



# The CAHPS Ambulatory Care Improvement Guide

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Practical Strategies for Improving Patient Experience

## Section 6: Strategies for Improving Patient Experience with Ambulatory Care

### *6.I. Shared Decision-Making*

To download the Guide's other sections, including descriptions of improvement strategies, go to <https://cahps.ahrq.gov/quality-improvement/improvement-guide/improvement-guide.html>.

July 2015



Agency for Healthcare Research and Quality  
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## 6.1. SHARED DECISION-MAKING

### 6.1.1. The Problem

Although patients are far more informed than they were even 20 or 30 years ago, some people express frustration and dissatisfaction with their care because they do not feel like they have adequate (if any) input into the decisions that clinicians are making about their health and their lives. One element of this problem is that patients often do not know enough about their treatment options to make informed decisions. In particular, they may not understand the evidence base underlying the decisions they are being offered.

Another contributing factor is that providers are not always supportive of patient involvement in the decision-making process. In some cases, clinicians are supportive of the concept but do not know how to make it happen.

Complicating the decision-making process is the fact that decisions related to preventive testing, diagnostic work-ups, and treatment options are often driven by physicians' preferences (which may be shaped by medical training, local norms, or personal experience) rather than scientific evidence. The resulting variations in care across the country are tremendous and well-documented. (For evidence of geographic variations, see the Dartmouth Atlas at <http://www.dartmouthatlas.org/>.) However, the only preference driving variations should be that of the patient. This is a core principle behind shared decision-making.

### 6.1.2. The Intervention

Shared decision-making is a model of patient-centered care that enables and encourages people to play a role in the management of their own health. It operates under the premise that, armed with good information, consumers can and will participate in the medical decision-making process by asking informed questions and expressing personal values and opinions about their conditions and treatment options.

While some critics of shared decision-making maintain that patients are not able or willing to make their own health care decisions, there is considerable evidence that patients want more information and greater involvement in decision making in partnership with their doctors.<sup>1, 2, 3</sup>

<sup>1</sup> Deber RB, Kraetschmer N, Irvine J. What role do patients wish to play in treatment decision making? *Arch Intern Med* 1996;156(13):1414-20.

<sup>2</sup> Guadagnoli E, Ward P. Patient participation in decision-making. *Soc Sci Med* 1998;47(3):329-39.

<sup>3</sup> Coulter A. *The autonomous patient: Ending paternalism in medical care*. London: Nuffield Trust; 2002.

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**6.1.3. Benefits of This Intervention**

Improved quality of medical consultations has been found to have a positive effect on the quality of treatment decisions, the quality of patient-physician communication, and the satisfaction of both patients and physicians. Specifically, research on the impact of this intervention has found:

- Consumer participation can increase patient satisfaction and lead to better health outcomes.<sup>4, 5, 6</sup>
- Patients who are empowered to make decisions about their health that better reflect their personal preferences often experience more favorable health outcomes such as decreased anxiety, quicker recovery, and increased compliance with treatment regimens.<sup>7</sup>
- Greater consumer involvement in decision making leads to lower demand for health care resources.<sup>8</sup>

Research also suggests that the use of interactive presentations can increase the complexity of discussions between physician and patient. In one study, both patients and physicians benefited from an increased level of understanding that allowed discussions to focus on the critical risk/benefit tradeoffs rather than simply describing treatment alternatives.<sup>9</sup>

Learn more about research on shared decision-making programs at [http://www.informedmedicaldecisions.org/library/?pt=imdf\\_sdm\\_pr\\_research](http://www.informedmedicaldecisions.org/library/?pt=imdf_sdm_pr_research).

**6.1.4. Implementation of This Intervention**

The first step in shared decision-making is that patients become informed about their medical condition. Consumers have access to a variety of sources for such information, including physicians, friends and family, Web sites, and printed materials such as pamphlets and journal articles. The innovation of shared decision-making is the use of interactive technology to inform patients. This method of informing patients may be applied to a variety of medical conditions as well as general preventive medicine.

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<sup>4</sup> Greenfield S, Kaplan S, Ware JE Jr. Expanding patient involvement in care. Effects on patient outcomes. *Ann Intern Med* 1985;102(4):520-8.

<sup>5</sup> Greenfield S, Kaplan SH, Ware JE Jr., et al. Patients' participation in medical care: Effects on blood sugar control and quality of life in diabetes. *J Gen Intern Med* 1988;3(5):448-57.

<sup>6</sup> Kaplan SH, Greenfield S, Ware JE Jr. Assessing the effects of physician-patient interactions on the outcomes of chronic disease. *Med Care* 1989;27(3 Suppl):S110-27.

<sup>7</sup> Guadagnoli E, Ward P. Patient participation in decision-making. *Soc Sci Med* 1998;47(3):329-39.

<sup>8</sup> Devine EC, Cook TD. A meta-analytic analysis of effects of psychoeducational interventions on length of postsurgical hospital stay. *Nurs Res* 1983;32(5):267-74.

<sup>9</sup> Onel E, Hamond C, Wasson JH, et al. Assessment of the feasibility and impact of shared decision making in prostate cancer. *Urology* 1998;51(1):63-6.

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6.I. Shared Decision-Making

Since this approach was first developed in the early 1980s, the use of video and computer technology has been increasingly seen as an effective means of helping patients make informed choices about their care. Interactive presentations can inform patients of treatment options, promote health, and teach self-management skills. Good interactive videos and written decision aids are balanced and do not encourage any one treatment approach over the others; rather, they explain the issues fairly and clearly, highlighting the pros and cons of each option. Instructional applications may also be used to prepare patients for various procedures or explain what they need to know after surgery.<sup>10</sup>

The challenge to this intervention is to keep pace with rapidly changing developments including new treatment alternatives and new information concerning treatment efficacy and complications.<sup>11</sup> Keeping them up-to-date is a major enterprise.<sup>12</sup>

Once the patient is informed, the second step is for the clinician to involve the patient in the decision-making process. However, while the right of patients to be informed decision makers is well accepted, it is not always well implemented.<sup>13</sup> Shared decision-making requires a “modification of the relationship between patient and provider and recognition of the ability of the patients to participate in making choices that affect their lives.”<sup>14</sup> Thus, one key to success lies in training physicians to communicate about risks and benefits clearly, and to ensure that they appreciate the importance of respecting patient’s values, preferences, and expressed needs.<sup>15</sup> It is also helpful to use a team approach that includes nurses, health coaches, and case managers so that the physician’s time is used appropriately.

**Resources for  
Decision-Making Tools**

**Massachusetts General Hospital:  
Health Decision Sciences Center:**  
<http://www.massgeneral.org/decisionsciences/>

**Informed Medical Decisions  
Foundation:**  
<http://www.informedmedicaldecisions.org/>

**Ottawa Hospital Research  
Institute: Patient Decision Aids:**  
<https://decisionaid.ohri.ca/index.html>

<sup>10</sup> Mechanic D. Issues in promoting health. *Soc Sci Med* 1999;48(6):711-8.

<sup>11</sup> Onel E, Hamond C, Wasson JH, et al. Assessment of the feasibility and impact of shared decision making in prostate cancer. *Urology* 1998;51(1):63-6.

<sup>12</sup> Mechanic D. Issues in promoting health. *Soc Sci Med* 1999;48(6):711-8.

<sup>13</sup> Institute of Medicine. *Crossing the quality chasm: A new health system for the 21st century*. Washington, DC: National Academy Press; 2001.

<sup>14</sup> Deber RB, Kraetschmer N, Irvine J. What role do patients wish to play in treatment decision making? *Arch Intern Med* 1996;156(13):1414-20.

<sup>15</sup> Towle A, Godolphin W. Framework for teaching and learning informed shared decision making. *BMJ* 1999;319(7212):766-71.

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## 6.1. Shared Decision-Making

At the same time, patients must also take some responsibility for identifying and availing themselves of alternative sources of information, such as shared decision-making tools, the Internet, and support groups or educational programs offered in the community.

**Read More About Shared Decision-Making**

- Barry MJ, Edgman-Levitan S. Shared decision making--pinnacle of patient-centered care. *N Engl J Med* 2012;366(9):780-1.
- Elwyn G, Edwards A, Gwyn R, et al. Towards a feasible model for shared decision making: focus group study with general practice registrars. *BMJ* 1999;319:753-6.
- Gerteis M, Edgman-Levitan S, Daley J. *Through the patient's eyes. Understanding and promoting patient-centered care.* San Francisco: Jossey-Bass; 1993.
- Informed Medical Decisions Foundation: Demonstration sites:  
<http://www.informedmedicaldecisions.org/shared-decision-making-in-practice/demonstration-sites/>