Shared Decision-Making in Women’s Healthcare

February 6, 2017  Michele Megregian, CNM
Objectives

• Become familiar with the concept of Shared Decision-Making
• Understand the use of Decision Aids in Shared Decision-Making
• Explore resources for provider training related to Shared Decision-Making
Consumerism Coercion
How do we speak with patients?

• Completely value-neutral description of available options
• Recommendation
• Persuasion
• Manipulation
• Coercion
• Physically forced compliance
What is Shared Decision-Making?

Shared Decision-Making is a process undertaken between providers and a patient with a preference-sensitive condition ... to help the patient decide among multiple acceptable health care choices in accordance with their preferences and values

--National Academy for State Health Policy, 2012
History of SDM

- Origin in the research and legal arenas
- Consumer rights movement
- Evidence-based medicine
Legislation

- WA RCW 7.70.060, RCW 41.05.033, 2007
- Salzburg Statement on Shared Decision Making, 2010
- ACA Section 3506 (unfunded), 2010
- OR Oregon Health Policy Board / Coordinated Care Organizations
- Centers for Medicare & Medicaid Services and Meaningful Use requirements (Electronic Health Record incentive project): 2016 Objective includes Patient-Specific Education
Three Elements of SDM

• Clinically appropriate patient
• Preference sensitive condition
• Decision Aid
informed consent
Who is making this decision?

- Vulnerability
- Uncertainty
- Fragility
- Biases
Decisional Conflict: 4 stages of Decision Making

• Not thinking about options
  – Potential high decisional conflict
• Actively thinking about options
  – Decisional support useful at this stage
• Close to making a choice
• Taking steps
Decisional Conflict

• Uncertainty about risk of loss, challenge to personal values, or regret
• Influenced by type of decision, number of options, scientific uncertainty, seriousness of outcomes
• Urgency of decision-making
• Preferred role in decision-making
Preference Sensitive Conditions

• No clear evidence to support one intervention over another
• Different benefits/risks
• Patient’s values, preferences determine optimal choice
Map 2. Mastectomy per 1,000 Female Medicare Beneficiaries among hospital referral regions in the Pacific states (2008-10)

Among the HRRs in the Pacific states, rates of mastectomy ranged from a low of 0.3 in the San Francisco HRR to a high of 1.6 in the Fresno, California HRR, a more than fivefold variation.
SDM in Women’s Health

- Birth control options
- Fibroid management
- Abnormal uterine bleeding
- Early Breast Cancer
- Hormone therapy
SDM Maternity Care

- Breech/ECV
- VBAC
- IOL/AMA
- Birth location
- Water Immersion/Birth
SDM in Maternity Care

- Listening to Mothers I-III
- Maternity Care Shared Decision Making Initiative
- Consensus Statement on Normal Physiologic Birth
- ACOG CO #587: Effective Patient-Physician Communication
- ACOG CO #664: Refusal of Medically Recommended Treatment During Pregnancy
- ACNM Position Statement on Shared Decision-Making
SDM and Uncertainty

• Grade A evidence: only 1/3 of ACOG PB recommendations

• Ambiguity and uncertainty associated with poor quality evidence or lack of evidence
Decision Aids

- More than just information
- Present data in different formats
- Tell stories
- Try to eliminate innumeracy biases and to account for disparities in health literacy

“The chance of having a caesarean section is 33 out of every 100.”

“33% of women have a caesarean section.”
Decision Aids

• Get the facts
• Compare your options
• What matters most to you?
• Where are you leaning now?
• What else do you need to make your decision?
Decision Aids

- Increased knowledge
- Increased accuracy of risk perception
- Improved communication
- Choices congruent with patient’s values
- Decreased decisional conflict
- Decreased passive decision making

“Decision Aids for People facing health treatment or screening decisions”
Cochrane Database Stacey et al 2014
Decision Aids

Inconclusive:

- Consultation length
- Patient anxiety
- Health outcomes
- Patient adherence
- Cost

“Decision Aids for People facing health treatment or screening decisions” Cochrane Database Stacey et al 2014
Decision Aids

• International Patient Decision Aids Standards Collaboration (IPDAS)
  http://ipdas.ohri.ca/index.html

• Ottawa Hospital Research Institute
  https://decisionaid.ohri.ca/
Ottawa Personal Decision Guide
For People Making Health or Social Decisions

1 Clarify your decision.

What decision do you face?

What are your reasons for making this decision?

When do you need to make a choice?

How far along are you with making a choice?

☐ Not thought about it
☐ Thinking about it
☐ Close to choosing
☐ Made a choice
### Explore your decision.

**Knowledge**
List the options and benefits and risks you know.

**Values**
Rate each benefit and risk using stars (★) to show how much each one matters to you.

**Certainty**
Choose the option with the benefits that matter most to you. Avoid the options with the risks that matter most to you.

<table>
<thead>
<tr>
<th>Reasons to Choose this Option</th>
<th>How much it matters to you: 0★ not at all 5★ a great deal</th>
<th>Reasons to Avoid this Option</th>
<th>How much it matters to you: 0★ not at all 5★ a great deal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Option #1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Option #2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Option #3</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Identify your decision making needs.

<table>
<thead>
<tr>
<th>Needs</th>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowledge</td>
<td>Do you know the benefits and risks of each option?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Values</td>
<td>Are you clear about which benefits and risks matter most to you?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Support</td>
<td>Do you have enough support and advice to make a choice?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Certainty</td>
<td>Do you feel sure about the best choice for you?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If you answer ‘no’ to any question, you can work through steps two and four, focusing on your needs. People who answer "No" to one or more of these questions are more likely to delay their decision, change their mind, feel regret about their choice or blame others for bad outcomes.
DAs in Women’s Health

- Elective Surgery: No impact (mixed results)
  - Hysterectomy, surgical AB, prophylactic mastectomy
- Screening
  - Increase in mammography age 38-45
- Medication
  - Decreased HT use
  - Improved adherence to osteoporosis medication
- Quality of Life measures
  - Improved for women with menorrhagia
  - Decreased anxiety at 1 month

Stacey 2014
Edmonds 2014
DAs in Maternity Care

• Reduced anxiety
• Improved knowledge
• Improved satisfaction
• Lower decisional conflict
• Increased perception of having made an informed choice
• Impact on final choice and outcome?

<table>
<thead>
<tr>
<th>Reasons to...</th>
<th>Plan a repeat cesarean birth</th>
<th>How much does it matter to you?</th>
<th>Plan a vaginal birth (VBAC)</th>
<th>How much does it matter to you?</th>
</tr>
</thead>
<tbody>
<tr>
<td>You can know the date your baby will be born</td>
<td>★★★★★</td>
<td></td>
<td>You have a greater chance of having a vaginal birth</td>
<td>★★★★★</td>
</tr>
<tr>
<td>You know what to expect from the surgery</td>
<td>★★★★★</td>
<td></td>
<td>You have a greater chance of having an easier recovery and a shorter stay in the hospital</td>
<td>★★★★★</td>
</tr>
<tr>
<td>You have a smaller chance of having a tear in the scar on your uterus</td>
<td>★★★★★</td>
<td></td>
<td>You have a smaller chance of problems after surgery, such as infection, blood clots, or hysterectomy</td>
<td>★★★★★</td>
</tr>
<tr>
<td>Your baby has a smaller chance of very rare but serious complications from uterine rupture</td>
<td>★★★★★</td>
<td></td>
<td>You have a greater chance of having uncomplicated pregnancies in the future (fewer placenta problems)</td>
<td>★★★★★</td>
</tr>
<tr>
<td>You have a greater chance of avoiding labour altogether</td>
<td>★★★★★</td>
<td></td>
<td>You have a greater chance of having your baby with you after the birth (less admission to the nursery)</td>
<td>★★★★★</td>
</tr>
</tbody>
</table>

**TOTAL STARS:**
- Repeat Cesarean = ★★★★★
- VBAC = ★★★★★
birth plan

Use this easy fill-in-the-blank birth plan to prepare yourself for delivery and communicate your wants and needs to your medical team.

<table>
<thead>
<tr>
<th>Full name:</th>
<th>Partner's name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Today's date:</td>
<td>Due date/Induction date:</td>
</tr>
<tr>
<td>Doctor's name:</td>
<td>Hospital name:</td>
</tr>
</tbody>
</table>

Please note that I:

- [ ] Have group B strep
- [ ] Am Rh incompatibility with baby
- [ ] Have gestational diabetes

My delivery is planned as:

- [ ] Vaginal
- [ ] C-section
- [ ] Water birth
- [ ] VBAC

I'd like...

- [ ] Partner:
- [ ] Parents:
- [ ] Other children:
- [ ] Doula:
- [ ] Other:

...present before AND/OR during labor

<table>
<thead>
<tr>
<th>During labor I'd like...</th>
<th>During labor I'd like...</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Music played (I will provide)</td>
<td>[ ] To wear my own clothes</td>
</tr>
<tr>
<td>[ ] The lights dimmed</td>
<td>[ ] To wear my contact lens the entire time</td>
</tr>
<tr>
<td>[ ] The room as quiet as possible</td>
<td>[ ] My partner to film AND/OR take pictures</td>
</tr>
<tr>
<td>[ ] As few interruptions as possible</td>
<td>[ ] My partner to be present the entire time</td>
</tr>
<tr>
<td>[ ] As few vaginal exams as possible</td>
<td>[ ] To stay hydrated with clear liquids &amp; ice chips</td>
</tr>
<tr>
<td>[ ] Hospital staff limited to my own doctor and nurses (no students, residents or interns present)</td>
<td>[ ] To eat and drink as approved by my doctor</td>
</tr>
</tbody>
</table>
Observing Patient Involvement in Decision Making (OPTION)

- Systematic review 33 eligible studies 2001-2012
- 38% total score > 25, indicated behaviors observed at a baseline level or higher
- Few health providers made any attempt to perform patient-involving behaviors such as tailoring care to patient preferences
- Preference misdiagnosis

Couet et al 2013 Assessments of the extent to which health-care providers involve patients in decision making: a systematic review of studies using the OPTION Instrument Health Expectations, 18, pp.542–561
Provider Skills

• No consensus on specific provider competencies

• Relational competencies

• Risk communication competencies

Provider Skills

• Establish a relationship and open dialogue based on respect
• Evaluate available evidence and experience and provide accurate, honest information in the context of her individual situation
• Enable the woman to participate in the decision-making process, support her deliberation of the options and expression of preferences
RESPECT

R: Rapport
E: Empathy
S: Support
P: Partnership

E: Explanations
C: Cultural Competency
T: Trust
Risk Communication & Health Literacy

- Absolute vs. Relative Risk
- Surrogate endpoints
- NNT
- NPV, PPV
- Sensitivity
- Specificity

- Innumeracy biases
- Framing effects
- Risk tradeoffs
- Frequency vs. Percentages
- Data overload

Study Finds Those With Deceased Family Members At High Risk Of Dying Themselves
Implementation of SDM

• Provider Training
• Decision support coaches
• Automated patient identification
• EHR prompts
The SHARE Approach: A Model for Shared Decision Making

The SHARE Approach is a five-step process for shared decision making that includes exploring and comparing the benefits, harms, and risks of each option through meaningful dialogue about what matters most to the patient.

1. **Seek** your patient’s participation.
2. **Help** your patient explore & compare treatment options.
3. **Assess** your patient’s values and preferences.
4. **Reach** a decision with your patient.
5. **Evaluate** your patient’s decision.

Shared decision making occurs when a health care provider and a patient work together to make a health care decision that is best for the patient. The optimal decision takes into account evidence-based information about available options, the provider’s knowledge and experience, and the patient’s values and preferences.
The Institute is pleased to announce the launch of online learning modules for the Oregon Health Authority Patient-Centered Primary Care Home (PCPCH) Program 2014 Recognition Standards.

The modules are an interactive, audio-visual companion to the PCPCH TA Guide, and are an essential educational resource for clinic team members, administrators, quality improvement professionals and other primary care stakeholders working toward primary care home transformation.

They may be completed in any order and at your own pace, and each includes links to useful and relevant tools and resources.

Access the online learning modules on our website...
# Ottawa Decision Support Tutorial

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**Tutorial**

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4. Decision Conflict and Characteristics of the Decision and Participants
5. Knowledge and Expectations
6. Personal Values
7. Support and Resources
8. Monitor and Facilitate Progress
9. Methods of Delivering Decision Support
10. Case Study: Decision Support Using a Patient Decision Aid

**Appendices**

- Glossary of Decision Support Terms

**References**
Ottawa Decision Support Framework

**Decisional Needs**
- Decisional conflict (uncertainty)
- Knowledge & expectations
- Values
- Support & resources
- Decision: type, timing, stage, leaning
- Personal / clinical characteristics

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**Decision Quality**
- Informed
- Values-based
  - **Actions**
    - Delay, continuance
  - **Impact**
    - Values-based health outcomes
    - Regret & blame
    - Appropriate use & costs of services

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**Decision Support**
- Clarify decision & needs
- Provide facts, probabilities
- Clarify values
- Guide in deliberation & communication
- Monitor / facilitate progress

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**Counseling**  **Decision Tools**  **Coaching**
Clarify the Decision

- Focus
- Be specific
- Screening/diagnostic testing
- Intensity of care
- Aggressive treatments when simpler options have failed
Decisional Support

- Listening skills
- Open-ended questions
- Realign expectations
- Screen for unresolved decisional needs
Decisional Support: Clarification of Personal Values

• Describe what it’s like to experience the outcomes
  – Descriptions of real experiences
• Which positive and negative features matter the most
• Assess social support
  – Biased views from others
  – Social pressure
• Preferred vs. Actual role in decision-making
Ask 3 Questions

Sometimes there will be choices to make about your healthcare. If you are asked to make a choice, make sure you get the answers to these 3 questions:

1. what are my options?
2. what are the possible benefits and risks?
3. how can we make a decision together that is right for me?

We want to know what’s important to you.
MAGIC UK: 3 Key Assumptions

• An informed patient is desirable
• Engaging patients in treatment decisions where there are real options is a desired goal
• A patient who is not informed of the possible consequences of the options is not able to determine what is important to them
MAGIC UK: 3 Key Stages

- CHOICE TALK
- OPTIONS TALK
- PREFERENCE/DECISION TALK
DELIBERATION

Prior Preferences → Informed Preferences

Choice Talk  →  Option Talk  →  Decision Talk → Good Decision

Decision Support
Brief (inside) & Extensive (outside)

http://personcenteredcare.health.org/uk/
Choice Talk

- Introduce the idea of choice
- Check for reaction
  - “What would YOU do?”
- Defer closure
Choice Talk

“There is more than one way to deal with this problem and the evidence shows that some treatments suit some people more than others.”

“There are a number of options and a fair bit of evidence about pros and cons of each option– I would like to share that with you before we make a decision.”

http://personcenteredcare.health.org/uk/
Option Talk

- Check existing knowledge
- Introduce Decision Aid
- Check understanding

http://personcenteredcare.health.org/uk/
Option Talk

“These two options are different and will have different impact on you and your family, let me explain what they involve.”

“I will try and give you an idea of the likelihoods of each of these risks and benefits.”
Decision Talk

• Summarize to date
• Ready to make a decision?
• Allow space for deliberation/contemplation
• Move toward making a decision
“We have gone over the options, what they entail and the pros and cons of each. I already have some ideas about what matters to you but let me check – What is the most important issue for you in all this?”

“We are moving towards a decision. We have gone over the options, explored the risks and benefits, and we’ve looked at what’s important to you – has this helped you make a decision?”
Screening for Decisional Conflict

- **Sure**: do you feel sure about the best decision for you?
- **Uninformed**: do you know the benefits/risks of each option?
- **Risk/Benefit Ratio**: are you clear about which benefits or risks matter more to you?
- **Encourage**: do you have enough support to make a decision?

http://personcenteredcare.health.org/uk/
Decisional Coaches

- Trained health care professional
  - Non-directive
  - Helps develop patients’ skills in thinking about the options
  - Helps prepare for discussing the decision with their practitioner
  - Helps implement the chosen option
- Inter-Professional SDM Model
Systems Implementation

• Systematically-identified patients automatically receive DA
• Clinical decision support techniques
  – EHR alerts
  – MyChart messaging

Shared Decision Making Opportunity: Treatment of Symptomatic Osteoarthritis: Referral to Orthopedics

- Options Talk Performed
- Open Education and Preference Assessment Order Set
You Might Want To...

Schedule a(n) DT (Diphtheria and Tetanus) Vaccine. You are overdue for it.

Complete a tool to help you personalize decisions on your diabetes care.
Barriers

e motions

incompatible

impossible

WWYD

money

time

cost

fad

already

alone

tools

unwanted

barrier
Overcoming Barriers

• Here to stay
• Provider’s attitude most likely predictor of patient’s intention to engage in SDM
• Broader understanding of SDM
• Emphasis on SDM as integrative process
Putting SDM into Practice

• Get leadership buy-in.
• Develop an implementation team.
• Select an approach that is tailored to your practice.
• Provide training and ongoing support to all staff.
• Start small, then take it to scale.
Putting SDM into Practice

- Create a physical setting for shared decision making.
- Create a library of evidence-based educational resources and decision aids.
- Streamline shared decision-making work processes into day-to-day operations.
- Evaluate the ongoing implementation of shared decision making.
Questions?
Contact me

OHSU Physician Consult & Referral Service
(503) 494-4567
(800) 245-6478 toll-free

Thank You