

# Engaging Patients in Their Healthcare:

Why, When, and How to Do Shared Decision Making

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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 to be prevented
- 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 supports a core ethical principal:

Autonomy

*“An individual’s right to chose and govern for themselves”*

# SDM is Important

- It improves outcomes (115 RCTs):

Outcome	Mean difference (95% CI)
Knowledge (0-100 scale; n=42)	13.34 (11.17 to 15.51)
Decisional Conflict (0-100 scale; n =10)	-6.22 (-8.00 to -4.44)

# SDM Is Important

- It improves outcomes (115 RCTS):

Outcome	RR (95% CI)
Accuracy of Risk Perception (n=11)	1.82 (1.52 to 2.16)
Patient DM (n=7)	1.28 (1.02 to 1.60)
Choice consistent with values (n=7)	1.51 (1.17 to 1.96)
Behavior:	
Surgery (n=15)	0.79 (0.68 to 0.93)
PSA screening (n=9)	0.87 (0.77 to 0.98)
Colon Cancer Screening (n=10)	1.12 (0.95 to 1.31)
Breast CA genetic testing (n=4)	1.01 (0.83 to 1.22)

# SDM is Important

- It has the potential to result in significant health savings:
  - One group estimated \$9 billion savings nationally over 10 years if implemented for 11 overused services
  - However, systematic reviews have showed mixed effects on costs

# SDM is Important

- It embodies a central quality criteria:

## Patient-centeredness

*“care that is respectful of and responsive to individual patient preferences, needs, and values*

*...and encompasses compassion, empathy, and responsiveness”*

# SDM is Important

- It is part of recent healthcare legislation.
- The Affordable Care Act of 2010:
  - Provides funds for an independent entity to develop standards, certify decision aids, and train providers to facilitate SDM
  - Supports the CMMS Innovation Center in testing SDM delivery models



Despite interest in SDM,  
delivery of SDM is quite variable

When to do It

# An basic approach

## Effective Care

- Moderate or large net benefit

i.e. colonoscopy in men and women aged 50-75



Recommend with Simple Consent

(or SDM if equally effective options)

## Preference Sensitive Care

- Small or uncertain net benefit

i.e. osteoporosis screening in low risk women



Shared Decision Making

## Harmful Care

- Zero net benefit or harm

i.e. antibiotics for viral respiratory infections



Recommend Against

How to do It

# To Do SDM

- Know what specific content needs to be conveyed
- How to convey content to optimize engagement and outcomes
  - What medium
  - What implementation strategy

# The Content of Good Shared Decision Making

	President's Commission <a href="#">[19]</a>	Charles et al. <a href="#">[4]</a> , <a href="#">[7]</a> and <a href="#">[8]</a>	Coulter et al. <a href="#">[52]</a> , <a href="#">[54]</a> and <a href="#">[162]</a>	Towle and Godolphin <a href="#">[27]</a> and <a href="#">[173]</a>	Elwyn et al. <a href="#">[5]</a> , <a href="#">[6]</a> , <a href="#">[28]</a> , <a href="#">[65]</a> , <a href="#">[66]</a> and <a href="#">[67]</a>
<b>Essential elements</b>					
Define/explain problem	X		X		X
Present options	X	X	X	X	X
Discuss pros/cons (benefits/harms/uncertainty)		X	X	X	X
Patient values/preferences	X	X	X	X	X
Discuss patient ability/self-efficacy <sup>b</sup>					
Doctor knowledge/recommendations	X	X			
Check/clarify understanding		X			X
Make or explicitly defer decision		X	X	X	X
Arrange follow-up <sup>c</sup>				X	X

# What Benefits Should be Discussed

Type of Benefit	Example
Reduced Morbidity	Reduced symptoms or disease outcomes
Reduced Mortality	Reduced chances of death

# What Harms Should be Discussed

Type of Harm	Example
<b>Physical</b>	Discomfort or complications of tests and/or treatments
<b>Psychological</b>	Worry or other effects about possible/actual test results and treatments
<b>Financial</b>	Cost of tests, treatments, travel, and missed work
<b>Hassle</b>	Time, Travel, Missed Work, Inconvenience to others who fill in for responsibilities
<b>Opportunity</b>	Time and energy that could have been directed to other work



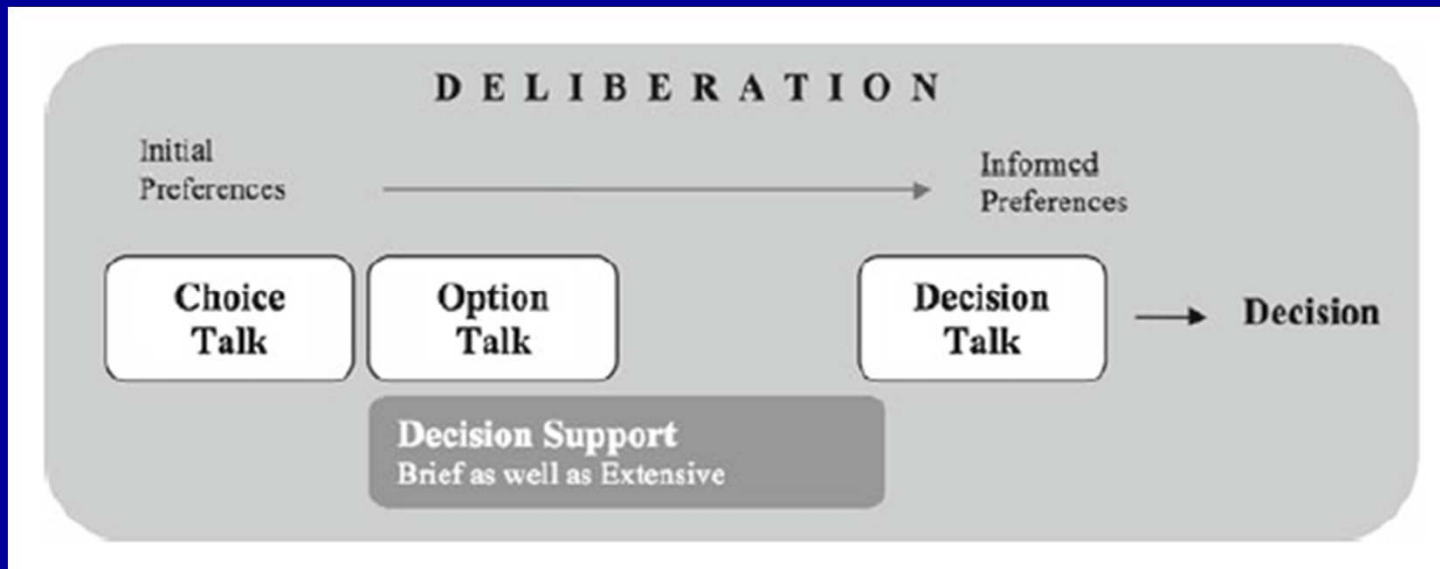
# What Values Clarification Method Should Used

- Not clear
- An implicit process of weighing the attributes or features of a decision seems to do as well as many formal processes of values clarification

# How to Convey SDM Content: The Medium

- Communication by providers or trained counselors within the clinical encounter
- Decision support interventions used as adjuncts to clinical encounter

# SDM in the Clinical Encounter



# SDM in the Clinical Encounter: Choice Talk

- Step back:
  - “Now that we’re focused on screening, it is time to think about what to do next.”
- Offer a choice:
  - “We have two options...There is good information about how these options differ”
- Justify the choice:
  - “These options have different consequences...some will matter more to you and some more to other people.”

# SDM in the Clinical Encounter: Option Talk

- List options
  - “Before we get into any detail, let me list the options.”
- Describe the options, benefits, and harms
  - “The first option is x...it involves...the benefits of this option are...but it also has some harms...”
  - “As you can see, both options are similar in that...however, they differ in that...”

# SDM in the Clinical Encounter: Decision Talk

- Focus on preferences
  - “So, which option sounds better to you given what matters to you most?”
- Move to a decision
  - “Are you ready to decide? What else do we need to discuss to help you make a decision?”

# Decision Support Intervention: Outcome Tables

## The Facts About Prostate Cancer Screening

### Deaths from Prostate Cancer:

Without screening over 10 years: 4/1000 men

With screening over 10 years: 3/1000 men

### Benefit of Screening over 10 years:

Fewer deaths in: 1/1000 men

### Harms of Screening over 10 years:

Moderate to serious infection or bleeding with biopsy: 300/1000 men

Sex and urine problems with treatment: 300/1000 men

# Decision Support Interventions

## Option Grid



### Breast cancer surgery

Use this grid to help you and your clinician decide whether to have mastectomy or lumpectomy with radiotherapy.

Frequently asked questions	Lumpectomy with Radiotherapy	Mastectomy
<b>Which surgery is best for long term survival?</b>	There is no difference between surgery options.	There is no difference between surgery options.
<b>What are the chances of cancer coming back in the breast?</b>	Breast cancer will come back in the breast in about 10 in 100 women in the 10 years after a lumpectomy.	Breast cancer will come back in the area of the scar in about 5 in 100 women in the 10 years after a mastectomy.
<b>What is removed?</b>	The cancer lump is removed with a margin of tissue.	The whole breast is removed.
<b>Will I need more than one operation on the breast?</b>	Possibly, if cancer cells remain in the breast after the lumpectomy. This can occur in up to 5 in 100 women.	No, unless you choose breast reconstruction.
<b>How long will it take to recover?</b>	Most women are home 24 hours after surgery	Most women are home 2-3 days after surgery.
<b>Will I need radiotherapy?</b>	Yes, for up to 6 weeks after surgery.	Unlikely, radiotherapy is not routine after mastectomy.



# Decision Support Interventions: Decision Aids

- Multimedia tools that provide information, values clarification, coaching in deliberation and communication
- Over 500 are currently in existence and catalogued by the Cochrane collaboration

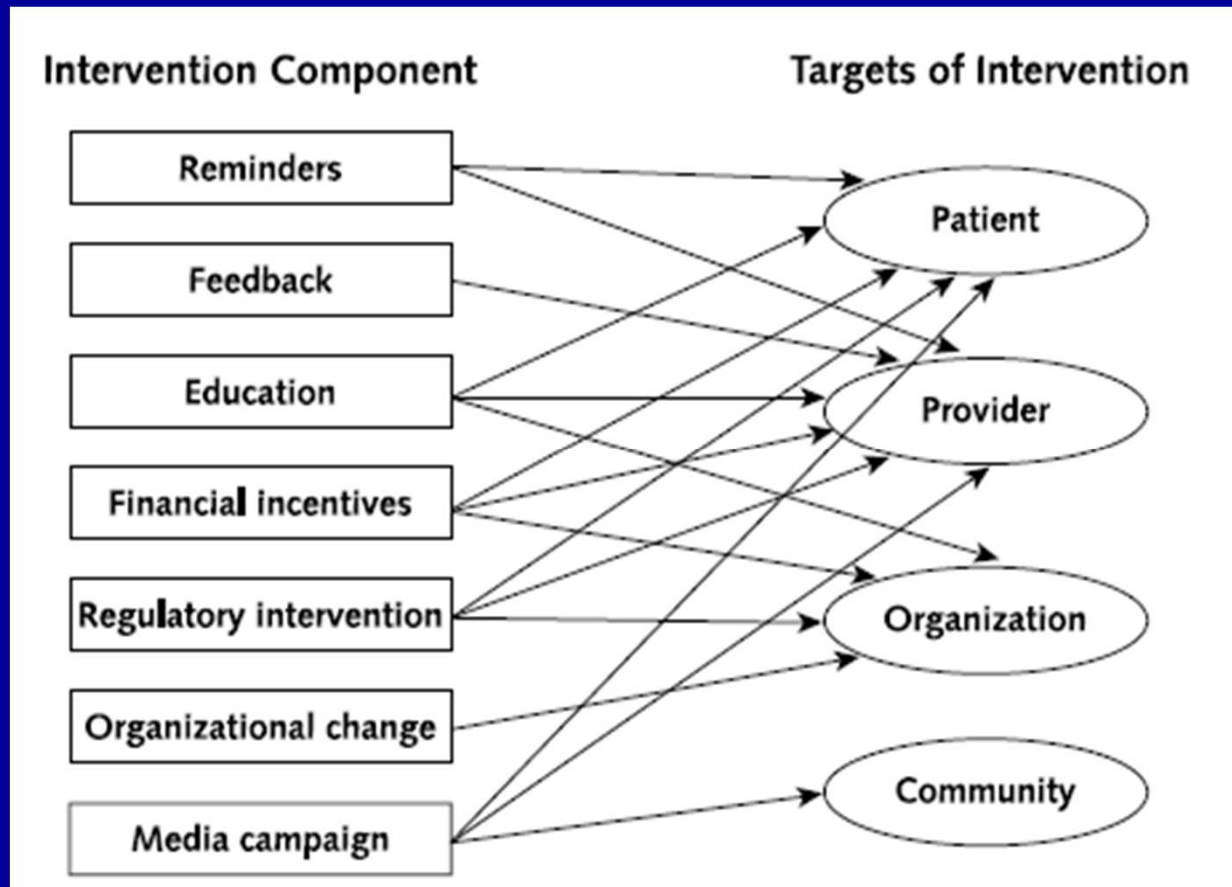


<http://decisionaid.ohri.ca/>

# How to Convey Content: Strategy for Implementing SDM

- Systematic review of implementation strategies (n=17)
  - Nearly all mailed a decision aid to patients or asked them to view it at home
  - Viewing rate was ~25%
  - 1 study also using pre-medical interns with phone/in person coaching to ask questions and use decision support has better viewing rates (~90%)

# How to Convey Content: Other multi-component approaches



Ann Intern Med 2002; 136: 641-51  
J Eval Clin Pract 2008; 14: 888-897

# Moving to Full Engagement

- There is great potential to improve outcomes if we engage patients in SDM
- It will take the coordinated effort from a group like this to realize that full potential
  - Choice of high quality decision support
  - Rigorous multi-component implementation approaches

For Questions

# Barriers to Implementation of SDM

- Most common barriers reported
  - Lack of time for use of decision support
  - Distracted from referral to decision support interventions
  - Lack of applicability to patient characteristics or clinical situation
- Other common barriers
  - Patient preferences for DM
  - Lack of Self-efficacy or expected improvement in outcomes

# Decision Support Interventions are Useful

- Standardized presentation of information
- Often follow standards for certification and quality:
  - Use of up to date scientific evidence and rigorous development process
  - Clear specification of all relevant outcomes and consequences
  - Presentation of information in unbiased, balanced manner
  - Use of plain language
  - Use of understandable quantitative presentation of probabilities
  - Disclosure of conflicts of interest

[http://www.ipdas.ohri.ca/IPDAS\\_checklist](http://www.ipdas.ohri.ca/IPDAS_checklist)

BMJ, 2006. 26;333(7565):417

MDM, 2013. August 30. Epub ahead of print.

# Other Evidence for SDM/Decision Aids

- Training in information seeking and negotiation skills led to improvements in symptoms and physiologic outcomes for decisions

Greenfield, 1988. JGIM 3: 448-7.

Kaplan, 1989. Med Care 27: S110-27.

Oliver, 2001. J Clin Oncol 19: 2206-12.

Kennedy, 2002. JAMA 288: 2701-8.



# Other Evidence for SDM/Decision Aids

- Perceived negotiation of a common plan (as well as participation, regardless of preferred role) produced benefits in health outcomes and satisfaction

Stewart, 2000. J Fam Pract 49: 796-804.  
Gatellari, 2001. Soc Sci Med 52: 1865-78.

# What works with Coaching

- Effective techniques include:
  - Instruction in question asking
  - Modeling of patient concerns
  
- Little work has addressed:
  - Agenda setting
  - Negotiation with the provider
  - Solicitation of support from the provider

PECC, 2004. 52: 7-16.  
BMJ, 2008. 337: a485.  
Med Care, 2007. 45: 340-49.