SHARED DECISION MAKING

AN EMPATHIC CONNECTION WITH PATIENTS
IMPROVING THE PATIENT EXPERIENCE DURING
DECISION MAKING
I am employed by Healthwise, a nonprofit provider of health information, decision support tools, and behavior change assistance.
INTRODUCTIONS

• Leigh Simmons, MD
  • Assistant in Medicine, Massachusetts General Hospital
  • Instructor in Medicine, Harvard Medical School

• Charles Keller, MD
  • Family medicine practitioner at Mercy Clinics – Des Moines
  • Physician lead for shared decision making

• Richard Wexler, MD
  • Chief Clinical Integration Officer – Healthwise
  • Recently – Chief Medical Officer at the Informed Medical Decisions Foundation
SESSION OUTLINE

• An introduction to shared decision making
• Making shared decision making a reality in day-to-day care
  • Stories from implementing SDM at Massachusetts General Hospital and Mercy Clinics-Des Moines
• Discussion, questions and comments
In the past 2 years, have you made a decision about starting or stopping a medication or having a surgical procedure?
ARE PATIENTS INVOLVED AND INFORMED WHEN MEDICAL DECISIONS ARE MADE
ARE PATIENTS INFORMED?

<table>
<thead>
<tr>
<th>Question</th>
<th>Percent Correct</th>
</tr>
</thead>
<tbody>
<tr>
<td>How many people</td>
<td></td>
</tr>
<tr>
<td>... get pain relief from surgery</td>
<td>28</td>
</tr>
<tr>
<td>... experience a surgical complication (e.g. wound infection)</td>
<td>46</td>
</tr>
<tr>
<td>... will have replacement last at least 20 years</td>
<td>15</td>
</tr>
<tr>
<td>How long most people require to return to normal activity</td>
<td>39</td>
</tr>
</tbody>
</table>

The Decisions Study. Medical Decision Making 2010; 30 supplement 1
**ARE PATIENTS INVOLVED?**

<table>
<thead>
<tr>
<th>Patient Recollection of Decision Making Process</th>
<th>PCa Survey % (n=685)</th>
<th>CA Stent % (n=472)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctor discussed reasons for surgery</td>
<td>95</td>
<td>77</td>
</tr>
<tr>
<td>Doctor discussed reasons might not want surgery</td>
<td>63</td>
<td>19</td>
</tr>
<tr>
<td>Doctor discussed any alternative as serious option</td>
<td>64</td>
<td>10</td>
</tr>
<tr>
<td>Doctor asked about patient preference for Rx</td>
<td>76 (circled)</td>
<td>16 (circled)</td>
</tr>
</tbody>
</table>

Fowler et al, JGIM 2/28/12
“Were you involved as much as you wanted to be in decisions about your care and treatment?”

% responding ‘Yes, definitely’

Source: NHS inpatient surveys
### TOP THREE GOALS AND CONCERNS FOR BREAST CANCER DECISIONS

<table>
<thead>
<tr>
<th>Condition: Goal</th>
<th>Pat</th>
<th>Prov</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Keep your breast?</td>
<td></td>
<td>71%</td>
<td></td>
</tr>
<tr>
<td>Live as long as possible?</td>
<td></td>
<td>96%</td>
<td></td>
</tr>
<tr>
<td>Look natural without clothes</td>
<td></td>
<td>80%</td>
<td></td>
</tr>
<tr>
<td>Avoid using prosthesis</td>
<td></td>
<td>0%</td>
<td></td>
</tr>
</tbody>
</table>

KR Sepucha et al/Pt Education and Counseling 73(2008)504-10
### TOP THREE GOALS AND CONCERNS FOR BREAST CANCER DECISIONS

<table>
<thead>
<tr>
<th>Condition: Goal</th>
<th>Pat</th>
<th>Prov</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Keep your breast?</td>
<td>7%</td>
<td>71%</td>
<td>P&lt;0.01</td>
</tr>
<tr>
<td>Live as long as possible?</td>
<td>59%</td>
<td>96%</td>
<td>P=0.01</td>
</tr>
<tr>
<td>Look natural without clothes</td>
<td>33%</td>
<td>80%</td>
<td>P=0.05</td>
</tr>
<tr>
<td>Avoid using prosthesis</td>
<td>33%</td>
<td>0%</td>
<td>P&lt;0.01</td>
</tr>
</tbody>
</table>

KR Sepucha et al/Pt Education and Counseling 73(2008)504-10
THE SILENT MISDIAGNOSIS

“Many doctors aspire to excellence in diagnosing disease. Far fewer, unfortunately, aspire to the same standards of excellence in diagnosing what patients want.”

WHY DON’T PATIENTS SPEAK UP?

- Patients feel compelled to conform to socially sanctioned roles
- Physicians can be authoritarian
- Patients work to fill information gaps
- Patients feel the need to bring social support to the consultation

“If I were to do that I would think...is the guy going to be pissed at me...? Is it going to come out in some way that’s going to lower the quality of my treatment?”

64 year old man

D Frosch et al/Health Affairs 31, no.5 (2012)
PATIENT SAFETY

Wrong Site Surgery

Wrong Patient Surgery

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

© Informed Medical Decisions Foundation 2013
“the process of interacting with patients who wish to be involved in arriving at an informed, values-based choice among two or more medically reasonable alternatives”¹

**Informed**
- There is a choice
- The options
- The benefits and harms of the options

**Values-Based**
- What’s important to the patient

¹A.M. O'Connor et al, “Modifying Unwarranted Variations In Health Care: Shared Decision Making Using Patient Decision Aids” *Health Affairs*, 7 October, 2004
A Schematic of Shared Decision Making

© Informed Medical Decisions Foundation
PATIENT DECISION AIDS: TOOLS TO FACILITATE SDM

- Describe a specific condition
- Present information organized around specific decisions
- Strive to keep information accessible (charts, graphs) and balanced
- Encourage patients to interpret information in the context of their own goals and concerns
- Engage viewers with real patient stories
- Advise patients to make decisions with their physician

© Informed Medical Decisions Foundation
Decision Aids Support Shared Decision Making
PRESIDENT'S COMMISSION FOR THE STUDY OF ETHICAL PROBLEMS (1982)

• First time shared decision making mentioned
• Informed consent is an ethical obligation that involves SDM and is rooted in mutual respect
• Patient entitled to accept or reject medical interventions based on personal values
A CHORUS OF VOICES CALLING FOR SDM
SESSION OUTLINE

• An introduction to shared decision making
• Making shared decision making a reality in day-to-day care
  • Stories from implementing SDM at Massachusetts General Hospital and Mercy Clinics-Des Moines
• Discussion, questions and comments