WHAT IS SHARED DECISION-MAKING?

Shared Decision-Making is an approach where clinicians provide support and education to help patients make medical choices that best reflect their personal needs and values. Interestingly, when patients are more engaged in the decision-making process, they often choose less-invasive and intensive treatment options.

WHY IS THIS IMPORTANT TO INTERMOUNTAIN?

Shared Decision-Making supports Intermountain’s Shared Accountability strategy to provide better care, better health, and better cost management in a changing healthcare environment. Shared Decision-Making is an important facet of Intermountain Medical Group’s Personalized Primary Care model. (See Personalized Primary Care document.)

WHAT IS INTERMOUNTAIN DOING TODAY AND IN THE FUTURE?

The Intermountain Medical Group is testing web-based Shared Decision-Making tools that target specific medical conditions at several clinics. Over the next three years, these resources — Emmi Solutions and Health Dialog — will be evaluated to determine how they’re used and how effectively they influence patient knowledge or behavior.

- **Emmi Solutions** decision aids are being used by several clinics in Salt Lake and other areas for bariatric surgery, hip and knee replacement, acute low back pain, breast cancer, and urologic cancer.
- **Health Dialog** was introduced at clinics in the Southwest Region and targets some of the same conditions, as well as two chronic conditions: diabetes mellitus and congestive heart failure. Health Dialog is funded by a grant as part of Intermountain’s collaboration with the Dartmouth Institute.
- With both Emmi Solutions and Health Dialog, patients can review personalized information in their own homes. That preparation will help them have more meaningful discussions with their providers, and, ultimately, be more involved in making decisions about their care.
- **Archimedes IndiGO** — short for Individualized Guidelines and Outcomes — is another software tool we’ll use to engage patients in their care. It’s being introduced in phases throughout the Medical Group over the next three years and will be used by providers in exam rooms. It considers 30 different clinical factors — data specific to each patient — to graphically show how a patient’s choices would influence the risk for having a heart attack or stroke, developing diabetes, or contracting breast or colon cancer.

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