Shared Decision Making

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Quality Counts
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Definition

• Shared Decision Making is an integrative process between patients and clinicians that:
  (1) Engages the patient in decision making to the extent that each patient desires;
  (2) Provides the patient with current and unbiased information about alternative treatments; and
  (3) Facilitates the incorporation of patient preferences and values into the medical plan. (adapted from Charles, 1997)
Preference Sensitive Care

• Clinical situations for which:
  – there is more than one reasonable treatment option, or
  – there is not good evidence about best treatment, and

• Patient preference about the balance of benefits and risks/harms is important in deciding about which treatment should be used.
Outcomes: SDM/ DA Use

- Cochrane review: use of DAs has led to improvements:
  - Greater knowledge of options
  - More accurate expectations of benefits and harms
  - More informed and clear about what matters most to them
  - Greater patient participation in decision-making
  - Decisions more consistent with expressed values
  - Better patient-provider communication
  - Fewer patients choose elective surgery and PSA testing

  - Stacey et al, Cochrane Database of Systematic Reviews, 2014
DECISIONS STUDY

• Nationally representative survey
  – People who discussed one of 10 common medical decisions with their providers
    • Cancer screening – breast, colon and prostate
    • Elective surgery – hip/knee replacement, low back surgery, cataract surgery
    • Medications for chronic illnesses – blood pressure, cholesterol, depression
  – More than 3000 patients enrolled
DECISIONS Survey Results

- More than 90% reported that pros of decisions were discussed
- Less than 50% reported that cons of decisions were discussed
- Patient preferences elicited less than half the time for most decisions
  - Providers expressed opinion more than \( \frac{3}{4} \) of the time for all decisions
Why SDM? Why now?

- Ethical issues
- Patient engagement
- Accountable Care/ ACA/Cost?
Pioneer ACOs Promote SDM

Launching Accountable Care Organizations — The Proposed Rule for the Medicare Shared Savings Program

Donald M. Berwick, M.D., M.P.P.

“We envision that successful ACOs will honor individual preferences and engage patients in shared decision making about diagnostic and therapeutic options.”

Pioneer ACO Selection Criteria:

Patient Centeredness – “demonstrate the ability to engage patients in shared decision making taking into account patient preferences”

NEJM: March 31, 2011
SECTION 2: PATIENT/CAREGIVER EXPERIENCE

2013 ACO Narrative Measure Specifications
Patient/Caregiver Experience Domain

CMS has finalized the use the Clinician and Group Consumer Assessment of Health Care Providers and Systems (CG CAHPS) to assess patient and caregiver experience of care. CMS plans to use the adult 12 month base survey and certain of the supplemental modules for the adult survey:

- ACO 1 (NQF #0005): Getting Timely Care, Appointments, and Information
- ACO 2 (NQF #0005): How Well Your Providers Communicate
- ACO 3 (NQF #0005): Patient Rating of Provider
- ACO 4 (NQF #0005): Access to Specialist
- ACO 5 (NQF #0005): Health Promotion and Education
- ACO 6 (NQF #0005): Shared Decision Making
- ACO 7 (NQF #0006): Health Status/Functional Status
Comprehensive Primary Care Initiative (CPC)

- 500 primary care practices
- 5 states
- 2,144 providers
- 313,000 Medicare beneficiaries

“Practices will engage patients and families in a shared decision making”

Source: Centers for Medicare & Medicaid Services
Meaningful Use

Requirements for Meaningful Use

• Stage 2
  “smart information prescribing”

• Stage 3
  Incorporating patent-generated health data (PGHD)

Stage 3 Recommendations

**MENU**: Provide 10% of patients with the ability to submit patient-generated health information to improve performance on high priority health conditions, and/or to improve patient engagement in care (e.g., patient experience, pre-visit information, patient created health goals, shared decision making, advance directives, etc.). This could be accomplished through semi-structured questionnaires, and EPs and EHSs would choose information that is most relevant for their patients and/or related to high priority health conditions they elect to focus on.
States leading the way

States with SDM Initiatives

- Washington
- Wisconsin
- Oregon
- Oklahoma
- Minnesota
- Maine
- Vermont
- Massachusetts
- Connecticut

Support for SDM

Pioneer ACOs
ACO Regs
Primary Care Initiative (CPC)
Meaningful Use
State Initiatives
Bastions of Medicine are Stepping Up

Support for SDM
- Pioneer ACOs
- ACO Regs
- Primary Care Initiative (CPC)
- Meaningful Use
- State Initiatives

AMERICAN MEDICAL ASSOCIATION
HOUSE OF DELEGATES

**Resolution: 817**

RESOLVED, That our American Medical Association educate and communicate to physicians about the importance of shared decision-making tools through its publications and assist the medical community in moving towards patient-centered care.

(Directive to Take Action)
Institute of Medicine

DRIVING PATIENT DEMAND FOR SHARED DECISIONS, BETTER VALUE, AND CARE IMPROVEMENT

An Institute of Medicine Workshop
Sponsored by the Gordon and Betty Moore Foundation and Blue Shield of California Foundation

A LEARNING HEALTH SYSTEM ACTIVITY
IOM Roundtable on Value & Science-Driven Health Care

FEBRUARY 25-26, 2013
THE NATIONAL ACADEMY OF SCIENCES
2101 CONSTITUTION AVENUE, NW
WASHINGTON, DC
Voices Calling for Shared Decision Making

More than regulation...it is the right thing to do!
Steps in SDM

1. Identify target population
2. Engage patients in SDM process
   – Includes use of decision aid if available
3. Decision support coaching
   – Does patient understand information?
   – Have they thought about preferences?
   – Have they made a decision, and if not, what help do they need?
4. Clinician encounter to make a decision
MaineHealth SDM Guiding Principle:
Patients will engage in SDM to the extent that each patient desires.
# Weight Change

## Metformin
- None

## Insulin
- 4 to 6 lb. gain

## Pioglitazone
- More than 2 to 6 lb. gain

## Liraglutide/Exenatide
- 3 to 6 lb. loss

## Sulfonylureas
- Glipizide, Glimperide, Glyburide
- 2 to 3 lb. gain

## Gliptins
- None

## SGLT2 Inhibitors
- 3 to 4 lb. loss
Low Blood Sugar
(Hypoglycemia)

**Metformin**
- No Severe Risk
- Minor = 0 – 1%

**Insulin**
- Severe = 1 – 3%
- Minor = 30 – 40%

**Pioglitazone**
- No Severe Risk
- Minor = 1 – 2%

**Liraglutide/Exenatide**
- No Severe Risk
- Minor = 0 – 1%

**Sulfonylureas**
- Glipizide, Glimepride, Glyburide
- Severe = Less than 1%
- Minor = 21%

**Gliptins**
- No Severe Risk
- Minor = 0 – 1%

**SGLT2 Inhibitors**
- No Severe Risk
- Minor = 3 – 4%
## Daily Routine

### Metformin

24 hours OR AM

### Insulin

24 hours OR AM

### Pioglitazone

24 hours

### Liraglutide / Exenatide

24 hours OR Weekly / AM

Take in the hour before meals.

### Sulfonylureas

Glipizide, Glimepiride, Glyburide

24 hours OR AM

### Gliptins

24 hours

### SGLT2 Inhibitors

24 hours
Ottawa Personal Decision Guide
For People Facing Tough Health or Social Decisions
You will be guided through four steps: 1 2 3 4

1. Clarify your decision.
   What decision do you face?
   What is your reason for making this decision?
   When do you need to make a choice?
   How far along are you with making a choice?

   - Not yet thought about the options
   -Thinking about the options
   - Close to making a choice
   - Already made a choice
### Explore your decision.

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>Values</th>
<th>Certainty</th>
</tr>
</thead>
<tbody>
<tr>
<td>List the options and main</td>
<td>Use stars (⭐️) to show how much each</td>
<td>Consider the option with the benefits that</td>
</tr>
<tr>
<td>benefits and risks you</td>
<td>benefit and risk matters to you. 5 stars</td>
<td>matter most to you and are most likely to</td>
</tr>
<tr>
<td>already know.</td>
<td>means that it matters “a lot”. No stars</td>
<td>happen. Avoid the options with the risks that</td>
</tr>
<tr>
<td></td>
<td>means “not at all”.</td>
<td>matter most to you.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Reasons to Choose this Option</th>
<th>How much it matters Use 0 to 5 ⭐️s</th>
<th>Reasons to Avoid this Option</th>
<th>How much it matters Use 0 to 5 ⭐️s</th>
</tr>
</thead>
<tbody>
<tr>
<td>Option #1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Option #2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Option #3</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Which option do you prefer? □ #1 □ #2 □ #3 □ Unsure

### Support

**Who else is involved?**
- □ Yes
- □ No

**Which option do they prefer?**
- □ Yes
- □ No

**Is this person pressuring you?**
- □ Yes
- □ No

**How can they support you?**
- □ Yes
- □ No

**What role do you prefer in making the choice?**
- □ Share the decision with...
- □ Decide myself after hearing views of...
- □ Someone else decides...

Who?
<table>
<thead>
<tr>
<th>Decision making needs</th>
<th>Things you would like to try</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Knowledge</strong></td>
<td></td>
</tr>
<tr>
<td>If you feel you do NOT have enough facts</td>
<td>- Find out more about the options and the chances of the benefits and risks.</td>
</tr>
<tr>
<td></td>
<td>- List your questions.</td>
</tr>
<tr>
<td></td>
<td>- List where to find the answers (e.g. library, health professionals, counsellors):</td>
</tr>
<tr>
<td><strong>Values</strong></td>
<td></td>
</tr>
<tr>
<td>If you are NOT sure which benefits and risks matter most to you</td>
<td>- Review the stars in the balance scale to see what matters most to you.</td>
</tr>
<tr>
<td></td>
<td>- Find people who know what it is like to experience the benefits and risks.</td>
</tr>
<tr>
<td></td>
<td>- Talk to others who have made the decision.</td>
</tr>
<tr>
<td></td>
<td>- Read stories of what mattered most to others.</td>
</tr>
<tr>
<td></td>
<td>- Discuss with others what mattered most to you.</td>
</tr>
<tr>
<td><strong>Support</strong></td>
<td></td>
</tr>
<tr>
<td>If you feel you do NOT have enough support</td>
<td>- Discuss your options with a trusted person (e.g. health professional, counsellor, family, friends).</td>
</tr>
<tr>
<td></td>
<td>- Find help to support your choice (e.g. funds, transport, child care).</td>
</tr>
<tr>
<td>If you feel PRESSURE from others to make a specific choice</td>
<td>- Focus on the opinions of others who matter most.</td>
</tr>
<tr>
<td></td>
<td>- Share your guide with others.</td>
</tr>
<tr>
<td></td>
<td>- Ask others to complete this guide. Find areas of agreement. When you disagree on facts, agree to get information. When you disagree on what matters most, consider the other person's opinion. Take turns to listen to what the other person says matters most to them.</td>
</tr>
<tr>
<td></td>
<td>- Find a neutral person to help you and others involved.</td>
</tr>
<tr>
<td>Other factors making the decision DIFFICULT</td>
<td>List anything else you need:</td>
</tr>
</tbody>
</table>

Prostate specific antigen (PSA) test
Use this Grid to help you and your healthcare professional talk about whether or not to have a prostate specific antigen (PSA) test. This test measures the amount of activity in your prostate. Men usually consider this test when they are aged 50 or older.

<table>
<thead>
<tr>
<th>Frequently asked questions</th>
<th>Having a PSA test</th>
<th>Not having a PSA test</th>
</tr>
</thead>
<tbody>
<tr>
<td>Will it reduce my risk of dying from prostate cancer?</td>
<td>Probably not: 1 death is prevented for every 1000 men tested (0.1%). African American men or those with a family history are more likely to benefit.</td>
<td>No.</td>
</tr>
<tr>
<td>What are the main advantages?</td>
<td>33 of every 100 prostate cancers (33%) found are aggressive. In aggressive cancer, 10 in every 100 men (10%) will benefit from early treatment.</td>
<td>Men with high PSA levels are offered a prostate biopsy, which has risks. By not having the test, you avoid these risks, as well as avoiding treatment for an issue that is unlikely to cause problems.</td>
</tr>
<tr>
<td>If my PSA level is high, can I be sure that I actually have prostate cancer?</td>
<td>No, 70 out of 100 men (70%) with a high PSA level do not have prostate cancer. A prostate biopsy is done to test for cancer. Other causes of a high PSA level are inflammation and infection.</td>
<td>If you choose not to be tested you will not know your PSA level.</td>
</tr>
<tr>
<td>What are the main risks?</td>
<td>Treatment has risks. 67 in 100 prostate cancers (67%) are not aggressive and do not cause problems if left untreated: treatment is usually unnecessary. It is difficult to tell if a cancer is aggressive.</td>
<td>There is a small risk of a missed early diagnosis of aggressive cancer.</td>
</tr>
</tbody>
</table>
Barriers to SDM

- Time
- Provider confidence in information source
- Skepticism about patient ability to understand options
- Different expectations for patients to participate in decision making
Choosing Wisely

Initiative of ABIM

Seeks to improve doctor–patient relationships

Promote patient-centered care by informing patients and physicians about overutilization of medical resources
5 QUESTIONS

1. **Do I really need this test or procedure?** Medical tests help you and your doctor or other 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 doctor 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 doctor to make sure you end up with the right amount of care — not too much and not too little.

http://consumerhealthchoices.org/campaigns/choosing-wisely/
To develop and implement a set of P3 Pilots

Conduct 3 pilots’ sites with a focus on three priority areas (i.e. “Choosing Wisely®”, Low Back Pain and Behavioral Health)

Each of the P3 Pilots will engage 3 provider organizations