

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

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# Faculty Disclosure

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

# Conference Resources

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Slides and handouts shared in advance by our Conference Presenters are available on the CFHA website at [http://www.cfha.net/?page=Resources\\_2018](http://www.cfha.net/?page=Resources_2018)



Slides and handouts are also available on the mobile app.

# Learning Objectives

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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

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3. Lewis, K. B., Stacey, D., Squires, J. E., & Carroll, S. (2016). Shared decision-making models acknowledging an interprofessional approach: a theory analysis to inform nursing practice. *Research and theory for nursing practice*, 30(1), 26-43.
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5. Zeuner, R., Frosch, D. L., Kuzemchak, M. D., & Politi, M. C. (2015). Physicians' perceptions of shared decision-making behaviours: a qualitative study demonstrating the continued chasm between aspirations and clinical practice. *Health Expectations*, 18(6), 2465-2476.
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7. Patel, S.R., & Bakken, S. (2010). Preferences for participation in decision making among ethnically diverse patients with anxiety and depression. *Community Mental Health Journal*, 46, 466-473.
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# Learning Assessment

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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?

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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?

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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

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## 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?

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WE WANTED TO FIND OUT!

# Method

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## Participants & Procedure

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

## Measures

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

# Problem-Solving Decision-Making Scale (Deber et al., 1996)

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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

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

Managing Stress	Spiritual/ Religious Dilemma
Relationship Problems	Attention/ Concentration
Managing Anger/ Irritability	Low Energy/ Motivation
Changes in Appetite	Chronic Pain
Weight Management	New/ Worsening Illness
Sleep Problems	Family Roles/ Responsibilities

# Modified PSDM Example

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

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

# Results

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

Decision-Making	$M_{\text{range}}$	$SD_{\text{range}}$
Acceptability Risks/ Benefits	2.86-3.54	.92-1.08
Treatment Decision	2.95-3.63	1.01-1.11

1	2	3	4	5
Your Provider Alone	Mostly Your Provider	Provider and You Equally	Mostly You	You Alone



# Interpretation

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- 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?

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## *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<sup>5</sup>* 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<sup>5</sup>* at a “skilled” level for a single presenting concern.

# Thank you!

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

Johnson, E.M., King, P.R., Beehler, G.P., Buchholz, L.J., Wray, L.O. (2018, October). *Welcome to the Team! Engaging Patients as Team Members through Shared Decision Making*. Oral Presentation to be presented at the 20<sup>th</sup> Annual Conference of the Collaborative Family Healthcare Association, Rochester, NY.



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# Session Evaluation

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

Thank you!

