Location	Resource
National	Section 936 of the PPACA (health reform bill) USPSTF guidelines (<i>Sheridan et al., 2004, Am J Prev Med</i>) NCCN guidelines for many cancer decisions
National: AHRQ	Effective Healthcare Program Education: http://www.ahrq.gov/consumer/diseases.html Comparing TXs: http://www.ahrq.gov/consumer/compare.html Involvement: http://www.ahrq.gov/questionsaretheanswer/
Washington	DAs replace informed consent for elective medical procedures
Minnesota	Shared Decision Making Collaborative National Resource Center: http://shareddecisions.mayoclinic.org/
UCSF	Decision Coaching (premedical students)
Dartmouth-Hitchcock	Center for Shared Decision Making: http://www.dhmc.org/shared_decision_making.cfm
Maine, NH, VT	Proposals to institute state-wide SDM demonstration projects

Questions?

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