Overview

- What is shared decision-making program?
- Do we really need shared decision-making programs?
- How can we tango?
  - Barriers and opportunities
  - What is currently available in spine?
  - Future directions

Informed consent

- With any procedure
  - Informed consent must be obtained from each patient
  - Valid consent is based on
    - knowledge of the options
    - the risks and benefits of each option
    - the likelihood that these occur for the individual patient

Disclosure

- Consultant: Relievant
- DSMB member: ISTO
Informed consent

- In theory, informed consent is a process, not a moment in time
- In reality, it has occurred when a clinician requests a signature from a patient to authorize that a specific treatment or procedure take place and the patient signs

Shared decision-making program

- It is a process between clinician and patient, using a decision aid as an adjunct to the process

Shared decision-making program

- The essential components of this process are
  - The clinician perspective
  - The patients perspective
  - A decision aid that provides objective information about all treatment options

The decision aid

- Provide evidence-based information about a health condition, the options, associated benefits, harms, probabilities, and scientific uncertainties
The decision aid

- Help patients to recognize the values-sensitive nature of the decision and to clarify the value they place on the benefits, harms and scientific uncertainties

Shared decision-making program

A distinguished feature of a decision aid is the inclusion of exercises designed to promote clarification of the patients values regarding

* what is at stake
* what it is he/she is trying to achieve as a result of treatment

The decision aid

- improves the match between the chosen option and the features that matter most to the informed patient
- Helps patients to
  - Recognize that a decision needs to be made
  - Know options and their features
  - Understand that values affect the decision
  - Be clear about the option features that matter most
  - Discuss values with their clinician
  - Become involved in preferred ways
The decision aid

- Create more realistic expectations
- Lower decisional conflict
- Reduce uncertainty about what to choose
- Decrease the proportion of people who are undecided
- Improve agreement between values and choices

Shared decision-making program

- Decrease the informational and power asymmetry between doctors and patients
  - by increasing patients information
  - sense of autonomy
  - Control over treatment decisions that affect their well-being
- Increase patients responsibility for the treatment choice

Shared decision-making program

- Should produce the “right” rate of surgery, the rate at which patients values align with the surgery option
- Should prevent geographic variation in utilization of spine surgery
- Reduced rates of elective invasive surgery without adversely affecting health outcomes or satisfaction
Spine literature

- Deyo et al showed
  - a decision aid reduced surgery rates in patients with disc herniation
  - Whereas a trend towards higher rates of surgery was seen among spinal canal stenosis patients

SPORT study showed

- the video helped those patients who were uncertain at baseline to form a preference
- helped those patients who started with an initial preference to strengthen their preference
- there was no consistent trend in preference shifts either toward or away from surgery

Shared decision-making program becomes particularly important

- Because several treatment options exist with different possible outcomes, and substantial uncertainty
- There is often no clear-cut right or wrong answer
- Treatments will vary in their impact on the patient’s physical and psychological well-being

Do we really need shared decision-making program?

- Complete information is necessary, but not sufficient for understanding
- When people lack information
  - they may ignore missing information
  - devalue a treatment option partially or completely
  - make inferences about unavailable information based on information they do have
Do we really need shared decision-making program?

- Preferences may also differ depending upon personal values
- Health information for patients is exploding, particularly on the Internet
- Many patients want to participate in their health care decisions

Shared decision-making: state of the art and future directions

- How does the way that information is presented influence patients’ consent for health treatments?
- People often do not accurately estimate their personal risks
  - be improved by use of absolute risk descriptions and placing risks for a given patient
  - To tailor the format of risk communication to an individual’s level of mathematical literacy
- Research is needed to understand the framing effects
  - Careful attention should be paid to presenting “balanced” information in both positive and negative frames

How does the way that information is presented influence patients’ consent for health treatments?

- Graphics can improve understanding of numerical probability information
  - by showing patterns that might not otherwise be recognized
  - facilitating numerical computations
  - Attracting attention to information
  - Risk ladders are tables showing risk factor levels matched with risk magnitude
  - Action standards are “flagged” points for taking specific actions

Barriers

- Productivity and time pressure in US health care severely constrain SDM program implementation
- Using years of physician dominant model
- Not having enough research
- Appropriate resources are not available

Opportunities

- It is possible having patients review evidence-based information regarding treatment alternatives before their office visit could improve the efficiency of the visit by allowing the surgeon to focus on helping the patient to reach a treatment decision
- Some states and policymakers are considering expanding legislation that would provide funding to study the use of SDM programs and in some cases require such program to be offered to patients as part of the informed-consent process

Opportunities

- The recently passed federal Patient Protection and Affordable Care Act includes several demonstration projects that would provide additional reimbursement to clinicians who incorporate SDM approaches into their practice
- The possibility of reducing malpractice insurance premiums and litigation
What is currently available in spine?

- Decision aids
  - Disc herniation
  - Spinal canal stenosis
  - Chronic low back pain
  - Acute low back pain

Questions?

- Who should be the host?
- How much information do we need to provide?
- Do we need to stage the information?
- Advertisement of the physicians and/or centers?

Future directions

- Research
- Build shared decision-making programs for patients with spinal disorders

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Thank you