Collaborating with Community Partners to Spread Shared Decision Making

Laura Pennington
Practice Transformation Manager, HCA

Sarah Pearson,
Project Manager, HCA
What is Shared Decision Making?

A process in which clinicians and patients work together to make decisions and select tests, treatments and care plans based on clinical evidence that balances risks and expected outcomes with patient preferences and values.

SDM: Examples

• Procedures: Joint replacement, spine surgery
• Medications: statins, etc.
• Prostate cancer screening and treatment
• End of life care
Why is SDM important?

• Systematic use of shared decision making can:
  – Improve patient experience
  – Reduce variation and health disparities/increase equity
  – Improve appropriateness of utilization and spending
  – Support value based care and population health strategies
  – Support patient-centered care

• Most SDM studies involve use of a Patient Decision Aid (PDA) to support high quality SDM
Patient decision aid (PDA)

- A tool used by providers in shared decision making to engage patients in decisions that affect their health care by providing them with information they need to make an informed choice

- PDAs come in many forms:
  - A written document
  - A link to an interactive website
  - Videos
  - Visual aids
PDAs support SDM
Decision aids: The evidence*

- Increased knowledge of options
- More accurate risk perceptions
- Lower conflict about decisions
- Choices that are more consistent with values
- Greater participation in decision making
- Fewer patients choosing major surgery

*Stacey et al. Decision aids for people facing health treatment or screening decisions (Review). Cochrane Database of Syst Rev 2014;CD001431

“A systematic review of effectiveness of decision aids to assist older patients at the end of life” March 2017
History of SDM in Washington

• In the early 2000s, Jack Wennberg presented to leaders in Washington on clinical variation across regions of the state
• Response was legislation to support SDM, with goal of reducing variation without restricting choice
• Goal was appropriate utilization based on patient preferences, rather than decreased utilization
  – Evidence suggests SDM decreases overutilization, but helps correct underutilization

Health Care Authority role in SDM

• Leverage our role as purchaser (1.8M Medicaid lives, 200K PEB) to support clinicians in the use of SDM and PDAs

• Healthier Washington Initiative
  – Maternity Pilot
  – Provider training

• Certification of Patient Decision Aids
Patient decision aid certification process

• Developed in 2015 in collaboration with local and national experts and stakeholders

• Development supported with funding from the Gordon and Betty Moore Foundation
Why certify?

In Washington, enhanced liability protections are activated in part by PDA certification.

Minimizes bias

Addresses conflicts of interest

Ensures quality
  - Accuracy and appropriateness of information
  - Supports patient in exploring values
I can't say I'm entirely pleased with my hip replacement.
Quality Matters

Ensures personal preferences and values are considered
The Certification Criteria

- Based on standards established by IPDAS
- Aimed at ensuring accurate, unbiased, up to date, understandable information
- Addresses values/preferences clarification
- The criteria may be adjusted over time
  - Added a Health Literacy requirement in 2017

For a full list of criteria go to:
https://www.hca.wa.gov/assets/program/washington-state-pda-certification-criteria.pdf
Health Literacy and PDAs

• Washington State Certification Criteria #15:
  – “Follow plain language guidelines, to ensure understanding of people with low literacy and/or low health literacy skills”

Think About Your Choices

There is a lot to think about before choosing hospice.

Hospice Care
Many people who choose hospice care feel it is important to focus on quality of life and comfort.

Non-Hospice Care
Many people who do not choose hospice care want to pursue more procedures with the hope of cure or extending life even at the risk of more pain and suffering.
### Diabetes Medication Choice

#### Decision Aid

<table>
<thead>
<tr>
<th>Medication</th>
<th>A1C ↓</th>
<th>Daily Routine</th>
<th>Low Blood Sugar</th>
<th>Weight Change</th>
<th>Heart Benefits</th>
<th>Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Metformin</td>
<td>1 - 2%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Insulin</td>
<td>∞</td>
<td></td>
<td></td>
<td>+</td>
<td>.</td>
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<tr>
<td>Pioglitazone</td>
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<td></td>
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<td>$</td>
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<tr>
<td>Liraglutide Exenatide</td>
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<td>-</td>
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<tr>
<td>Sulfonylureas</td>
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<tr>
<td>Gliptins</td>
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<tr>
<td>SGLT2 Inhibitors</td>
<td>0.5 - 1%</td>
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</tr>
</tbody>
</table>
Current certified PDAs = 41 total

2016:
Maternity Care
  • Certified 5 PDAs

2017:
Total Joint Replacement and Spine Care
  • Certified 7 PDAs

2017 – 2018:
End of Life Care
  • Certified 24 PDAs

2018 – 2019:
Cardiac Care
  • Certified 5 PDAs

Fall 2019:
Screening for Cancer
Don’t providers already do this?

• At first glance, most providers say “Yes”
• Good SDM involves specific skills
  – Reviewing all appropriate options
  – Eliciting values
  – Helping the patient think about the implications of the choice in light of their options
  – Sharing control with the patient
Bree SDM Workgroup

• January – September 2019
• Recommendations for stakeholder groups for implementing SDM into practice
  – Patients/family members
  – Providers/Health care systems
  – Health plans/malpractice insurers
  – Community organizations

Implementation Drivers

- Skills-Based Education and Training
- Patient Decision Aids
- Patient and Family Engagement
- Systems-Based
Selected Health Care Services

- Surgical or Procedural:
  - Knee and Hip Osteoarthritis
  - Spine Surgery
  - Abnormal Uterine Bleeding
  - Trial of Labor After Cesarean Section
- Advanced Care Planning
- Screening:
  - Prostate Specific Antigen Testing
  - Breast Cancer Screening
- Behavioral Health:
  - Depression Treatment
  - Attention Deficit Hyperactivity Disorder Treatment
  - Opioid Use Disorder Treatment
SDM Summit – April 2020

• Purpose:
  – Disseminate Bree SDM recommendations
  – Engage key partners in discussion to understand roles for spreading SDM across Washington
  – Offer venue for partners to collaborate on SDM roadmap
  – Highlight resources to assist practices to implement SDM
Vision for the future in Washington State

Spread SDM/use of certified PDAs
- Training providers in SDM 101*
- Disseminate Bree SDM Workgroup recommendations

Measure quality and impact of implementation
- Implement SDM measures into contracts

Engage patients in their decisions that impact their health
- Include patients in the conversation

Transition to a “community-owned” initiative
- April 2020 SDM Statewide Summit

*To learn more about the free SDM online skills course for providers go to https://waportal.org/resources/shared-decision-making-online-skills-course-providers.
How can ACHs become involved?

- SDM 101 training: [https://waportal.org/resources/shared-decision-making-online-skills-course-providers](https://waportal.org/resources/shared-decision-making-online-skills-course-providers).
- Get to know patient decision aids:
  - The Ottawa Institute: [https://decisionaid.ohri.ca/](http://https://decisionaid.ohri.ca/)
- Promote use of PDAs to support areas of focus, i.e. opioids, behavioral health
- Consider participating in a pilot project
- Join the conversation at the 2020 SDM Summit
Questions?

Contact:
Laura Pennington
laura.Pennington@hca.wa.gov
360-725-1231
or
shareddecisionmaking@hca.wa.gov

More Information: