

Shared Decision Making Research – Implications for Practice

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Outline

- Shared Decision Making – What is it and when is it appropriate?
- The evidence base – What does it tell us?
- Identifying and overcoming the Barriers to SDM – MAGIC Programme
- Implications and opportunities in medicines management

Shared Decision Making – What is it?

- An approach where clinicians and patients **share** the **best available evidence** when faced with the task of **making decisions**, and where patients are **supported** to consider **options**, to achieve **informed preferences**

Elwyn G et al Implementing shared decision making in the NHS
BMJ, 2010; 341:c5146

Where can SDM be applied?

- “Preference sensitive” decisions - health care decisions where there is more than one feasible option.
- For example
 - Choice of elective treatment
 - Decisions regarding screening tests and preventive strategies
 - Self management support for people with long-term conditions
- Or most consultations?

Dartmouth Atlas Project Topic Brief: Preference Sensitive Care

http://www.dartmouthatlas.org/downloads/reports/preference_sensitive.pdf2011

Sharing Expertise

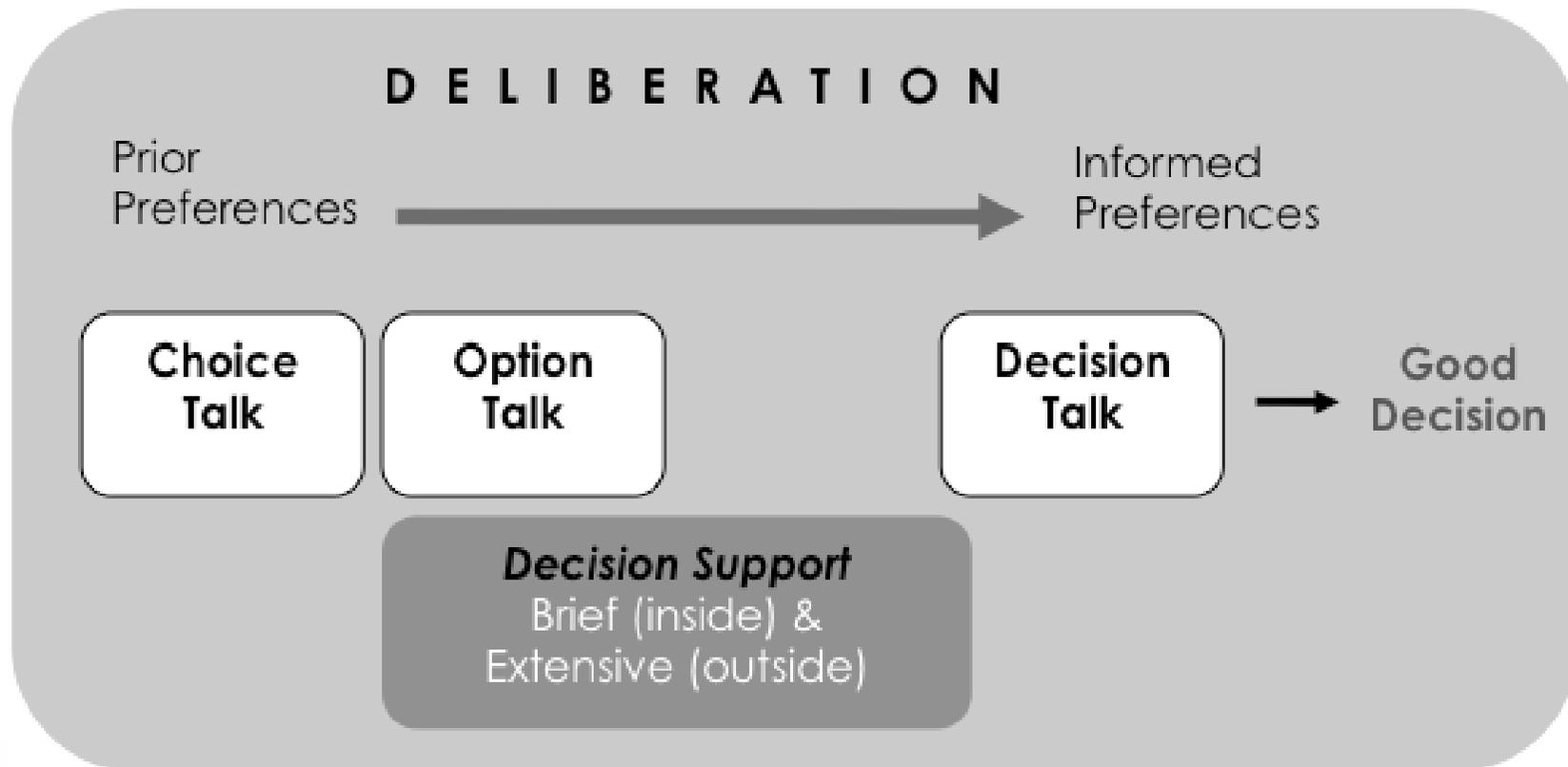
Clinicians Expertise

- Diagnosis
- Disease aetiology
- Prognosis
- Treatment options
- Outcome probabilities

Patients Expertise

- Experience of illness
- Social circumstances
- Attitude to risk
- Values
- Preferences

A SDM Model for Clinical Practice



Elwyn G et al Shared Decision Making: A model for Clinical Practice
J Gen Intern Med, 2012; DOI: 10.1007/s11606-012-2077-6

Components of SDM

- Willing clinician
- Willing patient
- Supportive process
- Supportive environment
- Clear comprehensible information – Patient Decision Aids

Do people want to be involved?

- A significant proportion of patients would like to play an active role in decisions concerning their health
- The nature of the health problem may influence the amount of decision-making control patients want
- Patients recognise that they are the best judges of their values when deliberating upon a healthcare decision
- Patients' participation in decision making may be associated with favourable health outcomes

Source: Legare F et al Interventions for improving the adoption of SDM
By health care professionals Cochrane Review 2010 issue 5

Local Patient Drivers (1)

Key issues from concerns (complaints) received by the Health Board

- Lack of information about choices
- Lack of information about risks and benefits
- Poor communication before, during and after procedures/treatments

Source: Comments from patients concerns, Cardiff and Vale of Glamorgan, 2010/2011

Local Patient Drivers (2)

Patients on the “Expert Patients Programme”

“Decides treatment without explaining or discussing”

“...don’t acknowledge my experience and knowledge”

“Reach for the prescription pad before I have finished speaking”

“Lack of understanding of my preferences”

“Condescending/ patronising /talks down to me”

“Uses words I don’t understand”

Source: Comments from patients as part of the Expert Patient programme, Cardiff and Vale of Glamorgan, 2010/2011

Patient Decision Aids (PDA)

- Describe options available and possible benefits and harms
- Can be written, web based or other media such as DVD
- A large number have been produced
 - www.thedecisionaidcollection.nl
 - <http://decisionaid.ohri.ca/>
 - www.nhsdirect.nhs.uk/en/DecisionAids

Evidence Base for PDA

- 2011 Cochrane Review
- Evidence based tools designed to prepare clients to participate in making specific and deliberated choices among health care options
- 86 studies reviewed which evaluated the effectiveness of PDA for people facing treatment or screening decisions

Stacey D et al Decision aids for people facing health treatment or screening Decisions. Cochrane database of systematic reviews 2011 Issue 10

Findings of the Cochrane Review

- Decision aids were found to
 - Increase people's knowledge of the options
 - Improve risk perception
 - Increase comfort with decisions
 - Increase involvement in decision making
 - Reduce proportion of people who are undecided
 - Reduce choice of discretionary surgery

Stacey D et al Decision aids for people facing health treatment or screening
Decisions. Cochrane database of systematic reviews 2011 Issue 10

Evidence Base – Barriers and Facilitators to Implementation

Barriers

- Time constraints
- Not applicable due to patient characteristics
- Not applicable to clinical situation
- Patients don't want it
- Doctors don't want to do it

Facilitators

- Clinician motivation
- Belief in a positive impact on clinical processes
- Belief in a positive impact on patient outcome

MAGIC

- **MA**king **G**ood decisions **I**n **C**ollaboration
- Multi-centre, implementation study over 18 months
- Funded by the Health Foundation
- Looking at how SDM can be embedded into mainstream health services
- Cardiff and Newcastle NHS and Universities

MAGIC 
Making good decisions in collaboration

Teams

- Cardiff
 - Paediatric Tonsillectomy
 - Head and Neck Cancers
 - Breast Cancer
 - General Practice
- Newcastle
 - Urology
 - Breast Cancer
 - Maternity
 - General Practice



Local Challenges and Barriers

- “We do it already”
- “We don’t have the right tools”
- “Does it make any difference to our patients?”
- Clinicians don’t think patients want it and Patients don’t think they have permission to get involved
- Does SDM align with organisational priorities and is everyone engaged?

“We do it already”

- Training sessions:
 - “I suppose the communication skills training we did right at the start...that’s firmly engrained in my mind now and I really use that sort of model when I’m talking to patients...that there may be options and also doing the preference talk. I’ve done communication skills training before but this model just suits the consultation so much better

“We do it already”

- “I’m not that academic, I’m hands-on...I think if people **actually watch and have a go** at it first **before they dismiss it** and say they do it already, it helps”
- I thought I knew a lot about the best ways to communicate during informed **consent...this has made me completely re-think...I thought I did it already** but this model prompts me to think “have I covered each stage?”
- Makes you **question** whether your methods are based on **paternalism**

“We don't have the right tools”

- Option Grids
 - Designed to help compare reasonable important options
 - Use a grid, questions that patients frequently ask are in the rows and the answers relevant to each option are in the columns
 - FAQs are based on empiricist research – and reflect what is most important to patients
 - Answers are supported by an evidence document

Option Grid

Breast cancer surgery

Use this grid to help you and your clinician decide whether to have mastectomy or lumpectomy with radiotherapy.

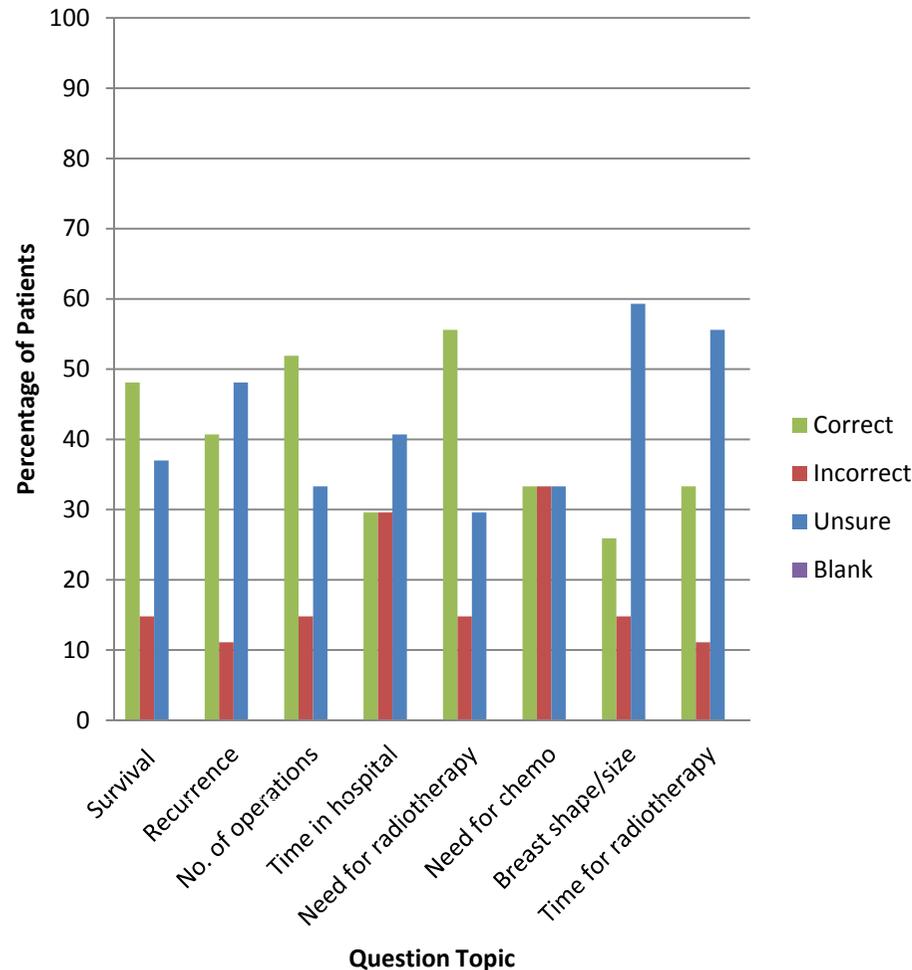
Frequently asked questions	Lumpectomy with Radiotherapy	Mastectomy
Which surgery is best for long term survival?	There is no difference between surgery options.	There is no difference between surgery options.
What are the chances of cancer coming back in the breast?	Breast cancer will come back in the breast in about 10 in 100 women in the 10 years after a lumpectomy.	Breast cancer will come back in the area of the scar in about 5 in 100 women in the 10 years after a mastectomy.
What is removed?	The cancer lump is removed with a margin of tissue.	The whole breast is removed.
Will I need more than one operation on the breast?	Possibly, if cancer cells remain in the breast after the lumpectomy. This can occur in up to 5 in 100 women.	No, unless you choose breast reconstruction.
How long will it take to recover?	Most women are home 24 hours after surgery	Most women are home 2-3 days after surgery.
Will I need radiotherapy?	Yes, for up to 6 weeks after surgery.	Unlikely, radiotherapy is not routine after mastectomy.
Will I need to have my lymph glands removed?	Some or all of the lymph glands in the armpit are usually removed.	Some or all of the lymph glands in the armpit are usually removed.
Will I need chemotherapy?	Yes, you may be offered chemotherapy as well, usually given after surgery and before radiotherapy.	Yes, you may be offered chemotherapy as well, usually given after surgery and before radiotherapy.
Will I lose my hair?	Hair loss is common after chemotherapy.	Hair loss is common after chemotherapy.

“Does it Make any Difference to our Patients?”

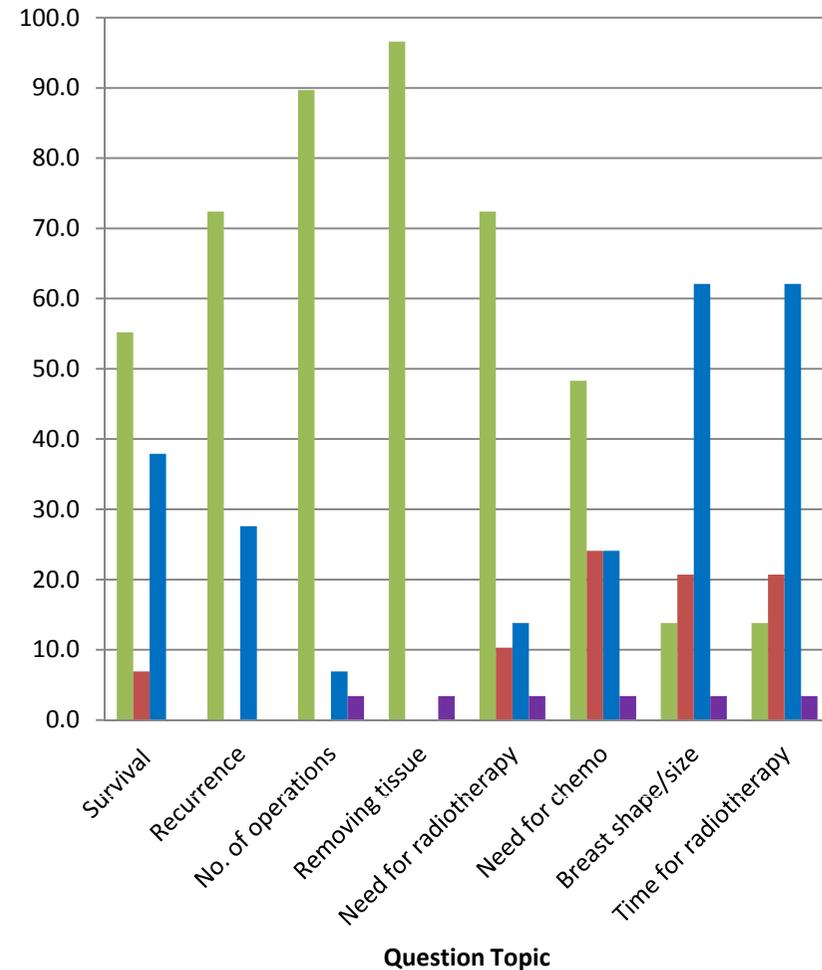
- Decision Quality Measures assess:
 - **Knowledge** about the key features of the available treatment options
 - **Preferences** (what is important to them)
 - **Readiness to decide** (using the DelibeRATE scale)
 - Preferred **choice of treatment**
- Example from Breast Team

Patients' knowledge post diagnostic consultation

**Before routine use of Option Grid
February –June 2011 (n=27)**

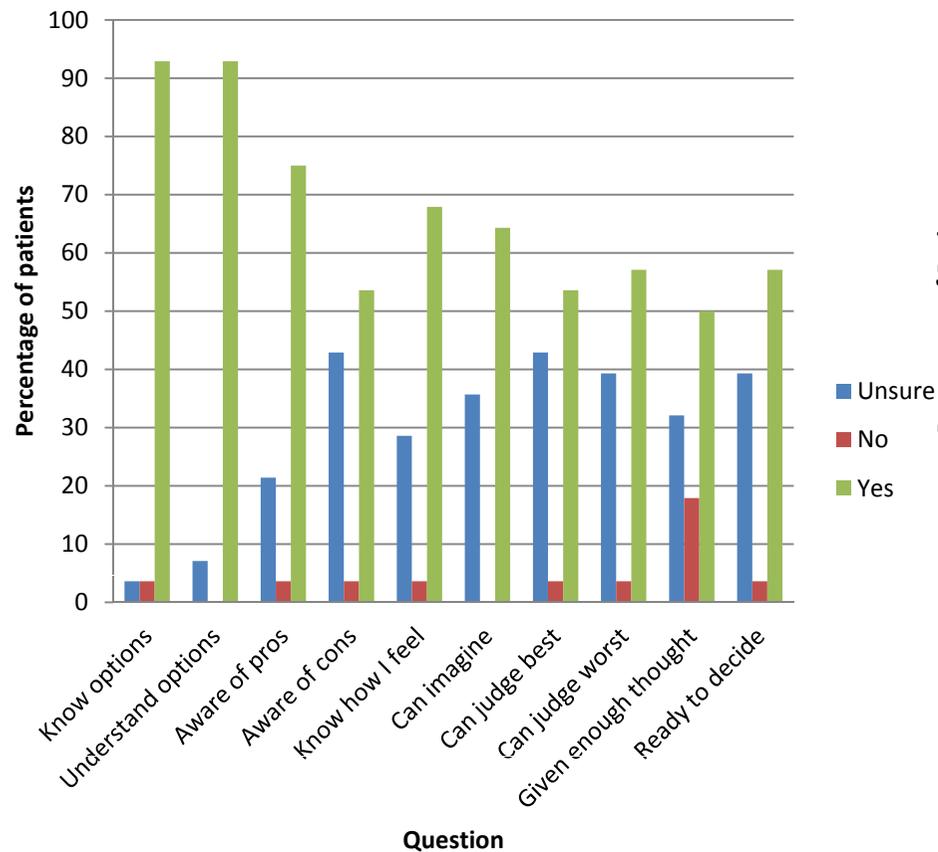


**After routine use of Option Grid
July – September 2011 (n=29)**

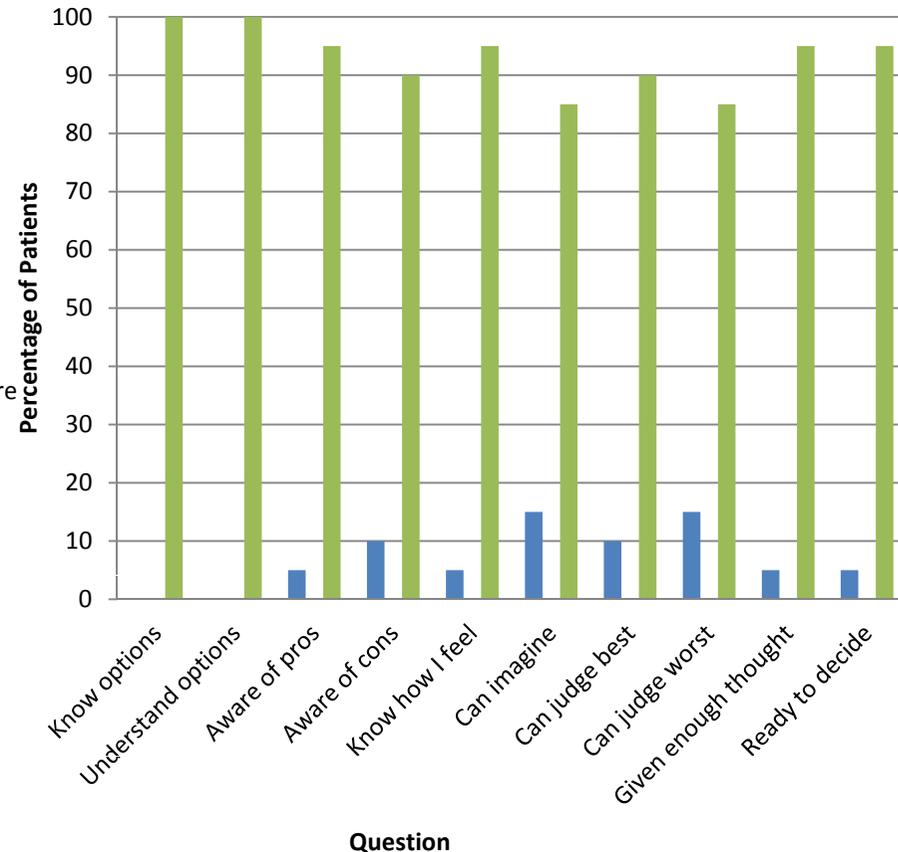


Readiness to Decide – DelibeRATE (Feb-May 2011)

**Post diagnostic consultation (DQM1)
(n=27)**



**Post home visit (DQM2)
(n=21)**



Do Patients need “permission”?

- In some cases, yes
- Ask 3 Questions

what are my
options?

what are the possible
benefits and risks of
those options?

how **likely** are the
benefits and risks of
each option to occur?

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What's it all about?

“Does SDM align with organisational priorities & is *everyone* engaged?”

- Organisational lead
- Health Board Statement of intent
- “Doing Well Doing Better” Welsh Government Healthcare, Standard 9
- Welsh Government : Together for Health: Information delivery plan
- National Institute for Health and Clinical Excellence – Clinical Guideline “Patient Experience in Adult NHS Services”

Challenge	Solution
"We do it already"	Training Workshops
"We don't have the right tools"	Option Grids
"Does it make any difference to our patients?"	Decision Quality Measures
<i>Clinicians</i> "Patients don't want it" <i>Patients</i> "I don't feel I have the permission to be involved"	Ask 3 Questions campaign
"Does SDM align with Organisational priorities & is everyone engaged"	Key organisational lead & various engagement strategies

Learning and Spread

- Learning and materials hosted by the Health Foundation – Resource Centre
- Spread
 - Renal Services – dialysis choice
 - Treatment of epilepsy in pregnancy
 - Dabigatran
 - Mental Health, urology, ophthalmology
- Ask 3 re-launch

Implications for Medicines Management?

- Decision aid/option grid development
- Provision of information – change in style?
- Medicines optimisation
 - Choice of medicine (or not...)
 - MUR
- Direct patient information and support
- Under and postgraduate education and training
- Awareness raising amongst the public

Conclusions

- Why has it taken so long?
- Is it a new way of thinking?
- What are the benefits and how do we deliver them

And

- Get involved and help stop the silent misdiagnosis