

Section 6.1 Optimize

Shared Decision Making

This tool describes a process wherein patients are provided evidence-based information on treatment choices and are encouraged to use the information in an informed dialogue with their providers to help them make healthcare decisions that best align with their values, preferences, and lifestyle. Providing care that is respectful of patient needs can lead to improved outcomes because the patient was engaged and empowered to make choices.

Time needed: 2 hours

Suggested other tools: Approaches to Patient Communications; Promoting Patient Self-Management; Supportive Communications; Patient Empanelment; and Patient-Provider Agenda

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How to Use

1. **Review** this tool and references herein, and in the *Approaches to Patient Communications* tool that introduces shared decision making.
2. **Discuss** shared decision making within the provider community. Consider strategies for adopting the approach across the community in order to create a consistent message and experience for the patients in the community. (See the Minnesota Shared Decision Making Collaborative: Shared Decision Making Implementation Roadmap, produced by Stratis Health at: <http://msdmc.org/pdf/MSDMCRoadmap.pdf>)
3. **Consider** how to implement shared decision making with your patients.
4. **Track** your patients' responses and outcomes, if feasible, as a means for continuous improvement in your own skills and to help the community recognize the importance of shared decision making for patients.

Background on Shared Decision making

The blog post “Shared Decision Making–From Doctor is King to Patient is Key” (available at: <http://blogs.perficient.com/healthcare/blog/2013/06/19/moving-the-patient-to-key-through-shared-decision-making/>), which discussed the shift in the medical community’s approach to treatment recommendations, featured a cartoon in which an attending physicians and medical students were gathered around a patient’s bed. The caption read: “When we want your opinion, we’ll give it to you.” Yet research shows patient-centered decision making (another name for shared decision making) results in better quality of care and is linked to patient satisfaction.¹

A study entitled “Communicating With Physicians About Medical Decisions: A Reluctance to Disagree” (available at: <http://archinte.jamanetwork.com/article.aspx?articleid=1212630>) found that 70 percent of patients preferred making medical decisions with their providers. Nearly all could envision asking questions and discussing preferences. However, only 14 percent would express disagreement with their provider if their preferences conflicted with provider recommendations. Such disagreement was viewed as being socially unacceptable, or having the potential for leading to poor outcomes. Feelings about disagreement did not vary by age, race, education, or income. Even among those who preferred to make their own medical decisions, participants feared that expressing disagreement would lead to them being viewed as a difficult patient, thought their relationship with their provider would be damaged, or worried that disagreement might interfere with getting the care they wanted.

Patients need to be supported to ask questions and discuss preferences. Perhaps more important is to find a way to allow patients to voice disagreement. The authors of this study suggest this requires attitude as well as behavior change on the part of providers.

Shared Decision Making in Relationship to Other Communication Tools

Shared decision making improves communications with patients to achieve better outcomes.

- **Informed Consent vs. Shared Decision Making.** *Informed Consent* is an effort to advance a patient’s understanding of the benefits and risks of a specific treatment option. It is an important element of carrying out any treatment and a legal requirement prior to having invasive surgery or other significant treatment. *Shared Decision Making* is a process that matches a patient’s preferences and values with a chosen treatment.
- **Supportive Communications vs. Shared Decision Making.** While patient choice is an important element in both, *Supportive Communications* elicits the patient’s desire to make good choices regarding lifestyle changes that are dependent upon the patient carrying out those choices. *Shared Decision Making* focuses on reaching an agreement about a treatment choice to be carried out by the provider with the patient’s participation.
- **Patient-Centered Communications.** All of the communications strategies described in this tool and others in the Toolkit are patient-centered. All seek to engage the patient in their health care and its decision making, improve patient satisfaction and health outcomes, reduce health disparities, and promote evidence-based care. All communications strategies entail changing providers’ mindset from one that has traditionally been directive to one that is much more participative, acknowledging respect for patients and their values and preferences, as well as their expert knowledge and patients’ right to be fully informed of all care options, potential harms, and benefits.

Shared Decision Making Challenges

All changes have challenges, whether they are changes desired and adopted by patients in their lifestyle or changes providers make in their communications with patients to help them achieve better outcomes. While changes in communications should be a “zero-sum” experience, numerous challenges need to be recognized and mitigation strategies deployed where feasible:

Challenges in Adopting SDM	Potential Mitigation Strategies
<p>Time – Lack of time to interact with the patient has been expressed as the biggest impediment to SDM.</p>	<p>Patient empanelment, utilizing a patient agenda, listening more, and otherwise being sensitive to patient needs can help manage time so the same amount of time is used more effectively.</p>
<p>Provider training – SDM and other forms of patient-centered communications have not been taught or modeled in medical schools or in many practices.</p>	<p>Adopting patient-centered communications should be viewed as a key element of quality assurance and provider/staff continuing education. Such communications generally require more of a shift in attitudes and beliefs than new skills.</p>
<p>Reimbursement – There is no system of reimbursement for SDM or other forms of patient-centered communications. Time-based evaluation and management codes may be used if there is adequate documentation (which may also take more time than typically consumed), although some believe SDM and other forms of patient-centered communications represents good practice and should not receive differential payment.</p>	<p>The industry is moving toward value-based reimbursement that rewards providers for positive outcomes, not time spent with patients – though perhaps not fast enough or in ways that have been fully tested and refined. In the interim, it may be necessary to address outcomes in contract negotiations for reimbursement, and to find alternative ways to accomplish patient-centered communications without adding time to a visit. These include engaging others in the health care team to initiate and follow up on communications.</p>
<p>Comfort level of providers with changing their communication styles – This may actually be the biggest real challenge. There are issues of timing: When do you start the change? Do you formally introduce the change to patients? What if you inadvertently say the wrong thing? What if others in the practice or community are not with you and you stand out as different?</p>	<p>A good way to move toward more patient-centered communications is actually with SDM. There is a specific event that occurs (i.e., need for a treatment choice) when invoking SDM. However, SDM will also be more new to the patient than other forms of patient-centered communications. For this reason, it may be appropriate to formally introduce the process of SDM to the patient before beginning the communication (see suggested scripts below).</p> <p>Other forms of patient-centered communications tend to be less dramatic of a change and may initially tolerate some directiveness if the provider is not yet comfortable with fully adopting supportive communications. Selecting certain patients who seem to be more open or desirous of such communications can also be a way to approach adoption.</p>

Steps in Shared Decision Making

Steps to take with each patient and some example scripts are provided below.

1. **Introduce the topic** about which a decision needs to be made. Some topics are very straightforward: A discovery of cancer after symptoms have been discussed and determination made of the diagnosis. *Shall we talk about what options are available and which you think may best fit your needs?* Others may be more lifestyle-like, such as whether to have hip-replacement surgery after the patient acknowledges significant discomfort and other issues. *Shall we talk about what hip replacement is like and what it means to you?* (It is suggested that with lifestyle changes such a tobacco cessation, diet and exercise, that supportive communications be tried before SDM. However, once the patient decides to make a change and options are described, SDM may be a natural next step.)
2. **Reinforce that a decision** about the healthcare alternative right for the patient is **made in partnership** with the patient. *We want to make sure you are comfortable that this is the right decision for you. There are alternatives and there are pros and cons of all alternatives I can help you think about. Some of the pros and cons relate not only to the risks of the treatment itself but how the treatment will impact your health and your lifestyle.*
3. **Assess pre-existing knowledge** and understanding of the topic, the patient's desire for learning more and how that learning can take place, what related concerns the patient may have – such as transportation and cost, expectations for outcomes, goals for making lifestyle changes necessitated by the choice made, and preferred role in decision making. Note that if the patient states they prefer to have the provider decide the best choice, acknowledge this – while still ensuring understanding for the patient's role in the treatment. For example, if the patient wants hip replacement surgery but is required to attend six weeks of physical therapy post-surgery and the provider knows the patient has difficulty with transportation and does not exercise at all presently, it is important for the patient to understand these constraints and the ramifications of not following through on the therapy.
4. **Identify choices** and explain guidelines and/or recommended standards of care. Use open-ended questions, such as: *What forms of treatment are you familiar with for your condition?* Assess the patient's level of understanding: *What do you know about _____?* To ensure discussion of all pros and cons of each option, ask: *What have you heard about _____ that concerns you?* Supplement what the patient tells you with other pros and cons. It is acceptable to discuss options that exist that have no evidence of their value – and equally important to state this lack of evidence as a negative factor. Clarify the patient's values, goals, and preferences: *To help us narrow down the options, how do you think _____ jives with your need for _____?* Highlight any dissonance between these and the choices being considered. For example, _____ requires _____. *How do you feel about doing that?*
5. **Negotiate a decision** and resolve any outstanding conflict. Summarize the patient's preferences, including identifying the specific choice and pros/cons. Check for accuracy and comprehensiveness of your summary: *Was there anything else we discussed?* Present your clear recommendations based on medical evidence and patient preferences: *Based on the fact that _____ is _____ and your need for _____, it sounds like _____*

would be the best choice? What do you think about that? If you sense any doubts or concerns, ask the patient if there is another choice she or she was considering instead. State that it is OK to disagree with your initial recommendation. Listen closely to the patient's concerns or objections, staying nonjudgmental. Remember, the patient is responsible for all pre- and post-activities associated with the discussion topic. If the patient does not believe those are feasible, it may be best to reconsider the patient's choice, a second-best option, or other reasonable alternatives. Work through the negotiation process until you are convinced the patient is comfortable with the best choice possible given his or her concerns.

6. **Agree on a plan** to undertake the topic of the discussion. (See *Patient Action Plan* for ideas on how to construct an action plan.) Although the action plan for the discussion topic will be more specific, it is still necessary to confirm the patient's understanding and commitment to carrying out the plan. It is also necessary for the provider to review and accept areas of compromise. Document the plan, express appreciation for the patient's participation, praise positive efforts in reaching this decision, and offer hope and optimism. Provide the patient with a copy of the plan and resources. Arrange for follow up.
7. **Monitor patient's changing needs**, wants, and behaviors in addition to his/her clinical progress. Provide supportive communications, any additional guidance facilitation or information, and amend the plan as necessary.

Shared Decision Making Aids

In addition to the references provided in this tool and those in the *Approaches to Patient Communications* tool, the Ottawa Hospital Research Institute is frequently cited for its excellent patient decision aids that can help patients become involved in decision making. They are intended to complement, not replace, the communications steps described above. Links to the aids are available at: <http://decisionaid.ohri.ca/index.html>

The Ottawa Personal Decision Guide and Family Decision Guide are available as a PDF from the site above (and listed below). Both provide an excellent way to organize one's thoughts and to demonstrate to the patient that he/she is not alone in making these decisions.

<http://decisionaid.ohri.ca/docs/das/OPDG.pdf>

<http://www.cheo.on.ca/uploads/Decision%20Services/OFDG.pdf>

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For support using the toolkit

Stratis Health • Health Information Technology Services

952-854-3306 • info@stratishealth.org

www.stratishealth.org

