Welcome to the Team! Engaging Patients as Team Members through Shared Decision Making

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Faculty Disclosure

The presenters of this session have NOT had any relevant financial relationships during the past 12 months.
Conference Resources

Slides and handouts shared in advance by our Conference Presenters are available on the CFHA website at http://www.cfha.net/?page=Resources_2018

Slides and handouts are also available on the mobile app.
Learning Objectives

At the conclusion of this session, the participant will be able to:

• Define shared decision-making and its relationship with patient-centered care.
• Describe the research base on shared decision-making, including the results from a recent pilot study.
• Demonstrate strategies for increasing patient engagement in medical and mental health decision-making.
Bibliography / Reference


4. Politi, M. C., Dizon, D. S., Frosch, D. L., Kuzemchak, M. D., & Stiggelbout, A. M. (2013). Importance of clarifying patients' desired role in shared decision making to match their level of engagement with their preferences. BMJ: British Medical Journal (Online), 347.


Learning Assessment

A learning assessment is required for CE credit.
A question and answer period will be conducted at the end of this presentation.
What is Shared Decision-Making?

Shared decision-making involves identifying the clinical decision, reviewing evidence and treatment options, and incorporating the patient’s preferences (Légaré & Witteman, 2013).

• Patients express a preference to engage in shared decision making tasks for medical concerns (Deber, Kraetschmer, & Irvine, 1996)

• Evidence suggests that shared decision-making improves outcomes such as knowledge, participation, decisional conflict, self-efficacy, and satisfaction (Durand et al., 2014; Shay & Elston Lafata, 2015)
Doesn’t everyone do that?

Not necessarily...

• Many providers experience barriers to shared decision-making, for example concerns that they may be perceived as incompetent by patients and perceptions that some patient groups find shared decision-making overwhelming (Zeuner et al., 2015)

Also, it’s a bit more in depth than it may seem...
Components of Shared Decision-Making

1. Recognizing the need for a decision
   - Recognizing choices made in day to day practice (e.g., which screenings are conducted and when, which medication is prescribed, etc.)
   - Relating those choices to the patient

2. Understanding the best available evidence
   - Do you have a solid understanding of the medical evidence for this particular concern?
   - Can you explain it to your patients? Even if they struggle with literacy or numeracy?

3. Incorporating patients’ values and preferences
   - Understand the patient’s preferred decision-making role
   - Understand the patient’s priorities (e.g., cure vs. quality of life) and implement them

(Légaré & Witteman, 2013)
Do patients really want that?

WE WANTED TO FIND OUT!
Method

Participants & Procedure

• Mail survey of 281 Veterans (27% response) who received VHA integrated primary care services
  • White (76%)
  • Male (87%)
  • $M_{age} = 58.9 \ (13.1)$ years

Measures

• Demographic Survey
• Modified Problem-Solving Decision-Making Scale (Deber et al., 1996)
Problem-Solving Decision-Making Scale (Deber et al., 1996)

Two-factor, vignette-based measure of “choice behavior”:
- Problem-Solving (PS) that requires factual knowledge
  - Render diagnosis, identify treatment options + associated risks/benefits, likelihood of risk/benefit outcomes
  - Decision-making (DM) regarding acceptability of risk/benefit ratio and selection of treatment

Respondents review vignette, and then use a 5-point rating scale to determine who should engage in each PS or DM task
- (1) Doctor Alone – Mostly the Doctor – (3) Doctor and You Equally – Mostly You – (5) You Alone
- Analysis: Means, Percentages (Hand Over < 3, Equal = 3, Retain > 3)

Original vignettes were medically-oriented (morbidity, mortality, quality of life)

Others have modified vignettes to incorporate mental health and general health scenarios (e.g., Patel & Bakken, 2010)
**Modified PSDM Scale**

12 scenarios relevant to integrated practice + 1 assessment item (severity)

<table>
<thead>
<tr>
<th>Managing Stress</th>
<th>Spiritual/ Religious Dilemma</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relationship Problems</td>
<td>Attention/ Concentration</td>
</tr>
<tr>
<td>Managing Anger/ Irritability</td>
<td>Low Energy/ Motivation</td>
</tr>
<tr>
<td>Changes in Appetite</td>
<td>Chronic Pain</td>
</tr>
<tr>
<td>Weight Management</td>
<td>New/ Worsening Illness</td>
</tr>
<tr>
<td>Sleep Problems</td>
<td>Family Roles/ Responsibilities</td>
</tr>
</tbody>
</table>
Modified PSDM Example

A. Suppose you were having difficulty managing stress in general (e.g., at home, on-the-job).

<table>
<thead>
<tr>
<th>Question</th>
<th>Your Provider Alone</th>
<th>Mostly Your Provider</th>
<th>Provider and You Equally</th>
<th>Mostly You</th>
<th>You Alone</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Who should determine (diagnose) what the likely causes of your symptoms are?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>b. Who should determine how severe your symptoms are?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>c. Who should determine what the treatment options are?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>d. Who should determine what the risks and benefits for each treatment option are?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>e. Who should determine how likely each of these risks and benefits are to happen?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>f. Given the risks and benefits of each of these possible treatments, who should decide how acceptable those risks and benefits are for you?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>g. Given all the information about risks and benefits of the possible treatments, who should decide which treatment option should be selected?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
## Results

<table>
<thead>
<tr>
<th>Problem-Solving</th>
<th>$M_{\text{range}}$</th>
<th>$SD_{\text{range}}$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnosis</td>
<td>2.19-3.51</td>
<td>.85-1.06</td>
</tr>
<tr>
<td>Severity</td>
<td>2.42-3.31</td>
<td>.98-1.17</td>
</tr>
<tr>
<td>Treatment Options</td>
<td>2.16-3.17</td>
<td>.83-1.17</td>
</tr>
<tr>
<td>Identify Risks/ Benefits</td>
<td>2.29-3.16</td>
<td>.83-1.18</td>
</tr>
<tr>
<td>Likelihood Risks/ Benefits</td>
<td>2.38-3.24</td>
<td>.87-2.08</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Decision-Making</th>
<th>$M_{\text{range}}$</th>
<th>$SD_{\text{range}}$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acceptability Risks/ Benefits</td>
<td>2.86-3.54</td>
<td>.92-1.08</td>
</tr>
<tr>
<td>Treatment Decision</td>
<td>2.95-3.63</td>
<td>1.01-1.11</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
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<th>4</th>
<th>5</th>
</tr>
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<tbody>
<tr>
<td>Your Provider Alone</td>
<td>Mostly Your Provider</td>
<td>Provider and You Equally</td>
<td>Mostly You</td>
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</table>
Interpretation

- Descriptive analyses revealed the most frequently endorsed rating across problem-solving and decision-making stages for a range of presenting concerns was that participants wished to share equally with their providers.

- Overall, participants noted a slight preference toward their own evaluation of the acceptability of risks and benefits and final treatment decision-making.

- When preferences for greater problem-solving or decision-making authority by one group were noted, typically these were in favor of a desire for providers to have more influence.

- General exception was “Spirituality” domain, as patients typically preferred to retain greater responsibility in identifying causes and severity of concerns, as well as a stronger preference for decision-making authority.
Ok, so then how do I do it?

Use your team!
• No one has to do it all! Different team members can share responsibility.
• E.g., Nursing staff can provide decision aids, coaches can discuss treatment options, doctors can provide recommendations and review final decisions, etc.
• (Légaré, Stacey, Gagnon, Dunn, Pluye, Frosch...Graham, 2011 & Lewis, Stacey, Squires, & Carroll, 2016)

Use Decision Aids!
• E.g., handouts, websites, brochures

Get more training and use tools to help! :
• E.g., the Observer OPTION$^5$ is a clinical rating tool with text examples and online training available
• http://www.glynelwyn.com/observer-option-5-2014.html
Role Play!

The goal of this role play is to demonstrate that shared decision making can happen in a few minutes.

The script is based on the guidelines in the Observer OPTION at a “skilled” level for a single presenting concern.
Thank you!

The full citation including all contributing authors for this presentation is as follows:


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Session Evaluation

Use the CFHA mobile app to complete the evaluation for this session.

Thank you!