Patient Experience Summit
Empathy and Innovation

Working with Patients to Achieve the Triple Aim

Michael J Barry, MD
Foundation President
May 20, 2014
• Healthwise’s mission is to help people make better health decisions.
Is Informed Consent “Real?”

• In a survey of consecutive patients scheduled for elective coronary revascularization at Yale New Haven Hospital in 1997-1998:
  • 75% believed PCI would help prevent an MI.
  • 71% believed PCI would help them live longer.

Holmboe ES. *JGIM*. 2000; 15:362
Is Informed Consent “Real?”

- A meta-analysis in 2009 (61 studies and 25,388 patients) concluded:
  - “Sequential innovations in catheter-based treatment for non-acute coronary artery disease showed no evidence of an effect on death or myocardial infarction when compared to medical therapy.”
- Subsequent meta-analyses have reached the same conclusion

Stergiopoulos K. *Arch Intern Med* 2012; 172:312
Pursani S. *Circ Cardiovasc Inter* 2012;5:476
Thomas S. *Can J Cardiol* 2013; 29:472
Is Informed Consent “Real?”

- In a survey of consecutive patients consented for an elective coronary revascularization at Baystate Medical Center in 2007-2008:
  - 88% believed PCI would help prevent an MI.
  - 76% believed PCI would help them live longer.

DECISIONS Study

- Nationwide random-digit dial telephone survey
- Probability sample of ~2500 English speaking American age 40+
- Reported a discussion of 1 of 9 medical decisions with a health care provider within 2 years

The DECISIONS Study. Medical Decision Making. 2010; 30 supplement I.
Decisions Survey: Decisions Addressed

- Surgery
  - Back surgery
  - Knee/hip replacement
  - Cataract extraction
- Cancer screening
  - Prostate
  - Colorectal
  - Breast
- Medications
  - Hypertension
  - Hyperlipidemia
  - Depression
How Much did Patients know?

• Clinical experts and prior patients identified 4-5 key facts for each decision
• Respondents were asked the knowledge questions related to their decision
• For 8 out of 10 decisions, fewer than half of respondents could get more than one question right
## 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>

## Top Three Goals and Concerns for Breast Cancer Decisions

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<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>
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.”

Forces Sustaining Unwanted Practice Variation

**Patients:**
Making Decisions in the Face of Avoidable Ignorance

**Clinicians:**
Less than Optimal “Diagnosis” of Patients’ Preferences

**Poor Decision Quality Unwanted Practice Variation**
What is Good Medical Care?

• It is not just about doing things right
• It is also about doing the right thing
• Preference-sensitive care: For most medical problems, there is more than one reasonable option
Shared Decision Making Model

- Key characteristics:
  - At least two participants (clinician & patient) are involved
  - Both parties share information
  - Both parties take steps to build a consensus about the preferred treatment
  - An agreement is reached on the treatment to implement

Patient Decision Aids can Help!

- Tools designed to help people participate in decision-making
- Provide information on the options
- Help patients clarify and communicate the values they associate with different features of the options
Cochrane Review of Decision Aids: 2014 Update (trials through 2012)

- In 115 trials (34,444 participants) from 9 countries, use of decision aids has led to:
  - Increased knowledge
  - More accurate risk perceptions
  - Lower decision conflict
  - Fewer people passive in decision making
  - Fewer people remaining undecided
  - Decisions more congruent with patient values
  - 21% fewer patients choosing surgery (15 trials)

Demonstration Site Program

Objective: to demonstrate that the use of patient decision aids and the process of shared decision making can effectively and efficiently become part of day-to-day care.
• Introduced pDAs for hip/knee arthroplasty candidates in 2009
• Reached 28% of eligible knee (N=3510) and 41% of hip patients (N=820)
• Over 6 months:
  • 38% fewer knee replacements
  • 26% fewer hip replacements
  • 12-21% lower costs

Arterburn D, et al. Health Affairs 2012; 31(9)
Importance Ratings by Demographic Group

**Includes all valid demonstration site surveys in Illume database distributed in a primary care setting as of 8/1/12 (unweighted)**

**Statistically significant (p \leq 0.05) (Chi square test)**

<table>
<thead>
<tr>
<th>Demographic Group</th>
<th>Extremely</th>
<th>Very</th>
<th>Somewhat</th>
<th>Not at all</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall</td>
<td>30</td>
<td>55</td>
<td>14</td>
<td>3,794</td>
</tr>
<tr>
<td>Age</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt;50</td>
<td>32</td>
<td>51</td>
<td>16</td>
<td>625</td>
</tr>
<tr>
<td>50 - 64</td>
<td>30</td>
<td>56</td>
<td>13</td>
<td>1,966</td>
</tr>
<tr>
<td>65+</td>
<td>30</td>
<td>54</td>
<td>15</td>
<td>1,203</td>
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<tr>
<td>Education</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>4y college+</td>
<td>29</td>
<td>55</td>
<td>16</td>
<td>1,658</td>
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<tr>
<td>Some college</td>
<td>32</td>
<td>56</td>
<td>11</td>
<td>979</td>
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<tr>
<td>HS or less</td>
<td>31</td>
<td>54</td>
<td>14</td>
<td>1,141</td>
</tr>
<tr>
<td>Gender</td>
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<td></td>
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<tr>
<td>Male</td>
<td>29</td>
<td>56</td>
<td>15</td>
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<tr>
<td>Female</td>
<td>32</td>
<td>54</td>
<td>13</td>
<td>1,574</td>
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Decision Role Preferences by Demographic Group

<table>
<thead>
<tr>
<th>Age</th>
<th>You</th>
<th>Both equally</th>
<th>Your HCP</th>
<th>n</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall</td>
<td>28</td>
<td>68</td>
<td>4</td>
<td>4,027</td>
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<tr>
<td>&lt;50</td>
<td>21</td>
<td>74</td>
<td>5</td>
<td>628</td>
</tr>
<tr>
<td>50 - 64</td>
<td>30</td>
<td>65</td>
<td>5</td>
<td>2,013</td>
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<tr>
<td>65+</td>
<td>27</td>
<td>70</td>
<td>3</td>
<td>1,385</td>
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<td>1,721</td>
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Thank You!

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WWW.INFORMEDMEDICALDECISIONS.ORG