

NNEACC

NORTHERN NEW ENGLAND
ACCOUNTABLE CARE
COLLABORATIVE

(Making) Shared Decision Making Part of “Usual Care”

Healthy Dialogues

August 26, 2014

David E Wennberg, MD, MPH

What We Will Cover

Shared Decision Making

1

Profile of the Issue

2

Are Physicians and Patients on the Same Page?

3

Is There Evidence that Doing the Right Thing Can Result in Doing Well?

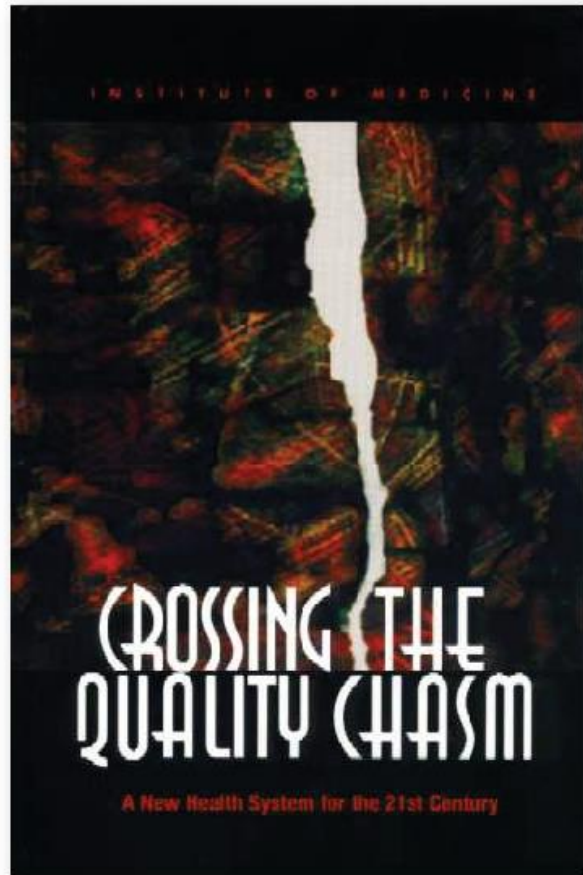
4

Wrapping it up...



Providers' Perspective *or at Least it Should Be...*

Shared Decision Making



“healthcare that establishes a partnership among practitioners, patients and their families (when appropriate) to ensure that decisions reflect patients’ wants, needs and preferences and that patients have the education and support they need to make decisions and participate in their own care”

Profile of the Issue

Shared Decision Making

■ Preference Sensitive Care

- Care for conditions where treatment options exist
 - Treating stable heart disease, joint arthritis, early stage breast cancer, etc.
- Where the treatment options involve significant tradeoffs in the quality or length of life
- The choice of treatment should be decided upon by the fully informed patient in partnership with their physician (shared decision making)

Source: A.M. O'Connor et al. **Modifying Unwarranted Variations in Health Care: Shared Decision Making Using Patient Decision Aids.**

Health Affairs, Vol. 7, October 2004.



'Evidence Based' Medicine

Shared Decision Making

Determining the Need for Hip and Knee Arthroplasty: The Role of Clinical Severity and Patients' Preferences

GILLIAN A. HAWKER, MD, MSc,^{*†¶} JAMES G. WRIGHT, MD, MPH,^{†‡||}
PETER C. COYTE, PhD,^{¶***} J. IVAN WILLIAMS, PhD,^{||**} BART HARVEY, MD, PhD,^{||}
RICHARD GLAZIER, MD, MPH,^{†§||} ANNETTE WILKINS, BA,^{**} AND ELIZABETH M. BADLEY, PhD^{†||#}

BACKGROUND. Area variation in the use of surgical interventions such as arthroplasty is viewed as concerning and inappropriate.

OBJECTIVES. To determine whether area arthroplasty rates reflect patient-related demand factors, we estimated the need for and the willingness to undergo arthroplasty in a high- and a low-use area of Ontario, Canada.

RESEARCH DESIGN. Population-based mail and telephone survey.

SUBJECTS. All adults aged ≥ 55 years in a high ($n = 21,925$) and low ($n = 26,293$) arthroplasty use area.

MEASURES. We determined arthritis severity and comorbidity with questionnaires, established the presence of arthritis with examination and radiographs, and evaluated willingness to have arthroplasty with interviews. Potential arthroplasty need was defined as severe arthritis, no absolute contraindication

for surgery, and evidence of arthritis on examination and radiographs. Estimates of need were then adjusted for patients' willingness to undergo arthroplasty.

RESULTS. Response rates were 72.0% for questionnaires and interviews. The potential need for arthroplasty was 36.3/1,000 respondents in the high-rate area compared with 28.5/1,000 in the low-rate area ($P < 0.0001$). Among individuals with potential need, only 14.9% in the high-rate area and 8.5% in the low-rate area were definitely willing to undergo arthroplasty ($P = 0.03$), yielding adjusted estimates of need of 5.4/1,000 and 2.4/1,000 in the high- and low-rate areas, respectively.

CONCLUSIONS. Demonstrable need and willingness were greater in the high-rate area, suggesting these factors explain in part the observed geographic rate variations for

"...Among those with severe arthritis, no more than 15% were definitely willing to undergo (joint replacement), emphasizing the importance of considering both patients' preference and surgical indications in evaluating need and appropriateness of rates of surgery"

Principle Assumptions

Shared Decision Making

- Patients **want** to be fully informed
- Informed patients **will participate** in shared decision making
- Fully informed physicians **will honor** patients' values and preferences
- Patients are **more risk averse** than their physicians



Physician's Decision-Making Role Preferences

Shared Decision Making

Preferences	Number of Providers (n=1,050)
Preferred to share decision-making with their patients	780 (75%)
Preferred paternalism	142 (14%)
Preferred consumerism	118 (11%)
Perceived themselves as practicing their preferred style	87%

Source: Murray E, Pollack L, White M, Lo B. **Clinical decision-making: physicians' preferences and experiences.** BMC Family Practice. 2007. 8:10



Patient's Decision-Making Role Preferences

Shared Decision Making

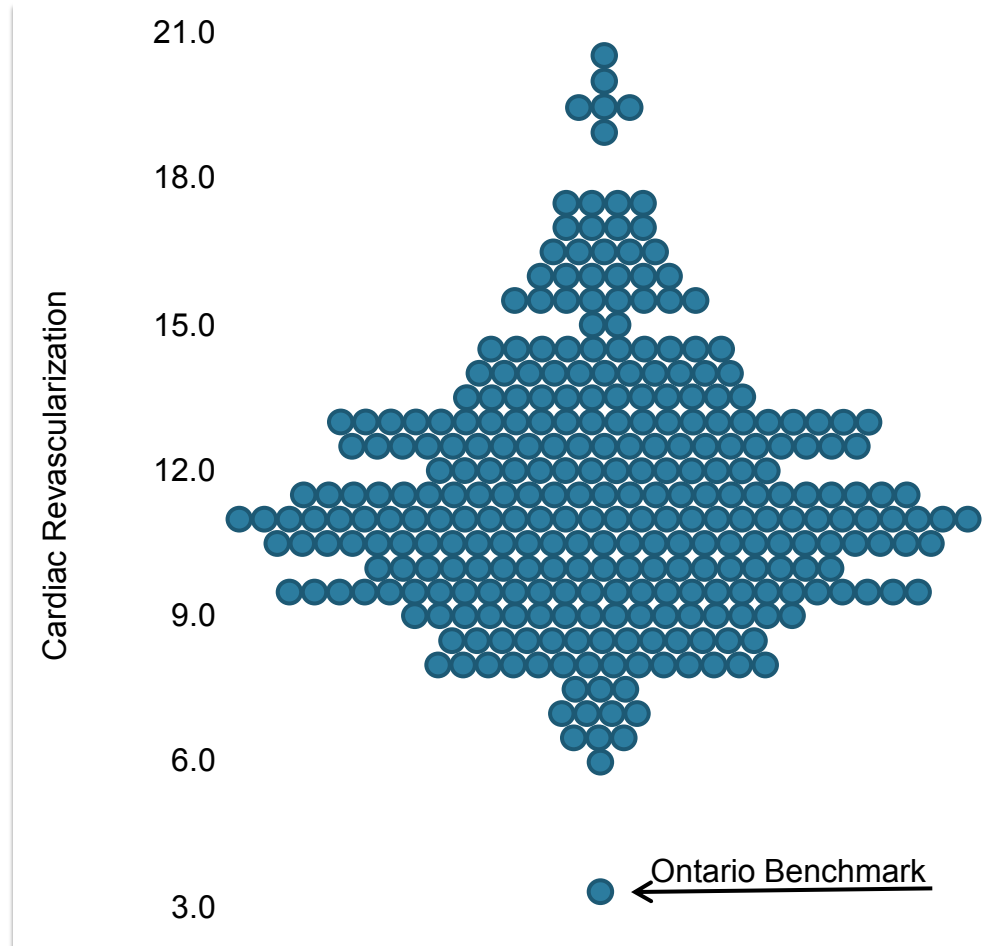
Preferences	Number of Patients (n=914)
"I prefer to leave all the decisions regarding my treatment to my doctor."	102 (11.1%)
"I prefer that my doctor make the final decision about which treatment will be used, but seriously consider my opinion."	225 (24.6%)
"I prefer that my doctor and I share responsibility for deciding which treatment is best for me."	400 (43.7%)
"I prefer to make the final selection of my treatments after seriously considering my doctor's opinion."	167 (18.2%)
"I prefer to make the final decision about the treatment I will receive."	20 (2.1%)

Source: Shields CG, et al. **Decision-Making Role Preferences of Patients Receiving Adjuvant Cancer Treatment: A University of Rochester Cancer Center Community Clinical Oncology Program.** Supportive Cancer Therapy. Jan 2004. Vol 1. No 2. 119-126.



Profile of the Issue

Shared Decision Making



“Informed” Consent?

Shared Decision Making

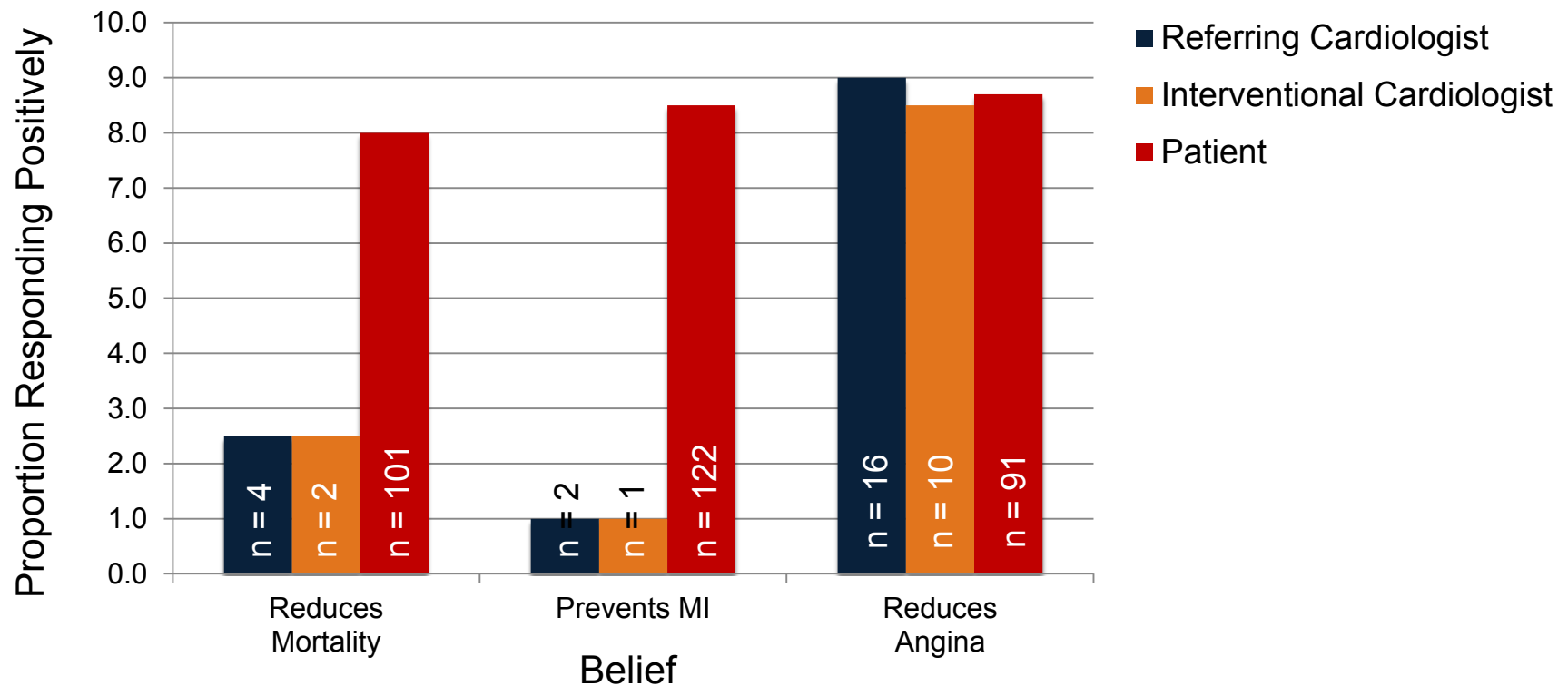
- In a survey of consecutive patients scheduled for an **elective** coronary revascularization procedure at Yale New Haven Hospital in 1997-1998
 - **75%** believed PCI would help decrease the risk of having a heart attack
 - **71%** believed PCI would help them live longer
 - **<50%** could name 1 possible complication of the procedure
 - **85%** were given “informed consent” just before the procedure (by a fellow or an NP)



Patients' and Cardiologists' Perceptions of PCI Benefits

Shared Decision Making

Anticipated Benefit



Source: Rothberg MB, et al. **Patients' and cardiologists' perceptions of the benefits of percutaneous coronary intervention for stable coronary disease.** Ann Intern Med. 2010; 153:307-313.

Profile of the Issue

Shared Decision Making

- Reliance on **physician** decision making
 - Presumes physicians adequately assesses patient's values and preferences (stay tuned: we will see if that is true...)
- Failure to adequately inform patients of their treatment options
 - Only the patient experiences the risks and the benefits
- Failure to adequately engage patients in informed choice
 - Impact of shared decision making on choice of care



What We Will Cover

Shared Decision Making

1

Profile of the Issue

2

Are Physicians and Patients on the Same Page?

3

Is There Evidence that Doing the Right Thing Can Result in Doing Well?

4

Wrapping it up...



Decision Study Papers

Shared Decision Making



The DECISIONS Study: A Nationwide Survey of United States Adults Regarding 9 Common Medical Decisions

Brian J. Zikmund-Fisher, PhD, Mick P. Couper, PhD, Eleanor Singer, PhD, Carrie A. Levin, PhD, Floyd J. Fowler, Jr., PhD, Sonia Ziniel, PhD

Deficits and Variations in Patients' Experience with Making 9 Common Medical Decisions: The DECISIONS Survey

Brian J. Zikmund-Fisher, PhD, Mick P. Couper, PhD, Eleanor Singer, PhD, Carrie A. Levin, PhD, Floyd J. Fowler, Jr., PhD, Sonia Ziniel, PhD

Patients' Knowledge about 9 Common Health Conditions: The DECISIONS Survey

Angela Fagerlin, PhD, Karen R. Sepucha, PhD, Mick P. Couper, PhD, Carrie A. Levin, PhD, Eleanor Singer, PhD, Brian J. Zikmund-Fisher, PhD

Use of the Internet and Ratings of Information Sources for Medical Decisions: Results from the DECISIONS Survey

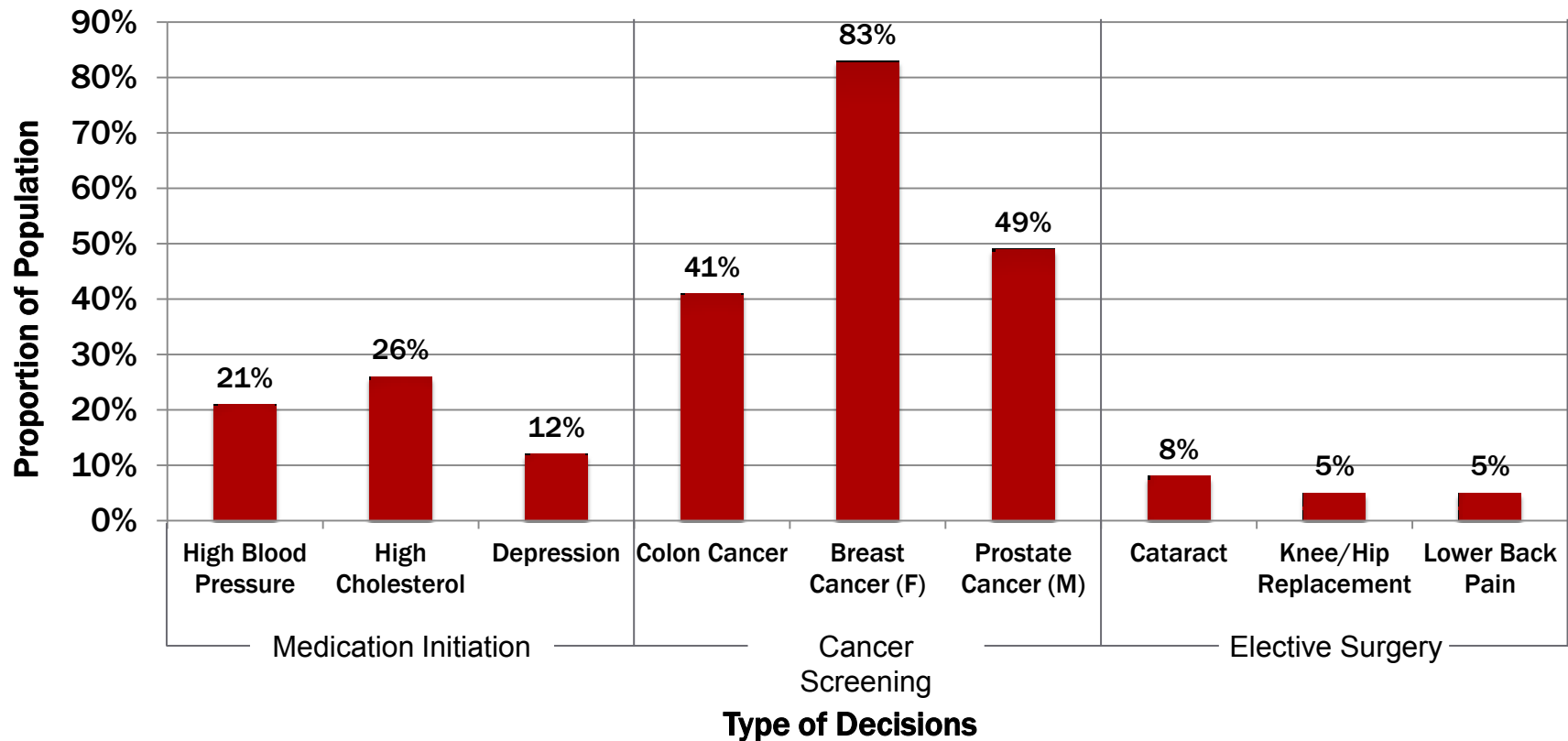
Mick P. Couper, PhD, Eleanor Singer, PhD, Carrie A. Levin, PhD, Floyd J. Fowler, Jr., PhD, Angela Fagerlin, PhD, Brian J. Zikmund-Fisher, PhD

Background. The rise in Internet use for seeking health information raises questions about the role the Internet to help make the medical decision. **Results.** Use of the Internet for information related to specific decisions

We Make a LOT of Health Care Decisions

Shared Decision Making

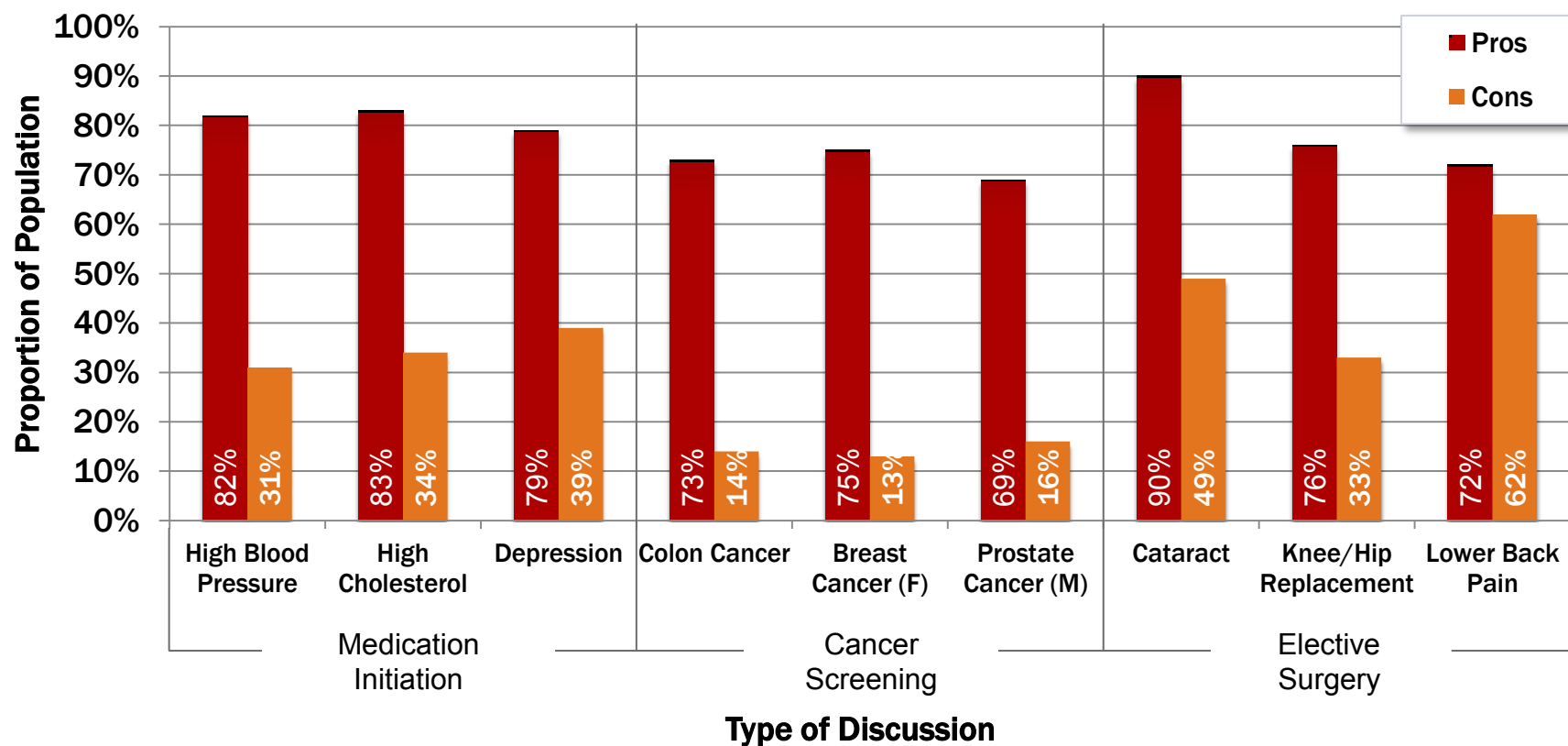
How many people made a medical decision in the last two years?



Are Both Risks and Benefits Discussed?

Shared Decision Making

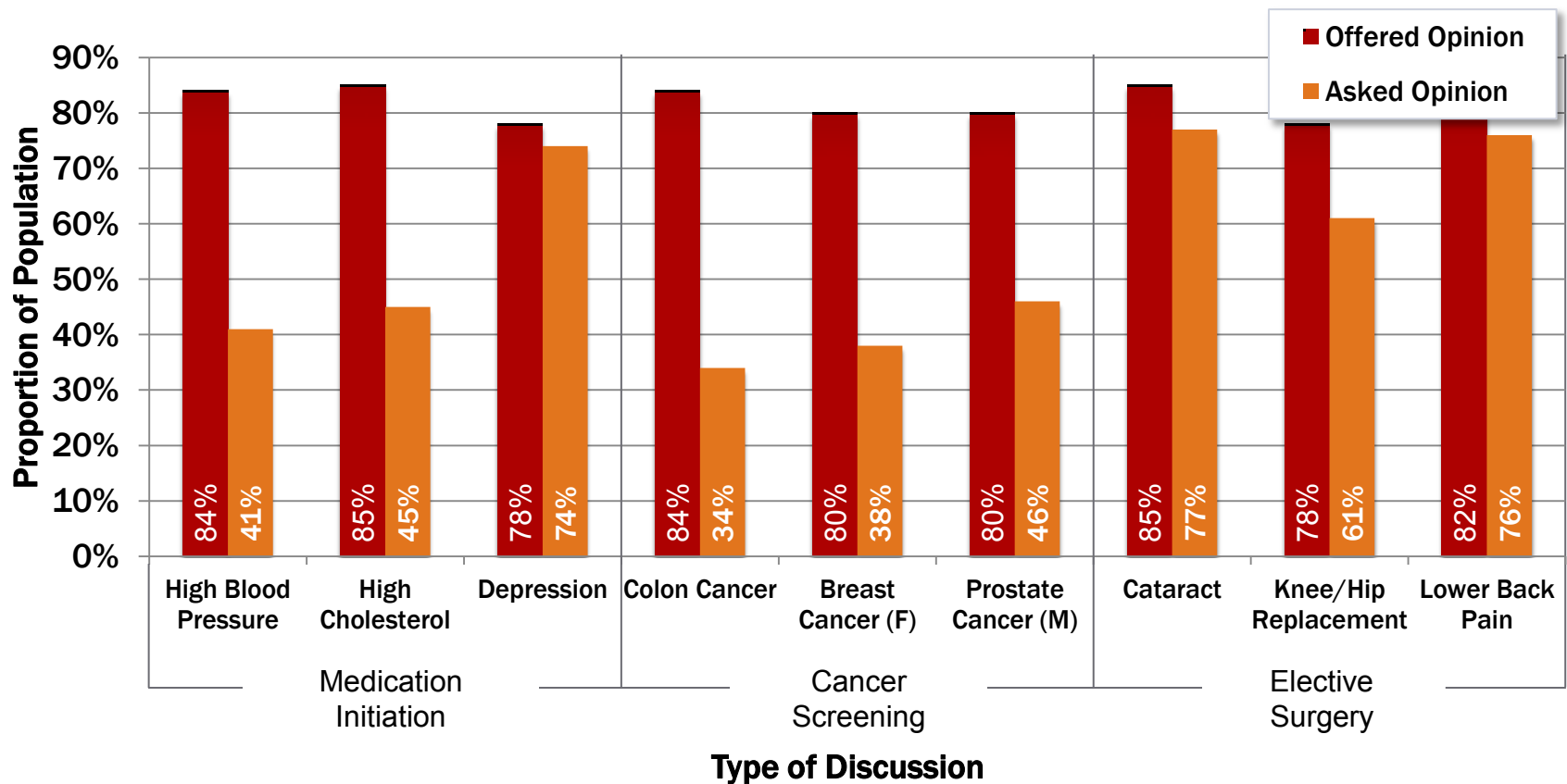
“Some” or “a lot” of discussion of pros and cons



Do My Doctors Ask Me About What I Want or Need?

Shared Decision Making

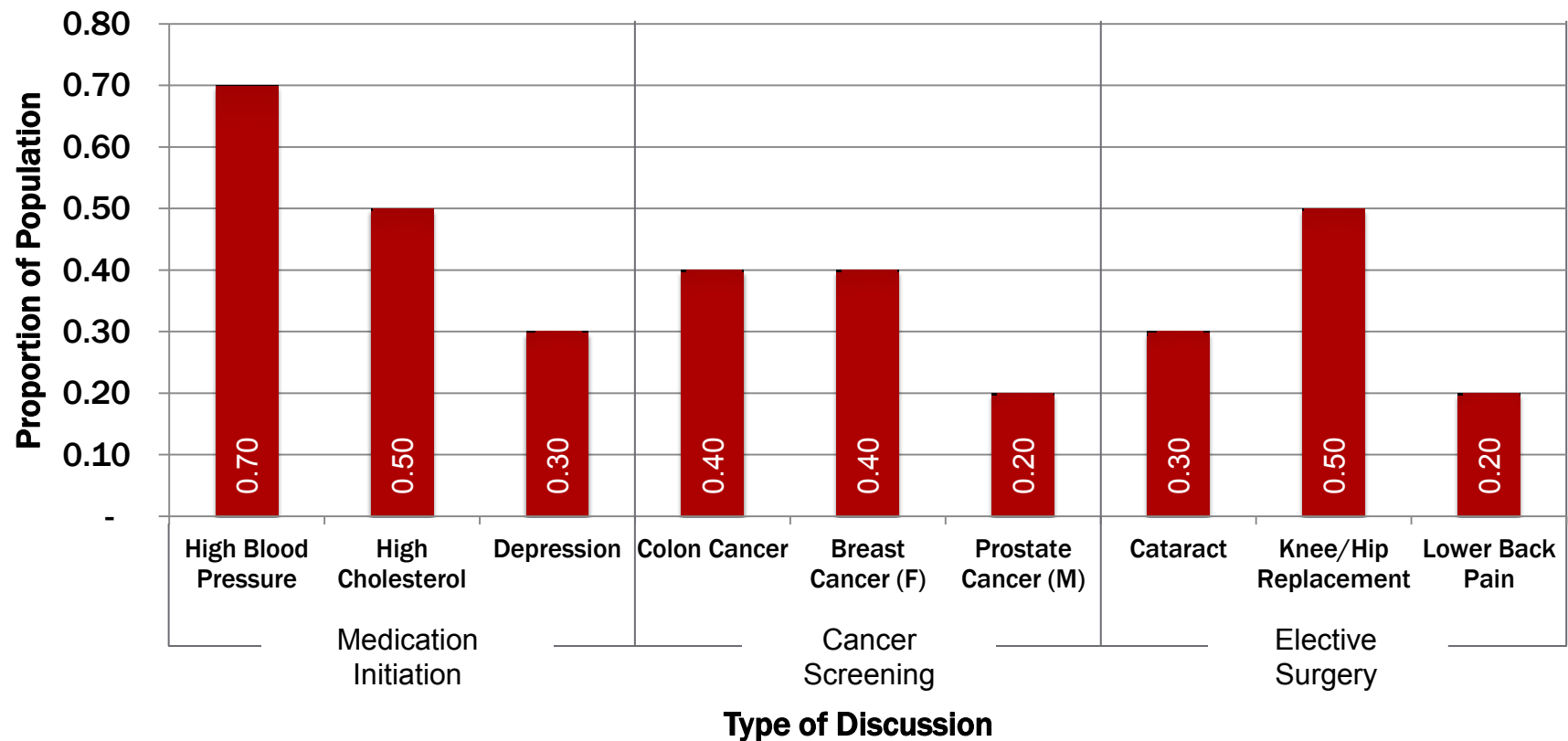
Physician Offered an Opinion, Asked Patient's Opinion



Did I Understand Why I May Need to be Treated or Diagnosed?

Shared Decision Making

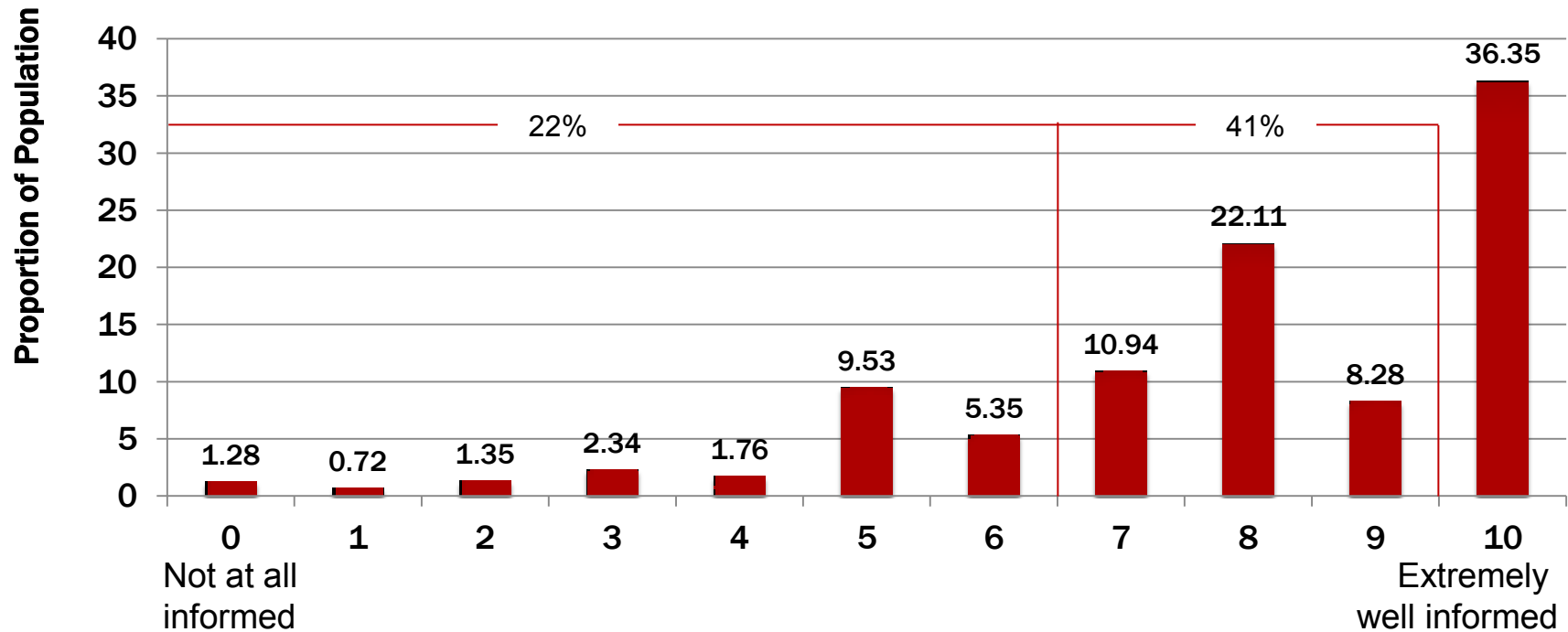
Mean proportion of knowledge items answered correctly



But... If You Ask Me How Much I Know, I am All Set

Shared Decision Making

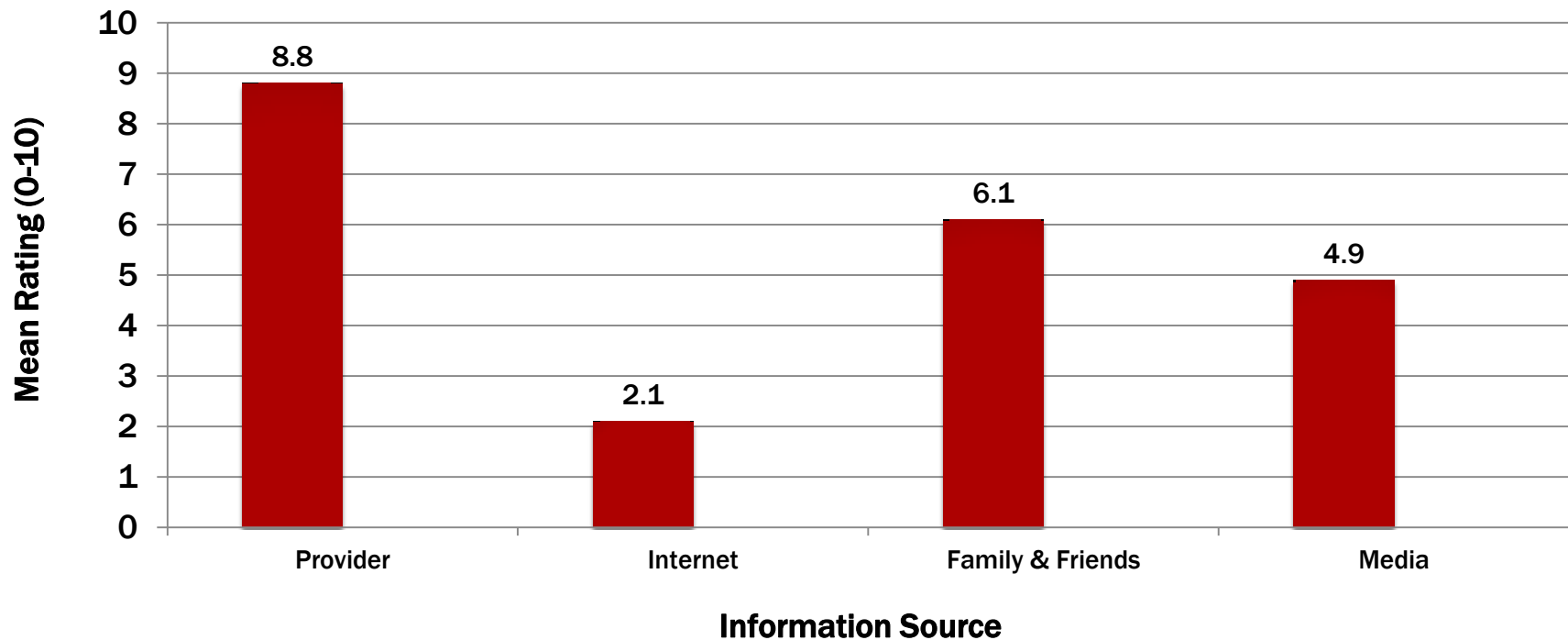
On a scale of 0-10, where 0 is not at all informed and 10 is extremely well-informed, how informed do you feel about your decision about (screening, medication, surgery)?



Who Do I Trust?

Shared Decision Making

Importance of Information Sources



* 0 rating assigned to non-users

Bridging Perspectives: What are the Key Facts?

Shared Decision Making

Mastectomy

Lumpectomy

SURVIVAL: Same

Same

COSMETICS: Lose breast

Keep breast

RECURRENCE: Low (1-5%)

Slightly higher(5-15%)

RADIATION: Not Common

6+ weeks

ADD. SURGERY: Rare

Common (20-50%)



Source: Lee C, Barry M, Cosenza C, Dominik R, Mulley A, O'Connor A and Sepucha K. **Development of instruments to measure the quality of breast cancer Treatment decisions.** Health Expectations 2010 Sep;13(3):258-72 [Epub 2010 Jun 9].

Lee C, Hultman S, Sepucha K. **Do patients and providers agree about the most important facts and goals for breast reconstruction decisions?"** Annals of Plastic Surgery 2010 May; 64(5):563-6.

Top 3 Things Patients Want or Should Know

Shared Decision Making

Benefits and harms of chemotherapy for breast cancer

Fact	% Top 3 Patients	% Top 3 Providers
Chemotherapy reduces recurrence, increases survival	12%	38%
Hormone therapy reduces recurrence, increases survival	12%	33%
Chemotherapy common side effects	12%	0%
Chemotherapy serious side effects	24%	0%
Hormone therapy common side effects	6%	0%
Hormone therapy serious side effects	6%	0%

Source: Lee C, Barry M, Cosenza C, Dominik R, Mulley A, O'Connor A and Sepucha K. **Development of instruments to measure the quality of breast cancer Treatment decisions.** Health Expectations 2010 Sep;13(3):258-72 [Epub 2010 Jun 9].

Lee C, Hultman S, Sepucha K. **Do patients and providers agree about the most important facts and goals for breast reconstruction decisions?"** Annals of Plastic Surgery 2010 May; 64(5):563-6.

Top 3 Goals and Concerns for Breast Cancer Decisions

Shared Decision Making

Goal / Concern	% Top 3 Patients	% Top 3 Providers	p
Surgery: Keep your breast	7%	71%	<0.01
Reconstruction: Look natural without clothes	59%	80%	0.05
Chemotherapy: Live as long as possible	33%	96%	0.01
Reconstruction: Avoid using prosthesis	33%	0%	<0.01
Surgery: Keep your breast	7%	71%	<0.01
Reconstruction: Look natural without clothes	59%	80%	0.05

Source: Lee C, Barry M, Cosenza C, Dominik R, Mulley A, O'Connor A and Sepucha K. **Development of instruments to measure the quality of breast cancer Treatment decisions.** Health Expectations 2010 Sep;13(3):258-72 [Epub 2010 Jun 9].

Lee C, Hultman S, Sepucha K. **Do patients and providers agree about the most important facts and goals for breast reconstruction decisions?"** Annals of Plastic Surgery 2010 May; 64(5):563-6.

Is Doing What the Doctor Thinks Best a Top Priority

Shared Decision Making

Decision	% Top 3 Patients	% Top 3 Providers	p
BCA surgery	86%	14%	<0.01
Hip placement	84%	40%	<0.01
Knee replacement	78%	35%	<0.01
Menopause	60%	21%	0.02
PSA	59%	21%	0.03
Spinal Stenosis	46%	5%	<0.01

Source: Lee C, Barry M, Cosenza C, Dominik R, Mulley A, O'Connor A and Sepucha K. **Development of instruments to measure the quality of breast cancer Treatment decisions.** Health Expectations 2010 Sep;13(3):258-72 [Epub 2010 Jun 9].

Lee C, Hultman S, Sepucha K. **Do patients and providers agree about the most important facts and goals for breast reconstruction decisions?"** Annals of Plastic Surgery 2010 May; 64(5):563-6.

Are Doctors and Patients on the Same Page?

Shared Decision Making

- Patients feel it is critical to do whatever the doctor thinks is best
- Patients and providers focus on different issues
- Delegation of information provision and decision making to providers is problematic
 - Likely to not get information want and need
 - Likely to not get treatments that best match their individual goals and concerns

25

Source: Lee C, Barry M, Cosenza C, Dominik R, Mulley A, O'Connor A and Sepucha K. **Development of instruments to measure the quality of breast cancer Treatment decisions.** Health Expectations 2010 Sep;13(3):258-72 [Epub 2010 Jun 9].

Lee C, Hultman S, Sepucha K. **Do patients and providers agree about the most important facts and goals for breast reconstruction decisions?"** Annals of Plastic Surgery 2010 May; 64(5):563-6.



What We Will Cover

Shared Decision Making

1

Profile of the Issue

2

Are Physicians and Patients on the Same Page?

3

Is There Evidence that Doing the Right Thing Can Result in Doing Well?

4

Wrapping it up...



Impact of Shared Decision Making on What People Choose

Shared Decision Making

Definition:

Process between patient and clinician that:

- Engages the patient in decision making
- Provides patient with information about alternative treatments (often includes a decision aid)
- Incorporates patient preferences and values into the medical plan

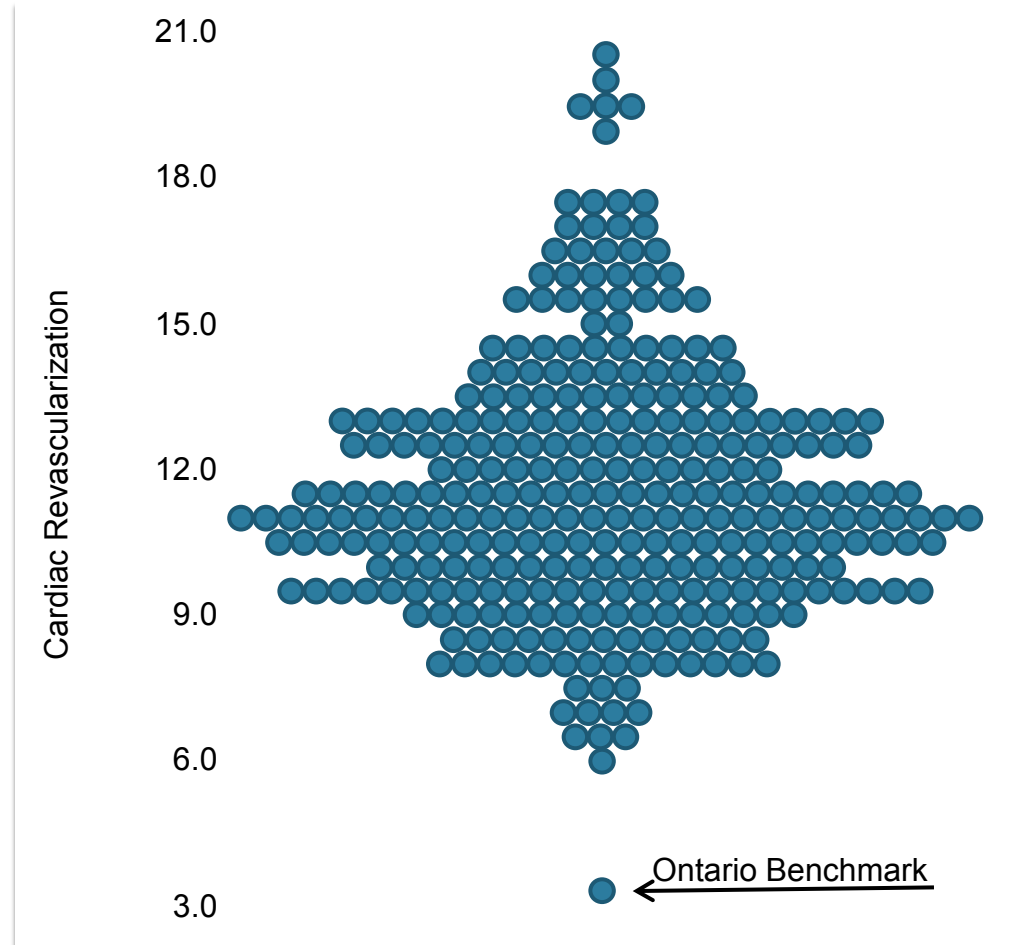
27



Impact of Shared Decision Making on What People Choose

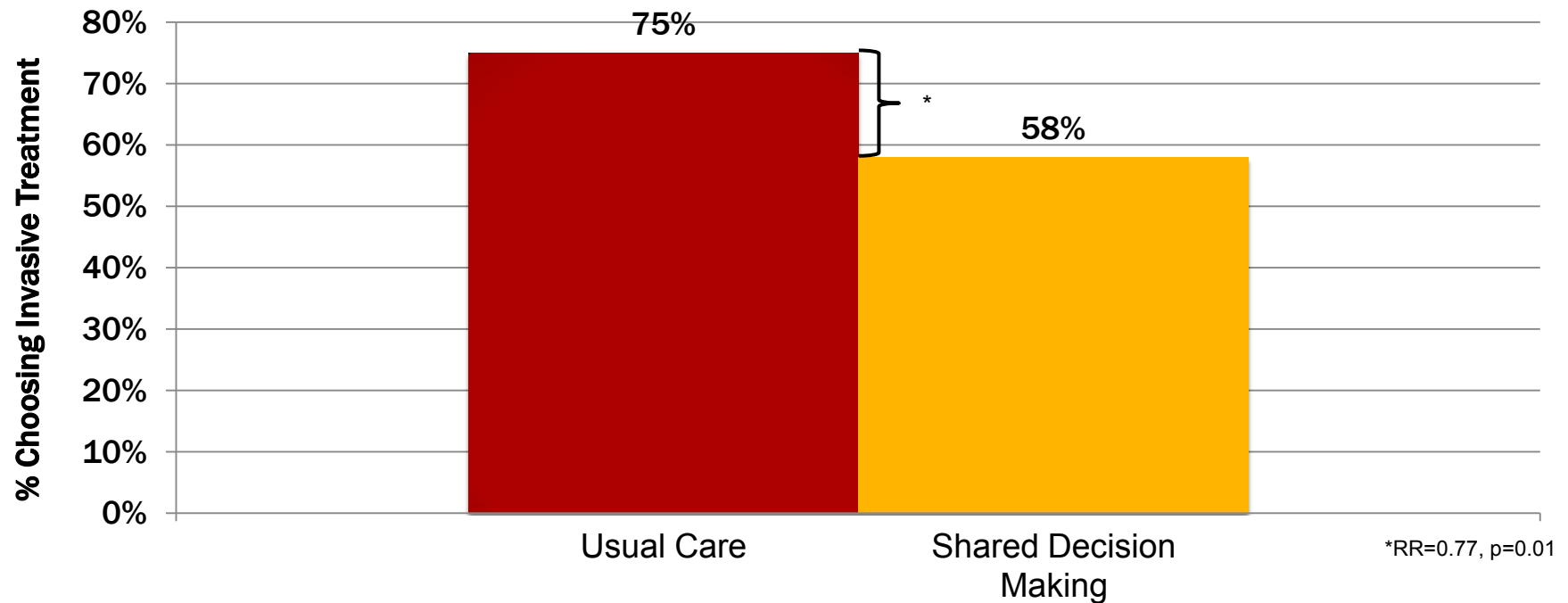
Shared Decision Making

Use of decision aids show that fully informed patients choose differently than non-informed patients



Impact of Shared Decision Making on What People Choose

Revascularization Decision in Ontario



Source: Morgan MW, et al., JGIM. 2000; 15:685-93

Impact of Shared Decision Making on What People Choose?

Shared Decision Making

When engaged in SDM patients are **25% less** likely to choose the invasive treatment for many conditions

Decision aids for patients facing health treatment or screening decisions: systematic review

Annette M O'Connor, Alaa Rostom, Valerie Fiset, Jacqueline Tetroe, Vikki Entwistle, Hilary Llewellyn-Thomas, Margaret Holmes-Rovner, Michael Barry, Jean Jones

Abstract

Objective To conduct a systematic review of randomised trials of patient decision aids in improving decision making and outcomes.

Design We included randomised trials of interventions providing structured, detailed, and specific information on treatment or screening options and outcomes to aid decision making. Two reviewers independently screened and extracted data on several evaluation criteria. Results were pooled by using weighted mean differences and relative risks.

Results 17 studies met the inclusion criteria. Compared with the controls, decision aids produced higher knowledge scores (weighted mean difference = 19/100, 95% confidence interval 14 to

tioners. Their efficacy has been described in general reports and reviews.⁴⁻⁶ We conducted a systematic overview of the trials of decision aids to determine whether they improved decision making and outcomes for patients facing treatment or screening decisions.

Methods

The search strategy is described in detail elsewhere.⁷ We searched the following electronic databases: Medline (1966-April 98); Embase (1980-November 98); PsycINFO (1979-March 98); CINAHL (1983-February 98); Aidsline (1980-98); CancerLit (1983-April 98); and the Cochrane Controlled Trials Register (1998, Issue 4). Additional studies were searched for in

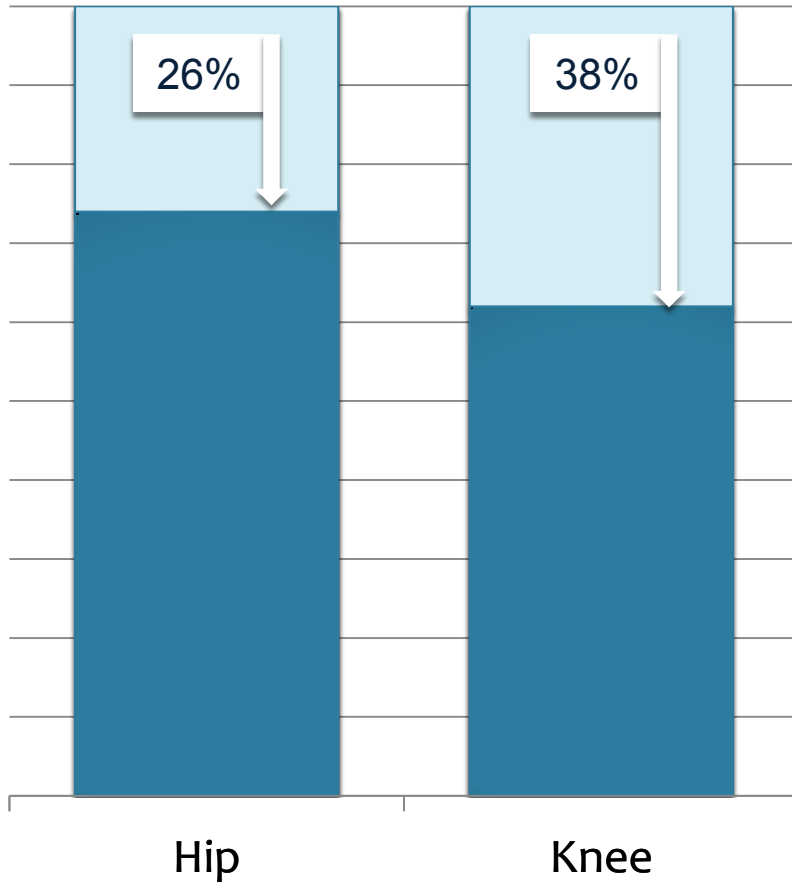
University of Ottawa School of Nursing and Faculty of Medicine, Loeb Health Research Institute Clinical Epidemiology Unit, Ottawa Hospital, Civic Campus, Ottawa, Ontario, Canada K1Y 4E9

Annette M O'Connor
professor
Alaa Rostom
gastroenterologist
Jacqueline Tetroe
research associate
Sisters of Charity of Ottawa Health

Source: O'Connor AM., et al. **Decision aids for people facing health treatment or screening decisions.** Cochrane Database of Systemic Reviews (updated 2010)

Impact of Shared Decision Making on What People Choose

Shared Decision Making



- 26% lower hip replacement surgeries
- 38% lower knee replacement surgeries

Source: Arterburn, Wellman, Westbrook, et al. Introducing Decision Aids at Group Health was Linked to Sharply Lower Hip and Knee Surgery Rates and Costs. *Health Affairs*, 31. no. 9 (2012):2094-2104

What We Will Cover

Shared Decision Makingz

1

Profile of the Issue

2

Are Physicians and Patients on the Same Page?

3

Is There Evidence that Doing the Right Thing Can Result in Doing Well?

4

Wrapping it up...



Adoption of Shared Decision Making on a Large Scale

Shared Decision Making

■ Reasons

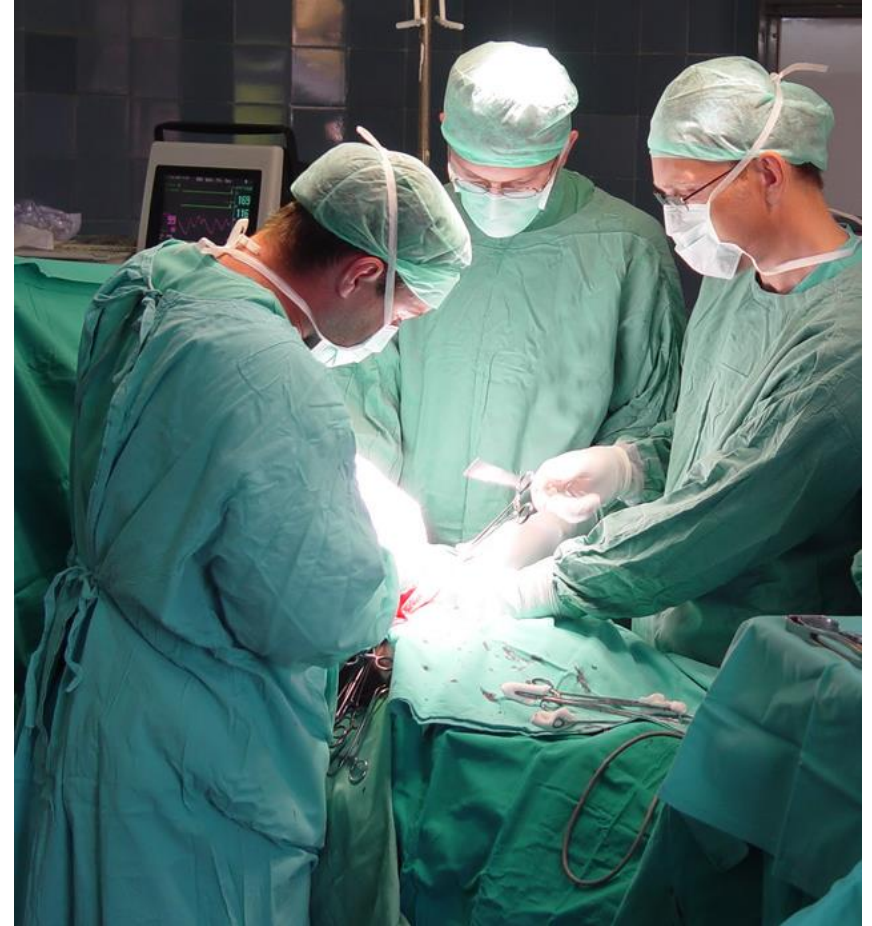
- Ethical imperative to do the “right thing”
- Move from (flawed) informed consent to informed choice
 - Aligning preferences and values with an individual’s clinical decision
- Bridge health disparities



Rhode Island Hospital Performed Surgery on Wrong Part for 5th Time

Shared Decision Making

The Rhode Island Department of Health is investigating Rhode Island Hospital in Providence after the hospital admitted to operating on the wrong body part for another patient, marking at least the **fifth wrong-site surgery** at the hospital since 2007.



Source: AboutLawSuits.com, Oct 30, 2009.

Patient Safety

Shared Decision Making



How do we describe operating on a patient who would say NO to surgery if alternatives, risks and benefits were well understood?

What We Will Cover

Shared Decision Making

1

Profile of the Issue

2

Are Physicians and Patients on the Same Page?

3

Is There Evidence that Doing the Right Thing Can Result in Doing Well?

4

Wrapping it up...



Thank You!

