Implementing Shared Decision Making in Varied Practice Settings

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12:30p.m. t 2:00p.m. ET

Sponsored by:

Agency for Healthcare Research and Quality (AHRQ)

, Z Y [• ^ , Z ‰ ‰ Œ } Z š } shared decision making

- SHARE Approach train-the-trainer workshop
  - 10 in-person sessions/year across the United States
- On-going Webinar series
  - 3 webinars/year
- Learning network
- On-going technical assistance

- Module 1: Shared Decision Making
- Module 2: AHRQ PCOR Resources
- Module 3: Communication
- Module 4: Putting shared decision making Into Practice
- 7 U D L Q H U ¶ V 0 R G X O H

To learn more, visit:
http://www.ahrq.gov/shareddecisionmaking

Presenters and moderator disclosures

Learning objectives

At the conclusion of this activity, the participant will be able to:

1. Describe strategies for implementing shared decision making in health care organizations.
2. Identify potential challenges to implementing shared decision making and how to overcome them.
3. Explain steps that health care organizations should consider in deciding how to implement shared decision making.

Implementing Shared Decision Making

Financial disclosure

- I have received research funding and salary support from the Informed Medical Decisions Foundation.
- I serve as a medical editor for the Informed Medical Decisions Foundation in the area of bariatric surgery.
- The Informed Medical Decisions Foundation is a nonprofit organization that received most of its early funding through partnership with HealthDialog, a for-profit health coaching and disease management company.
- As of 2014, the Foundation is a division of Healthwise, a non profit patient engagement and health information technology company.

Group Health (GH)

- Large integrated health insurance and care delivery system in Washington and Idaho with nearly 600,000 patient members
- More than 1,300 salaried providers practicing in owned and operated clinics
- Contracts with more than 9,000 providers throughout the state
-

Unwarranted variation in many elective surgical procedures (e.g., knee replacement)

Shared decision making and decision aids are standard in Washington state

- 2007 Washington state legislation:
  - Recognized the use of shared decision making along with high-quality patient decision aids as the highest standard of informed consent
- 2012 Washington state legislation:
  - Authorized the Medical Director of the WA State Health Care Authority to certify high-quality decision aids (process in development)

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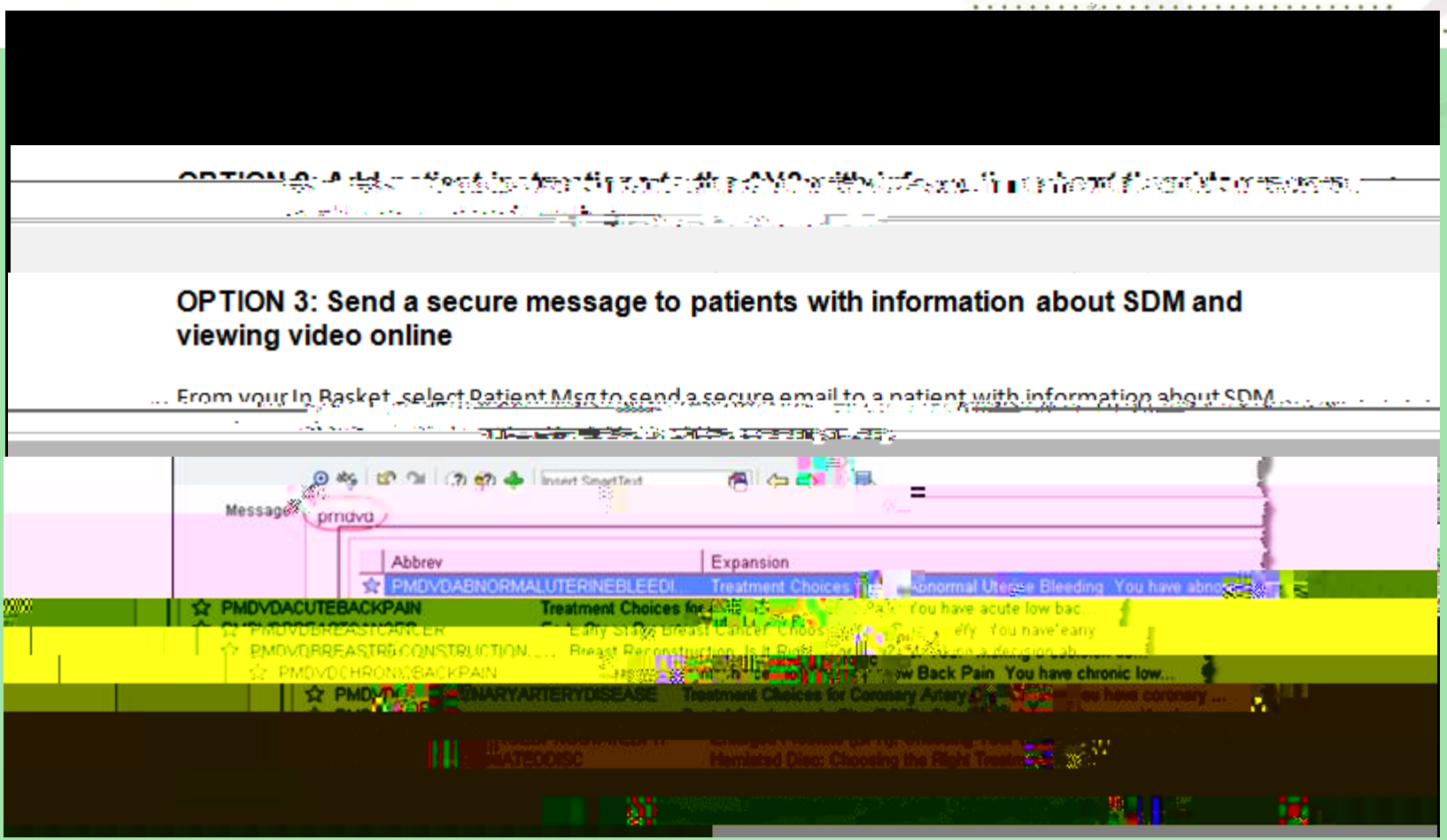
³ 1 L F H W R G R
if you have
the time and
L Q F O L Q D W L R Q ´

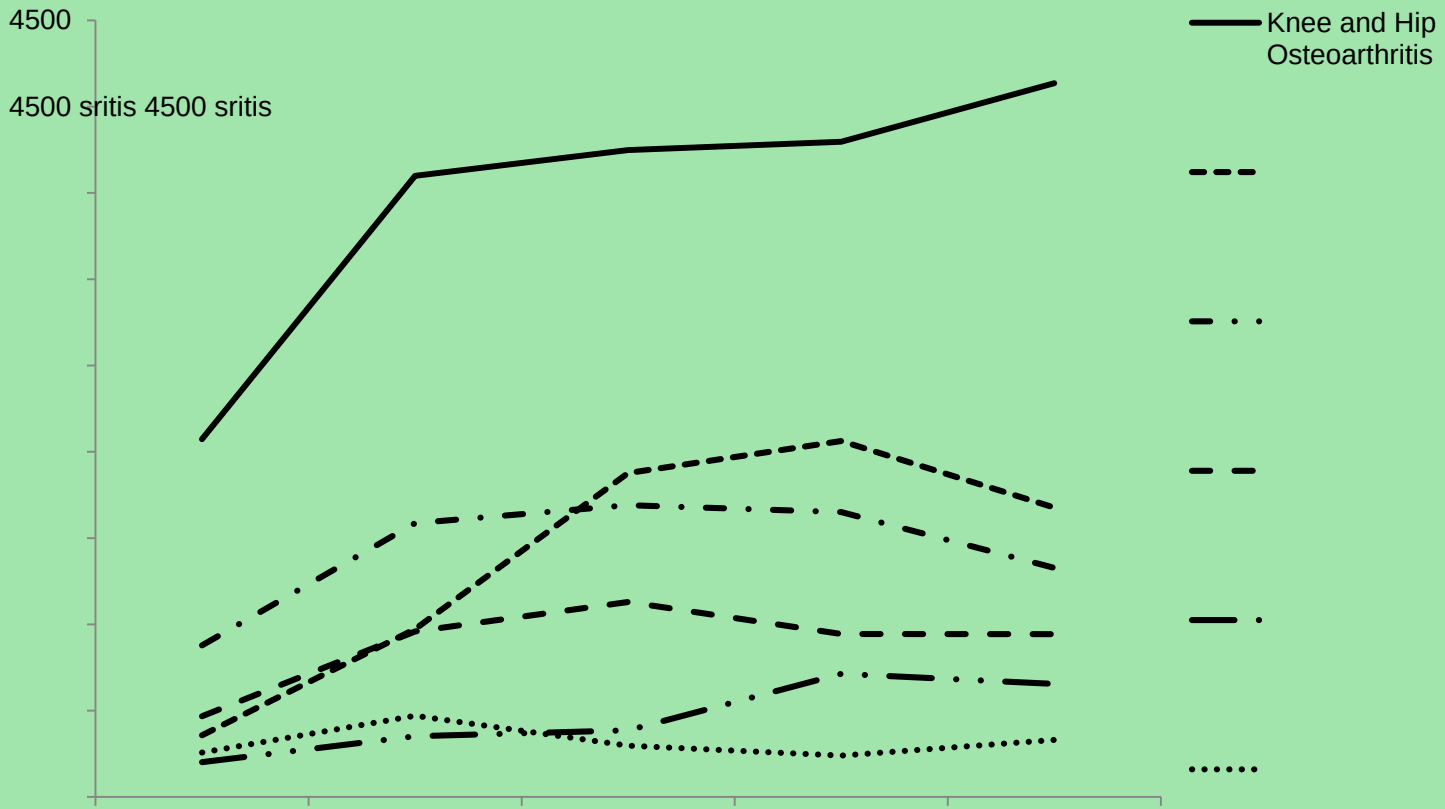
³ 1 R S D W L H Q W
should undergo
a preference-
sensitive procedure
without documented
evidence that they
got all the information
they needed and then
had a conversation with
their provider in which

Electronic medical record supports decision aid delivery

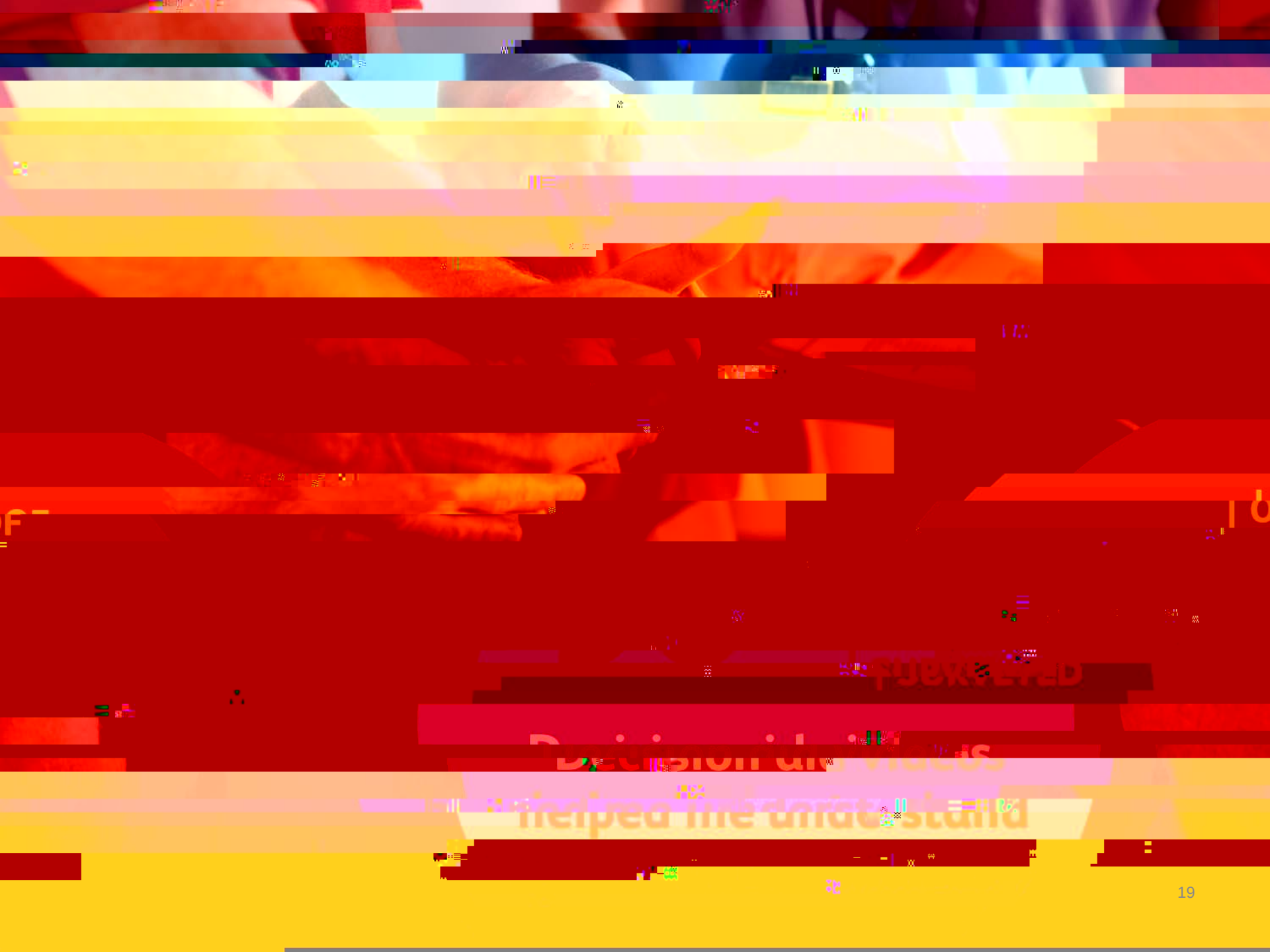


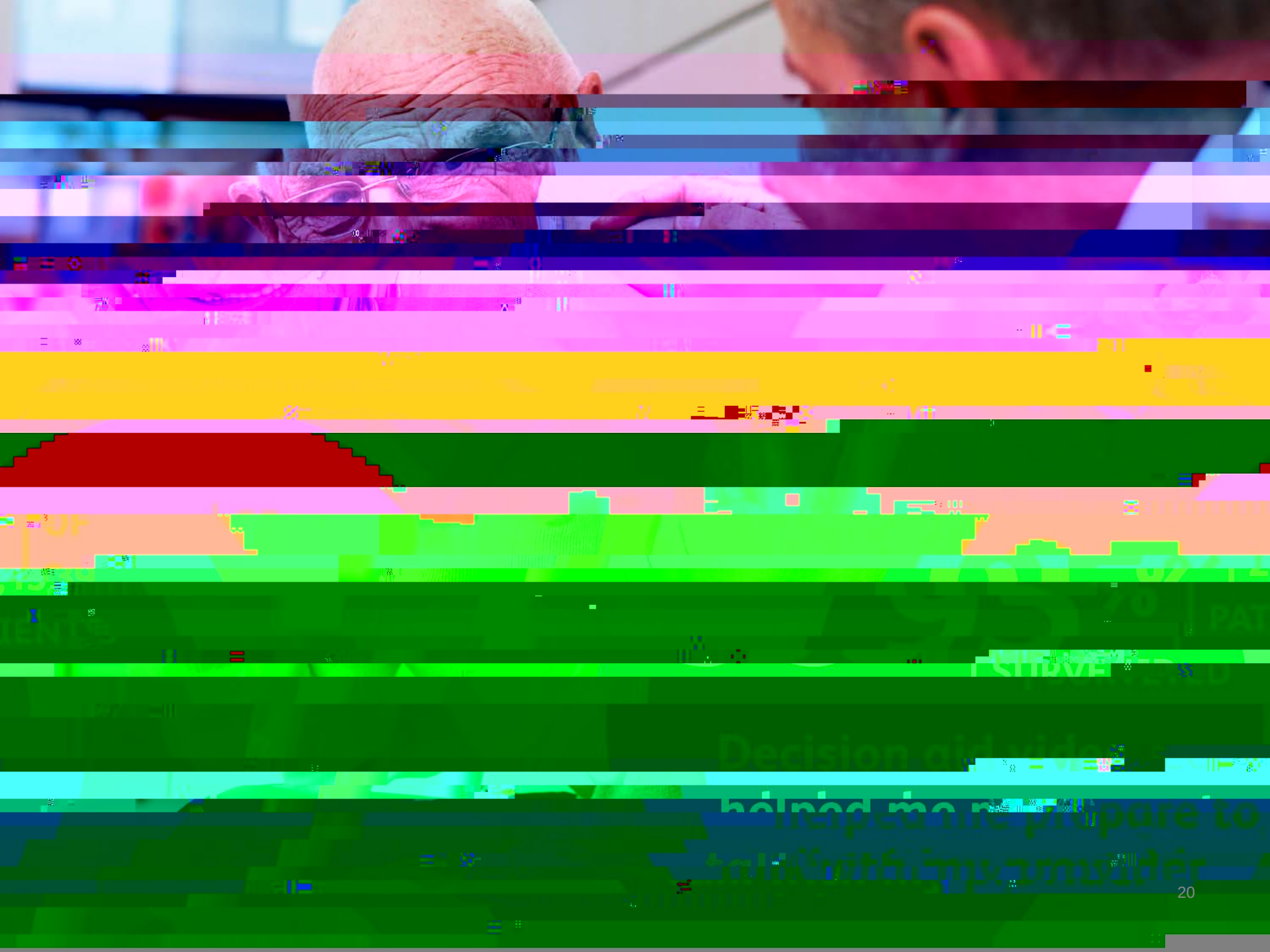
More than 50,000 decision aids delivered since January 2009.

Figure 1. Annual Decision Aid Distribution by Health Condition



Process measure:

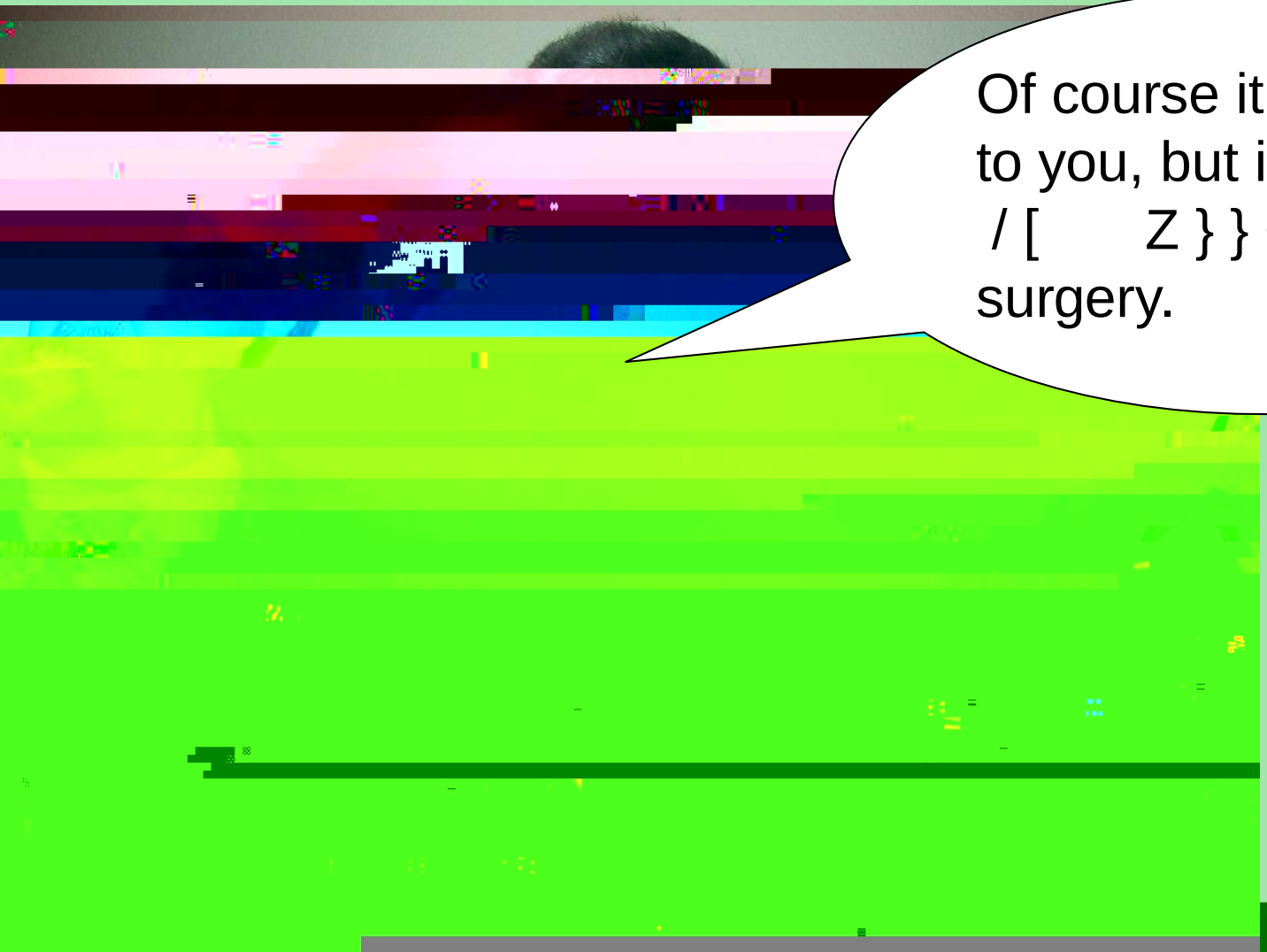




- Strong leadership and clinical champions
- Required all providers to watch the relevant decision aids
- Half-day CME with outside experts trained 90% of our specialty providers and surgeons
- Monthly feedback to leaders and providers
  - Volume of decision aids ordered
  - Volume of surgical procedures and total costs of surgical procedures
  - Number and percent of surgical patients in each specialty who had surgery without receiving a decision aid
- Patient satisfaction data related to decision aid use

King and Moulton, Health Affairs, 2013

But I already DO shared decision making Á] š Z u Ç ‰ š] v š • Y



Of course it is totally up to you, but if it was me, / [Z } } • š } Z À š surgery.

Qualitative provider interviews

- In-depth interviews with more than 60 GH specialists
- Benefits of decision aids outweigh minor concerns
- Patients are more informed
- } • v [take more time
- Some decision aids are more challenging to implement than others
- However, many providers } v [š a difference between patient education and shared decision making

A has given me the impression that the people who have seen it are making š š Œ] v (} Œ u] •] } v • Y / u } Œ µ v Œ • š v] v P Y / [u u } Œ of their decision making. *A*

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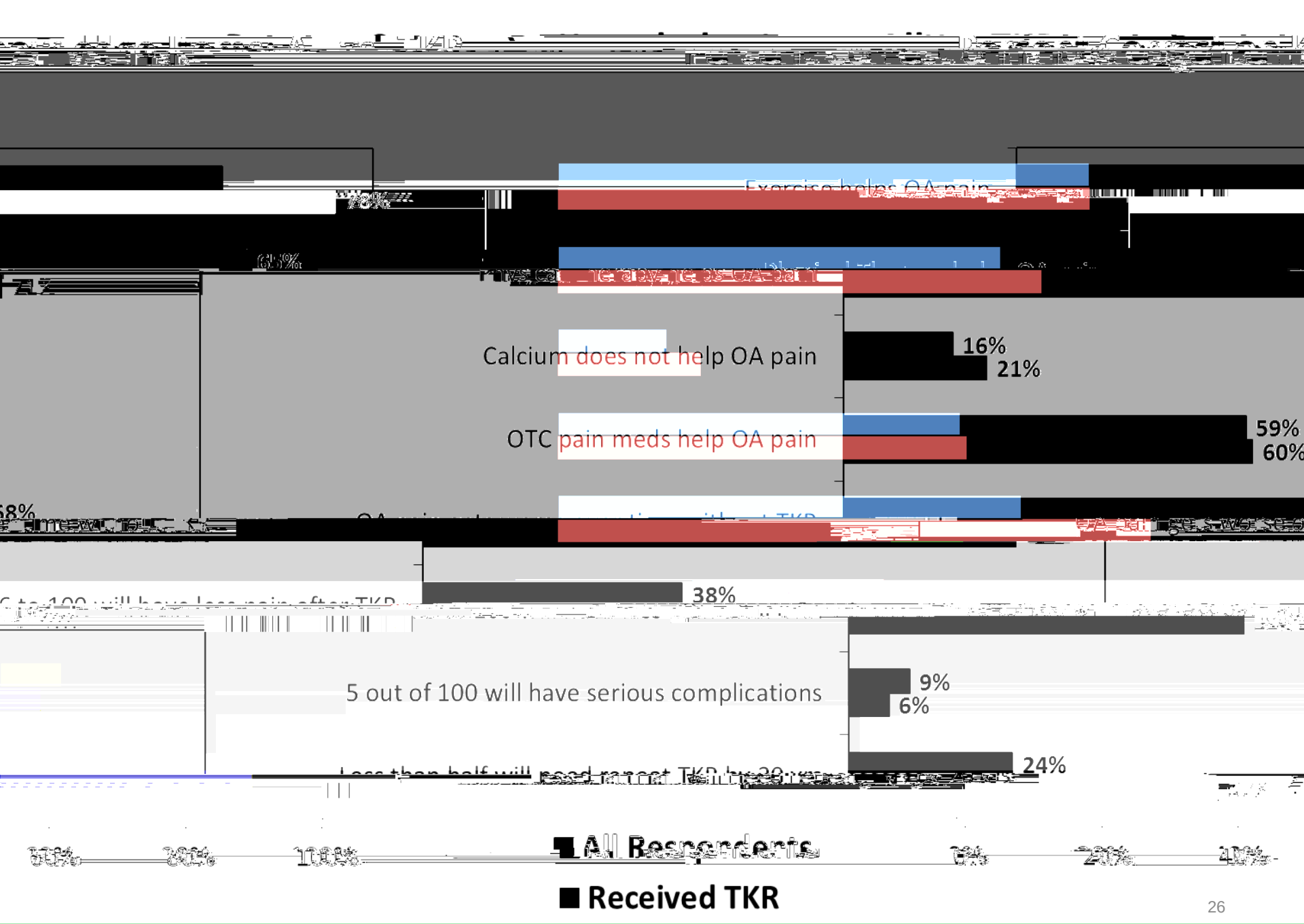
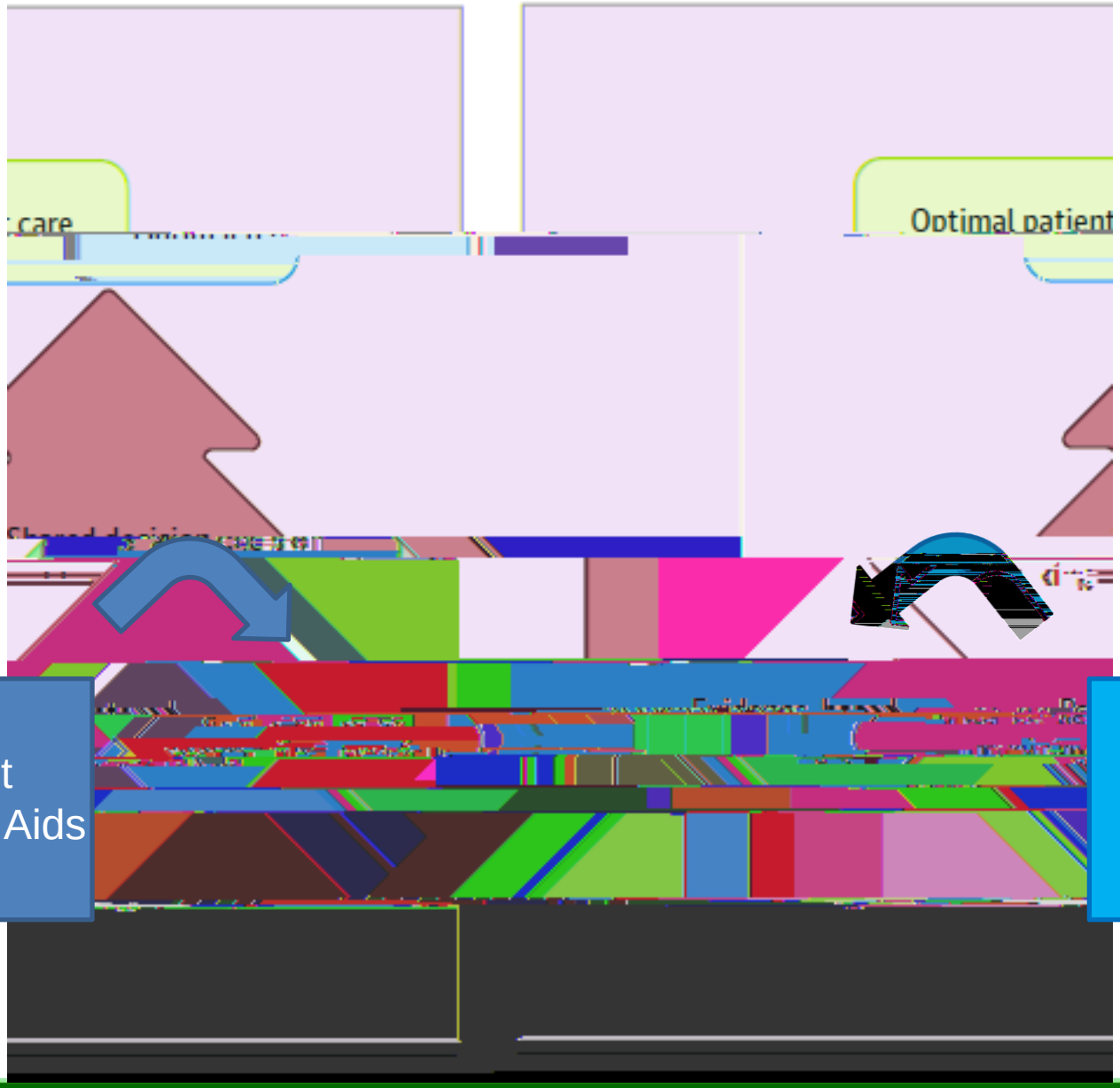

Calcium does not help OA pain
16%
21%
OTC pain meds help OA pain
59%
60%
38%
5 out of 100 will have serious complications
9%
6%
24%
All Respondents
Received TKR

Figure. The Interdependence of Evidence-Based Medicine and Shared



Patient Decision Aids

Provider Training

Hoffman TC, et al, JAMA, 20

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‡ Group Health Foundation
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‡

Thank you

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Shared Decision Making and the Patient Centered Medical Home

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Introductions

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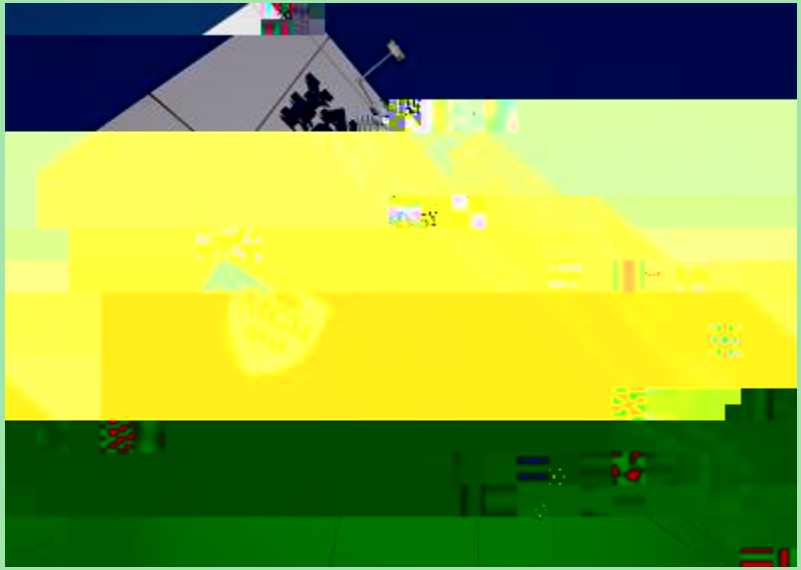
Disclosures

- Dr. Sepucha receives salary support as a medical editor for Healthwise.
- Dr. Simmons has no relevant financial disclosures.

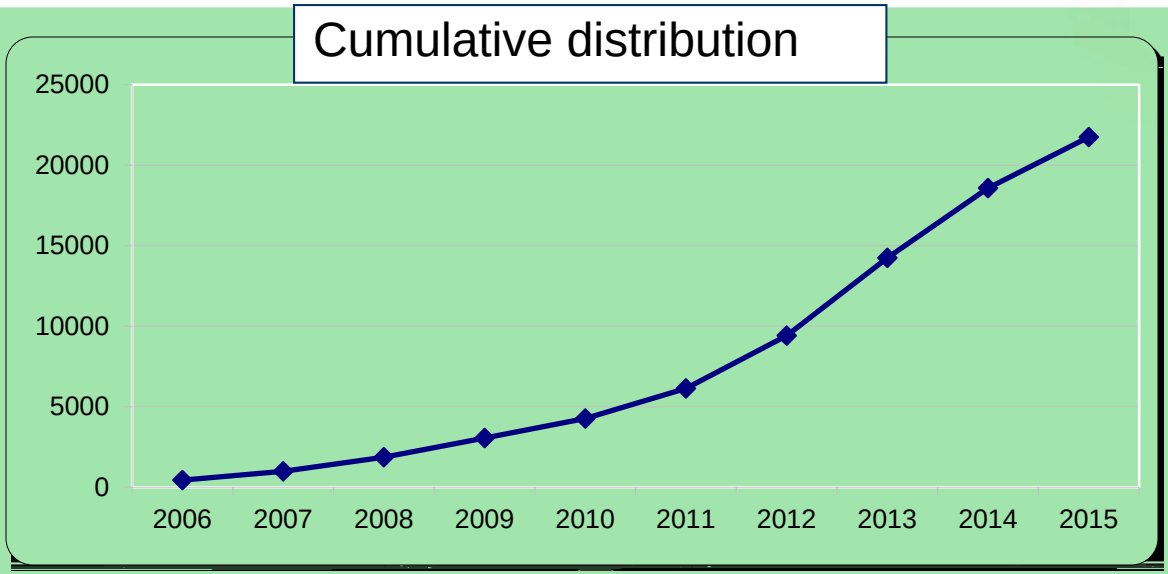
Massachusetts General Hospital

- More than 7,000 staff physicians and nurse practitioners
- 1.5 million ambulatory visits
- 41,000 surgeries
- 18 primary care practices



Shared Decision Making in
Greetings!
We appreciate your feedback as we continue to expand and

Use of decision aids at MGH



Top Programs:

1. PSA Testing
2. Advance Directives
3. Colon Cancer Screening
4. Knee Osteoarthritis
5. Insomnia

By the numbers:

- 22,000-plus decision aids distributed since 2005
- 500-plus orders a month
- More than 800 unique clinicians and staff have prescribed programs.

Some challenges we face

- Some clinicians are very interested, but others rarely use decision aids.
- The ordering system is very clinician-driven, but clinicians are busy and forget, and they might not always know what patients want.
- Determining how to identify patients at decision points outside of visits
- Determining the feasibility of decision aids used } µ š •] } v • µ o š š] } v V ^ o }] v P š Z

Case 1: Clinician training

- Pilot project launched in 2005 at one practice, and in 2006, the project was spread to all 18 MGH adult primary care practices.

- Clinician-driven ordering of video/booklet decision aids during the visit, supported by EMR, with centralized distribution through Shared Decision Making Center.

- Steady use (~100 orders a month). BUT not nearly what it could be; most orders are from a few physicians, and significant variation among clinics.

Designed training course

- One-hour session held during regular practice meeting
  - Overview of shared decision making (what, why, how)
  - Feedback: Usage data (practice and provider level) and

Feedback from patients and providers

Patients love it and want more.

- "This helped me a lot, because I was and still feel a bit nervous, but will get
  Z l J d Z v l (colorectal cancer screening)
- ^ d Z v l Ç } µ À Œ Ç u µ Z (} Œ š Z t •] š Ç } µ • v š u
  P Œ š] v š Œ • š X / µ v Œ • š v (Treatment choices for š š C
  Coronary Artery Disease before a diagnostic cardiac catheterization)

Providers are positive about the use.

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- ^ d Z] • Z • } u ‰ o š o Ç Z v P u Ç } v À Œ • š] } v • Á
  pain v from one driven by fear to one focused on what we can do to help with
  š Z] Œ ‰] v X _
- ^ d Z o] • š } (Œ • } µ Œ • š š Z v } (š Z v one v Á] y š Ç
  patients was lost with Google/Amazon and was so happy to have list to focus
  } v X _

Impact and lessons learned

- More than doubling orders
- Comparative data is a strong motivator
  - Providers enjoyed a little competition!
- Physician champion role important

Focus on specialty referrals

- Z (ŒŒ o š} •‰] o]•š }(š v]v] particularly for common chronic conditions (e.g., knee/hip osteoarthritis, low back pain, fibroids/abnormal uterine bleeding)
- Linked decision aid order to referral from primary care (electronic referral system was prompt)
  - ~65% referrals now have decision aid sent to patients
- Collaborated with specialists and their staff
  - Trained triage nurses (spine and gynecology)

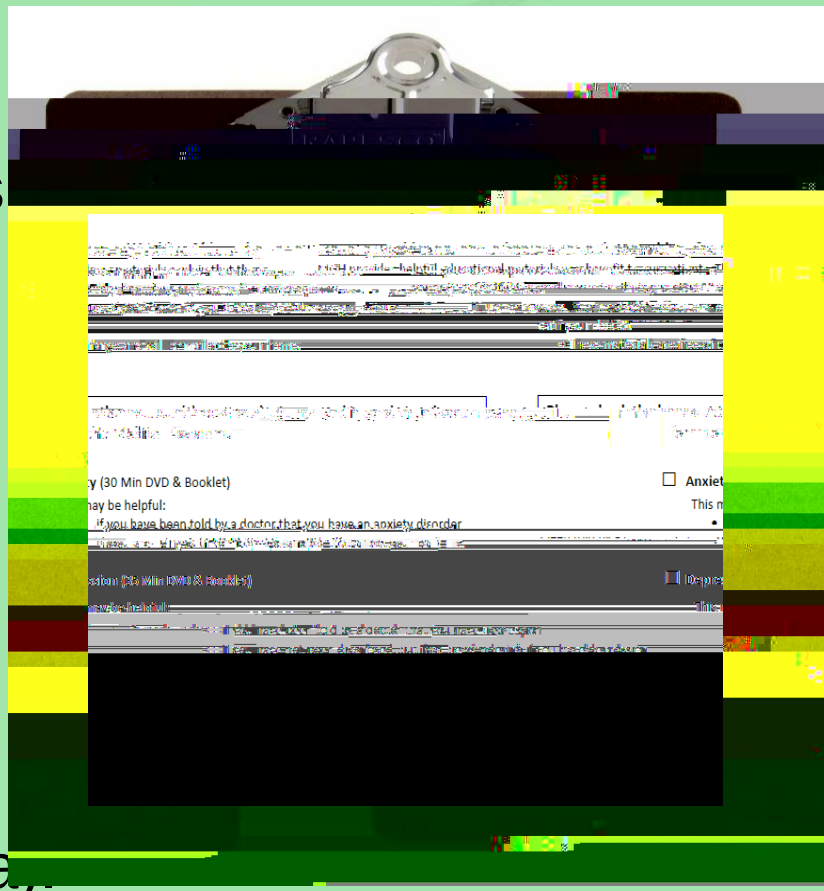
Lessons learned

- Well received by all involved
  - PCPs like the connection to referrals; they feel it is the right time to get t information to patients.
  - Specialists prefer to see well prepared patients.
  - Patients appreciate getting information in advance of visit (so they can a better questions).
- Highlighted some issues with referrals
  - ^ ‰] o] • š • [• š ((• • µ u ‰ š] v š • o Œ Ç Á would they come to a surgeon?).
  - Patients were not always on board with referral (There is variability in ho much PCPs discuss this before making a referral).
  - / (‰ š] v š • Á š Z] š v Œ o] Ì š Z Ç } v [š Á go?540s9would they come to a surgeon?).

Mental health integration

- Interest: Providers are open to using more decision aids in ‰ Œ š] U µ š š Z Œ ‰ Œ • Œ]] v P _ ‰ Œ š leader is invested in improving patient education processes.

- Workflow: MAs offered patients PHQ-2 at all annual visits; if PHQ-2 positive for depression, patients were offered an order form for mental health programs (e.g., depression, anxiety, and insomnia).



Patient-triggered orders

- Number of PHQ-2 forms with plus screens was quite low (~5%), and only 19 programs ordered by patients
- MAs began offering order forms to ALL annual visit

Lessons learned

- A provider-dependent workflow may limit patient access to decision aids.
- Patients can/should be active participants in the decision aid ordering process.
- All members of the clinical care team can participate in workflow; medical assistants took ownership of process and were crucial to suggesting improvements.

Reactions

- How are these cases similar/different to your own experiences?
- What else might help you conduct shared decision making more routinely?
- Documentation challenges?
- Other potential barriers?

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- Expansion across Partners Healthcare (7 hospitals, 230 primary care practices)
- Funding and support as part of core initiative within Population Health Management
- Some new challenges: IT applications that work across four different EMRs, aligning incentives and quality measures

Integrating Shared Decision Making into Small and Rural Primary Care Practices

L.J. Fagnan, M.D.

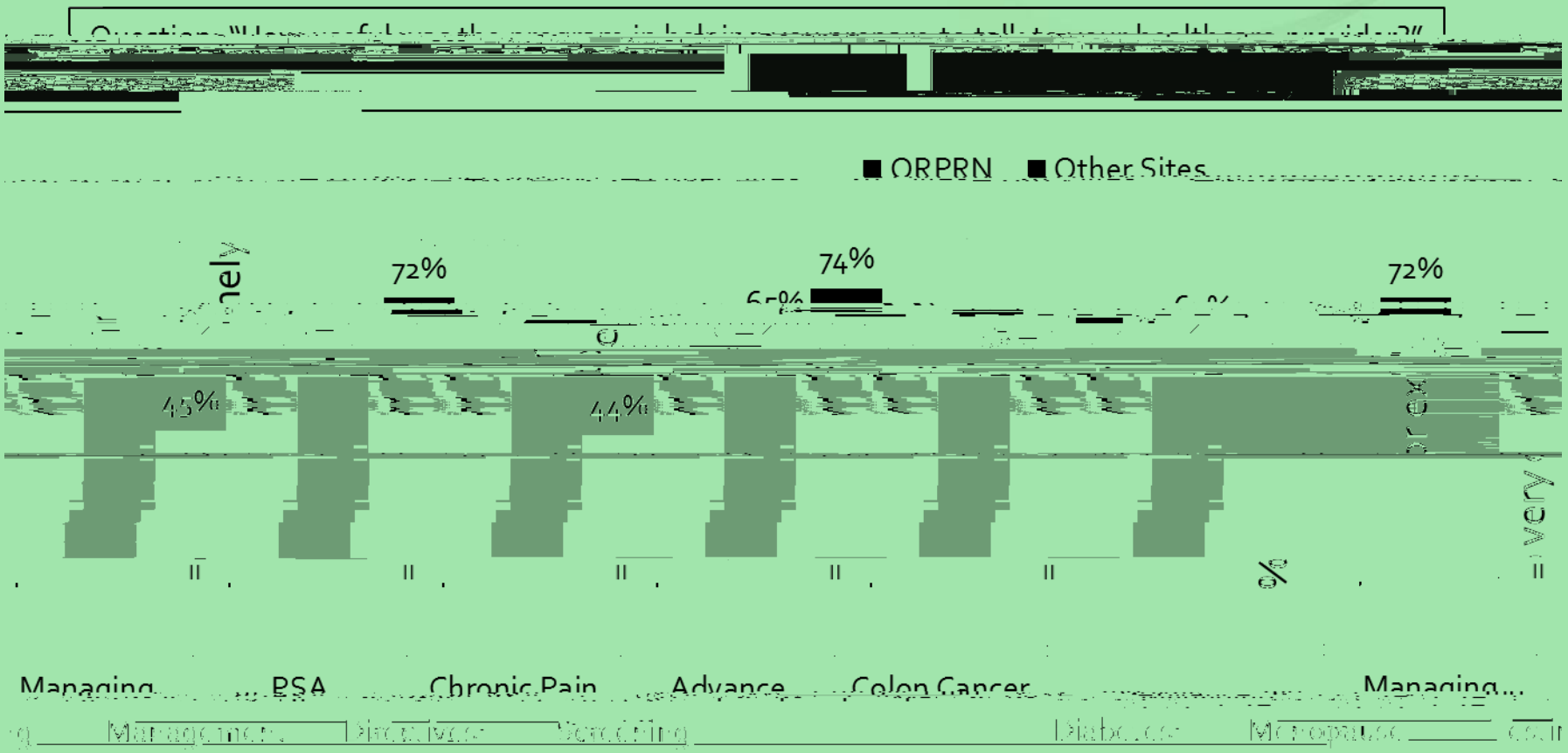
Mark Remiker, M.A.

Oregon Rural Practice-based Research Network

ORPRN shared decision making activities

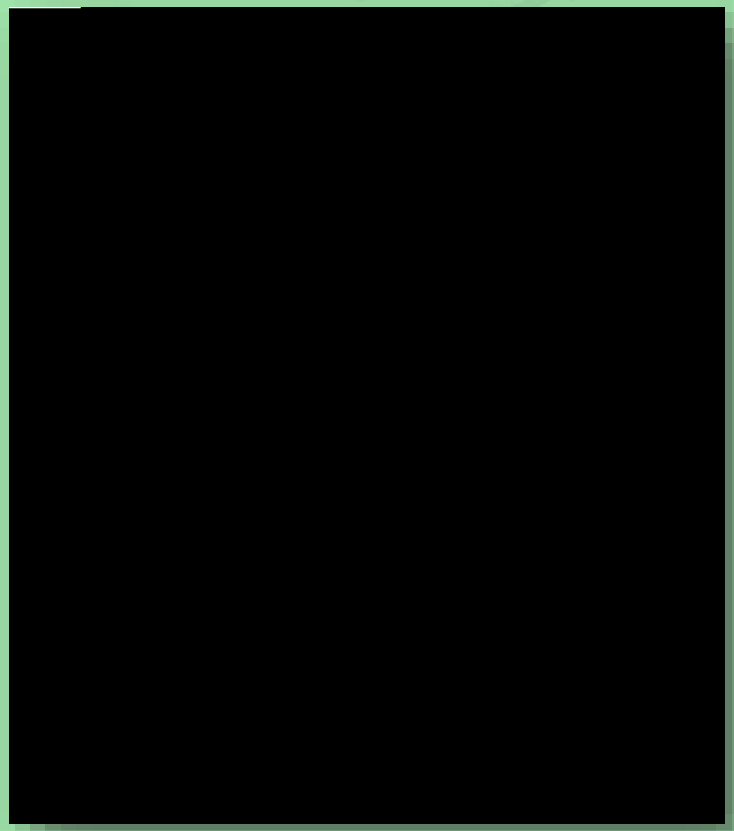
- Informed Medical Decisions Foundation (IMDF) Demonstration Site Program

ORPRN: Decision aid usefulness ratings



Facilitators: Outside the clinic

- Patient buy-in for decision aids
- Sharing patient feedback (i.e., Patient Advisory Council)
- External Support through practicefacilitation (ORPRN PERCs)
  - Implementation protocols
  - Distribution process
  - Interpretation of clinic level data reports



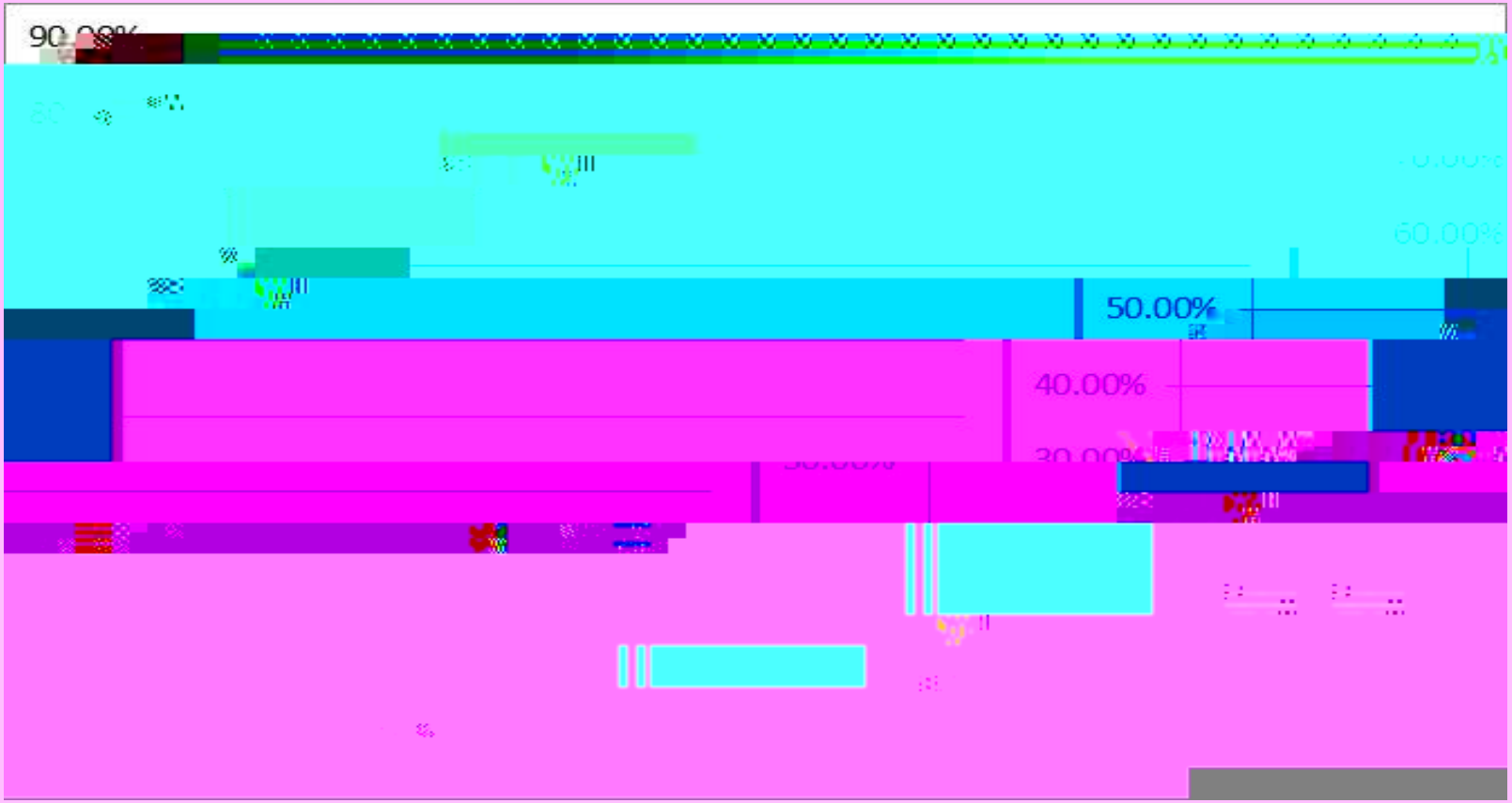
Script pad designed by Winding Waters Patient Advisory Council

Shared Decision Making Toolkit

Purpose of the shared decision making milestone (7) t Year 1

- Implement shared decision making in one priority area.
- Select a decision aid that meets the criteria of an effective shared decision making tool.
- Report on practice processes and workflow to suppor shared decision making.
- Measure and document the implementation of share decision making using decision aids.

Has the practice integrated the shared decision aid into clinical workflow?

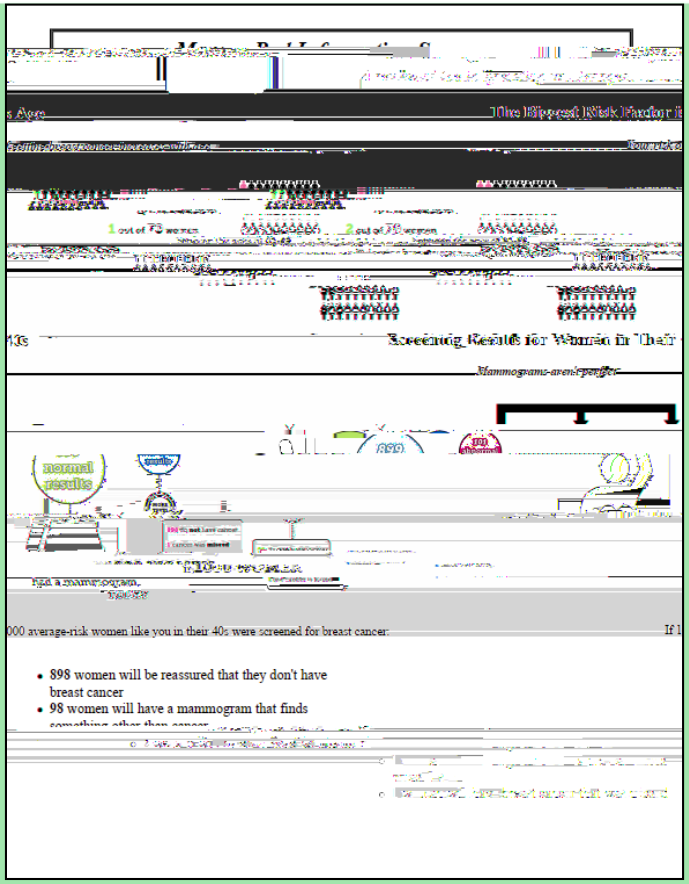


Results are from a survey sent to CPC Oregon practices in August 2013.

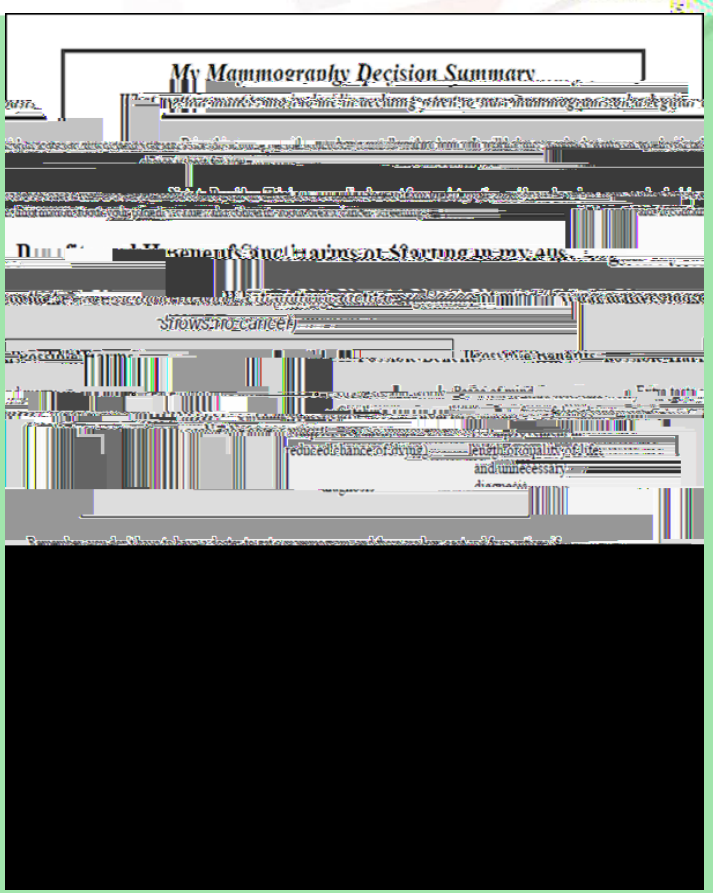
Mammopad project

The Mammopad decision aid

Patient-specific report



SIDE 1: General Facts

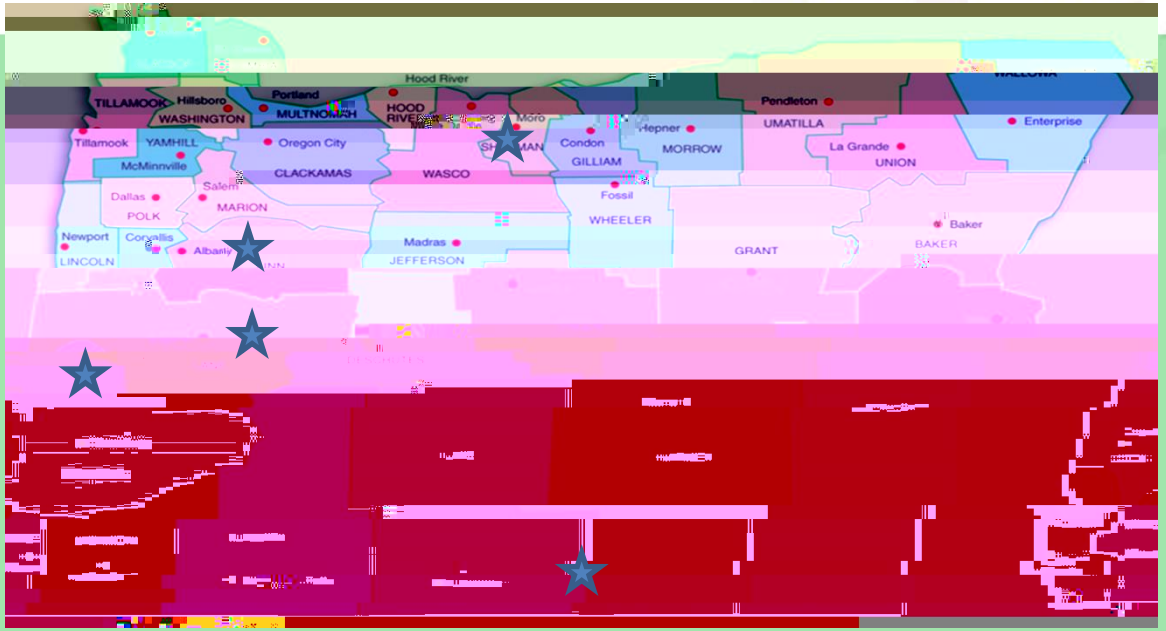


SIDE 2: Personal Information

Implementation of Mammopad

Implementation Step	Responsible Party
1. Findtarget population	ORPRN
2. Patientrecruitment	ORPRN
3. Administer decisionaid	ORPRN
ð X v Œ ‰ } Œ š] v š } ‰ š] v š [• D	Clinic
5. Engage patient in shared decision making	PCP

Patient Experience of Care Learning Collaborative



- Population: six clinics in rural Oregon
- Clinic teams: one administrative, one back office support staff (e.g., MA, Care Coordinator), provider, and patient partner
- Learning Collaborative consisted of three in-person meetings and three conference calls that used Boot Camp Translation method. Practices set goals and received monthly in-person visits from PERC over 10 months.

Clinic quality improvement goals

Product of the Informed Medical Decisions Foundation

Goal 1 Provider and staff awareness

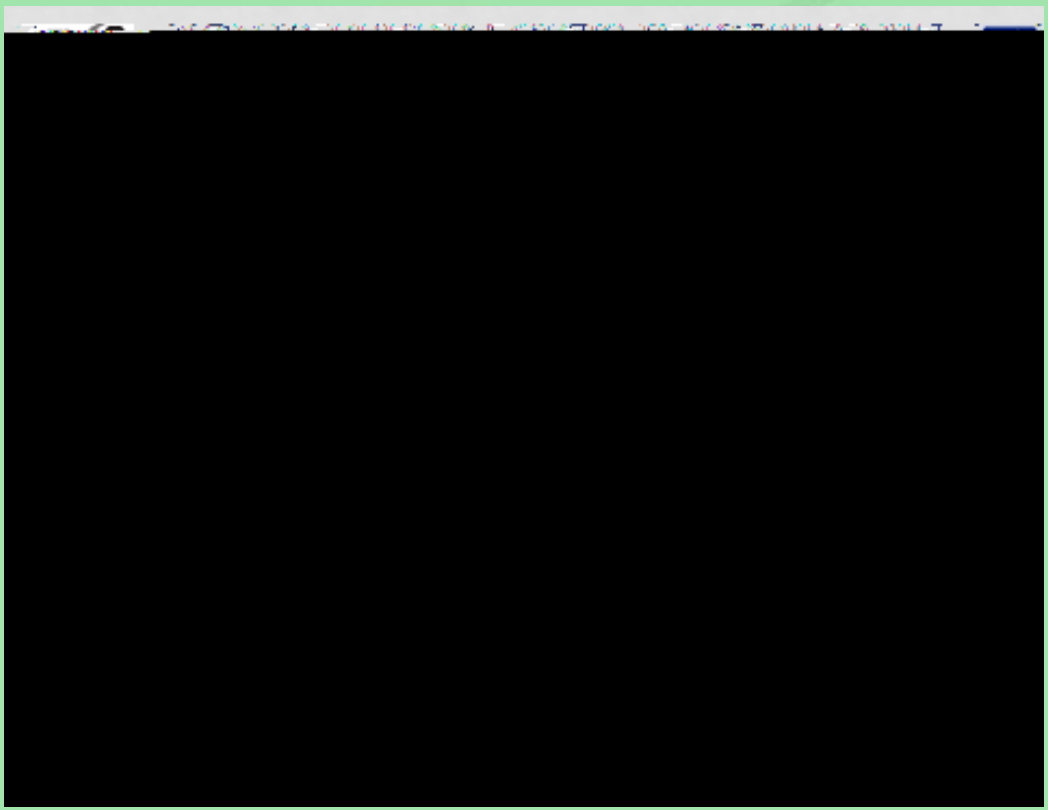
Goal 2 Patient engagement

Goal 3 Distribution of decision aids

GOAL 2: Patient engagement

GOAL 2: Patient engagement

http://personcenteredcare.health.org/uk/



GOAL 3: Distributiog0Tq /Im0 Do Q>cisIm0 aids

Successes

- Introduction of share decision making concepts to providers and staff
- Located high-quality decision aids in the EMR
- Engaged patients
- Created a workflow that allowed for seamless integration

Lessons learned, and the road ahead

- Shared decision making is hard to do!
- Successful implementation requires multiple, simultaneous changes to clinical workflow.
  - More than just assigning a patient to a decision aid
- Facilitation is helpful.
  - Setting shared decision making as a priority
  - Finding opportunities for overlap
- Patient involvement is helpful.
- This takes time.

Thank you

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