Incorporating Shared Decision Making in Primary Care

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Outline
• What is shared decision making and why implement it?
• Situations where SDM is appropriate
• Decision aids
• Examples of SDM interventions
• Tips for incorporating shared decision making into primary care practice

Patient-Centered Care
• Identified by Institute of Medicine as essential component to quality care
• Principles:
  ▪ Customization of care based on patients’ needs, preferences
  ▪ Patient as source of control
  ▪ Shared knowledge and free flow of information
  ▪ Evidence-based decision making
Shared Decision Making – Definition

• Shared decision making is a process in which:
  – Physician shares with the patient all relevant risk and benefit information on all treatment options
  – Patient shares with the physician all relevant personal information that might make one treatment or side effect more or less tolerable than others
  – Both parties use the information to come to a mutual decision

Model for Shared Decision Making


PRACTITIONER

Identify problem(s)
Present options
Discuss risks, benefits, alternatives, uncertainties
Provide information with best evidence available
Check understanding
Additional decision support

PATIENT

Knowledge and understanding about health condition
Clarify and voice values, preferences, and preferred style of decision making

Patient is invited to and engages in decision making at the desired level.

Why Shared Decision Making?

• Many patients indicate a desire to share in clinical decision-making
• Patients are not well-informed about their choices
• “What you get depends on where you are”: there is significant unwarranted variation in care, particularly for decisions where there is > 1 option

Patients Do Want to be Involved in Decision Making

• 96% of patients would like to be offered choices and asked for their opinion by MD
• 52% prefer to have physicians make final decision
• Decision making preferences vary by race, age
• Women, more educated, healthier patients are more likely to prefer active role

Levinson, J Gen Intern Med 2005;20:531
But Patient Knowledge is Lacking

- 347 patients asked about the PCI they had done within the previous 1 year
  - 33% thought PCI was emergent (all were elective)
  - 70% thought PCI would prevent future MI
  - 66% thought PCI would extend life
  - 42% thought PCI “saved life”
  - 42% thought PCI improved findings on stress test
  - 31% thought PCI would improve symptoms

Patients Are Not Being Offered Options

- According to patients....
  - 68% were offered PCI only
  - 18% were offered medical therapy as an alternative to PCI
  - 13% were offered CABG as an alternative to PCI

When Should SDM Occur?

- Effective care:
  - Evidence-based care that all with need should receive
  - Patient preferences not a significant part of decision making
  - E.g., antibiotics for pneumonia

- Supply-sensitive care:
  - Utilization is associated with supply of resources
  - E.g., visits, hospitalizations, ICU admissions, etc where utilization is associated with supply of resources
  - “If you build it (or have it), they will come

When Should SDM Occur?

- Preference sensitive conditions:
  - No clear evidence supporting one testing or treatment option over others; may have conflicting data
  - Treatments often have similar outcomes (mortality) but different benefits/harms
  - Patient values important in choosing treatment, optimizing care

- In this situation, provider opinion often determines care
<table>
<thead>
<tr>
<th>Clinical condition</th>
<th>Treatment options</th>
<th>Risk/benefit trade-offs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stable coronary artery disease</td>
<td>Medical treatment</td>
<td>Avoids procedure but slower symptom control</td>
</tr>
<tr>
<td></td>
<td>Angioplasty (PCI)</td>
<td>Lower risk than surgery but need for repeat PCI</td>
</tr>
<tr>
<td></td>
<td>Bypass surgery</td>
<td>Longer lasting symptoms control but higher risk of mortality, stroke</td>
</tr>
<tr>
<td>Low risk prostate cancer</td>
<td>Watchful waiting</td>
<td>Avoids procedure, but cancer could progress</td>
</tr>
<tr>
<td></td>
<td>Radiation therapy</td>
<td>No surgery, but risk of side effects</td>
</tr>
<tr>
<td></td>
<td>Radical prostatectomy</td>
<td>Removes cancer, but risk of impotence, incontinence</td>
</tr>
<tr>
<td>Prostate cancer screening</td>
<td>No screening</td>
<td>Could miss cancer</td>
</tr>
<tr>
<td></td>
<td>Screening PSA</td>
<td>Potential false positives, diagnostic procedures, unnecessary treatment</td>
</tr>
</tbody>
</table>

**Variation in medical practice**

**Effective care**

**Preference sensitive care**

**Supply sensitive care**

Should there be this much variation?

**State activity on shared decision making**

(Foundation for Informed Medical Decision Making)


- More “preference sensitive” situations: expanding clinical options with complex tradeoffs
- Increasing patient autonomy/desire for active participation in decision-making
- Explosion of information/broader access to information
- Significant unwarranted variation in care: patients may be receiving care that is not wanted
- Increasing costs
Making Decision Making More Patient-Centered

Are we consistent?

• How many of you:
  – Provide epidemiologically accurate information
  – Elicit patients values
  – Check for understanding of knowledge/values

• Every time?

• Should we be doing this?

How well do physicians do SDM?

Informed decision making in orthopedic surgery
N = 133 patients > 60 yo facing surgical decision

92%  Nature of decision discussed
14%  Patient’s preferred role discussed
59%  Risks/Benefits, alternatives discussed
12%  Patient understanding assessed


Key SDM Skills

• Identify a preference sensitive decision
• Present risks/benefits clearly
  – “2 out of every 100 patients develop an infection after this surgery”
• Clarify patient values
  – “What is most important to you in making this decision?”
• Address decisional conflict
  – “Are you sure about the right choice for you? If not, how can I help you?”
Tips for Clear Risk Communication

• Use natural frequencies
  – “Out of every 10 patients who take Prozac, 3-5 experience a sexual problem.”

• Use absolute risks
  – “Mammography screening reduces the risk of dying from breast cancer by about 1 in 1,000: from about 4 in 1,000 to 3 in 1,000.”

• Use mortality rates
  – “There are 26 prostate cancer deaths per 1000,000 American men vs. 27 per 1000,000 in Britain.”

Tips for Clear Risk Communication

• Use balanced framing
  – “If we look at 100 women like you who have this surgery, 97 will survive and 3 will die”

• Use graphics, pictures to depict risk/benefit information
Assessing Patients’ Values

• “What is most important to you in making this decision?”
• Need to elicit patient:
  – Desire for breadth/depth and timing of information
  – Concerns, expectations, goals of care
  – Desired role in decision making
• Goals:
  – Facilitate patient reflection and assessment of impact of alternatives on goals and lifestyle
  – To help patients make decisions consistent with their individual values

Assessing Patient Decision Making Conflict: SURE

• Do you feel Sure about the best choice for you?
• Do you Understand the benefits and risks of each option?
• Are you clear about which benefits and risks matter most to you? (Risk/benefit ratio)
• Do you have enough support and advice to make a choice (Encourage)

Barriers to Incorporating SDM in Practice

• Clinicians
  ▪ Challenge to physician autonomy
  ▪ Failure to recognize preference-sensitive conditions
  ▪ Evidence difficult to extract, interpret, communicate
• Practice
  ▪ Logistics
  ▪ Lack of time
  ▪ Lack of reimbursement
• Patients
  ▪ Perception that patients do not want to participate
  ▪ Variation in patient’s desired decision-making role
  ▪ Health literacy, numeracy challenges
• Resources
  ▪ Need portfolio of appropriate decision aids

How Can Patient Decision Aids Help?

• Patient decision aids are tools that:
  – Provide a comprehensive overview of decision to be made
  – Provide evidence-based, unbiased, and balanced information about all options
  – Help patients consider/clarify their values
  – Help patients participate meaningfully in decision-making
• Goal is to help patients make informed decisions consistent with their values
What are the Goals of Decision Aids?

- Adjunct to counseling
- Inform patients re: options, benefits, risks
- Specify probabilities of outcomes
- Clarify personal values
- Guide in deliberating & communicating
- Empower patient

What Effects Do Decision Aids Have?

- Patients feel more informed
- Have better knowledge and understanding of clinical issue
- Have realistic expectations about treatment
- Are equally or more satisfied with the care they receive
- Sometimes make different choices than uninformed patients

Effect of Decision Aids on Patient Decisions

![Bar chart showing the effect of decision aids on patient decisions.](chart)

Examples of Decision Aids

![Illustration showing examples of decision aids.](illustration)
Video decision aids

What Can Primary Care Physicians Do?

- Maintain patient-centered view of medical decision making
- Recognize diversity of patient needs & values
- Engage in shared decision making with patients
  - Educate patients about all treatment options, risks, benefits
  - Elicit patient preferences for treatment
  - Incorporate decision aids into your practice
SDM Resources

- Ottawa Health Research Institute
  - [http://decisionaid.ohri.ca/decaids.html](http://decisionaid.ohri.ca/decaids.html)
  - List of available decision aids, decision support guide
- The Wiser Choices Program (MayoClinic)
  - [http://mayoresearch.mayo.edu/ker_unit/decision-aids.cfm](http://mayoresearch.mayo.edu/ker_unit/decision-aids.cfm)
  - Statin and Diabetes decision aids
- Foundation for Informed Medical Decision making
  - [www.informedmedicaldecisions.org](http://www.informedmedicaldecisions.org)
  - Information on decision making
- Center for Behavioral and Decision Sciences in Medicine (University of Michigan)
  - [www.cbdsm.org/](http://www.cbdsm.org/)
  - Information on shared decision making, pictograph generator

SDM Resources

- Dartmouth Center for Shared Decision Making
  - [www.dhmc.org/shared_decision_making.cfm](http://www.dhmc.org/shared_decision_making.cfm)
  - Development and Implementation Toolkit
- UCSF Breast Care Center Decision Services
  - [http://www.ucsfbreastcarecenter.org/guideindex.html](http://www.ucsfbreastcarecenter.org/guideindex.html)
  - Breast cancer treatment decision making
- Guidesmith
  - [http://www.guidesmith.org/](http://www.guidesmith.org/)
  - Patient-oriented decision-making website

Thank you!