Overcoming Barriers To Shared Decision Making

May 18, 2015

1:00p.m. t2:30p.m. ET

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Presenters and moderator disclosures

The following presenters and moderator have no financial interest to disclose:

Learning

Disclosures

Relevant Financial Relationships

None

Learning objectives

- Identify key barriers to shared decision making (SDM) from the ‰ š] pvesspective.
- Describe strategies for overcoming barriers to implementing shared decision making from the patient perspective.

Plan

Shared decision making (SDM)

- Interpersonal and interdependent process
- Recognizes that a decision is required
- Highlights best available evidence about risks and benefits of each option
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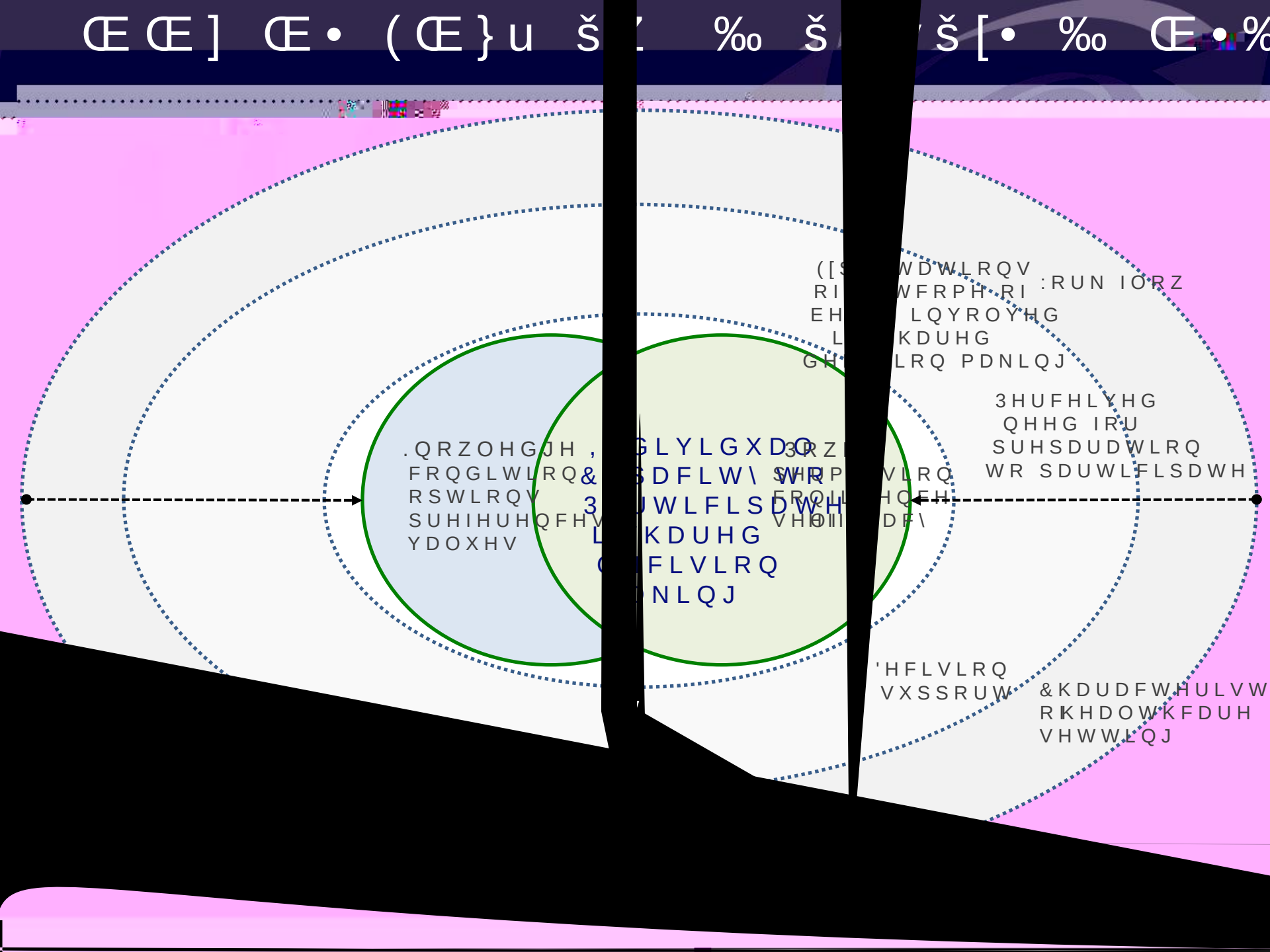
What Are the Barriers To Shared Decision Making as Perceived by Patients?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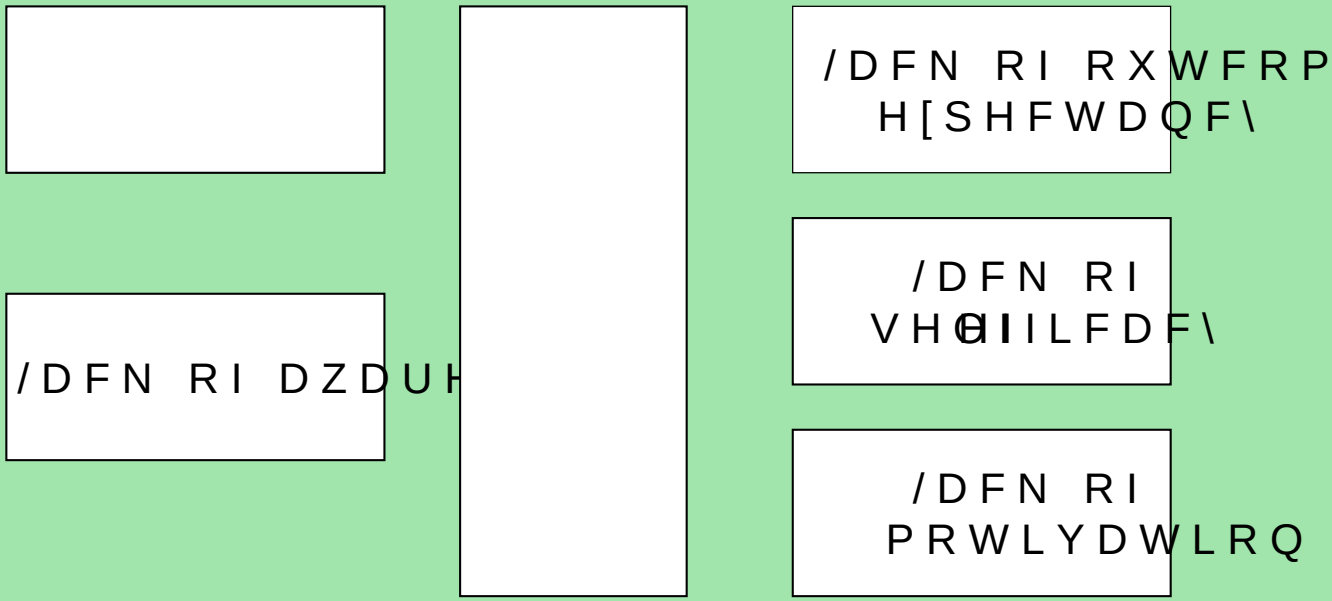
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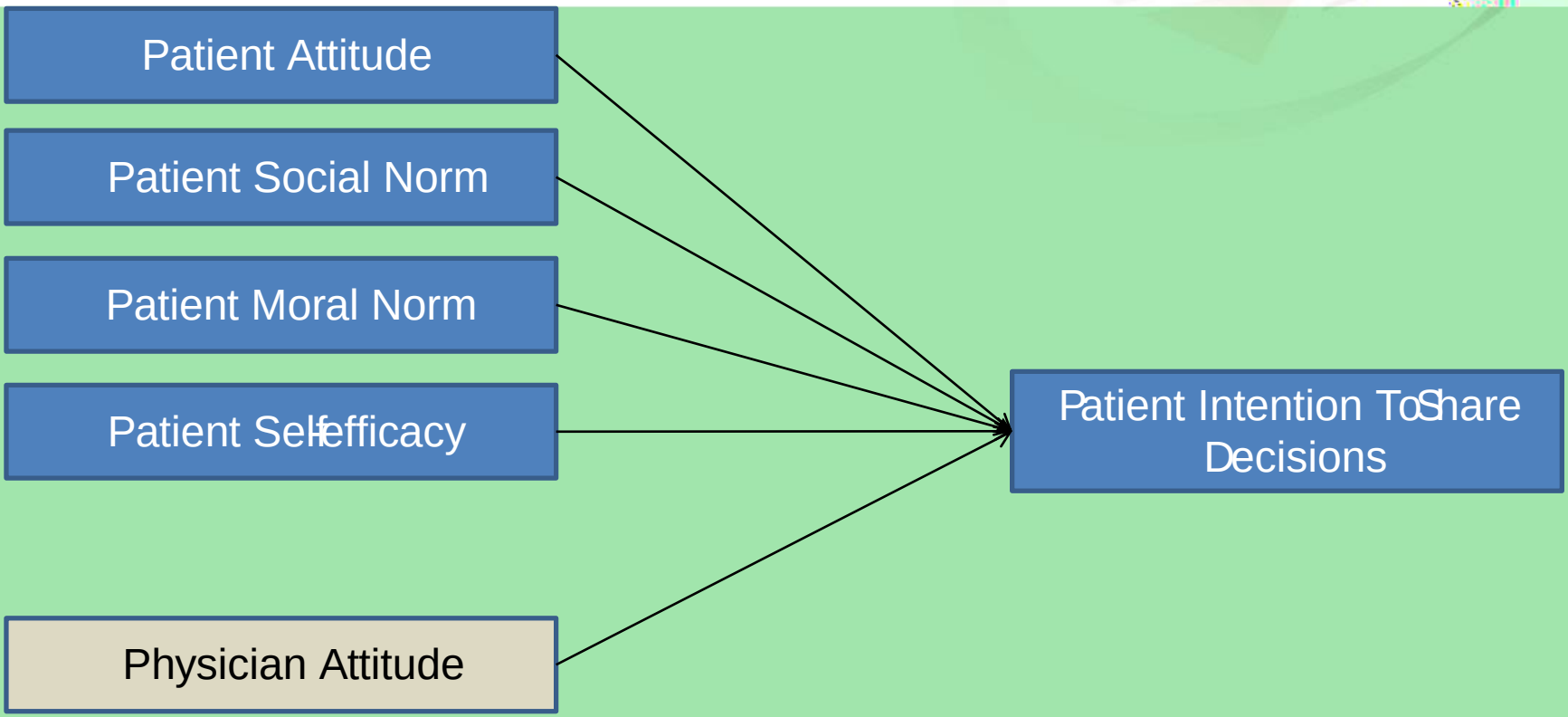
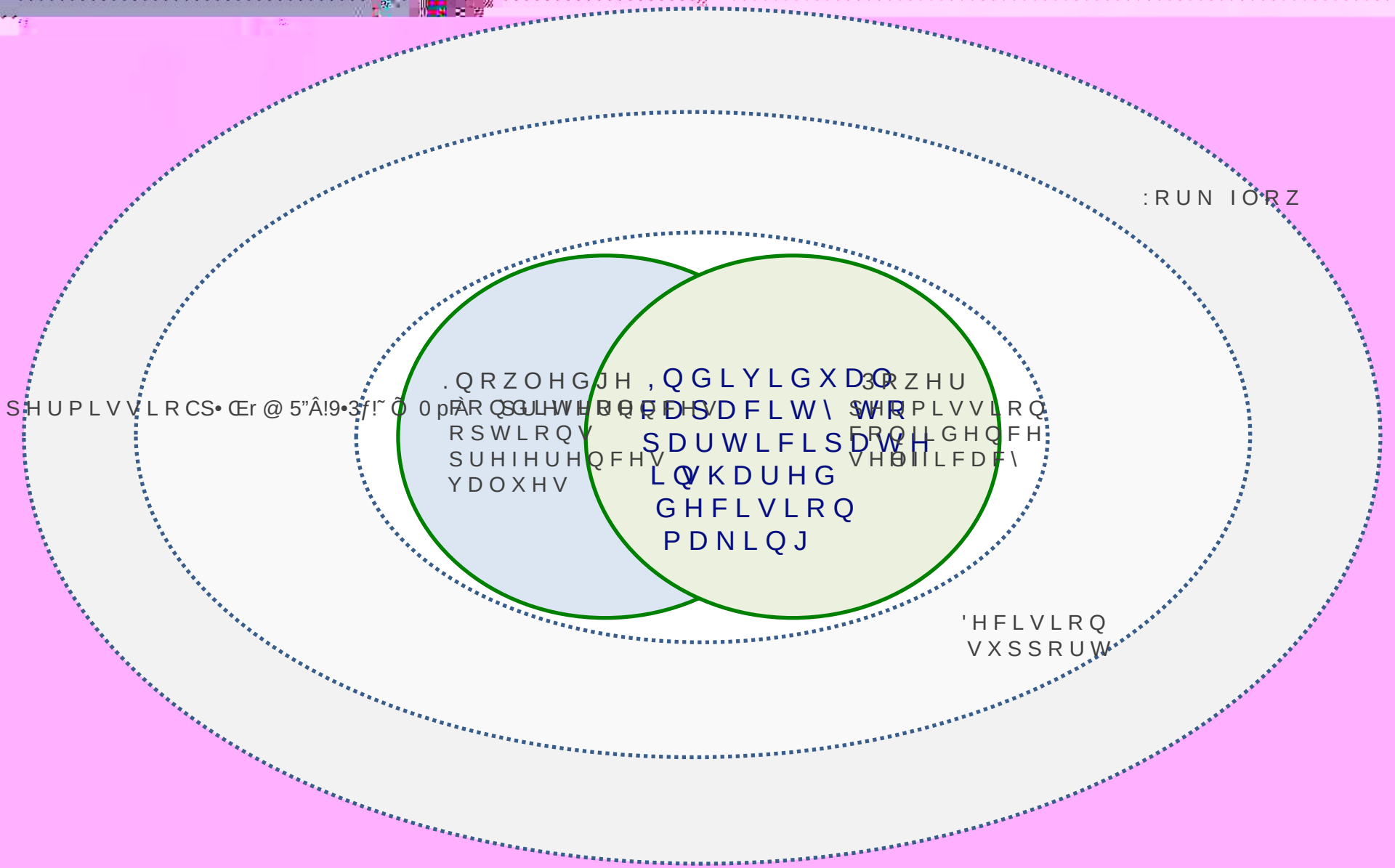
Provider attitude influences intention of patients to share decisions



Légaré et al. Prenat Diagn. 2011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Some of These Barriers Are Myths!

It takes too much time!

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9 trials:

7: No difference

erence

Not everyone wants this!

At least some people do!

- About 26% to 95% of patients, with a median of 52%, would prefer a more active role.
- Time trend:
  - 50% of studies before 2000 compared to
  - 71% of the studies from 2000 and later
- Although client participation is linked to favorable client outcomes, the most vulnerable patients (low SES, elderly, immigrants) are less likely to ask for it, and providers are less likely to offer them to share decisions.

Kiesler DJ, Auerbach SM, 2006
Chewning B, et al. 2012
Hibbard JH, Greene J. 2013

Not everyone can do this!

SDM translates into specific behaviors that are modifiable in patients and providers

Essential behaviors
x Define/explain problem
x Present options
x Discuss pros/cons (benefits/risks/costs)
x Discuss patient values/preferences
x Discuss patient ability/self efficacy
x Present doctor knowledge/recommendations
x Check/clarify understanding
x Make or explicitly defer decision
x Arrange followup

Makoul & Clayman, 2006

What Can Be Done To Address Barriers To Shared Decision Making as Perceived by Patients?

Effective interventions for addressing barriers to shared decision making exist (n=39 trials)

Patient decision aids are needed!

Improve decision quality
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- 9 13% higher knowledge
- 9 82% more accurate risk perception
- 9 51% better match between values & choices

- 96% reduced decisional conflict
- 9Helps undecided to decide (41%)
- 9Patients 34% less passive in decisions
- 9 Improved patient-practitioner communication (7/7 trials)
- 9Potential to reduce over-use
  - 9-20% surgery
  - 9-14% PSAt prostate screening
  - 9-27% Hormone replacement tx

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Patient decision aids may not be enough!

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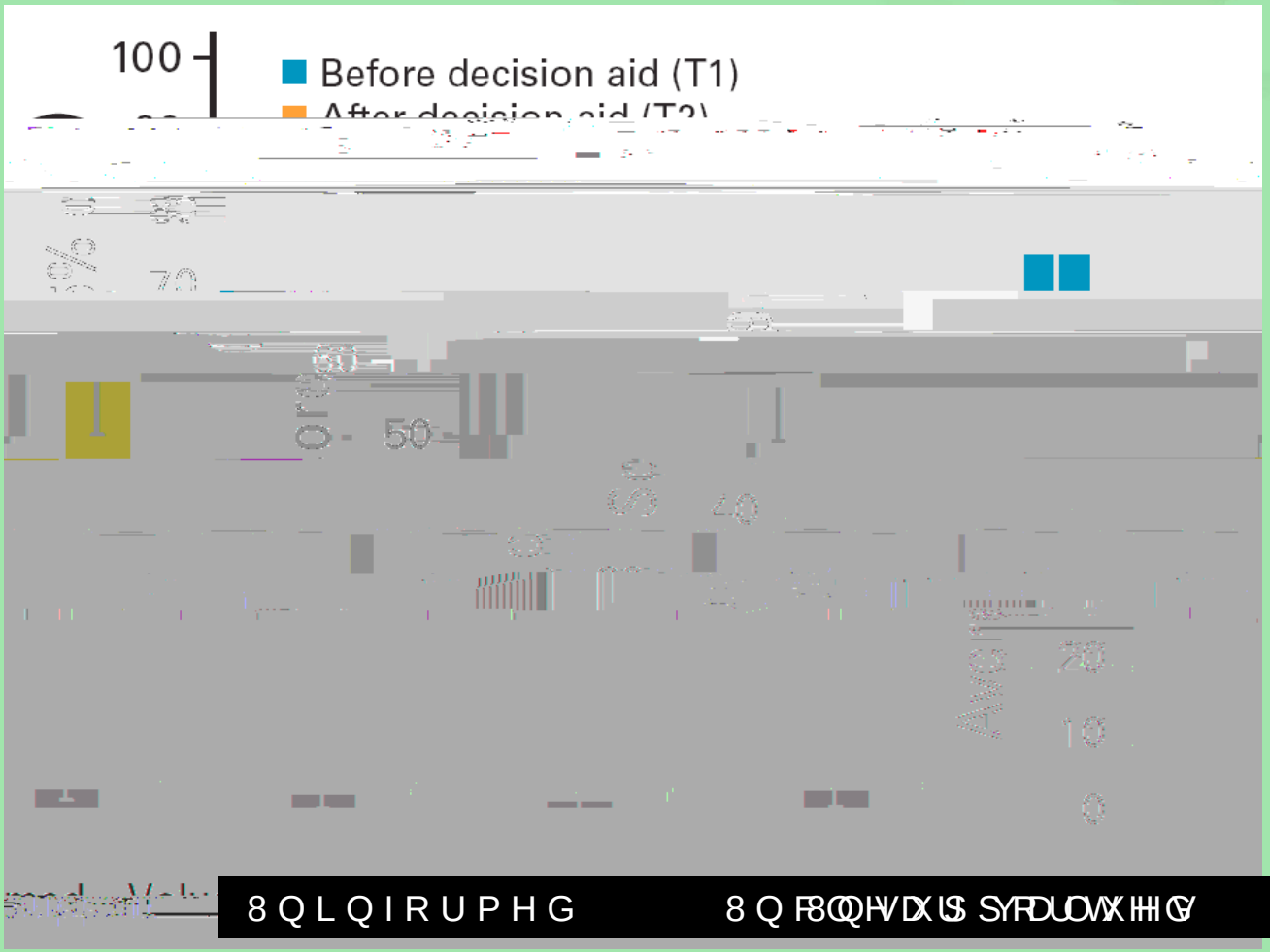
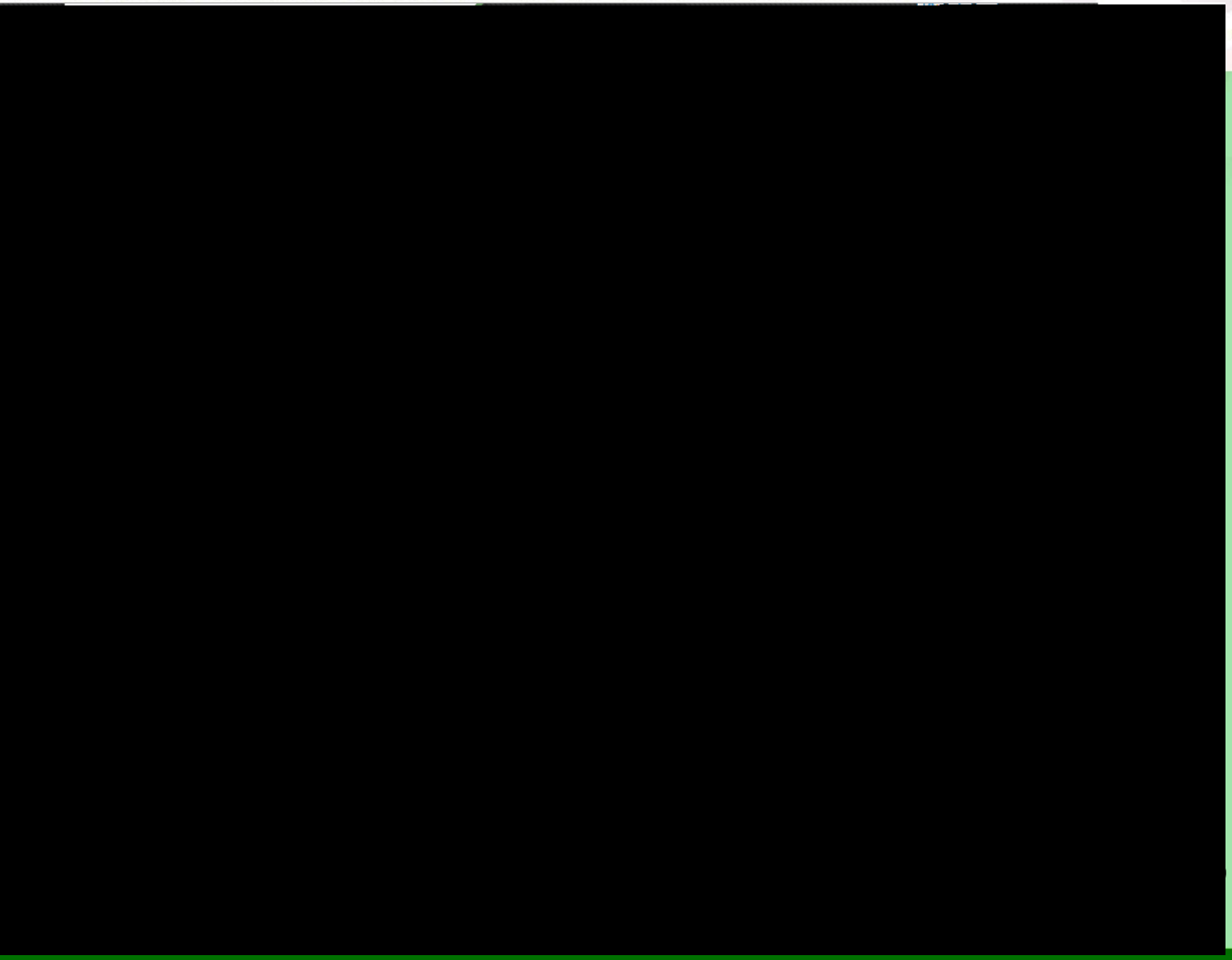


Public campaign to raise awareness is effective

- SHEPHERD, H. & al. 2011. Three questions that patients can ask to improve the quality of information physicians give about treatment options: a cross-over trial. Patient Educ Couns, 84, 379-85.
- LLOYD, A. & al. 2013 Patchy 'coherence': using normalization process theory to evaluate a multifaceted shared decision making implementation program (MAGIC). Implement Sci, 8, 102.

Training of providers is needed!



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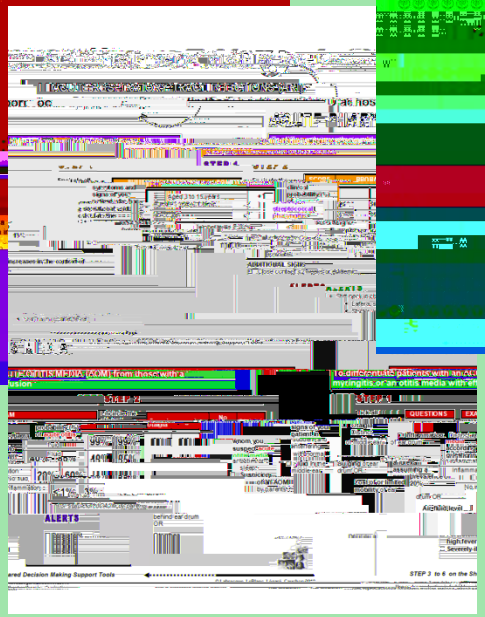
Combined with patient decision aids



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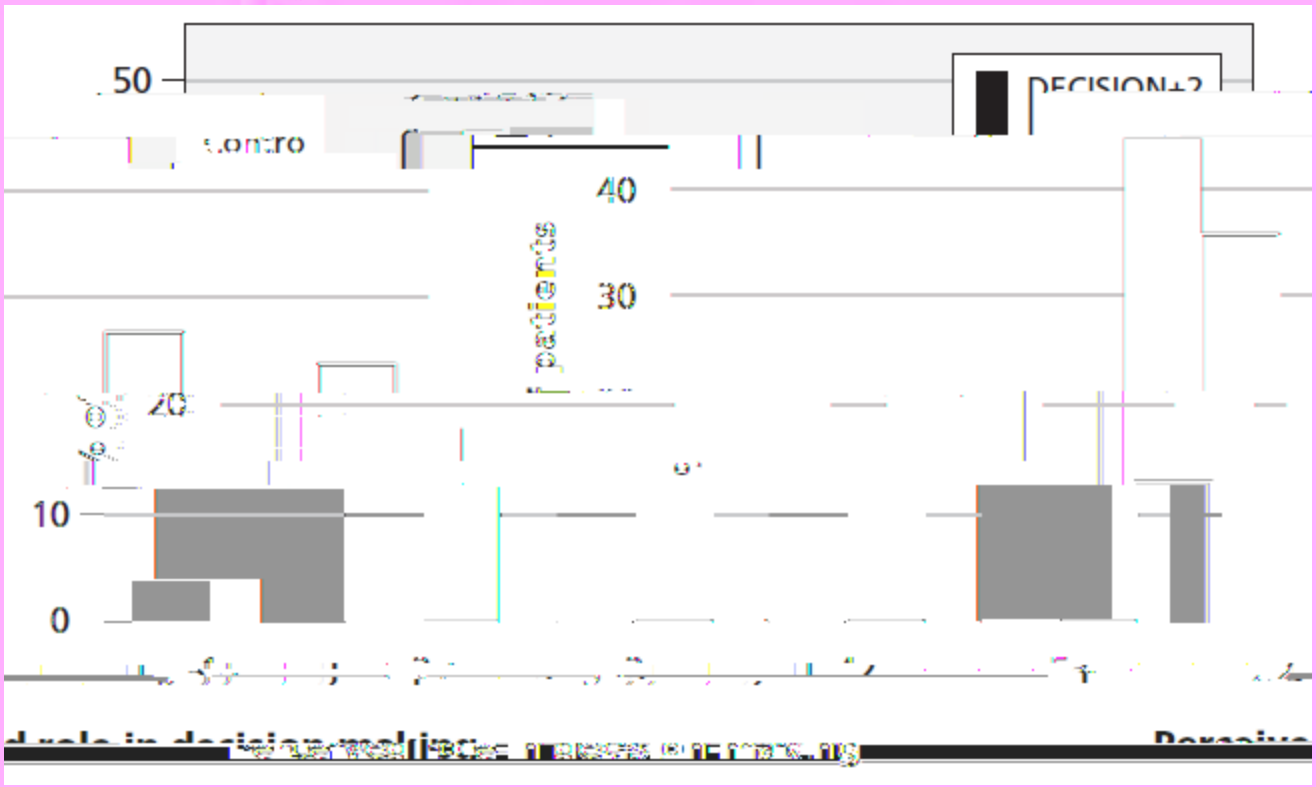

1. I made the decision alone.
2.

Key messages

- To fully reach patient-centered care, patients need support to participate in decision making.
- Shared decision making is a process whereby patients are supported to make decisions.
- Facilitators to shared decision making:
  - Patient decision aids
  - Decision coaching
  - Public awareness campaigns
  - Training of health professionals
  - Targeting patients and providers is needed

Citations

Chewning B, Bylund CL, Shah B, et al. Patient preferences for shared decisions: a systematic review. Patient Educ Couns. 2012 Jan;86(1):9-18. PMID: 21474265.

Couët N, Desroches S, Robitaille H, et al. Assessments of the extent to which health providers involve patients in decision making: a systematic review of studies using the OPTION instrument. Health Expect. 2013 Mar 4. PMID: 23451939.

Hibbard JH, Greene J. What the evidence shows about patient activation: better health outcomes and care experiences; fewer data on costs. Health Aff (Millwood). 2013 Feb;32(2):207-14. PMID: 23381511.

Joseph-Williams N, Elwyn G, Edwards A. Knowledge is not power for patients: a systematic review and thematic synthesis of patient-reported barriers and facilitators to shared decision making. Patient Educ Couns. 2014 Mar;94(3):291-309. PMID: 24305642.

Kiesler DJ, Auerbach SM. Optimal matches of patient preferences for information, decision-making and interpersonal behavior: evidence, models and interventions. Patient Educ Couns. 2006 Jun;61(3):319-41. PMID: 16368220.

Légaré F, Labrecque M, Cauchon M, et al. Training family physicians in shared decision-making to reduce the overuse of antibiotics in acute respiratory infections: a cluster randomized trial. CMAJ. 2012 Sep 18;184(13):E726-34. PMCID: PMC3447039

Citations, cont.

Légaré F, Ratté S, Gravel K, Graham ID. Barriers and facilitators to implementing shared decision

Thank you

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Overcoming Barriers to Shared Decision Making

Primary Care Provider Perspectives

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Disclosures

Relevant Financial Relationships

None

Learning objectives

- Identify key barriers to shared decision making (SDM) from the ‰ Œ } À] Œ [• ‰ Œ • ‰ š] À X
- Describe strategies for overcoming barriers to implementing shared decision making from the ‰ Œ } À] Œ Z • ‰ Œ • ‰

We evaluated a demonstration of SDM

Objectives of evaluation

Identify barriers and facilitators to implementing shared decision making in primary care settings.

Develop options for evaluation and measurement of shared decision making performance.

Semi-structured interviews

- 23 leaders and clinicians from all demonstration sites
- 10 patients from one site who had each received a decision aid during the demonstration
- Protocol investigated facilitators and barriers to:
  - Engaging clinicians
  - Integrating decision aids into key operational tasks
- We analyzed interview responses inductively for recurrent themes

Barriers toshared decision making

Overworked physicians do not recognize decision opportunities and distribute decision aids reliably.

- Site leaders who relied on physicians to trigger the distribution of decision aids estimated that only 10 to 30 percent of patients facing decision opportunities received the corresponding decision aids.

Barriers toshared decision making

Overworked physicians do not recognize decision opportunities and distribute decision aids reliably.

^ • o } v P have the physicians in the middle of distributing decision

Barriers toshared decision making

Overworkedphysicians do not recognize decision opportunities anddistribute decision aids reliably.

Insufficient providertraining

- Recognizing decision opportunities and having pos decision aid conversations are skills providers mus learn.

^ t found that physicians felt that they were already doing shared decision making before we introduced the decision aids. To u U] š t [really shared decision making when there is only a 15-minute appointment, and ‰ š] v š • v really engage in a conversation when they

Barriers toshared decision making

Overworkedphysicians do not recognize decision opportunities and distribute decision aids reliably.

Insufficient providertraining

- Recognizing decision opportunities and having pro-active decision aid conversations are skills providers must learn.

^You really have to pay attention to the clinicians in this ‹ µ š] } v X z } µ v [š i µ • š • l š Z u š } } • • µ u š Z š š Z Ç [o o l v } Á v X Á Z u š d Ç } µ attended the training of our clinicians_

Barriers toshared decision making

- Overworked

Barriers toshared decision making

Overworkedphysicians do not recognize decision opportunities and distribute decision aids reliably.

Insufficient providertraining

Inadequateclinical information systems

- Not able to track the full sequence of steps involvedshared decision making
- Not able to integrate with decision aids

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is off the chart. There is documentation that a decision aid
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Solutions sites employed

Automatic triggers for decision aid distribution

- Trigger on patient age and gender (for screening)

Site leader:

Site leader:

Solutions sites employed

Automatic triggers for decision aid distribution

- Trigger on patient age and gender (for screening)
- Triggeron specialist referrals (for surgical procedures)
  - Relative greater focus of specialist visits may facilitate more reliable performance of post-decision aid conversation.

Site leader W ^ / v specialty clinic, the [decision aids] are much more frequently discussed. It is a bigger challenge for the primary care practice because there may be several things a patient wants to discuss, but when you see a specialist, you see the doctor for ‰ Œ š] µ o Œ ‰ µ

Solutionssites employed

Automatic triggers for decision aid distribution

- Trigger on patient age and gender (for screening)
- Triggeron specialist referrals (for surgical procedures)
  - Relative greater focus of specialist visits may facilitate more reliable performance of post-decision aid conversation.

Engage team members other than physicians.

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Measuring the successfulness of implementing shared decision making v

Vulnerability in later steps of SDM

Decision opportunity

Measuring the successfulness of implementing shared decision making

Process measures should capture all steps of shared decision making.

Implications

Achieving shared decision making Á] o o Œ ‹ µ] Œ ^ v A } ‰ Œ š] v P • Ç • š u • _ (þ ra ctic ‰ s Œ] u Œ Ç Œ

- Major investments will be needed to develop and improve educational, operational, and informatics systems.
- Payment reform may be necessary.

Implications

Achievingshared decision making will[illegible] practices

There are nodata yet onthe successfulness of shared decision makingin medical homeimplementations.

- [illegible] implies that many other capabilities are present and functioning.
- Given the degree of difficulty, expect some disappointments as practices figure out how to dothis.
- Watch the measures in this spaceDistributingdecision aids is not sufficient to guarantee thatshared decision makinghas occurred.

Implications

Achieving shared decision making Á] o o Œ ‹ µ] Œ ^ v A } ‰ Œ š] v P • Ç • š u • _ (þ ractic‰ s Œ] u Œ Ç Œ

There is no data yet on successfulness of shared decision making in medical home implementations.

Key issue for policy makers: How high to set the bar for]] v P Á Z š } µ v š • • ^ in shared decision making

- Lower bar: Count or rate of decision aid distribution
- Higher bar: All-or-none process measures including all steps of shared decision making

Thank you

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mfriedbe@rand.org

Development of the SHARE Approach

Addressing Barriers to Shared Decision Making Identified by Formative Research During the Development Phas

Alaina Fournier, Ph.D.

Office of Communications and Knowledge Transfer
Agency for Healthcare Research and Quality (AHRQ)

Presentation objective

- Œ] , Z Y [• -bàsed initiative to promote:
  - Shared decision making via the SHARE Approach
  - How theprogram was developed to address common barrier to shared decision making

Disclosures

Relevant Financial Relationships

None

The Agency for Healthcare Research and Quality

- AHRQ is a Federal agency that is part of the U.S. Department of Health & Human Services.

- AHRQ works to produce and disseminate evidence to make health care safer, of higher quality, more accessible, equitable, and affordable.

Patient-centered outcomes research (PCOR

The Affordable Care Act directs AHRQ to disseminate a implementpatient-centered outcomes research (PCOR).

PCOR is a type of research that:

- Assesses the effectiveness of preventive, diagnostic, therapeutic, palliative, or health delivery system interventions
- Compares the benefits and harms of available intervention
- Aims to find out how well interventions work in everyday practice settings, not just in clinical trial settings
- Focuses on outcomes that matter to people

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- Synthesizes PCOR through syste reviews and comparative effec reviews
- Translates PCOR findings into plain-language resources for pati and health care professionals to support decision making
- Disseminates PCOR-based decision aids to those who need them (www.effectivehealthcare.ahrq.gov)

Goal: Improve health care quality and patient health outcomes through

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- Project launched in 2013
-

Identified barriers for patients

- Common themes identified (literature review)
  - Not knowing that they can and should be involved
  - Health literacy/numeracy barriers
  - Cultural issues
  - Geographic/demographic variables

SHARE Approach

Training design facilitators for patient barriers

Barrier	Design Facilitator
Not knowing that they have a role to play	‡ A key component of the SHARE Approach framework is the INVITATION to participate in decision making
Health literacy and language barriers	Inclusion of a communication module that addresses: ‡ Role of health literacy, including tools and resources to assess ‡ Use of universal precautions ‡ Working with medical interpreters ‡ Cultural competency strategies ‡ Health numeracy ‡ Teach-back with shared decision making
Cultural issues	
Demographic variables	Implementation module with multiple examples of how shared decision making can be implemented in the practice setting, including: ‡ Examples of a variety of ways to deliver decision aids

Training resources

- Shared decision-making toolkit on the AHRQ

The SHARE Approach

Essential Skills of Shared Decision M

The SHARE Approach
Train-the-Trainer Workshop

- Consists of four modules and a training module (~6.25 hours of training)

Module 1: Shared Decision Making

Module 2: Accessing and using PCOR Resources

Module 3: Communication

Module 4: Putting Shared Decision Making Into Practice

Training Module

Ongoing support from AHRQ

- AHRQ provides ongoing support activities for participants of the workshop.
  - SHARE Approach Web conferences
  - Technical assistance to workshop trainees
  - SHARE Approach Learning Network (coming soon!)

The SHARE Approach

- All Effective Health Care materials described here may be found on the Effective Health Care Web site:

  http://effectivehealthcare.ahrq.gov/

- Shared decision-making tools and resources are available on the Shared Decision-Making Toolkit Web site:

  http://www.ahrq.gov/shareddecisionmaking/

The SHARE Approach Web site also contains information about

Citations

1. Duncan E., Best C., Hagen S. Shared decision making interventions for people with mental health conditions. Cochrane Database Syst Rev 2010 Jan 20;(1):CD007297 PMID: 20091628.
2. Hamann J., Langer B., Winkler V., et al. Shared decision making for patients with schizophrenia. Acta Psychiatr Scand 2006 Oct;114(4):265-273. PMID: 16968364.
3. Légaré F., Ratté S., Stacey D., et al. Interventions for improving the adoption of shared decision making by healthcare professionals. Cochrane Database Syst Rev. 2010;5:CD006732.
4. Légaré & X U d µ Œ E } š š ^ X U ^ š Ç X U š o X W š] v š • [% systematic review of interventions to enhance shared decision making in routine clinical practice. Patient. 2012;5(1):1-19.
5. Loh A., Simon D., Wills C.E., et al. The effects of a shared decision-making intervention in primary care of depression: a cluster-randomized controlled trial. Patient Educ Couns 2007 Aug;67(3):324-332. PMID: 17509808.
6. Stacey D., Bennett C.L., Barry M.J., et al. Decision aids for people facing health treatment or screening decisions. Cochrane Database Syst Rev. 2011;10:CD001431

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http://etewebinar.cds.pesgce.com/eindex.php

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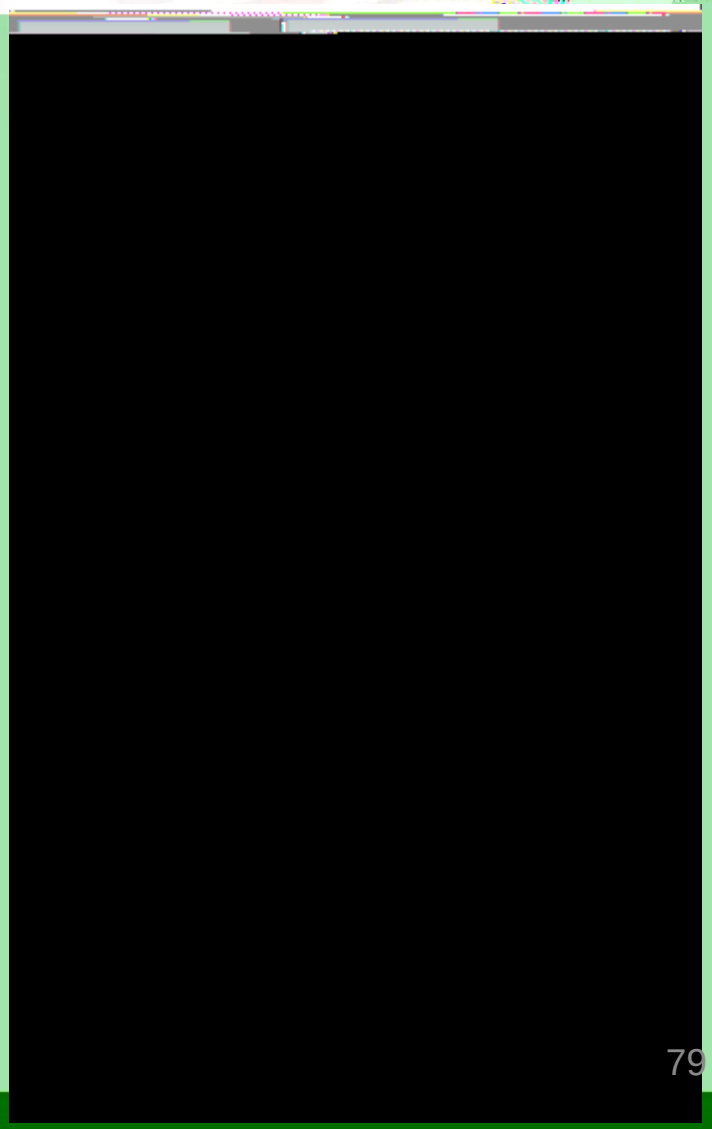
Please address your questions ŠZ}^ oo W v o]•š•_]v šZ drop down menu.

Select ^^ v_ to submit your question to the moderator.

Questions will be read aloud by the moderator.

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