



Collaborating with Community Partners to Spread Shared Decision Making

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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**.

–National Learning Consortium,
HealthIT.gov, 2013

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

Cardiopulmonary Resuscitation (CPR) Decision Aid

For people with serious illness (like heart or lung disease or cancer) facing a decision about attempting CPR.

What care do you want if your heart and breathing stop? This decision aid will help you consider your options for CPR and your personal values. You may change your choice at any time. Review the information on both sides of this decision aid. Talk with your doctor about what to expect.

Respecting Choices®
PERSON-CENTERED CARE

What are your options?	Attempt CPR	Do Not Attempt CPR
What is it?	CPR is done for you by someone else and can include: <ul style="list-style-type: none"> • Pressing on your chest • A tube to help you breathe • Electrical shock and drugs 	CPR is not provided. You will receive other care to treat your symptoms and keep you comfortable.
What does it do?	CPR attempts to restart your heart and breathing.	Not attempting CPR allows a natural death.
What are the benefits?	CPR may restart your heart and breathing. <i>Review the facts (on the back) about the chances of CPR restarting your heart and breathing.</i>	Not attempting CPR avoids machines. Not attempting CPR avoids the burdens of CPR.
What are the short-term burdens?	You will need to be on a breathing machine for a time. You will need to be in the intensive care unit (ICU). You may have damaged or broken ribs.	You will die.
What are the long-term burdens?	You may have mild to severe brain damage. You may no longer be able to live alone.	
Which option best matches your values?	Your Values You want the chance to live. You are willing to accept the fact that CPR may not restart your heart and breathing. You are willing to accept the burdens of CPR.	Your Values You prefer a natural death. You are unwilling to accept the fact that CPR may not restart your heart and breathing. You are unwilling to accept the burdens of CPR.

PDAAs support SDM

PDAAs \neq Shared
decision
making

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
<http://www.sciencedirect.com/science/article/pii/S0738399116304578>

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

Ibrahim SA, Blum M, Lee GC, et al. Effect of a decision aid on access to total knee replacement for black patients with osteoarthritis of the knee: a randomized clinical trial. JAMA Surg 2017; 152(1): e164225

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


Washington State Health Care Authority

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What we're working on

- Accountable Communities of Health (ACH)
- Analytics, Research, and Measurement (ARM) >
- Health workforce
- Medicaid Transformation >
- Paying for value >
- Performance measures
- Plan for improving population health >



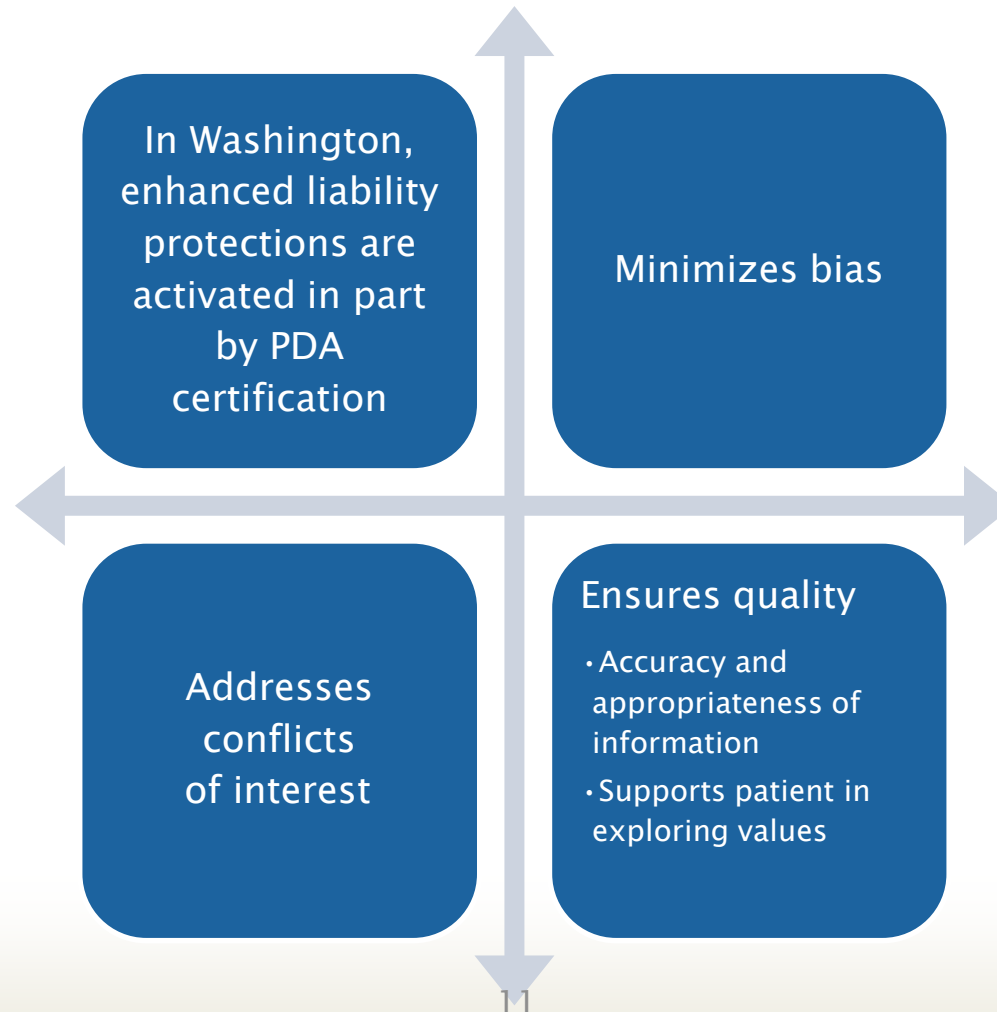
Shared decision making

A key component of Healthier Washington is consumer engagement: Empowering people to share in the decision-making when it comes to their own health and the health of their families.

On this page

- [What is shared decision making?](#)
- [How is shared decision making being implemented?](#)
- [What are patient decision aids?](#)

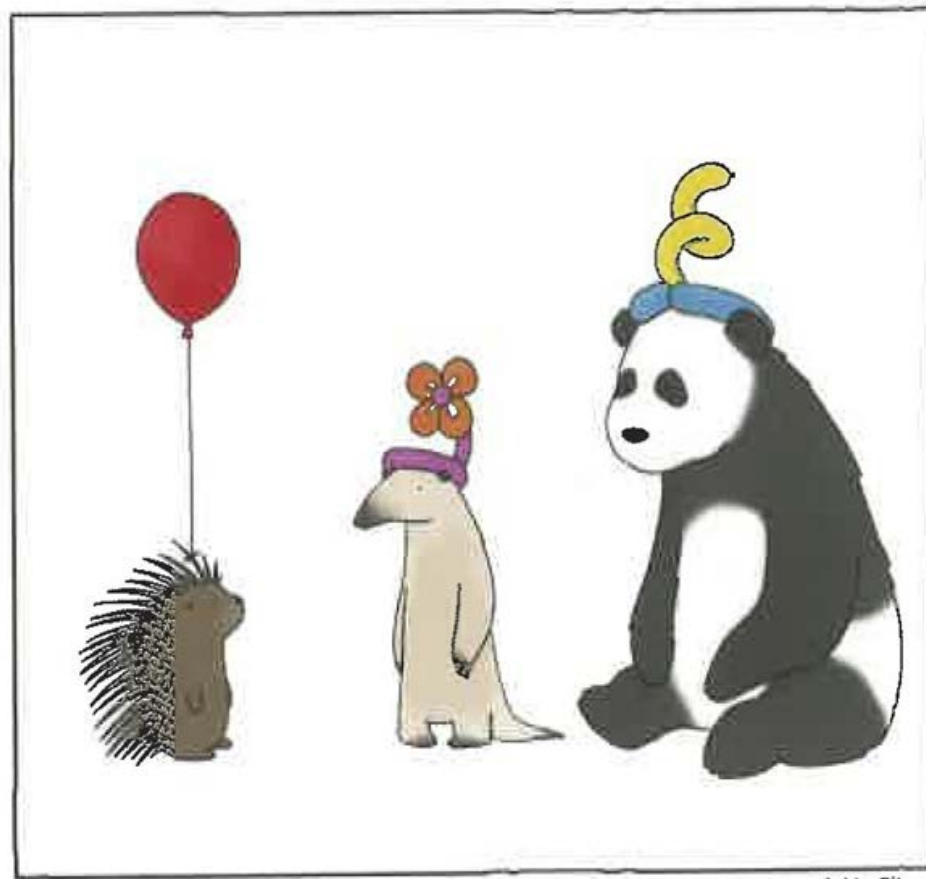
Why certify?



Quality Matters



Quality Matters



thelittleworldofliz.com

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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



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EN

BACK

SHOW ALL

WHICH ISSUE WOULD YOU
LIKE TO DISCUSS NEXT?

			A1C ↓	DAILY ROUTINE	LOW BLOOD SUGAR	WEIGHT CHANGE	HEART BENEFITS	COSTS
	<input checked="" type="checkbox"/>	Metformin	1 - 2 %		<p>No Severe Risk Minor = 0 - 1%</p>			
	<input type="checkbox"/>	Insulin	∞		<p>Severe = 1 - 3% Minor = 30 - 40%</p>			
	<input type="checkbox"/>	Pioglitazone	1 %		<p>No Severe Risk Minor = 1 - 2%</p>			
	<input type="checkbox"/>	Liraglutide Exenatide	0.5 - 1%		<p>No Severe Risk Minor = 0 - 1%</p>			
	<input type="checkbox"/>	Sulfonylureas	1 - 2 %		<p>Severe = Less than 1% Minor = 21%</p>			
	<input type="checkbox"/>	Gliptins	0.5 - 1%		<p>No Severe Risk Minor = 0 - 1%</p>			
	<input type="checkbox"/>	SGLT2 Inhibitors	0.5 - 1%		<p>No Severe Risk Minor = 3 - 4%</p>			

Current certified PDAs = 41 total

2016: Maternity Care

- Certified 5 PDAs

2017 – 2018: End of Life Care

- Certified 24 PDAs



Fall 2019: Screening for Cancer



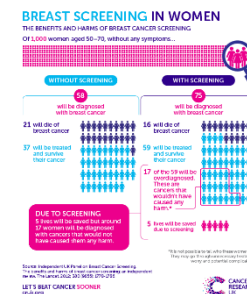
2017: Total Joint Replacement and Spine Care

- Certified 7 PDAs



2018 – 2019: Cardiac Care

- Certified 5 PDAs



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

2019 Bree Collaborative Draft Recommendations: <http://www.breecollaborative.org/wp-content/uploads/Recommendations-Shared-Decision-Making-Draft-19-0919-1.pdf>

Implementation Drivers

- Skills-Based Education and Training
- Patient Decision Aids
- Patient and Family Engagement
- Systems-Based

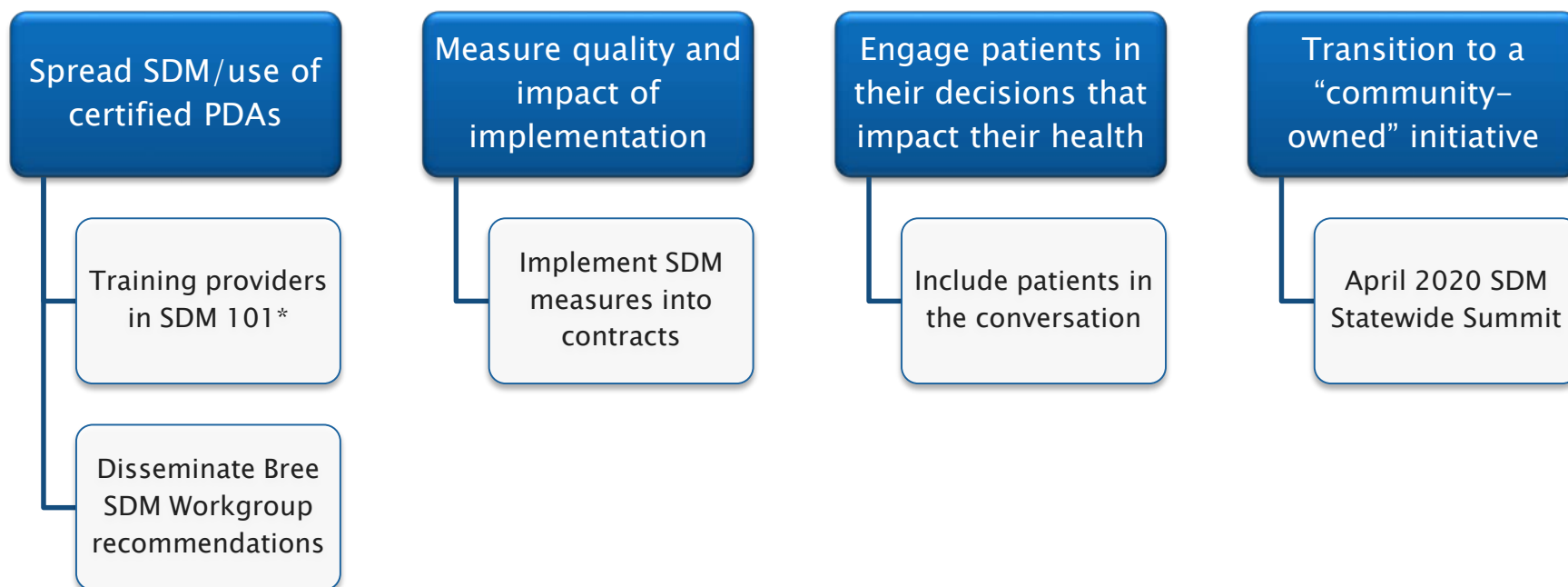
Selected Health Care Services

- 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



*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>.
- Get to know patient decision aids:
 - www.hca.wa.gov/about-hca/healthier-washington/patient-decision-aids-pdas
 - The Ottawa Institute: <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?

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More Information:

Healthier WA SDM webpage: <http://bit.ly/2d4ozZm>

