Objectives

◦ Shared Decision Making (SDM)
◦ Choosing Wisely
◦ BMC Pilot
◦ Next Steps
Shared Decision Making

“Nothing about me without me.”

Shared Decision Making (SDM)

“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.”

With SDM **both** parties share information

- **Clinician**
  - Offers options
  - Describes risks & benefits
  - Sets appropriate expectations

- **Patient**
  - Share personal values
  - Voices his or her preferences
Shared Decision Making is **NOT**

“When we want your opinion, we’ll give it to you”

“I’m sorry doctor, but again I have to disagree.”
Why Do It?

1. PAYMENT AND POLICY
2. EFFICIENCY
   - TIME, COST, UTILIZATION
3. PATIENT SAFETY
   - MISDIAGNOSIS OF PATIENT PREFERENCES LEADS TO UNWANTED OR UNNEEDED TESTS AND TREATMENTS
4. PATIENT ENGAGEMENT
   - WHAT WOULD THE PATIENT CHOOSE IF THE PATIENT KNEW WHAT CLINICIAN KNOWS
5. PATIENT EXPERIENCE – SATISFACTION
6. ETHICS – RIGHT THING TO DO

Slide from: Victor M. Montori, MD, MSc, Professor of Medicine, KER UNIT Mayo Clinic
3 E’s of Patient Interaction

• Engage
• Empower
• Educate

Susana Shephard, Mayo Clinic Center for Social Media
Patient Decision Aids (PDAs)

- Information about specific condition
- Evidence regarding options
- Accessible information
- Balanced view points, unbiased information
1 What is my risk of having a heart attack in the next 10 years?

**NO STATIN**
80 people DO NOT have a heart attack (green)
20 people DO have a heart attack (red)

The risk for 100 people like you who DO NOT take statins.

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2 What are the downsides of taking statins (cholesterol pill)?

- Statins need to be taken every day for a long time (maybe forever).
- Statins cost money. (to you or your drug plan)
- Common side effects: nausea, diarrhea, constipation (most patients can tolerate)
- Muscle aching/stiffness: 5 in 100 patients (some need to stop statins because of this)
- Liver blood test goes up (no pain, no permanent liver damage): 2 in 100 patients (some need to stop statins because of this)
- Muscle and kidney damage: 1 in 20,000 patients (requires patients to stop statins)

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3 What do you want to do now?

- Take (or continue to take) statins
- Not take (or stop taking) statins
- Prefer to decide at some other time

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http://shareddecisions.mayoclinic.org/
COMPAARED TO USUAL CARE PATIENTS USING THE DECISION AID WERE 22 TIMES MORE LIKELY TO HAVE AN ACCURATE SENSE OF THEIR BASELINE RISK AND RISK REDUCTION WITH STATINS
The DECISIONS Study

- Nationwide telephone study
- Conducted by the University of Michigan
- Study findings
  - Patients often are NOT knowledgeable about the basic risks and benefits of their treatment
  - Providers discuss pros of treatment more than cons
  - Patients are usually NOT asked about the preferences
  - Providers advise “do it” 65-95% of the time

The Decisions Study. Medical Decision Making 2010; 30 supplement 1.
## Top Three Goals and Concerns for Breast Cancer Decisions

<table>
<thead>
<tr>
<th>Condition: Goal</th>
<th>Pat</th>
<th>Prov</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Keep your breast?</td>
<td></td>
<td>71%</td>
<td></td>
</tr>
<tr>
<td>Live as long as possible?</td>
<td></td>
<td>96%</td>
<td></td>
</tr>
<tr>
<td>Look natural without clothes</td>
<td></td>
<td>80%</td>
<td></td>
</tr>
<tr>
<td>Avoid using prosthesis</td>
<td></td>
<td>0%</td>
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KR Sepucha et al/Pt Education and Counseling 73(2008)504-10
## Top Three Goals and Concerns for Breast Cancer Decisions

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<tr>
<td>Keep your breast?</td>
<td>7%</td>
<td>71%</td>
<td>P&lt;0.01</td>
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<tr>
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<td>59%</td>
<td>96%</td>
<td>P=0.01</td>
</tr>
<tr>
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<td>33%</td>
<td>80%</td>
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Is Shared Decision Making Effective?

- Cochrane review of 86 randomized trials assessed PDAs
  - Increased
    - Patient knowledge
    - Patient involvement
    - Consistency between patient decisions and patient values
    - Proportion of patients with accurate risk perceptions
  - Decreased
    - Decisional conflict related to feeling uninformed or unclear about personal values
    - The choice of major elective surgery in favor of more conservative options

The Facts

21%

Patients without the skills and confidence to manage their own health care incur costs up to 21 percent higher than patients who are highly engaged in their care.⁴

What are the barriers to SDM?

- Change fatigue
- Time constraints
- Patient’s educations, motivation and expectations
- Financial – this is not incentivized
- Historical practice patterns
Where to find more information on SDM

- Foundation for Informed Medical Decision Making
  - www.informedmedicaldecisions.org/
- Mayo Clinic Shared Decision Making National Resource Center
  - http://shareddecisions.mayoclinic.org/
- Person-centered care resource centre – The Health Foundation
  - http://personcentredcare.health.org.uk
Choosing Wisely Campaign

- American Board of Internal Medicine initiative
  - Leading Medical Societies + Consumer Reports = SDM

- Goals: To promote provider/patient conversations to engage patients in informed and effective healthcare choices

- Strategies:
  - Patient-friendly handouts that outline evidence-based recommendations by topic (e.g., sinusitis or Lyme disease)
  - Multi-media toolkits, PSAs
  - State level grants.
Maine Quality Counts

- A regional health improvement collaborative of providers, consumers and other stakeholders to improve healthcare in Maine.

- Maine Quality Counts is promoting Choosing Wisely in Maine by focusing on the following 5 strategies:
  - Building general public awareness
  - Engaging providers
  - Engaging consumers
  - Testing additional methods for implementing Choosing Wisely recommendations through a set of provider pilots (Patient-Provider Partnership – P3-)
  - Identifying ways to engage patients “in the visit” (i.e. within the clinical encounter)
5 QUESTIONS to Ask Your Health Care Provider Before You Get Any Test, Treatment, or Procedure

1. Do I really need this test or procedure? Medical tests help you and your health care provider decide how to treat a problem. And medical procedures help to actually treat it.

2. What are the risks? Will there be side effects? What are the chances of getting results that aren’t accurate? Could that lead to more testing or another procedure?

3. Are there simpler, safer options? Sometimes all you need to do is make lifestyle changes, such as eating healthier foods or exercising more.

4. What happens if I don’t do anything? Ask if your condition might get worse — or better — if you don’t have the test or procedure right away.

5. How much does it cost? Ask if there are less-expensive tests, treatments or procedures, what your insurance may cover, and about generic drugs instead of brand-name drugs.

Use the 5 questions to talk to your health care provider about which tests, treatments, and procedures you need — and which you don’t need.

Some medical tests, treatments, and procedures provide little benefit. And in some cases, they may even cause harm.

Talk to your health care provider to make sure you end up with the right amount of care—not too much and not too little.
Choosing Wisely in Maine Recommendations

- Cardiac imaging for patients at low risk for heart disease (ECG, stress test, etc.)
- Imaging tests for low back pain (CT, MRI)
- Antibiotics for upper respiratory infections
- Imaging tests for uncomplicated headaches (CT, MRI)
- Bone-density (DEXA) scans for low risk women
- Sleeping pills for sedatives for insomnia, agitation, or delirium in older adults
- Opioids or butalbital as pain medications for migraine headaches
- Imaging tests of the head in emergency department patients with minor head injuries
- Testing for Lyme Disease
Patient Provider Partnership (P3)
Pilot at PCHC
Barbara Dunakin: Administrative lead
George Case FNP: Clinical Lead

• Background:
  ◦ NP residency secured small grant from Maine Quality Counts winter/spring of 2014
  ◦ At PCHC Choosing Wisely began at Brewer Health Center
    • 5 minute conversation/presentation at provider meetings
    • 1:1 discussion with providers concerning use of CW materials
    • 5 Questions poster in each exam room.
    • Choosing Wisely videos on waiting room TV (not implemented yet)
    • CW handouts in EMR to print
    • Monitor use of CW handouts
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Choosing Wisely®
An initiative of the ABIM Foundation

Treating sinusitis
Don’t rush to antibiotics

Millions of people are prescribed antibiotics each year for sinusitis, a frequent complication of the common cold, hay fever, and other respiratory allergies. In fact, 15% to 21% of all antibiotic prescriptions for adults in outpatient care are for treating sinusitis. Unfortunately, most of those people probably don’t need the drugs. Here’s why.

The drugs usually don’t help
Sinusitis can be uncomfortable. People with the condition usually have congestion combined with yellow, green, or gray nasal discharge plus pain or pressure around the eyes, cheeks, forehead, or teeth that worsens when they bend over. But sinus infections almost always stem from a viral infection, not a bacterial one—and antibiotics don’t work against viruses. Even when bacteria are responsible, the infections usually clear up on their own in a week or so. And antibiotics don’t help ease allergies, either.

They can pose risks
About one in four people who take antibiotics have side effects, including stomach problems, dizziness, or rashes. Those problems clear up soon after stopping the drugs, but in rare cases antibiotics can cause severe allergic reactions. Overuse of antibiotics also encourages the growth of bacteria that can’t be controlled easily with drugs, that makes you more vulnerable to antibiotic-resistant infections and undermines the benefits of antibiotics for others.

They’re usually a waste of money
Antibiotics often aren’t very expensive, but any money spent on unnecessary drugs is money down the drain. And since patients often request prescriptions and doctors often comply, the total cost to the health care system is substantial—at least $3 billion a year.

So when are antibiotics necessary?
They’re usually needed only when symptoms last longer than a week, start to improve but then worsen again, or are very severe. Worry some symptoms that can warrant immediate antibiotic treatment include a fever over 101.5°F, extreme pain and tenderness around your sinuses, or signs of a skin infection, such as a hot, red rash that spreads quickly.

When you do need antibiotics, the best choice in many cases is generic amoxicillin, which typically costs about 50% and is just as effective as more expensive brand-name antibiotics, such as Augmentin.

Note that some doctors recommend CT scans when they suspect sinusitis. But those tests are usually necessary only if you have frequent or chronic sinusitis or you’re considering sinus surgery.

Consumer Reports’ Advice
How should you treat sinusitis?
Most people recover from sinusitis caused by colds in about a week, but several self-help steps may bring some relief sooner:

- Rest. That’s especially important in the first few days when your body needs to channel its energy into fighting the virus. It also helps to elevate your head when lying down to ease postnasal drip.
- Drink. Warm fluids can help thin nasal secretions and loosen phlegm.
- Boost humidity. Warm, moist air from a bath, shower, or kettle can loosen phlegm and soothe the throat.
- Gargle. Use half a teaspoon of salt dissolved in a glass of warm water.
- Rinse your nose. Saltwater sprays or nasal irrigation kits might make you feel better.

- Use over-the-counter remedies cautiously. Nasal drops or sprays containing oxymetazoline (Afrin, NeoSynephrine Nighttime, and generic) can cause rebound congestion if used for longer than three days. If stuffiness hasn’t abated by then, ask your pharmacist for pseudoephedrine pills (Sudafed and generic), which are available without prescription but keep “behind the counter.” But check with your doctor first, since it can cause serious side effects. It’s best to skip antihistamines since they don’t ease cold symptoms very much and can cause intolerable side effects.

Using this information
This information is provided to you to assist you in discussions with your health-care provider. The content is for educational use only and is not a substitution for professional medical advice, diagnosis, or treatment. Unfortunately, we cannot help answer individual medical questions. Always take advice from your physician or other qualified health-care provider prior to beginning any new treatment. The content is not intended to, nor should it be used as, a substitute for professional medical advice, diagnosis or treatment. The recommendations should be used integrally with the advice from practitioners of medicine. The content is copyrighted, and reproduction of any part of the content without the express written consent of Consumer Reports is prohibited.

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Vital Signs-4-CCC

Diabetes Q&E-CCC

NPI-ROS-CCC

Allergies:
1) Pencillin G Pot n Dextrose (Pencillin G Potassium in Dmve) (Moderate)
2) Acquip (Moderate)

[PMH-PSH-CCC]
[FH-SH-CCC]
[ROS-CCC]
[PE-CCC]
[Problems-CCC]
[Test Management-2-CCC]
[CPOE A&P-CCC]
[Patient Inductions-CCC]
[Prescriptions]
[CDSS Contraindications-CCC]

Complete Medication List (at conclusion of visit):
1) Accuchek Compact Strp (Glucose blood) ... Check blood sugar twice a day. doc. dnt type 2
2) Prinvac 16 Mg Caps (Fluoxetine hcl) ... Once daily
3) Trazodone Hcl 150 Mg Tab (Trazodone hcl) ... 1 tab by mouth daily
4) Venlafaxine Hcl 100 Mg Tabs (Venlafaxine hcl) ... 1 tab by mouth daily

Patient Specific Education Provided Today:
Choosing Wisely "Treating Sinusitis: Don't Rush to Antibiotics" Handout printed

Prior Patient Specific Education Instruction:
(also includes any values added today)
gluc (12/05/2013)
proof (12/06/2013)
CVR-Antibiotics for sinusitis (08/06/2014)

[Prescriptions]
[CDSS Contraindications-CCC]
Utilization of Handouts at BMC:

- Sinusitis – 230
- Imaging for Low Back Pain - 40
- Imaging for Headache - 7
- Insomnia and Benzodiazepine Use in Elderly – 3
- Cardiac Imaging - 2
- Treating Migraine Headache - 2
- Bone Density - 2
Next steps:

- Introduce all staff and providers at BMC on Shared Decision Making
- Work with the patient advisory committee
- Patient education material/card at check-in
- Additional signage for 5 Questions
- MA and PSR education and involvement
- Publicize Consumer Reports available resources
  - Community education (civic, church, social organizations)
“The most underutilized resource in all of health care is the patient.” — Dave deBronkart (AKA E-patient Dave)
Questions/Discussion?
Links

- [http://www.choosingwisely.org/](http://www.choosingwisely.org/)
- [http://www.mainequalitycounts.org/page/2-882/maine-choosing-wisely](http://www.mainequalitycounts.org/page/2-882/maine-choosing-wisely)
Video