IMPLEMENTING SHARED DECISION MAKING AT THE POINT OF CARE

FROM THEORY TO PRACTICE

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Why Shared Decision Making?

Healthcare costs continue to rise and healthcare quality levels are still inadequate despite many efforts over many years to make a change. It is time to consider new approaches. With the Supreme Court’s recent landmark ruling to uphold the Patient Protection and Affordable Care Act (PPACA) and the movement towards a more patient-centered, accountable care system, it is now more important than ever for patients to become active partners in their healthcare with their physicians. Initiatives that increase collaboration between physicians and patients through Shared Decision Making are the critical path forward.

Shared Decision Making is at the core of several of the PPACA’s delivery system reforms and has become increasingly referenced by industry stakeholders and constituents as a way to improve the cost and quality conundrums we face. A number of states are already taking initial steps to implement a Shared Decision Making approach within patient care.

Through Shared Decision Making, patients and clinicians work together in selecting tests and treatments that are based on clinical evidence and reflect the patient’s own values and preferences. A patient decision aid in web or video format is often used to help educate the patient on the condition and courses of treatment. Typically, Shared Decision Making is used when a patient is facing a preference-sensitive condition – health problems for which scientific evidence demonstrates that there is more than one medically acceptable treatment option. Lower back pain, early stage breast cancer, weight loss surgery, and hip or knee osteoarthritis are a few examples. Shared Decision Making can also be used for chronic conditions and lifestyle and wellness concerns, such as depression or insomnia. Almost all diagnoses, after all, will require that a patient make certain choices throughout their course of care. And Shared Decision Making emphasizes the very important role the patient plays in making the healthcare choices that are right for them by empowering them with the tools, information, and discussion needed to be adequately involved.

With the shift towards patient centeredness and creating more accountability among providers, time and resource-constrained doctors themselves are embracing new models for delivering and organizing care. For example, the Patient Centered Medical Home (PCMH) transforms the primary care doctor’s office into an efficient medical-coordination hub, shifting away from fragmentation and highly specialized care to primary care and prevention that relies on technology, a team approach, and incorporates critical elements to enhance the patient experience. In fact, in 2011 four major primary care physician organizations developed joint guidelines for implementing PCMH and the National Committee for Quality Assurance (NCQA) updated its widely accepted recognition program for PCMH, the first version of which debuted in 2008. In both the joint guidelines as well as NCQA’s standards, treatment decision support is listed as a critical component of a PCMH; the joint guidelines describe this process specifically as “Shared Decision Making”. Several of the early PCMH adopters have incorporated Shared Decision Making programs as part of their patient-centeredness efforts and a number of on-site Shared Decision Making pilots are active across the country.

Shared Decision Making allows a PCMH to build upon the most important foundation of the doctor-patient relationship – establishing trust. With pressure continuing to build on doctors, Shared Decision Making in the context of the medical home allows them to sustain these relationships in a more efficient way, by creating a system that enables coordination of care, a focus on prevention, treatment of the whole person, and patient education and empowerment. Through Shared Decision Making patients become more engaged and more satisfied with their care. For physicians, working with informed patients improves the quality and efficiency of office visits and differentiates the practice on quality, informed consent, and value-based decision making. Insurers, including private health plans or government programs, have successfully implemented Shared Decision Making programs that have lowered cost and utilization while yielding improvements in quality and satisfaction. With such successes through a payor model, it follows logically that even greater successes would be realized by bringing the approach even closer to the patient and provider, directly at the point of care.

But what are critical success factors and best practices for implementing at the point of care? What constitutes Shared Decision Making at its best? With the recent legislation and industry shift towards more value-based
care, not only has the attention on Shared Decision Making increased, but also the variations industry-wide as to what Shared Decision Making really is, and how it should be done.

As pioneers in Shared Decision Making and the industry leader since 1997, Health Dialog defines Shared Decision Making as a process that aims to give patients the care they need and nothing less, and the care they want and nothing more. The process involves patient use of an evidence-based, unbiased medical decision aid followed up with constructive discussion between patient and clinician. Health Dialog has implemented Shared Decision Making programs over the last 15 years for both payor and provider clients, allowing us to gain learning and understanding of both types of delivery models. Properly planned and executed Shared Decision Making will be critical to moving provider practices forward as they strive to comply with reform expectations, deliver more accountable care, and achieve recognition as PCMHs.

**Health Dialog Results to Date**

Shared Decision Making – the Health Dialog way –comes with years of proven success – and ongoing innovation as we continue to develop and update our suite of tools and support, including our award-winning library of Shared Decision Making® patient decision aids. Developed in collaboration with the Informed Medical Decisions Foundation, Health Dialog’s decision aids have collectively earned the company more than 100 industry awards for content, ease-of-use, and design. Our library of decision aids also scored higher than any other commercial vendor’s on the internationally-approved set of criteria to determine patient decision aid quality, set forth by the International Patient Decision Aid Standards (IPDAS) Collaboration. Available on 38 different topics, the decision aids are accessible to patients through a state-of-the-art web-based interface, the most recent iteration of which was released this month. In addition to the aids, patients can access our award-winning HD Care Compass™ web site that guides patients through what to expect even after a decision to have surgery or testing has been made; information on over 180 different health topics; and a resource and provider directory listing that can be customized to geographic region and/or benefit design. The second part of the Shared Decision Making model – constructive discussion between patient and clinician – takes place through our specially trained health coaches who prepare individuals to have iterative constructive discussions with their doctors. When we implement through the provider model as opposed to the payor model, practices often choose to have their own clinical staff (nurses, physicians assistants) trained in Shared Decision Making coaching, which we readily provide to support practice goals. Across our book of business of both payor and provider models we’ve seen the following results:

**Lower Utilization**

- 11.5% reduction in hospital admissions for patients with preference-sensitive conditions
- 9.8% reduction in inpatient and outpatient preference-sensitive surgeries

**Reduced Costs**

- 13-16% reduction in medical costs associated with preference-sensitive conditions
- Up to a 2.5% reduction in total medical costs

**High Patient Satisfaction and Knowledge**

- 94% of patients who viewed a decision aid would recommend the aids to family and friends
- 99% of patients who viewed a decision aid said they understood the information presented
- 96% of patients who viewed a decision aid said the aid contained useful condition information
High Patient Engagement

- Patient participation rate of 95%, greater than 6% percentage higher than next highest competitor, according to one study.¹⁰

Delivery at the Point of Care

As more and more physician practices work to implement patient-centered care using Shared Decision Making, whether as a practice differentiator or as part of an effort for PCMH recognition or more accountable care, Health Dialog can help. Our experience has given us a wealth of knowledge and expertise about how to implement at the point of care. Four areas critical for success have emerged:

Engage Providers and Staff

Practices must build a culture of shared decisions and shared success. Both physicians and support staff (clinical and non-clinical) will require training and development of new skills to ensure that Shared Decision Making permeates throughout practice activities and is championed as a key part of the practice “personality.” To build such strong and continuous program support that is tangible and visible to all involved staff we recommend the following techniques.

- Create and train a cross-functional, cross-specialty “Shared Decision Making Champion” team comprised of members of the administration and individual physicians. Meet regularly to keep momentum, discuss continual program improvement – what’s working and what’s not. Enable a continuous feedback loop for all parties involved and hone in on and communicate a “what’s in it for me?” message to all staff.

- Determine the scope of the Shared Decision Making effort to ensure that the offering best meets the needs of the specific patient population. Questions to ask include what specific decision aids or topics will the practice focus on? Who are the target audiences? What role will various staff play?

- Establish new onsite coordinator role(s) to support the practice and/or PCMH in working to coordinate patient care and referrals to appropriate programs, including use of patient decision aids. The care coordinator role, akin to the Health Dialog health coach role, requires training in motivational interviewing and encouraging behavior change, both critical components of facilitating a Shared Decision Making process in which the patient is fully involved and invested in his or her care plan. Health Dialog works tirelessly to train care coordinator staff in the nuances of Shared Decision Making coaching and decision aids, to ensure they are expert at the process. Ongoing training and support to reinforce skills is critical.

- Consider new physician and staff incentive programs.

Find the Right Patients

Critical to the success of a Shared Decision Making intervention is making sure that the people who need help most are identified. This includes training for primary care providers and office staff about workflows that routinely target appropriate patients for screening tests or decision support, including decisions around chronic conditions. For patients who need to see a specialist, decision aids can be distributed and supported in specialty care to create an integrated decision making process. Practices can identify and better target patients for Shared Decision Making using the following methods:

- Pre-visit chart review 1-2 days prior to visit to identify possible opportunities.

- Patients can be flagged in practice electronic medical records (EMR) – for example, if a practice uses a diabetes registry to identify poorly controlled diabetics, they can be flagged to watch a
decision aid and come in for a group visit. Increasingly, practices are leveraging EMR technology by customizing a set of business rules that remind providers that a decision aid is available and to engage in the Shared Decision Making conversation. EMRs can also enable the provider to order the decision aid to be sent to the patient or that a URL for online viewing is included in the patient’s take home instructions. The EMR can also be used to track patient use of aids and patient’s knowledge and decision quality scores, which we address later in this paper.

- Provide questionnaires to patients before or during visits to assist with identification

In addition to practice efforts, Health Dialog can deploy state-of-the-art predictive models, using a variety of patient panel data as well as our own proprietary nationwide database that has allowed us to study intervention opportunities across the trajectory of a disease. These analytical tools are uniquely designed to find the right people as early as a condition’s onset. These models can predict who will likely face a preference-sensitive decision (e.g., back surgery or revascularization) within the next 12 months and the multitude of decisions that need to take place as care needs progress. This way we are able to find and support even more individuals at an earlier point within a condition’s progression—not just before surgery is imminent. We can also provide physicians with stratified registries to help them isolate those in highest need for decision support.

Catch Their Attention

While engaging providers and staff is critical to creating a culture of Shared Decision Making, catching the attention of patients is another critical success factor for maximizing program reach. This involves encouraging viewing and attracting patient interest through incentives, marketing materials, and a distribution model that is clear and apparent during the appointment-making and/or office-visit experience. Also important here is making sure the decision aids are first-rate, and attractive to patients in terms of design, usability, and quality of information. Health Dialog can work closely with practices to help them drive patient engagement – in fact, in fact, a leading consulting and professional services firm cited Health Dialog as a best-in-class example for patient engagement.\(^\text{11}\) Methods to execute include:

- Procure market-leading decision aids that include a) testimonials from patients who have chosen alternate decisions and b) clinical content from unbiased, third-party medical experts.

- Distribute in-clinic posters and pamphlets and warm hand-offs through phone and/or web; establish other opportunities for program reminders during patient contact; promote not only the program but the need for the program, for example, a “Did you know?” campaign.

- Promote credibility of decision aids to attract patient interest, including provider support and endorsement and clinical results; distinguish decision aids from information available on the web.

- Create incentives for viewing decision aids and demonstrating knowledge of risks and benefits of treatment options.

Empower Their Choices

The quality of the selected decision aids, the usability of tools, and the training of staff and clinicians all must come together to deliver information and support that truly empowers patients to be active participants in their healthcare choices. Delivering information and decision tools at the point of care can help patients engage in choices from the very start of their care pathway. The ability for physicians to “prescribe” decision-making tools for patients to engage online and between office visits enables them to discuss their options and preferences with family members and coaches prior to meeting with their physicians, resulting in more satisfying patient-physician interactions and more efficient office visits.
Effective patient decision aids:

- Contain evidence-based, unbiased information that lays out all viable treatment options without encouragement of choosing one option over another.

- Begin with the premise that information and content need to be evaluated in the context of an individual’s values and preferences – the patient’s unique situation is critical to selecting treatment.

- Include real patient stories and experiences from actual patients and physicians.

- Help patients to visualize outcomes they have not yet experienced.

- Are available in multiple formats, including online, DVD, and print formats to accommodate participant preferences and learning styles and allow easy sharing with family members and other who may help shape a decision.

- Have delivered proven results in patient satisfaction, utilization, and cost of care. In addition to Health Dialog’s book of business results, we are proud to say our aids have demonstrated success in several randomized controlled trials as well, including a landmark study published in the *New England Journal of Medicine*, September, 2010.

**Measure Success**

Measuring the effects of a practice-based program demonstrates the value of the initiative and also serves as a learning opportunity for continuous program improvement. As practices seek to quantify and qualify their Shared Decision Making and PCMH efforts, several data points stand out as key indicators for success. Additionally, as part of Health Dialog’s PCMH support services, we can provide reporting to inform action steps that help the health plan and the practice reach their program goals. We can also help a practice measure patient decision quality through question sets and surveys specially designed for this purpose. Pre and post viewing questionnaires include questions relating to condition-specific knowledge, patient-specific values, testing or treatment intention, decision aid rating, and perception of Shared Decision Making and office visit experience. Other metrics that we recommend include:

- Decision aid distribution rates by topic and provider
- Subspecialty referrals (actual/referred)
- Actual care received
- Timing of care received
- Provider and staff satisfaction

**Conclusion and Considerations**

When the Shared Decision Making process is complete an individual’s best possible chance to improve their decision quality – which can ultimately impact both the patient’s well-being and healthcare cost – has been achieved. Shared Decision Making has the potential to significantly improve health outcomes and lower costs while transforming the way providers and patients communicate for better delivery of more effective, efficient care. This has broader implications that extend beyond the healthcare industry and can make a positive impact on society and the economy in several important ways:
Improved Physician Office Experiences

The PCMH model, including Shared Decision Making, provides an opportunity for practices to differentiate themselves in a time when American healthcare for consumers is almost synonymous with headache – visits are shorter, coverage is complicated, acronyms and confusing medical terms abound. Implementing Shared Decision Making at the point of care helps doctors provide a better patient experience overall. And patient satisfaction is critically important in an increasingly competitive marketplace.

The Cost and Quality Conundrums

With the United States spending close to 20% of the nation’s gross domestic product on healthcare and quality issues abounding in terms of medical errors, unwanted or unnecessary care, inefficiency, and inequity\textsuperscript{12,13} Shared Decision Making stands strong as a way to address these issues simultaneously. And don’t just take our word for it. Across 86 studies, a 2011 Cochran Collaborative review found that decision aids do reduce elective surgeries while improving patient knowledge of treatment options; creating more accurate patient expectations of possible outcomes; helping patients arrive at decisions that are more consistent with their values; and improving patient-provider communication.\textsuperscript{14}

The Right Thing to Do

Put simply, helping people live healthier, happier lives is the right thing to do. Nothing is quite as personal and important as someone’s health and patients need help. Many lack the right knowledge and confidence to participate in these choices that could affect their well-being for the rest of their lives. According to a groundbreaking study on medical decisions in America, when asked about 9 major medical decisions, patients on average knew less than half of the critical information required to make informed decisions for 8 of the 9 decisions.\textsuperscript{15} While there is no shortage of ideas and advice, particularly on the internet, it’s often confusing and not always credible. People are met with a sea of acronyms in a world of rules and regulations, and of course, cost. Shared Decision Making helps patients find their voice.

\textsuperscript{1} Informed Medical Decisions Foundation: \url{http://informedmedicaldecisions.org/shared-decision-making-policy/state-legislation}.
\textsuperscript{2} National Center for Medical Home Implementation: \url{http://www.medicalhomeinfo.org/national/recognition_programs.aspx}.
\textsuperscript{3} A limited listing of such practices can be found here: \url{http://informedmedicaldecisions.org/shared-decision-making-in-practice/demonstration-sites}.
\textsuperscript{5} Health Dialog Member Satisfaction Survey, 2011.
\textsuperscript{6} Based on a December 2011 analysis of the Patient Decisions Aids Research Group’s (Ottawa Hospital Research Institute) IPDAS scoring of patient decision aids developed by Healthwise, Health Dialog, and Mayo Clinic (\url{http://decisionaid.ohri.ca/index.html}).
\textsuperscript{8} Health Dialog Internal Data 2009-2012.
\textsuperscript{9} Health Dialog Member Satisfaction Study 2011.
\textsuperscript{10} CMS Report to Congress, October 2008.
\textsuperscript{11} \url{http://www.carecontinuumalliance.org/theforum11/Presentations/Consumer_Engagement_Across_the_Health_Care_Spectrum.pdf}.