Shared Decision Making

It's all about Patient Engagement….

What is Shared Decision Making?

What is Shared Decision Making?

Collaborative Approach between Clinicians and Patients

Best available evidence on potential care options is integrated with patient's values and preferences for managing their health

Perfect informed consent!

Let’s meet Julie, a patient at the Mayo Clinic

https://www.youtube.com/watch?v=QR3OD0SJQ38

Why Consider Shared Decision Making?

Potential Advantages for the clinician

- Improved outcomes
- Enhanced conflict resolution and communication
- Increased patient engagement -> more loyal customer
- Managed risk
- More satisfying work

Potential Advantages for Society

- Reduced health disparities
- Cost containment
- Managed risk
- Reduced overtreatment

What are the steps?

- Preparing for Collaboration
- Exchanging information about options, values, preferences
- Affirming and implementing the decision or plan

Step 1. Preparing for Collaboration

Preparing for Collaboration

- Communicate that decisions need to be made and that there are options

- Provide explicit invitation and encouragement to participate in the decision-making process

Step 2. Exchanging information about options, values, preferences

Exchange of information

- Clinician shares options, using a decision aid, if available
- Patients share personal preferences that might make one option seem better than another, based on values, preferences, and ability to adhere to options
- Both work together to clarify and correct perceptions

Exchange of information

- Check for a good match between patient priorities and available options

- Decisions may be deferred to allow patient time to weigh options, confer with family or confer with other healthcare providers

Questions to Support Deliberation

- What do you expect from treatment for your condition?
- Do you have all the information you think you need to weigh these two options?
- Thinking about this decision, what is the most important aspect for you to consider?
- What aspects of the treatment are you most concerned about?
- How do the benefits of the options compare? How do the harms compare?
- Are there important other people that you want to talk to in making this decision?

3 Questions patients should ask

- What are my options?
- What are the benefits and harms?
- How likely are these?

Step 3. Affirming and implementing the decision or plan

Affirming and implementing the decision or plan

- **Summarize the plan** to insure:
  - Mutual understanding
  - Congruence with patient priorities and goals
  - Patient's understanding of the condition and its consequences
- Discuss **strategies for promoting adherence**, assessing success, and modifying plan as needed
- **Document plan**

Opportunities for Shared Decision Making

- **One-time treatment decisions** – e.g. initial treatment of breast cancer
- **Possible serial treatments** – e.g. low back pain, therapy
- **Preventive care or screening** – e.g. flu vaccine, mammogram, lipid lowering medication to prevent coronary artery disease, turning a patient every 2 hours
- **Lifestyle decisions** – e.g. smoking cessation, dieting, exercise
- **Chronic care decisions** – e.g. diabetes management, COPD
- **Life stage decisions** – e.g. assisted living, stop driving, hospice, using a walker to prevent falls

Tools that help

- Active listening
- Health literacy universal precautions
- Cultural sensitivity
- Teach-back
- Technology – use patient's phone for video
- Motivational interviewing
- Non-biased patient education, such as decision aids
- Patient-reported outcome measures

Motivational Interviewing

Motivational Interviewing

- Cognitive behavioral approach
- Addresses patients' readiness to consider and implement changes
- Explores their ambivalence about treatment approaches and the changes required for treatment adherence.
- Facilitates discussion about why a goal might be desirable

Motivational Interviewing

- **O.A.R.S.**

- O=Opened ended questions
- A=Affirmations
- R=Reflections
- S=Summary

Use Motivational Interviewing to Build **Resilience**

The resilient patient can more freely engage in shared decision-making

- Resilience: the ability to bounce back from setbacks, disappointment, fears, failure
- Resilience is a learned behavior, so build resilience as you would build strength in a muscle

Ways to Build Resilience

- Make connections
- See challenges as surmountable
- Make decisions and take action
- Develop a hopeful outlook/perspective
- Self-care

Decision Aids

Decision Aids

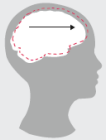
- Help patients acquire knowledge about their health conditions and treatment options
- Examples
  - On-line calculators
  - Checklists
  - Pictograms
  - Other media
- Can be used before, during and/or after visits
- Are only available for a limited number of conditions

Sample Decision Aid https://cdn.prod-carehubs.net/n1/56fab03a15e99046/uploads/2017/09/Ped-Head-CT-DA-5-100.pdf

Let's talk about concussion and your child's risk for more serious injury such as bleeding in or around the brain.

Concussion

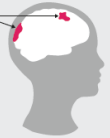
Brain movement within the skull



- Symptoms* may include headache, nausea, dizziness, or difficulty concentrating
- Symptoms should resolve in several days to a few months
- Recovery is almost always complete
- Cannot be seen on a CT scan

Brain Injury

Blood



- Occurs when the head injury is severe enough to cause bleeding in or around the brain
- May require medical intervention such as a stay in the hospital or surgical procedure

In 100 children with minor head injury similar to your child:

5 will have brain injury and **95 will not**

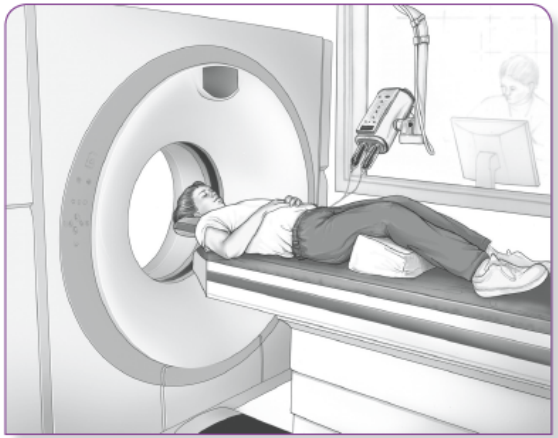
Kuppermann et al., Lancet, 2009

* This information may not apply to young children who are not yet able to walk or talk.

After monitoring your child in the emergency department for a period of time, we will find out if there is any serious bleeding in or around the brain with:

HEAD CT SCAN or OBSERVATION AT HOME

You can have a head CT scan test done to determine if your child has had a brain injury.



If your child's symptoms are the same or better in the next 1-2 days, then there was no serious bleeding in or around the brain.

It is very unlikely, but if your child develops new or worsening symptoms* such as these, bring him/her back to the Emergency Department as soon as possible.

- Lack of alertness (if they are becoming less and less alert within the next day)
- Severely worsening headache (despite resting)
- Vomiting (enough episodes to interfere with eating)
- Unsteady or cannot walk
- Difficulty talking or recognizing people

Your child can maintain regular activities such as sleep.

* Some symptoms may not apply to young children who are not yet able to walk or talk.

Please circle the issues that are most important to you and your child.

	SPEED OF DIAGNOSIS	RADIATION	SEDATION	COST	POTENTIAL DOWNSIDES	WAIT IN ED
HEAD CT SCAN 	Now	Yes	Possible	May increase cost depending on your coverage	May find irrelevant things that lead to more tests	Typically longer
OBSERVATION AT HOME 	Delayed	No	No	No added cost	Potential return to ED if symptoms worsen	Typically shorter

After discussing this together, we want to do:

☐ HEAD CT SCAN ☐ OBSERVATION AT HOME

☐ Let the Emergency Department doctor decide what to do next

You will have the opportunity to revisit this decision with your doctor while you are in the Emergency Department.

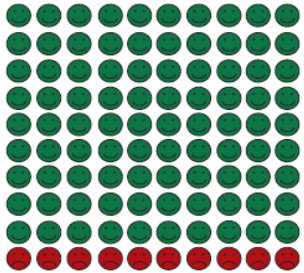
1 What is my risk of having a heart attack in the next 10 years?

NO STATIN

90 people **DO NOT** have a heart attack (green)

10 people **DO** have a heart attack (red)

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



YES STATIN

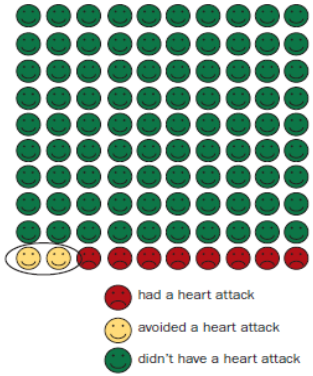
90 people still **DO NOT** have a heart attack (green)

2 people **AVOIDED** a heart attack (yellow)

8 people still **DO** have a heart attack (red)

98 people experienced **NO BENEFIT** from taking statins

The risk for 100 people like you who **DO** take statins.



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)

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

Websites with Decision Aids and Info

- Agency for Healthcare Research and Quality – patient decision aid checklist. https://effectivehealthcare.ahrq.gov/decision-aids/lung-cancer-screening/patient.html
- http://shareddecisions.mayoclinic.org
- https://shareddecisions.mayoclinic.org/decision-aid-information/decision-aids-for-chronic-disease/
- Ottawa Research Institute http://decisionaid.ohri.ca/index.html
- https://optiongrid.ebsco.com/?_ga=2.138244022.782525980.1567534954-585120268.1567534954

Summary and Hints

Start small--

But expect big results!

It may take a few minutes longer, **<u>at first</u>**, to get to know what the patient's preferences are.
This small investment can pay off!

Challenges to implementation

- We do it already
- We don’t have the right tools
- Patients don’t want shared decision making
- How can we measure it?
- We have too many other demands and priorities

It works best (and easiest) in situations with minimal disagreement or conflict—BUT it can be used in high conflict discussions, too.

Why does this matter so much?

- Chronic illness management requires patients (and their loved ones) to be empowered to advocate for the best care possible.
- Patients who are able to manage their care, and are engaged in decision-making, are **better advocates for themselves**.
- **We are doing our patients a disservice if we allow them to remain passive, even if we or they find it easier or quicker.**

Hints

- Build a relationship.
- “What's on your mind today?”
- Listen to what your patient is experiencing and telling you.

More Hints

- Use **multiple choice** and **either-or** questions.
- Resist the urge to pour your clinical knowledge into the patient.

Let’s try it!

Scenarios - role play with a partner

- **Devon** wants to eat all of his meals in bed, in his room. You would like him to eat in the cafeteria and/or in the dining room on his floor. You are the nurse working with Devon. Come up with a solution together.
- **Laurie** is scheduled for discharge next week, and her sister Courtney will be her main caregiver at home. Laurie doesn't want to bother Courtney to take off time from her busy routine to come in for training, but it would be an unsafe discharge without training. You are the therapist working with Laurie. Come up with a solution together.
- **Vijay** had a serious brain injury and has poor memory. His OT and speech therapist have shown him how to use a daily schedule and a logbook to help compensate for this. Vijay doesn't want to use either of these 2 tools. You are Vijay's aide. Come up with a solution together.

Reflections?

Questions?

Abington Hospital | Abington – Lansdale Hospital | Jefferson Bucks Hospital | Jefferson Cherry Hill Hospital
Jefferson Frankford Hospital | Jefferson Hospital for Neuroscience | Jefferson Stratford Hospital
Jefferson Torresdale Hospital | Jefferson Washington Township Hospital | Magee Rehabilitation Hospital
Methodist Hospital | Physicians Care Surgical Hospital | Rothman Orthopaedic Specialty Hospital
Thomas Jefferson University Hospital

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