

A large, stylized graphic of an eye in shades of blue, grey, and white, with yellow and green triangular accents, positioned in the upper right background.

Implementing Shared Decision Making with Low Health Literacy Patients

December 9, 2015

1:00 p.m. – 2:30 p.m. ET

Sponsored by:
Agency for Healthcare Research and Quality (AHRQ)

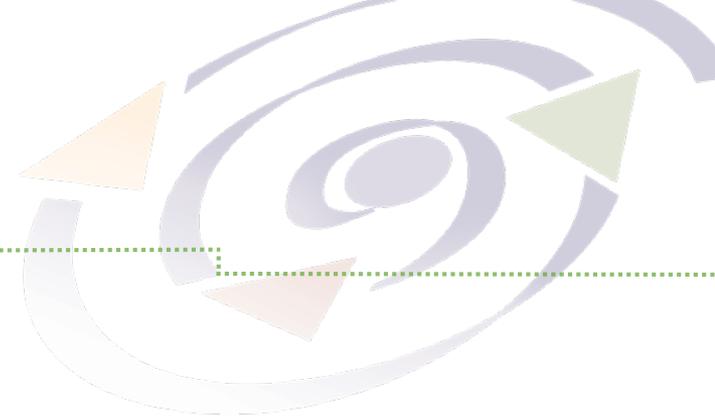


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The Agency for Healthcare Research and Quality



- ▶ AHRQ is a Federal agency that is part of the U.S. Department of Health & Human Services.
- ▶ AHRQ works to produce and disseminate evidence to make health care safer, of higher quality, more accessible, equitable, and affordable.

The **SHARE** Approach

Essential Steps of Shared Decision Making

Five steps for you and your patients to work together to make the best possible health care decisions.

Step 1:

Seek your patient's participation

Communicate that a choice exists and invite your patient to be involved in decisions.

Step 2:

Help your patient explore and compare treatment options

Discuss the benefits and harms of each option.

Step 3:

Assess your patient's values and preferences

Take into account what matters most to your patient.

Step 4:

Reach a decision with your patient

Decide together on the best option and arrange for a followup appointment.

Step 5:

Evaluate your patient's decision

Plan to revisit decision and monitor its implementation.



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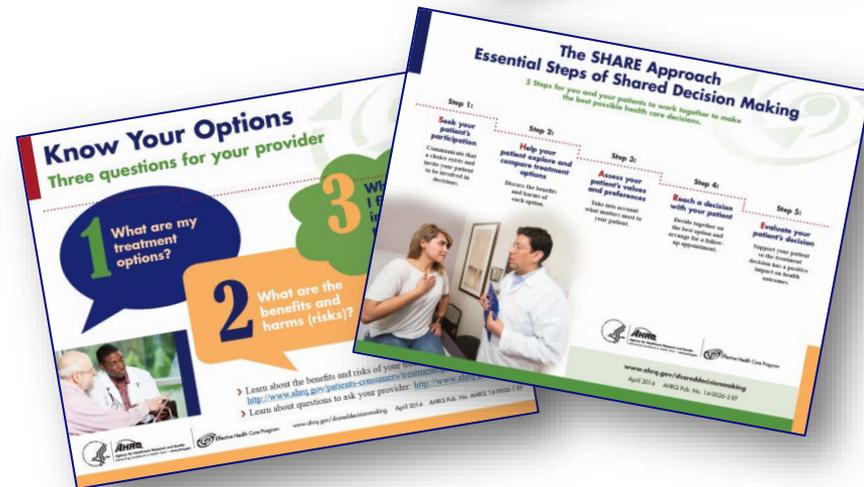
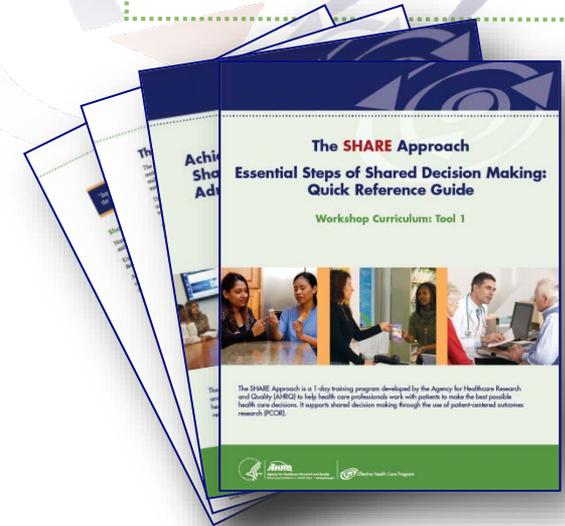
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www.ahrq.gov/shareddecisionmaking

April 2014 AHRQ Pub. No. 14-0026-2-EF

The SHARE Approach tools

- ▶ **Communication tools** addressing health literacy and cultural competence
- ▶ **Implementation guides** for clinicians, teams, and administrators
- ▶ **Resources** such as conversation starters, a video, and posters



The SHARE Approach Workshop

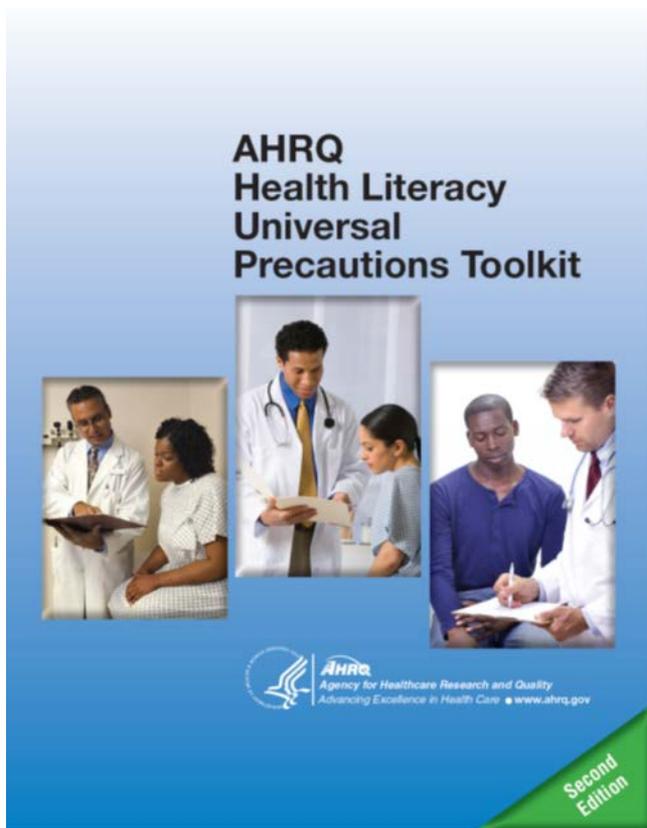
- ▶ A structured, 1-day accredited train-the-trainer workshop. Register at <http://meetings.afyainc.com/share/ddecisionmaking/>



- Module 1:** Shared Decision Making
- Module 2:** AHRQ PCOR Resources
- Module 3:** Communication
- Module 4:** Putting SDM Into Practice
- Module 5:** Training of Trainers

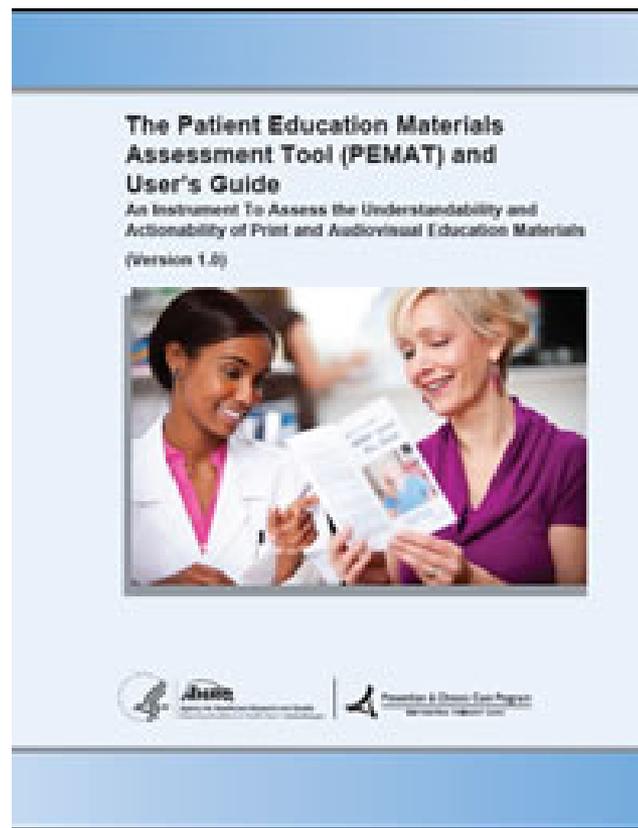
AHRQ health literacy resources

- AHRQ Health Literacy Universal Precautions Toolkit



www.ahrq.hhs.gov/literacy

- The Patient Education Materials Assessment Tool (PEMAT)



www.ahrq.gov/pemat



SHARE Approach Webinar Series

Webinar 4

Implementing Shared Decision Making
with Low Health Literacy Patients

Other Webinars available at:

<http://www.ahrq.gov/professionals/education/curriculum-tools/shareddecisionmaking/webinars/index.html>

Presenters and moderator disclosures



The presenter and moderator have no conflicts of interest to disclose:

- ▶ **Annie LeBlanc, Ph.D.**, Mayo Clinic
- ▶ **Cindy Brach, M.P.P.**, Agency for Healthcare Research and Quality (AHRQ)

Presenter **Mary Politi, Ph.D.** (Washington University School of Medicine) has received research funding from, and serves as a consultant to Merck Sharpe & Dohme.

PESG, AHRQ, AFYA, and AcademyHealth staff have no financial interest to disclose.

Commercial support was not received for this activity.

Learning objectives



At the conclusion of this activity, participants will be able to:

1. Explain the value of shared decision making interventions among populations with limited literacy skills.
2. Identify challenges implementing shared decision making interventions among populations with limited literacy skills.
3. Describe a user-centered framework to support shared decision making between providers and patients with limited literacy skills.
4. Explain how the use of decision aids can facilitate shared decision making between providers and patients with limited literacy skills.

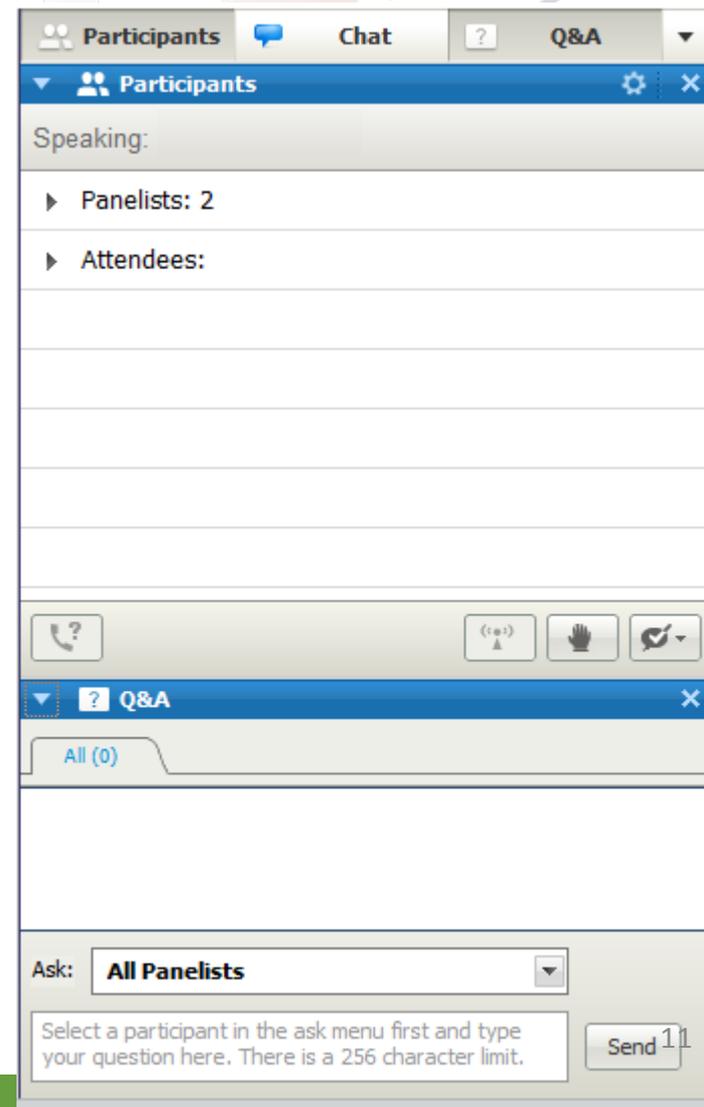
Accreditation



- ▶ This continuing education activity is managed and accredited by Professional Education Services Group (PESG) in cooperation with AHRQ, AFYA, and AcademyHealth.
- ▶ Accredited for:
 - Physicians/Physician Assistants, Nurse Practitioners, Nurses, Pharmacists/Pharmacist Technicians, Health Educators, and Non-Physician CME
- ▶ Instructions for claiming CME/CE – provided at end of Webinar

How to submit a question

- ▶ At any time during the presentation, type your question into the “Q&A” section of your WebEx Q&A panel.
- ▶ Please address your questions to “**All Panelists**” in the dropdown menu.
- ▶ Select “Send” to submit your question to the moderator.
- ▶ Questions will be read aloud by the moderator.
- ▶ SHARE@ahrq.hhs.gov



The screenshot displays the WebEx interface for a Q&A session. At the top, there are tabs for 'Participants', 'Chat', and 'Q&A'. The 'Q&A' tab is active, showing a 'Speaking:' section with 'Panelists: 2' and 'Attendees:'. Below this is a 'Q&A' section with a dropdown menu set to 'All (0)'. At the bottom, there is an 'Ask:' dropdown menu set to 'All Panelists', a text input field with a placeholder message: 'Select a participant in the ask menu first and type your question here. There is a 256 character limit.', and a 'Send' button. A red arrow points to the 'Send' button.



Implementing Shared Decision Making in Populations with Low Health Literacy

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Department of Surgery

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Conflict of interest declaration

A decorative graphic in the top right corner featuring a light purple spiral with several colored triangles (orange, green, and light purple) pointing outwards. A horizontal dotted green line extends from the left side of the slide towards the graphic.

Consultant: Merck Sharpe & Dohme (2015)

Investigator Initiated Grant: Merck Sharpe & Dohme
(2014 – 2015)

What is shared decision making?

A process by which decisions are made collaboratively by clinicians and patients, informed by the best evidence available, considering patients' characteristics and values.

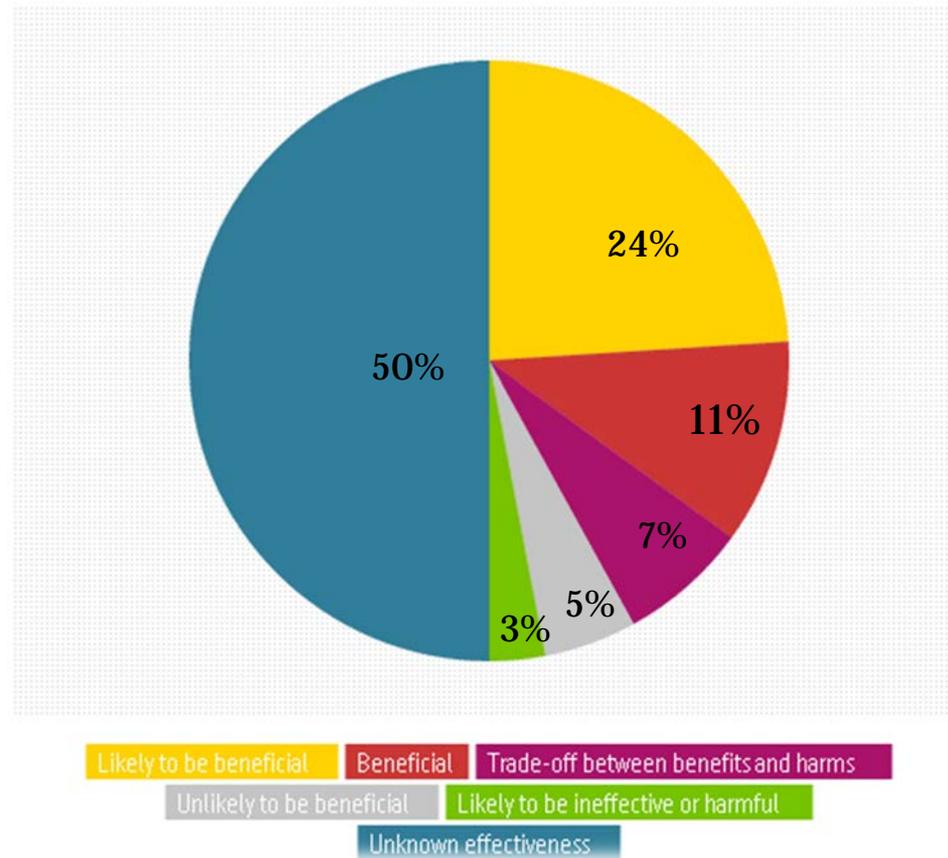


Stacey D, Légaré F, Col NF, et al. Decision aids for people facing health treatment or screening decisions. Cochrane Database of Systematic Reviews. 2014;(1):CD001431

[image:](http://shareddecisions.mayoclinic.org/)
<http://shareddecisions.mayoclinic.org/>

Why not just make a recommendation?

Effectiveness of medical treatments



Effectiveness of 3,000 treatments as studied in RCTs, as collected by BMJ's *Clinical Effectiveness*

Shared decision making: A meeting of experts

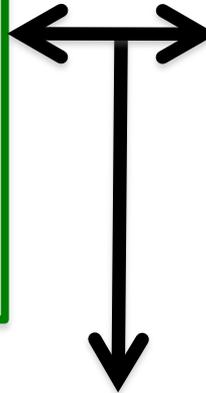


PRACTITIONER

- Invite patient to participate
- Present options
- Discuss risks, benefits, alternatives, uncertainties (using best available evidence)
- Elicit values and preferences
- Check understanding
- Discuss next steps

PATIENT

- Describes health, symptoms, and history
- Shares values, preferences, implementation challenges, and preferred style of decision making



Patient is *invited* to and *engages* in decision making at the desired level.

Sample language



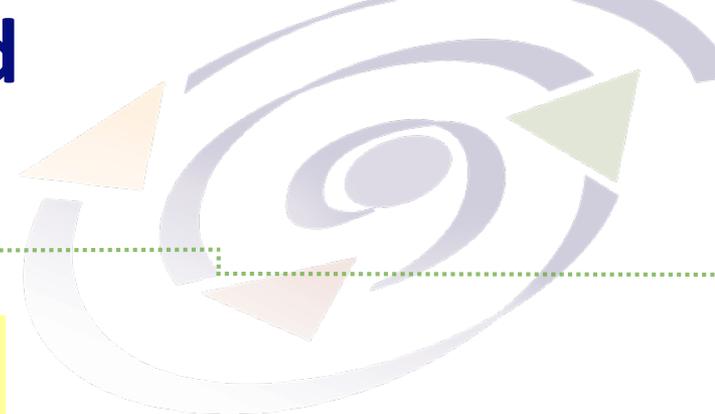
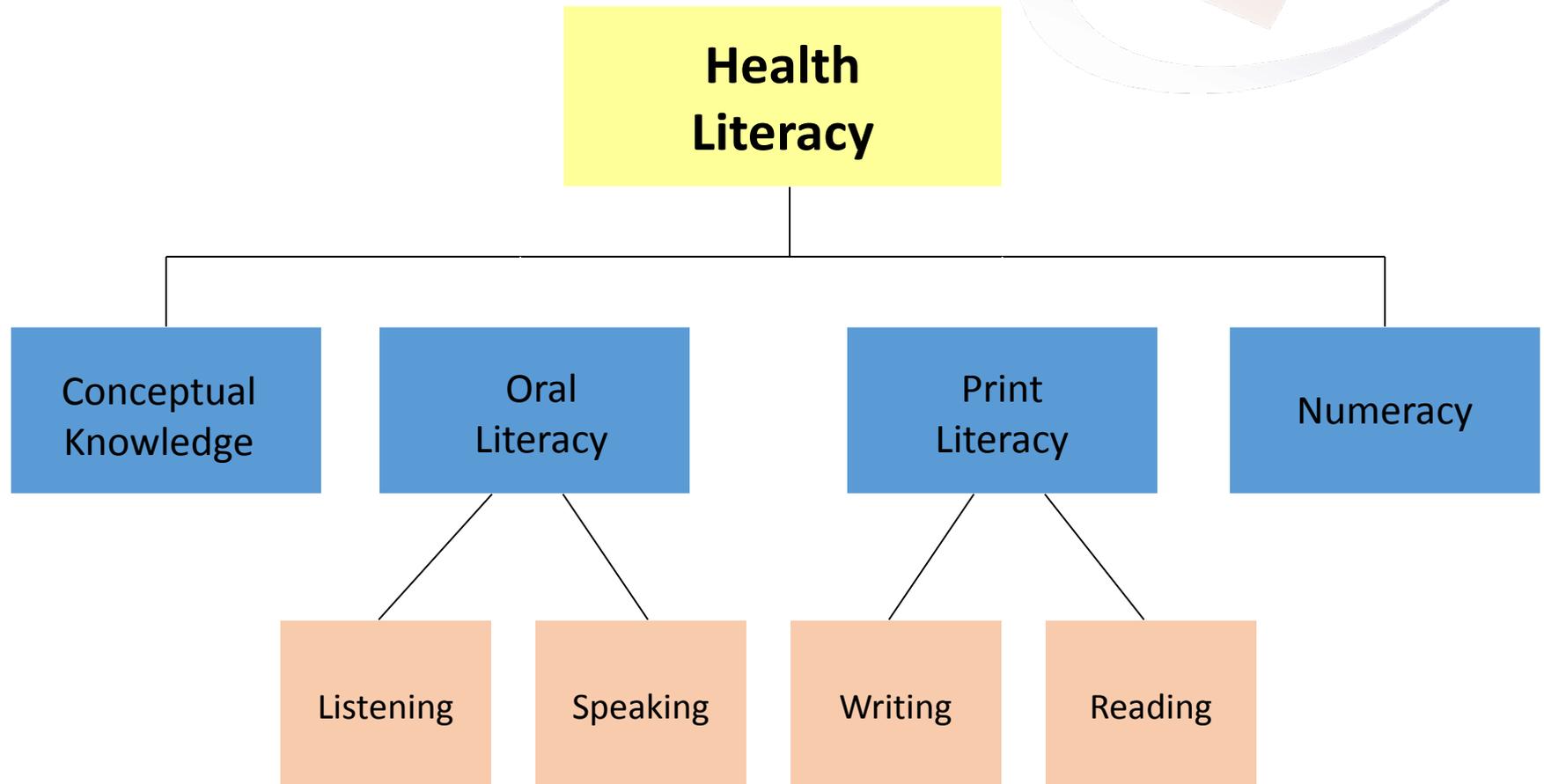
“Sometimes the choice is not as clear as people think. Let’s work together so we can find a choice that’s right for you.”

“As you think about these options, what’s important to you? I want to make sure I understand what you care about.”

“Is there any more information you need? You have time to think things through.”

“ Are you leaning towards one option or another?”

Shared decision making and health literacy

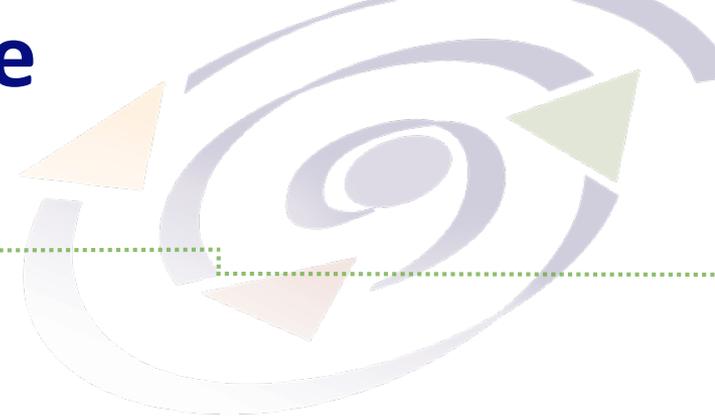


Shared decision making and health literacy

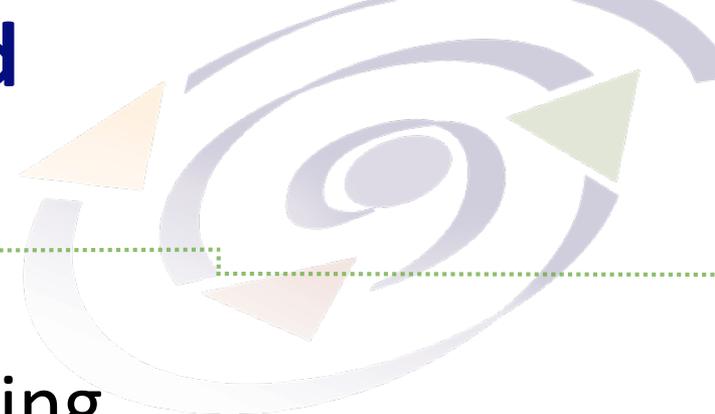


- ▶ How can we lower the health literacy demands of shared decision making?
 - Interpersonal communication
 - Decision coaching
 - Decision aids (Dr. LeBlanc)

Patients often have multiple sources of vulnerability

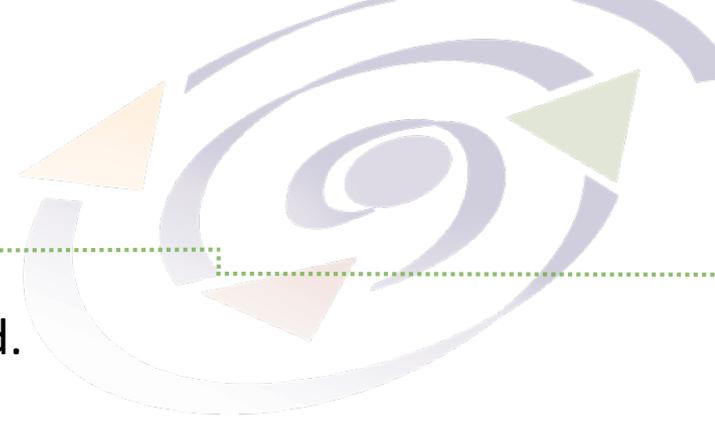


Shared decision making and evidence based medicine



- ▶ When is shared decision making appropriate?
 - No clear choice from a health perspective (equipoise)
 - Potential overuse (e.g. antibiotics for sinusitis)?
 - Potential underuse (e.g. vaccination)?

Imagine treating Tiffany



Tiffany is a new patient who was previously uninsured.

For the past few days, Tiffany has had a mild fever, runny nose, fatigue, and chills. Her symptoms are keeping her up at night and she feels like she is not able to concentrate at work.

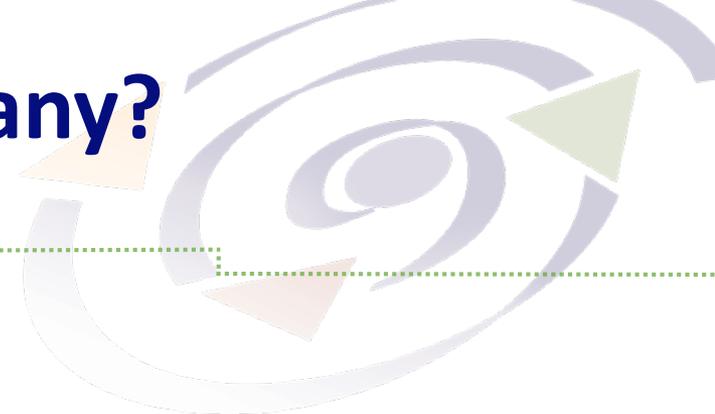
After a complete history and physical exam, you determine she has a mild virus. You encourage her to monitor her symptoms. You tell her to call you if her symptoms do not improve within a week.

Tiffany says, “But can’t you give me anything like an antibiotic or something to help me sleep? The walk-in clinic where I used to go always did. I can’t afford to miss any work and I need some sleep. Give me something to help me sleep, or penicillin or something.”

How do you respond to Tiffany?

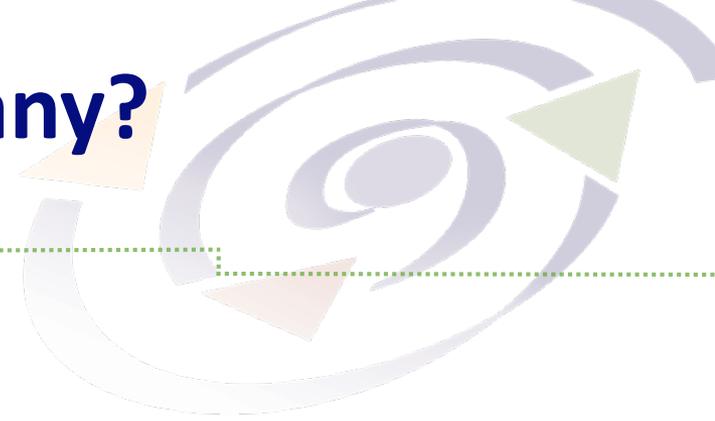


How do you respond to Tiffany?



- ▶ Listen to the things that matter to her.
- ▶ Educate her about the risks and benefits of taking antibiotics.
- ▶ Build rapport with her.
- ▶ Respond to her questions and concerns.
- ▶ Debate the issue/attempt to discredit her information sources.
- ▶ Refer her to a colleague.
- ▶ Schedule another appointment to revisit the decision.

How do you feel about Tiffany?

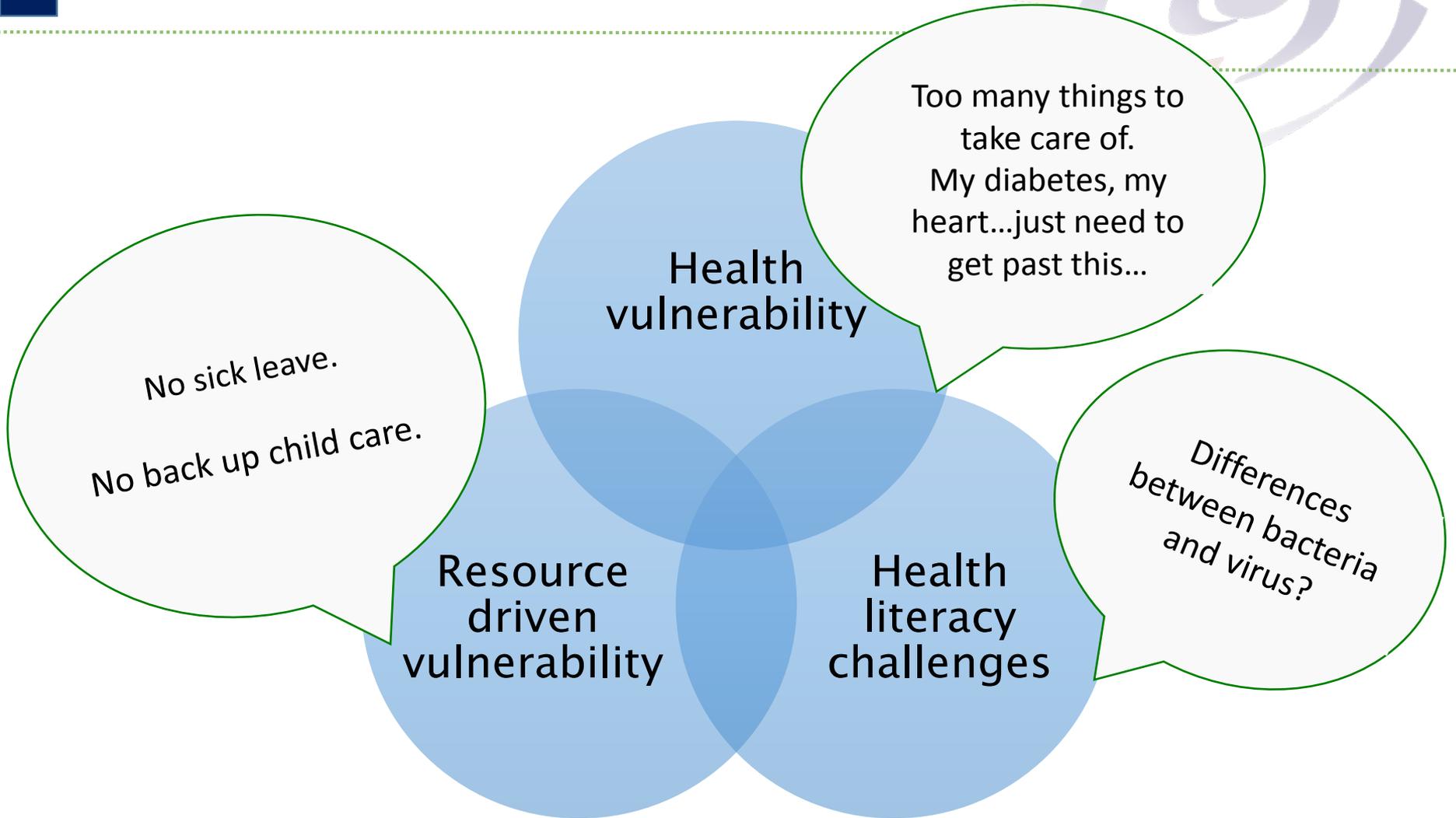


How do you feel about Tiffany?

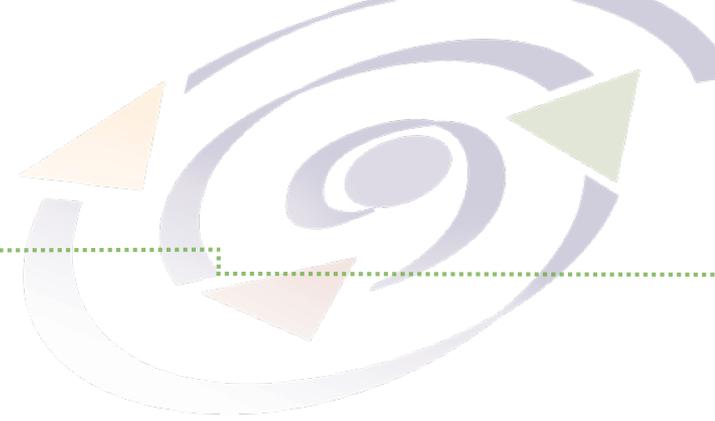


- ▶ I respect her decision to request antibiotics in this situation.
- ▶ I feel comfortable talking to her about her concerns.
- ▶ I understand her concerns about her symptoms.
- ▶ I don't really like this patient.
- ▶ I find this patient a bit annoying.
- ▶ I would be pleased if she did not come to my clinic.

What might Tiffany be thinking?



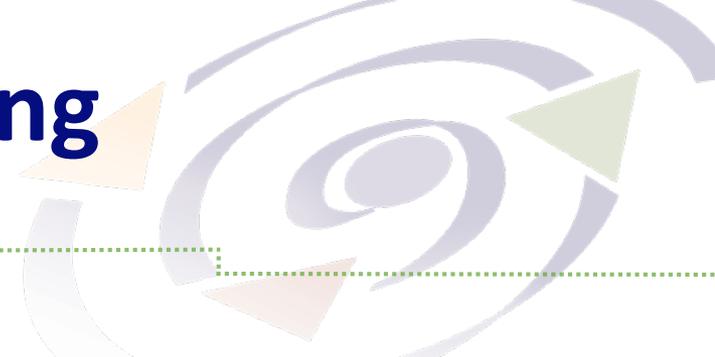
Real patient stories



“You have some doctors that you can ask them a question...I honestly think that it all depends on the kind of insurance that you have too. That they'll just tell you well, it's just this, when it could be something else.”

[Female, St. Louis County]

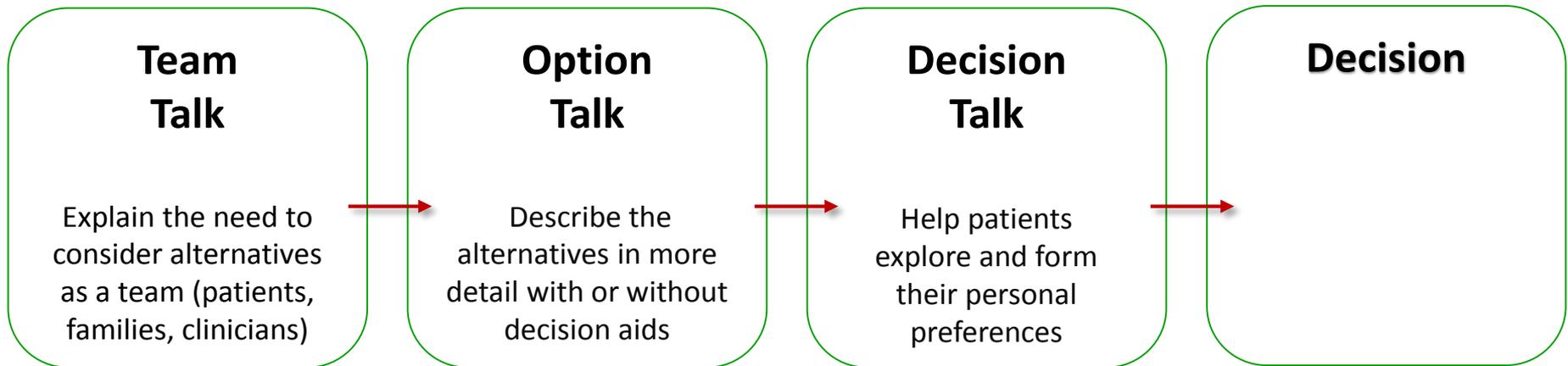
Risks of miscommunicating



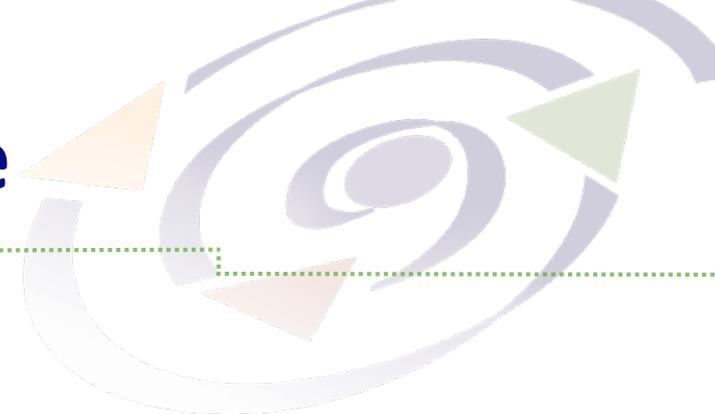
- ▶ Tiffany feels frustrated with the medical system.
- ▶ Tiffany gets labeled as a “drug seeker.”
- ▶ Tiffany doesn’t come back; other conditions are affected.
- ▶ Tiffany feels like no good doctors take her insurance.
- ▶ Others?

Shared decision making: A model for clinical practice

Initial preferences Deliberation Informed preferences

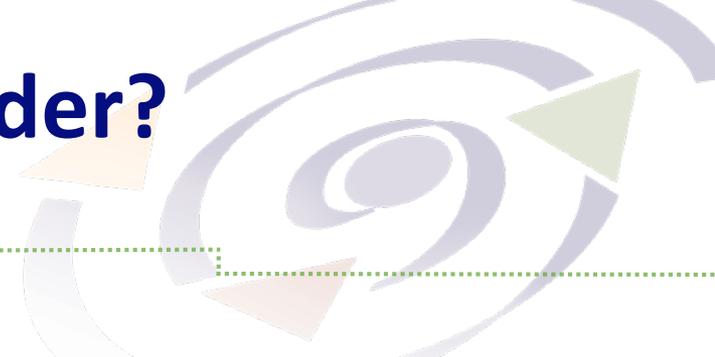


Decision coaching: Helping patients participate

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- ▶ Agenda setting
- ▶ List of questions / knowledge assessment
- ▶ Values clarification

What should patients consider?



- ▶ **S**ituation (e.g., questions about diagnosis, test reports)
- ▶ **C**hoices available (treatment options)
- ▶ **O**bjectives/goals for consultation and treatment
- ▶ **P**eople involved in decision (and how to involve them)
- ▶ **E**valuation process: What makes a good decision for you?
- ▶ **D**ecision support: What information do you want/need?

SCOPED Note Title: _____

List 3 key facts about the **SITUATION**

- Fact 1: _____
- Fact 2: _____
- Fact 3: _____

List 3 **CHOICES** or actions that are available to you

- Choice 1: _____
- Choice 2: _____
- Choice 3: _____

List 3 **OBJECTIVES** (goals), in order of priority

- Objective 1: _____
- Objective 2: _____
- Objective 3: _____

List 3 **PEOPLE** who are either involved or will be affected

- Person 1: _____
- Person 2: _____
- Person 3: _____

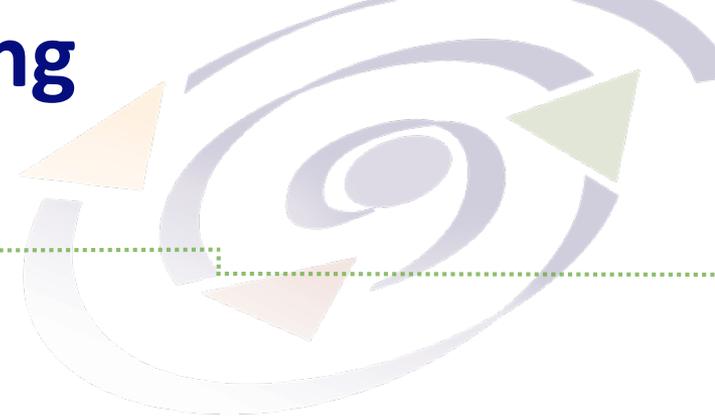
EVALUATE the consequences of each **CHOICE** for each **OBJECTIVE**

	<i>Objective 1</i>	<i>Objective 2</i>	<i>Objective 3</i>
<i>Choice 1</i>			
<i>Choice 2</i>			
<i>Choice 3</i>			

DECIDE on the Best Choice and Next Steps

- Best Choice: _____
- Next Steps: _____

What does decision coaching do for patients?

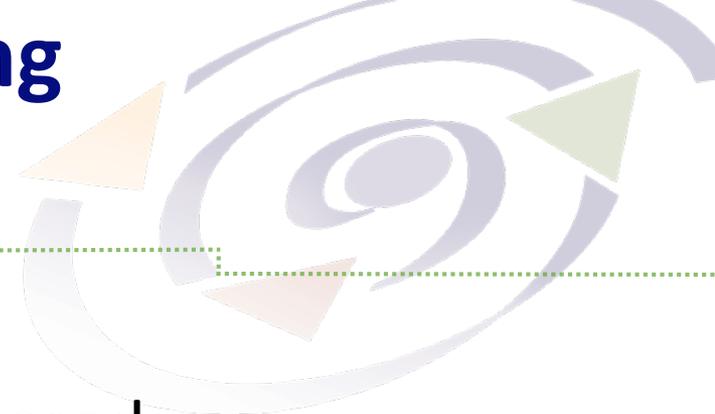


- ▶ Increased
 - Knowledge
 - Satisfaction
 - Self-efficacy
 - Decision quality
 - High quality questions
 - Adherence to screening

- ▶ Decreased
 - Decisional conflict
 - Anxiety
 - Perceived communication barriers

Sepucha et al., JCO 2000;
Sepucha et al., JCO 2002

What does decision coaching do for clinicians?



- ▶ Less time on autopilot, more tailored communication
- ▶ More confidence that patient will remember information
- ▶ Does not increase consultation time

Shared decision making in practice: Are we there yet?



A common sentiment among
health care providers:

“We already do that
all the time.”

Are we there yet?

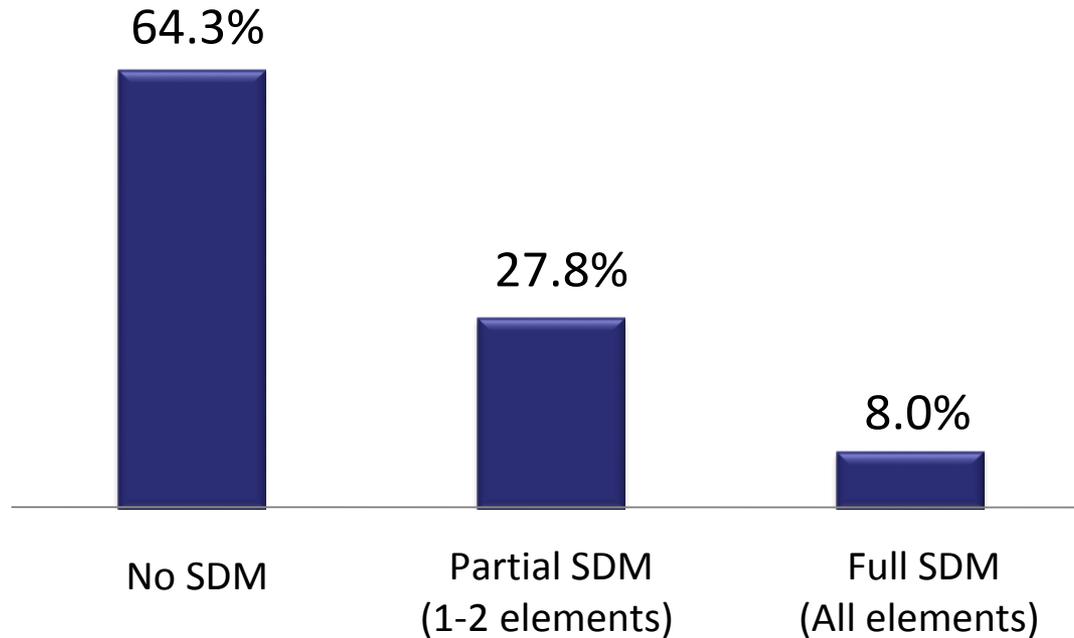


- ▶ 1057 audio-taped clinical encounters, 3552 decisions
- ▶ What proportion of decisions met most basic definition of fully informed decisions?
 - Nature of decision
 - Patient role in decision making
 - Exploration of patient preferences

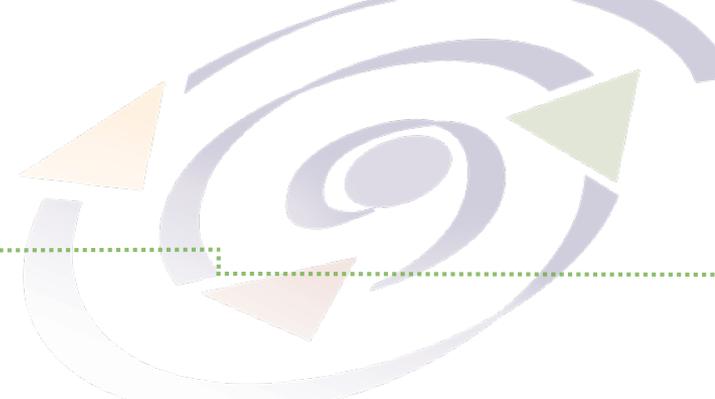
9%

Are we there yet?

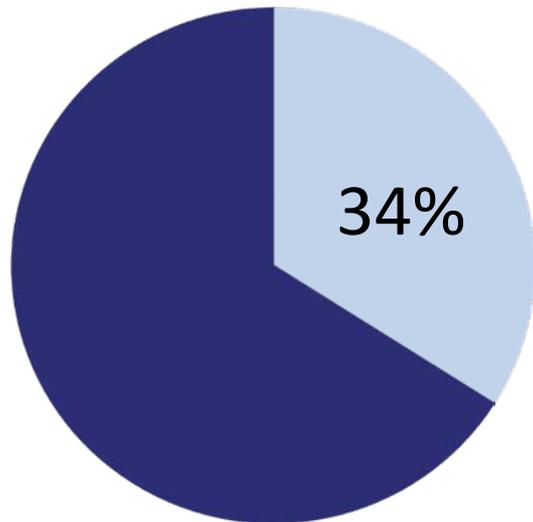
- ▶ Nationally representative sample of 3,427 men aged 50 to 74 years in the 2010 National Health Interview Survey



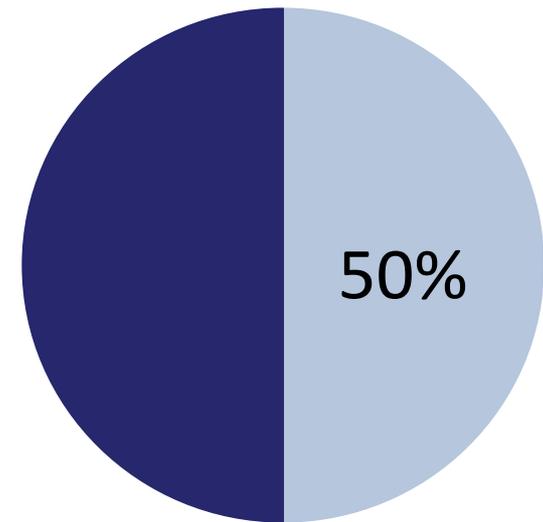
Are we there yet?



- ▶ 1,034 preoperative elective surgery patients

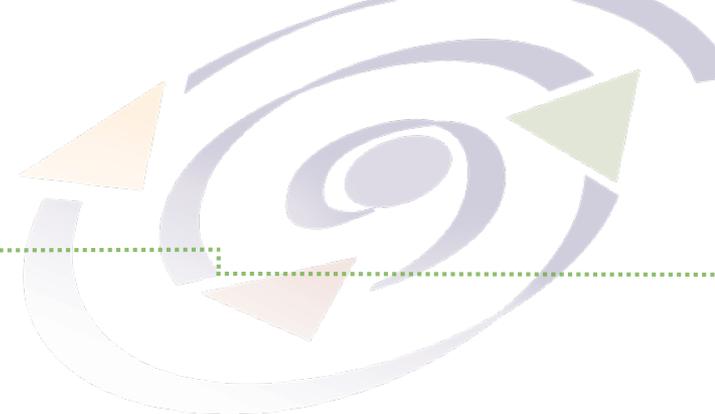


1+ deficit(s) in
surgical decision making



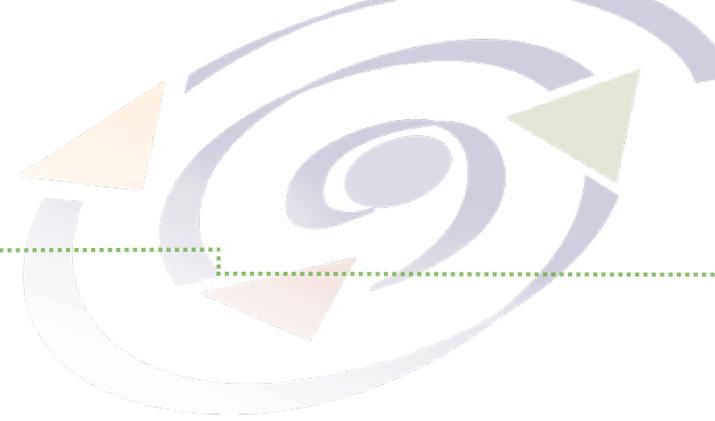
1+ deficit(s) in
advance care planning

Are we there yet?



- ▶ 2,718 patients, 40 years or older, experienced or discussed 1-10 decisions with a health care provider in past 2 years
- ▶ Few patients were asked preferences about medications for hypertension, elevated cholesterol, and having mammograms (37.3%-42.7%)
- ▶ Discussed pros more than cons across all 10 decisions

Are we there yet?

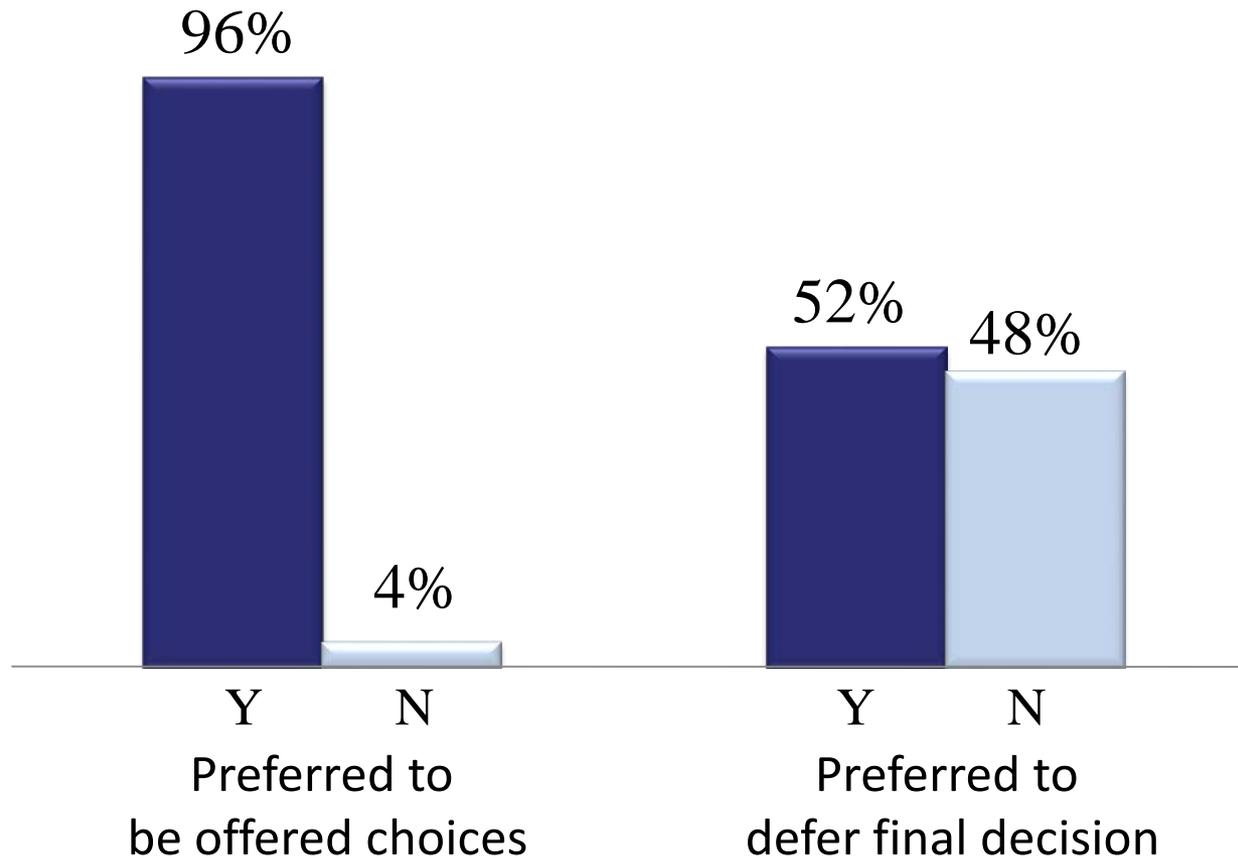


A common sentiment among
health care providers:

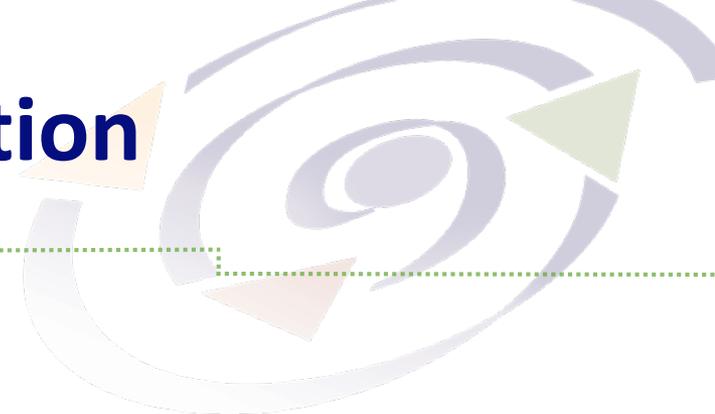
“What if my patients do not want to
be involved?”

Deliberation vs. determination

- National study of almost 3,000 participants



Deliberation vs. determination



- ▶ Invasive medical procedures:
 - About **80%** wanted shared decision making or patient led decision making
 - **93%** wanted clinicians to share risk information
- ▶ Only **3-8%** state they want no role in decision making

Mazur & Hickam, 1997, *JGIM*

Arora & McHorney, 2000, *Medical Care*

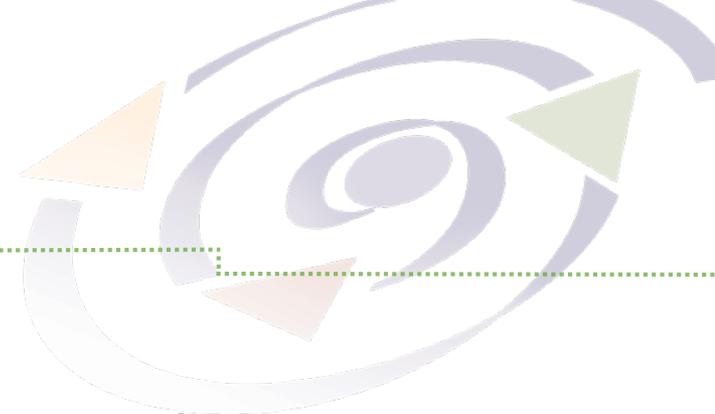
Can this be shared decision making?

A decorative graphic in the top right corner featuring a light purple spiral with three arrows pointing outwards: one orange, one green, and one light blue. A horizontal dotted green line extends from the left edge of the slide towards the spiral.

“My preferences are to cure the disease as quickly as possible, but I would like to be able to continue working throughout treatment if possible. I am torn between option A and option B.

What do you think I should do?”

Shared decision making: Challenges for patients



- Limited knowledge can lead patients to say they want to defer decision making to a clinician or trusted other
- Preferences cannot be formed with inaccurate or missing info
- First steps: acknowledge equipoise or uncertainty, identify trade-offs between options, and offer choice
- Once patients are informed, they can decide whether they would like more (or less) decision involvement

Shared decision making: Challenges for clinicians and patients

A decorative graphic in the top right corner featuring a stylized eye with a purple iris and a grey sclera. Three arrows, one orange, one green, and one grey, are positioned around the eye, pointing in different directions. A dotted green line extends from the bottom of the title area across the slide.

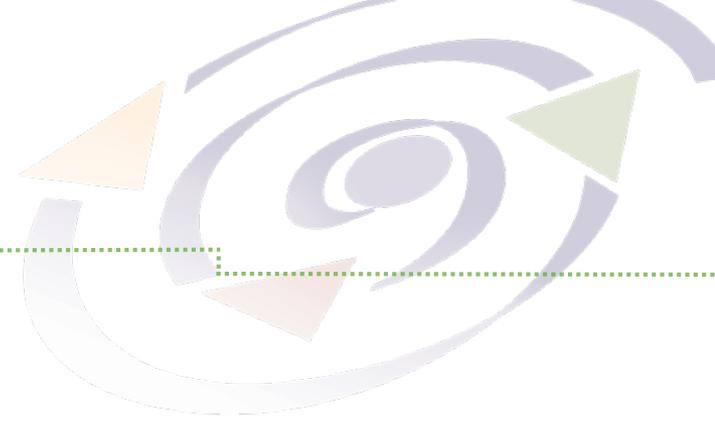
- ▶ Can patients clearly articulate preferences?
- ▶ Do clinicians bias the decision making process?
- ▶ What if preferences change across conversations?

The role of decision aids



- ▶ Explaining complex medical decisions is challenging.
- ▶ Physicians may feel they have little time for this task.
- ▶ Decision aids:
 - Explain decisions in language patients can understand
 - Provide detailed information about the options, their risks and benefits
 - Help patients clarify values
 - Could help document and track values/preferences

Contact information



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Implementing Shared Decision Making in Populations with Low Health Literacy

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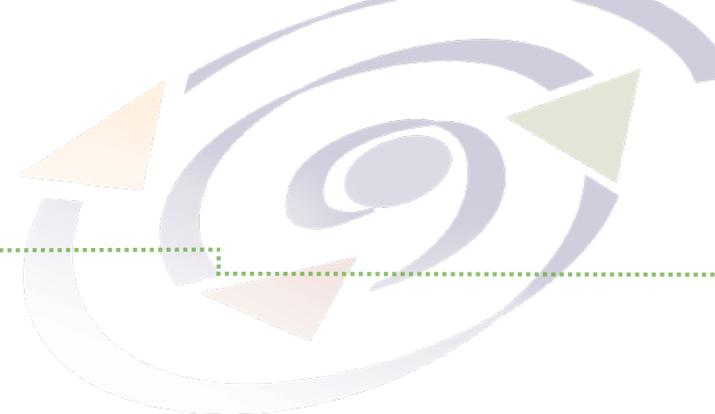


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Disclosures

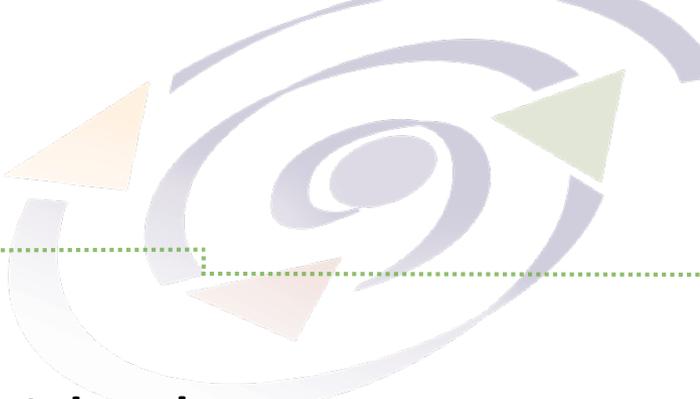


No financial conflict of interest

KER unit investigators do not receive funding from any for-profit pharmaceutical or manufacturer, nor do they receive any royalties or monetary benefits, directly or indirectly, from the use of the decision aids.

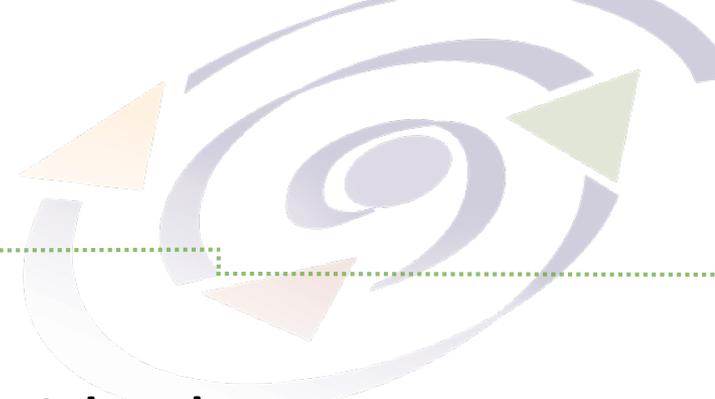
Decision aids are available free of charge.

Health literacy



“the degree to which individuals can **obtain, process, and understand** the **basic health information** and services they need to make appropriate **health decisions.**”

Health literacy skills



“the degree to which individuals can **obtain, process, and understand** the **basic health information** and services they need to make appropriate **health decisions.**”

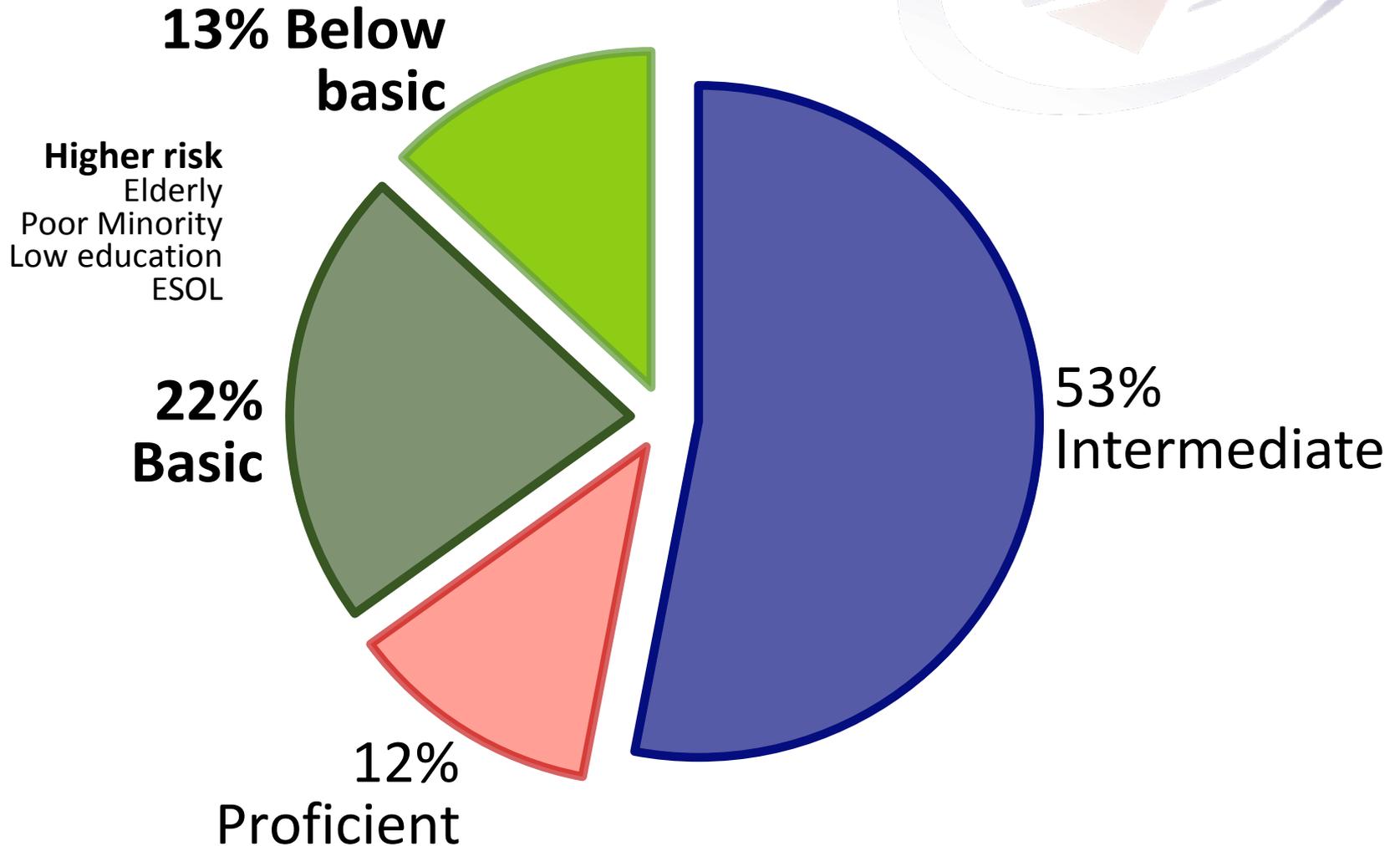
Ability/Capacity to:

Read and write prose (print literacy)

Use quantitative information (numeracy)

Speak and listen effectively (oral literacy)

Poor health literacy



Health literacy challenges

Prepare for the consultation
Bring questions, be ready for ones
Record & review visit
Watch educational videos
Read brochures

Read labels & medicine names
Calculate pills, refills, dosage
Listen to explanations & directions
Talk to busy professionals

Health literacy skills

Read and write prose
Use quantitative information
Speak and listen effectively

Health literacy challenges

Expectations & system demands

Self-measure, self-monitor, self-manage
Manage appointments, prescriptions, bills
Keep family informed
Take care of significant others

Low health literacy



Impacts patient's ability to fully engage in the health care system

- 33% Were unable to read basic health care materials
- 42% Could not comprehend directions for taking medication
- 26% Were unable to understand information on an appointment slip
- 60% Did not understand a standard informed consent

Impacts health outcomes

- Less likely to comply with prescribed treatment and self-care regimens
 - Make more medication or treatment errors
 - Fail to seek preventive care
 - Are at a higher risk for hospitalization
 - Remain in hospital longer
- Lack the skills needed to negotiate the health care system

Key areas for evidence-based action improving health literacy



Improve health communication

- Written health information

 - Prescription drug labels

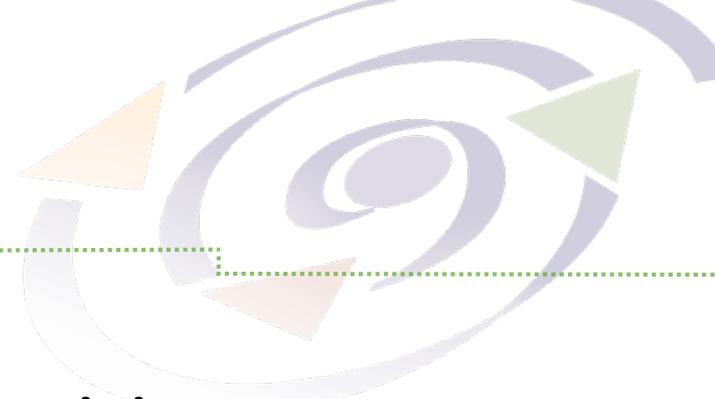
- Verbal & risk communication

Support patient involvement

- Patient centered care

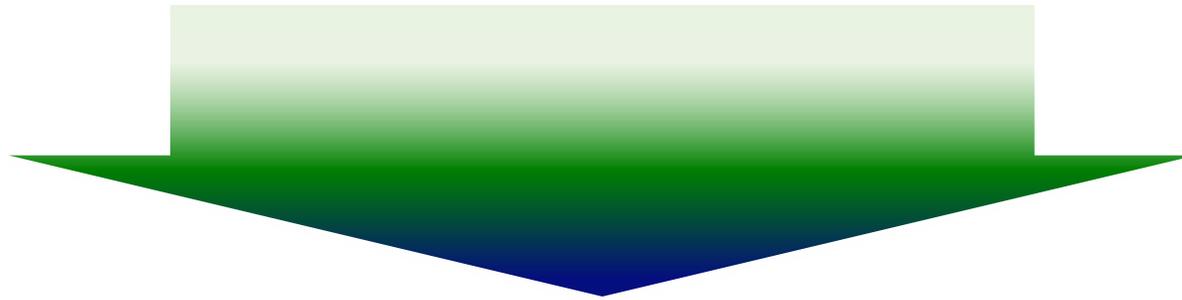
 - Shared decision making**

Shared decision making



Involving

the patient in making decisions
to the extent they desire



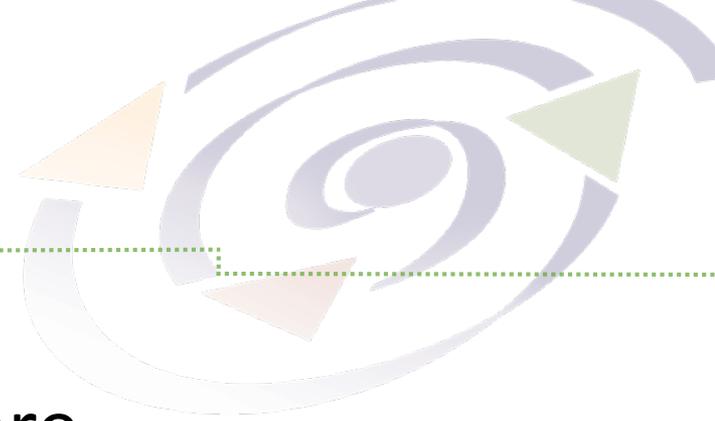
Partnering (health communication)

Sharing information (risk communication)

Deliberating (diagnosing preferences)

Making a decision (forming a care plan)

Decision aids



Decision aids are **effective evidence-based interventions that promote shared decision making** by clearly and accessibly presenting the available options and their relative advantages and disadvantages.

Decision aids



Systematic review of 100+ RCTs Compared to usual care, decision aids

Increase patient involvement by ~30%

Increase patient knowledge of options by ~13%

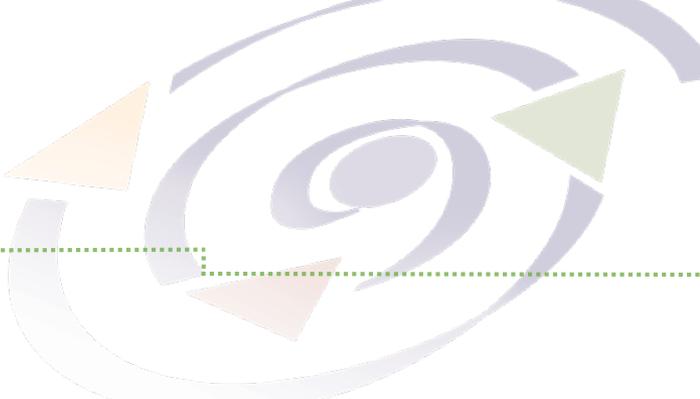
Increase consultation time by ~3 minutes

Reduce decisional conflict by ~6%

Reduce % undecided by 40%

No consistent effect on choice, adherence,
health outcomes or costs

National Action Plan to Improve Health Literacy



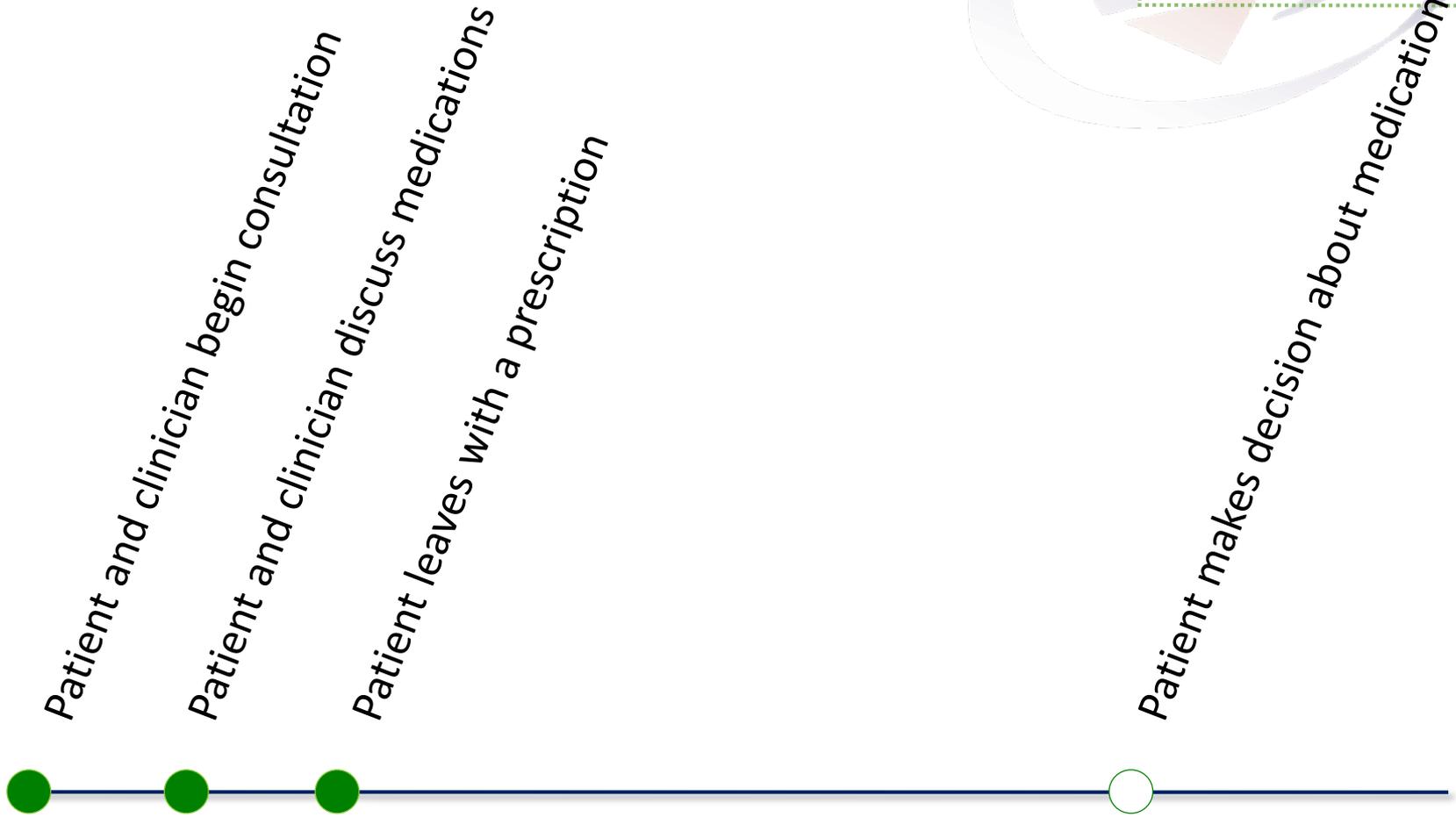
Everyone has the right to health information that helps them make informed decisions

Health Literacy is part of patient-centered care

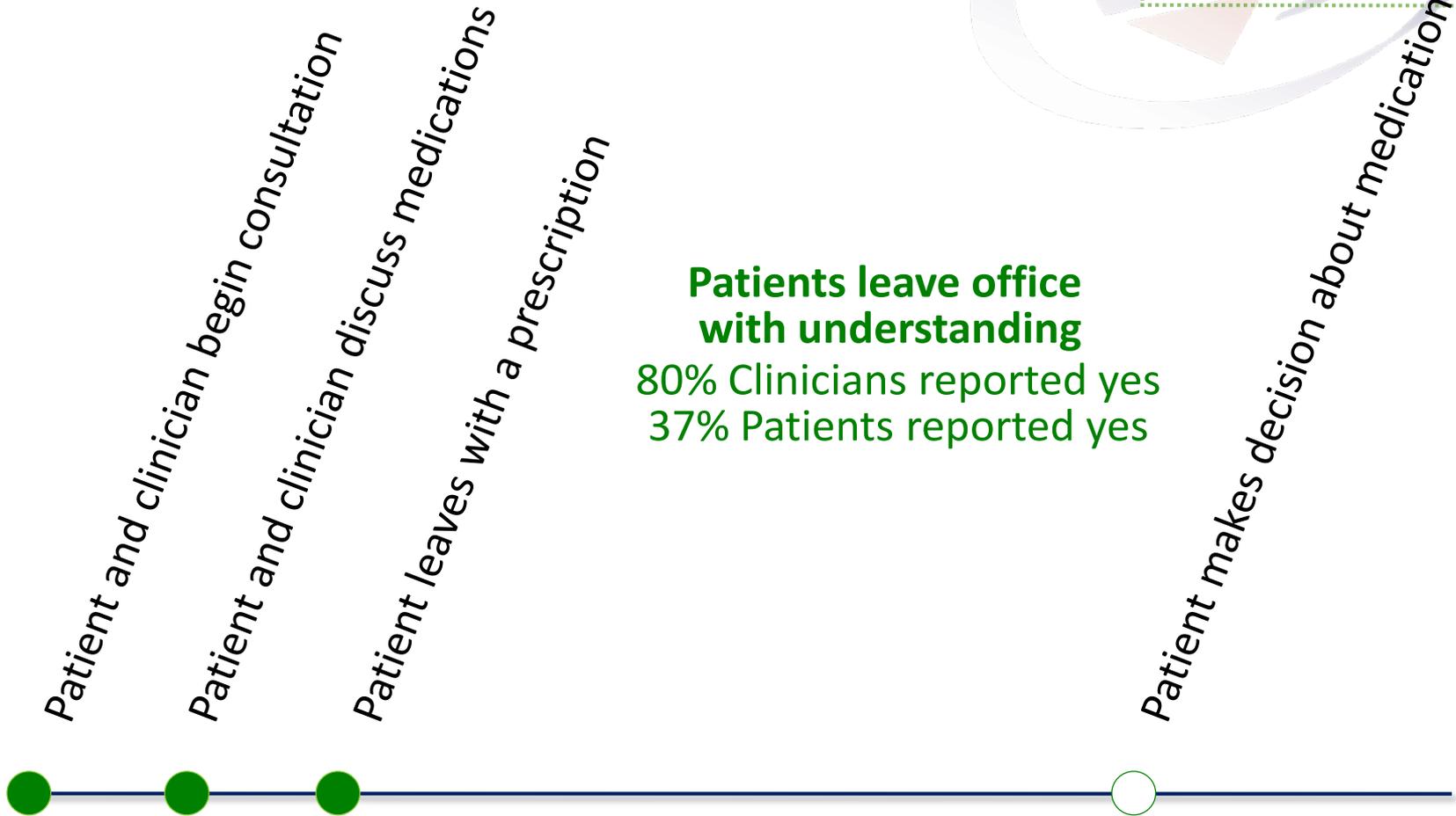
Universal precautions approach should be adopted

“Every encounter is at risk for miscommunication”

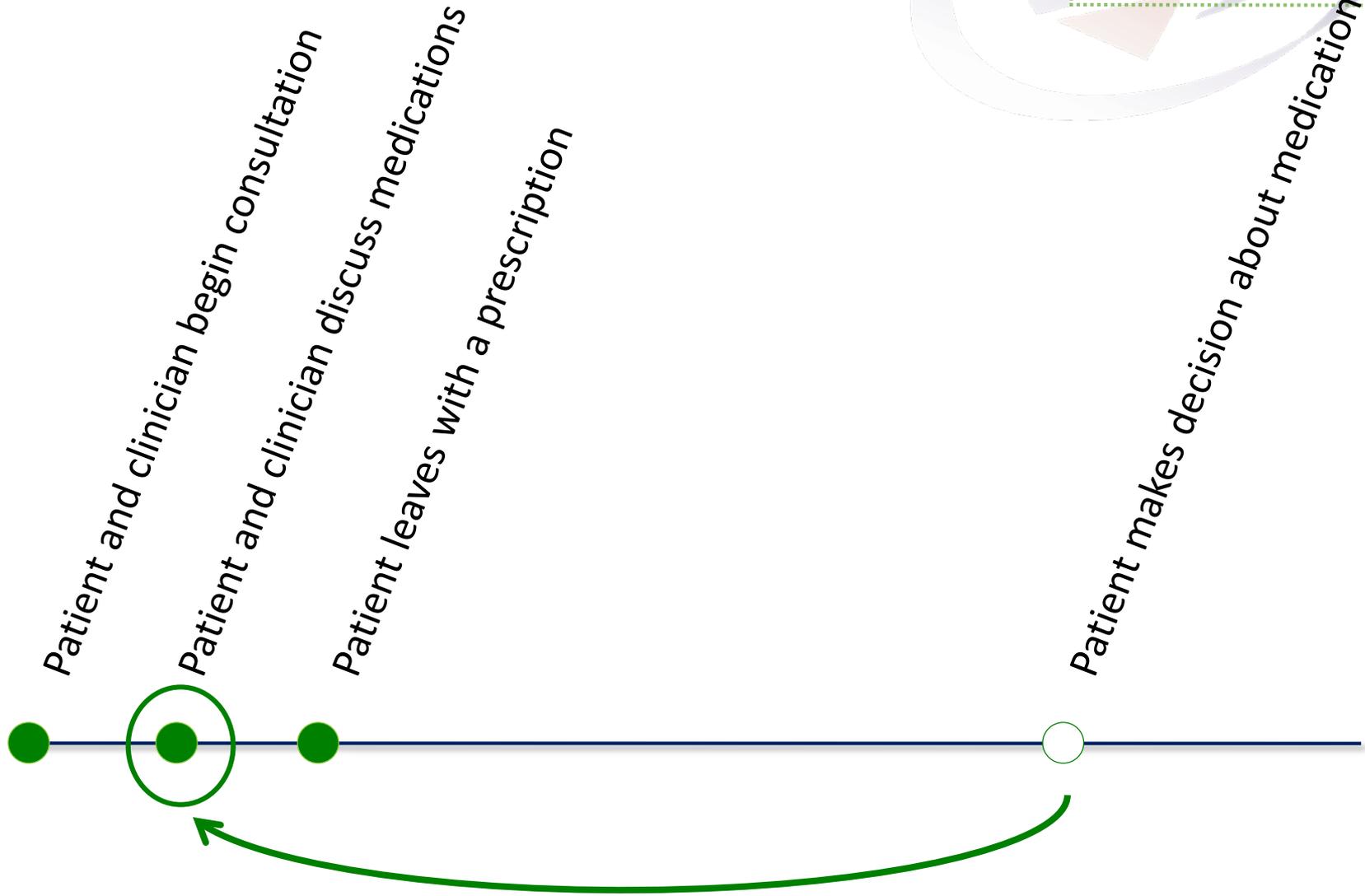
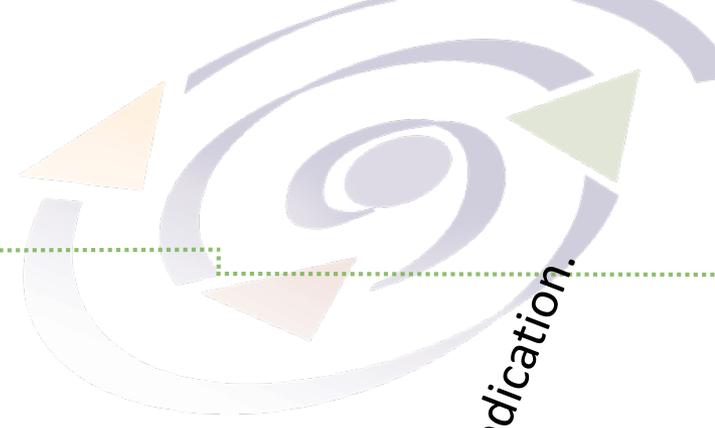
Current state of decision making

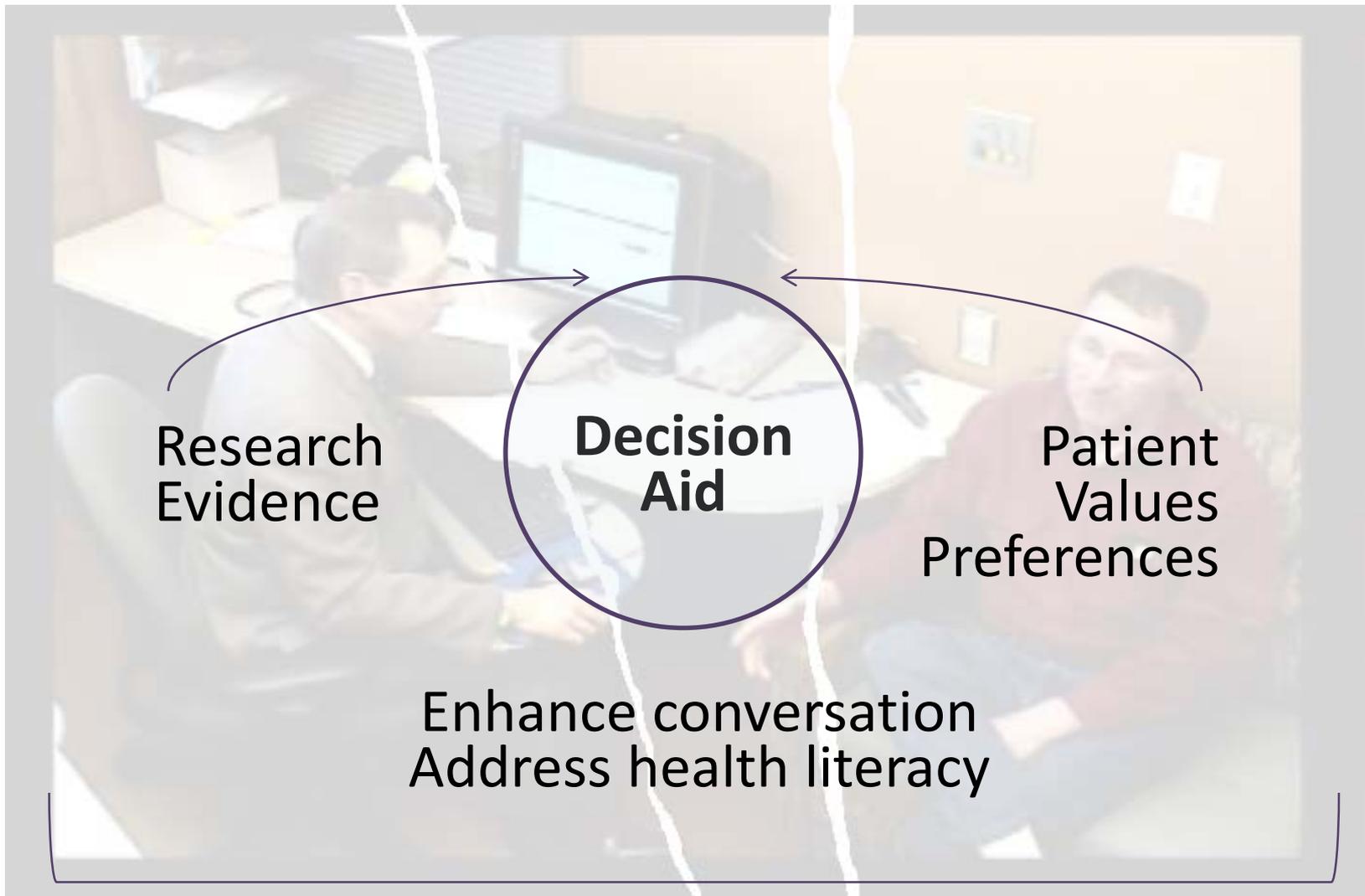


Current state of decision making



Shared decision making





Within an exam room



Conversation not information

We design to support the interaction of people not the transfer of information

Designed for context

How that is done depends on the challenges of the medical and personal situation

Development is a partnership

The voice and experience of clinicians, patients, and caregivers is the impetus of development

Example: Depression medication choice

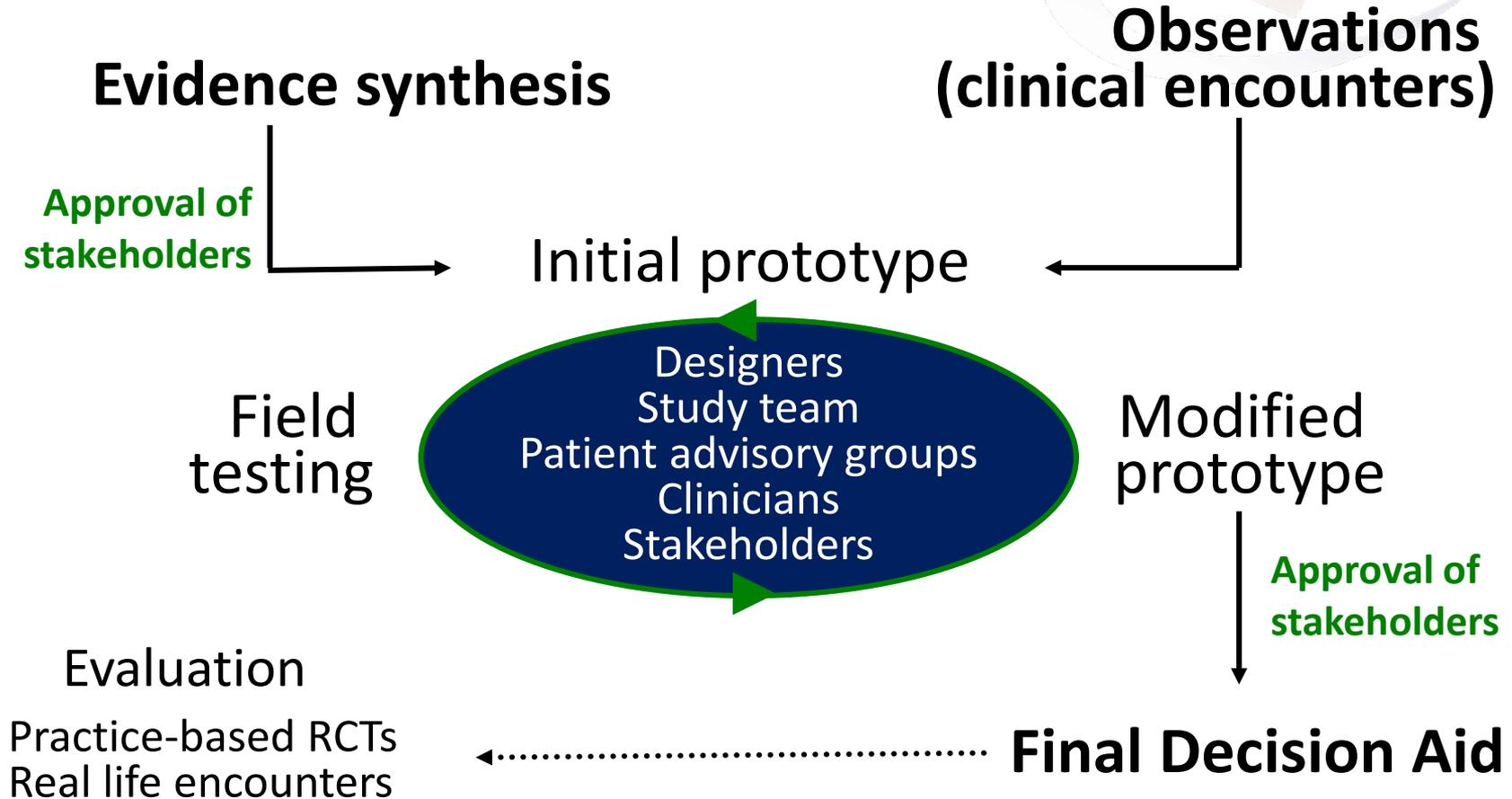
Comparative efficacy and acceptability of 12 new-generation antidepressants: a multiple-treatments meta-analysis

Number of trials

Year of publication	Europe	North America	Africa	Asia	Multiple countries
2009	1	0	0	0	2
2007	4	0	0	1	4
2006	2	1	0	0	3
2005	5	10	0	0	7
2004	15	13	1	3	6
2003	3	3	1	1	5
2002	12	13	1	1	7
2001	2	1	0	0	3
2000	3	0	0	1	4
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1774	3				

Developing encounter decision aids

A user-centered approach



What You Should Know

Will this medicine work for me?

- The antidepressants presented in this decision aid all work the same for treating depression.
- Most people with depression can find one that can make them feel better.
- 6 out of 10 people will feel better with the first antidepressant they try and the rest will have to try other antidepressants before they find the one that is right for them.

How long before I feel better?

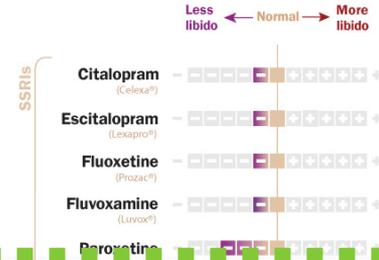
- Most people need to take an antidepressant regularly for at least 6 weeks to begin to get the full effect.

Understanding side effects

- Most people taking antidepressants experience one side effect.
- Many side effects go away on their own, but some only go away if you stop the medicine.

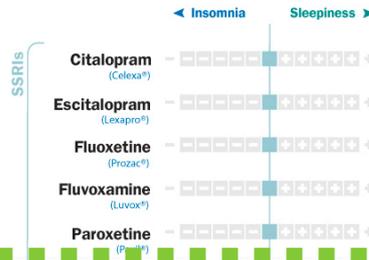
Sexual Issues

Some people may experience loss of sexual desire (libido) or loss of ability to reach orgasm because of their antidepressant.



Sleep

Some people may experience sleepiness or insomnia because of their antidepressant.



Keep in Mind

Depression medicines may cause some:

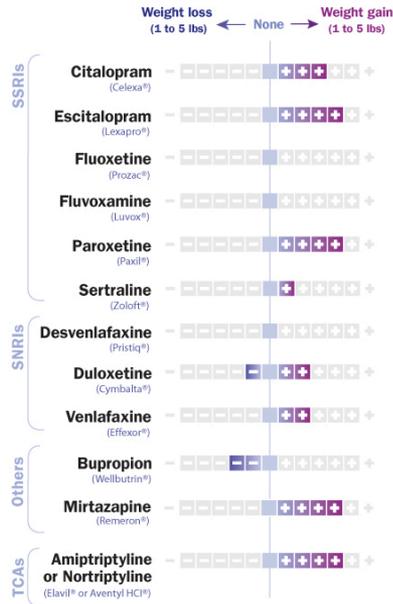
- constipation, diarrhea and nausea
- increased risk of suicidal thoughts and behaviors (18- to 24-year-olds)
- harm to an unborn child
- risk of developing serotonin syndrome, a potentially life-threatening condition
- possible drug-drug interactions

Additional considerations

- Citalopram (Celexa®)**: Can cause problems with your heart
- Escitalopram (Lexapro®)**: Currently no other issues
- Fluoxetine (Prozac®)**: More likely to interact with other drugs you are taking
- Fluvoxamine (Luvox®)**: More likely to cause constipation, diarrhea or nausea. Not officially recognized as a treatment for Major Depressive Disorder
- Paroxetine (Paxil®)**: If you are pregnant, this medicine is more likely to cause problems with your unborn child

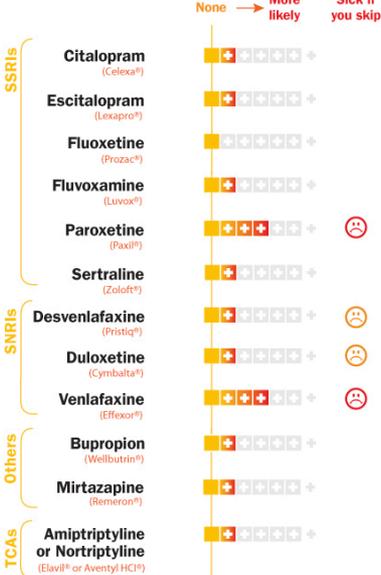
Weight Change

Some people may experience weight change. It is most likely to occur over six to twelve months and depends on your actual weight. The chart below is based on a 150 lb person.



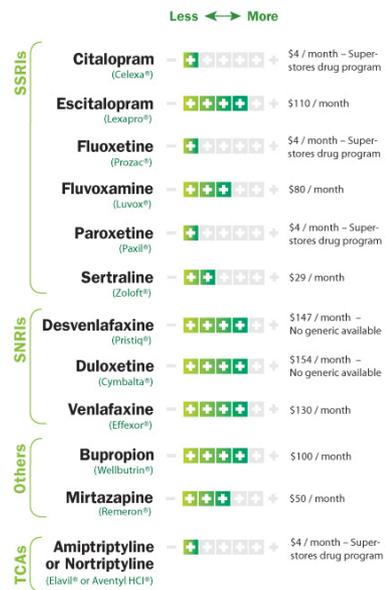
Stopping Approach

Quitting your medicine all at once can make you feel sick, as if you had the flu (e.g. headache, dizziness, light-headedness, nausea or anxiety).



Cost

These figures are estimates and are for comparative reference only. Actual out-of-pocket costs vary over time, by pharmacy, insurance plan coverage, preparation and dosage.



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Weight Change

Weight change is most likely to occur over a long period of time and depends on your actual weight.

Stopping Approach

Quitting your medicine all at once can make you feel sick, as if you had the flu (e.g. headache, dizziness, light-headedness, nausea or anxiety).

Issues that matter

Minimal wording

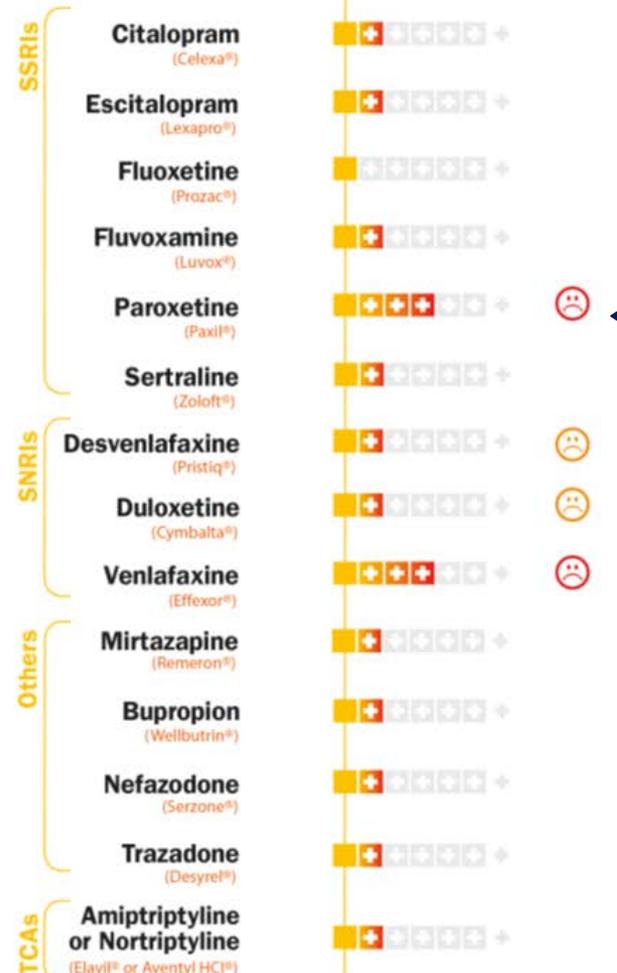
Plain language

List of options

Easy comparison across issues



None → More likely Sick if you skip



Simple visual

Summary of findings

C-RCT (10 practices, 117 clinicians, 301 patients)

Patients & clinicians

more **comfortable** with the decision made (>20% ↑)

more **satisfied** with the decision process (>30% ↑)

Patients

more **knowledgeable** (14% ↑)

more **involved** in the decision making process (50% ↑)

Voiced **preferences** (92%) and **issues of importance** (63%)

No difference in adherence or in depression outcomes

Clinicians

able to use decision making cards with **no/little training**

use of decision aid **did NOT add to the length of encounter**

Additional observations

Preliminary results



	Usual Care	Decision Aid	p-value
Inadequate literacy scores	N=66	N=67	
Knowledge scores	53%	60%	0.003
Decisional Comfort	72%	73%	0.8
The clinician checks that the patient has understood the information (OPT 8)	33%	36%	N/A
Adequate literacy scores	N=59	N=79	
Knowledge score	48	58	0.01
Decisional comfort	76	82	0.01
The clinician checks that the patient has understood the information (OPT 8)	38%	44%	N/A

Additional observations In the clinical encounters



	Usual Care	Decision Aid
Clinician stated more than one option	54%	81%
Clinician noted interactions/health considerations	8%	40%
Clinician invited patient to choose issue of greatest salience	0%	63%
Patient voices a preference for treatment	69%	92%
Clinician voiced a preference for treatment	92%	95%

Diabetes medication choice

Weight Change

Daily Routine

Low Blood Sugar (Hypoglycemia)

Blood Sugar (A1c Reduction)

Daily Sugar Testing (Monitoring)

Side Effects

Cost

These figures are estimates and are for comparative reference only. Actual out-of-pocket costs vary over time, by pharmacy, insurance plan coverage, preparation and dosage. Under some plans name brands may be comparable in cost to generics.

Metformin (Generic available)
\$0.10 per day \$10 / 3 months

Insulin (No generic available – price varies by dose)

Lantus: Vial, per 100 units: \$10
Pen, per 100 units: \$43

NPH: Vial, per 100 units: \$6
Pen, per 100 units: \$30

Short acting analog Insulin: Vial, per 100 units: \$10
Pen, per 100 units: \$43

Glitazones (No generic available)
\$7.20 per day \$650 / 3 months

Exenatide (No generic available)
\$9.00 per day \$800 / 3 months

Sulfonylureas (Generic available)
\$0.10 per day \$10 / 3 months

Gliptins (No generic available)
\$6.20 per day \$560 / 3 months

Daily Routine

Metformin



Insulin



Glitazones



Exenatide

Take in the hour before meals.



Sulfonylureas

Take 30 min. before meal.



Gliptins



Weight Change

Metformin



Insulin



Glitazones



Exenatide



Sulfonylureas



Gliptins

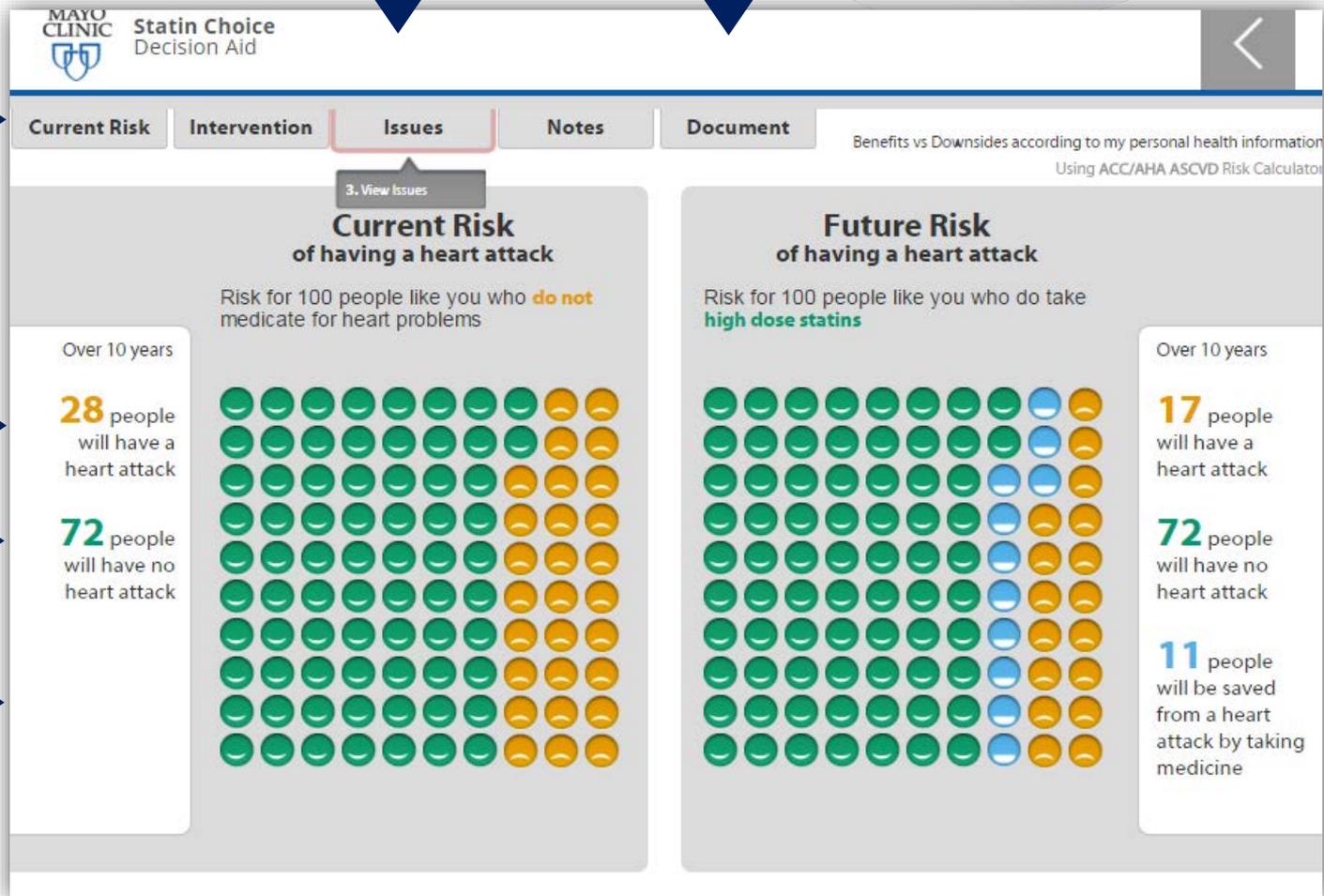


Statin choice

Risks and benefits

Deliberation and decision making

Tailored to patient's characteristics

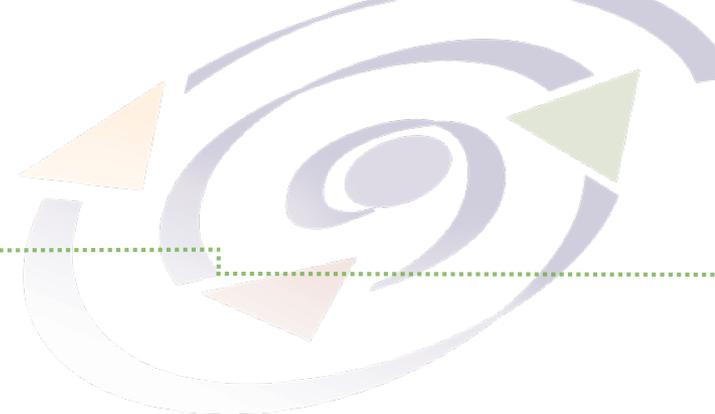


Plain language

Natural frequencies

Visual presentation of estimates

Summary of experience



Age: 20-92

74-90% clinicians want to use tools again

Adds <3 minutes to consultation

60% fidelity without training

20% improvement in patient knowledge

17% improvement in patient involvement

Variable effect on clinical outcomes and cost

Socio-demographic impact of DAs

Patient level meta-analysis of 7 RCTs & 771 encounters

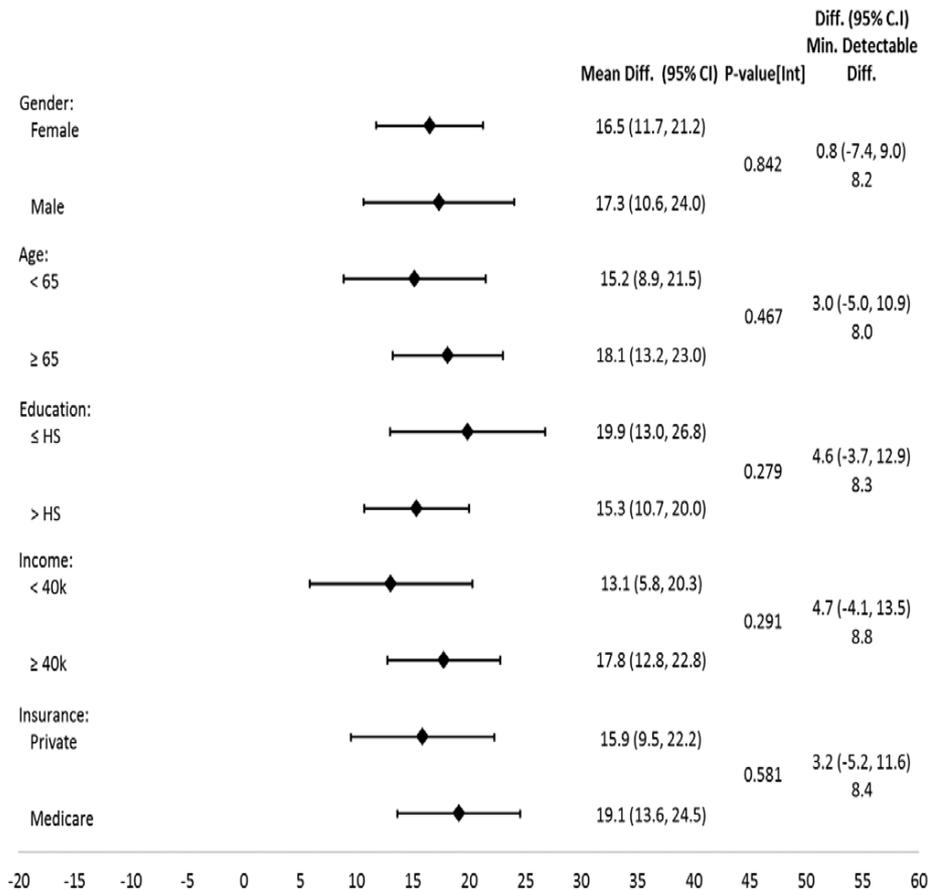
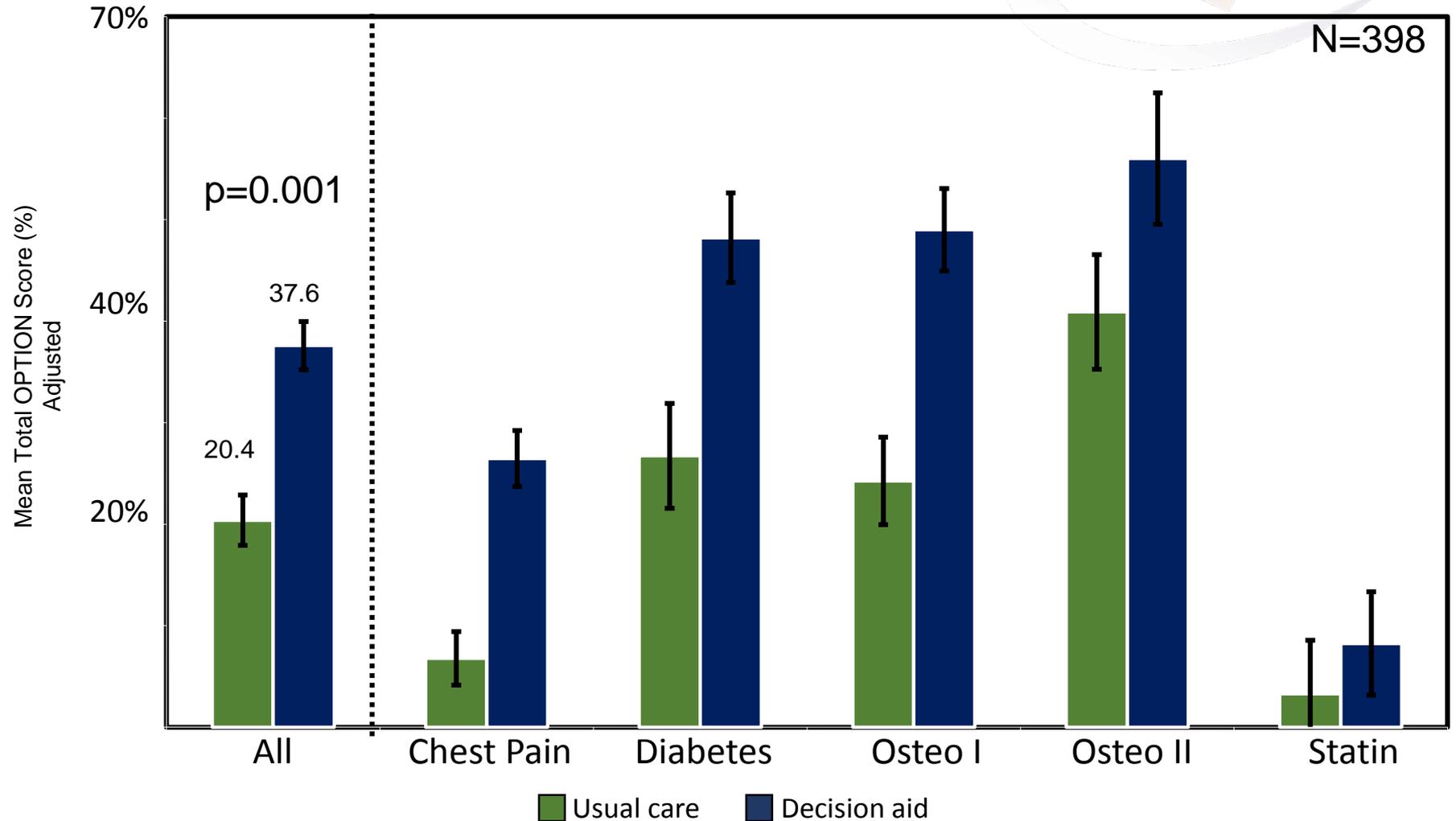


Figure 1. General knowledge: mean difference between decision aid and usual care for general knowledge by sociodemographic factor; P value for interaction. CI indicates confidence interval.

Patients involvement

Patient level meta-analysis of 5 RCTs & 398 encounters



Rheumatoid arthritis choice

Low literacy medication guide and decision aid

Considerations
Most of these medicines should NOT be taken if you are considering pregnancy, have active tuberculosis (TB) or exposure to TB, drink alcohol, or have liver disease. It is very important to talk to your doctor about these issues before you choose a medicine.

Cost
Average costs per month. What you pay will depend on your insurance.

How Soon?
These medicines do not work right away. In general, these medicines begin to work between 2 and 12 weeks.

How Often?

Treatment Plan
You and your doctor have made a decision today about your rheumatoid arthritis medicines.

Side Effects

A **B** **C** **D** **E** **F**

166 patients (3 arms)
66% immigrants (66%)
54% non-English speakers
71% limited health literacy

Knowledge higher than usual care
(78% vs. 53%, OR 2.7 [95% CI 1.2-6.1]
Better) mean decisional conflict
No differences in acceptability

Funded by AHRQ American Recovery & Reinvestment Act 2009
Innovative Adaptation & Dissemination of AHRQ CER Products

Take home message

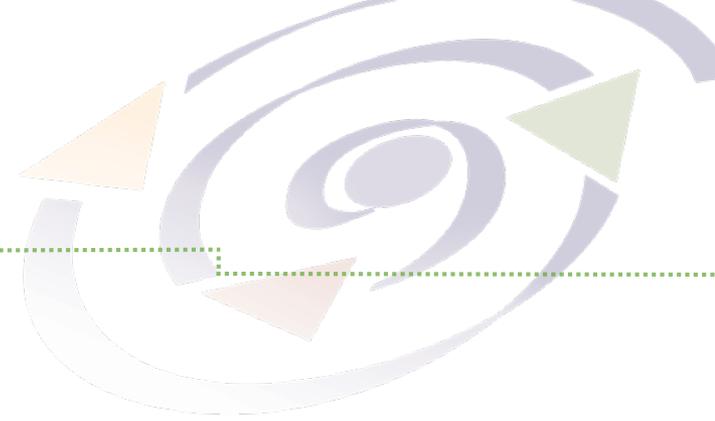


- ▶ Health literacy is a shared responsibility between patients (and loved ones) and clinicians; **let's address it in the encounter**
- ▶ Health information (particularly with numbers) is hard for most to understand; **let's not leave it be understood alone**
- ▶ Lowering burden to understand can help patients engage with clinicians and health care decisions; **what is needed at this point to make this decision**
- ▶ Health literacy enables individuals to make decisions and take actions; **undeveloped but promising research for encounter DA to reduce disparities/address health literacy**



-  LeBlanc.Annie@mayo.edu
-  @Annie_LeBlanc
-  <http://shareddecisions.mayoclinic.org/>

Obtaining CME/CE credits

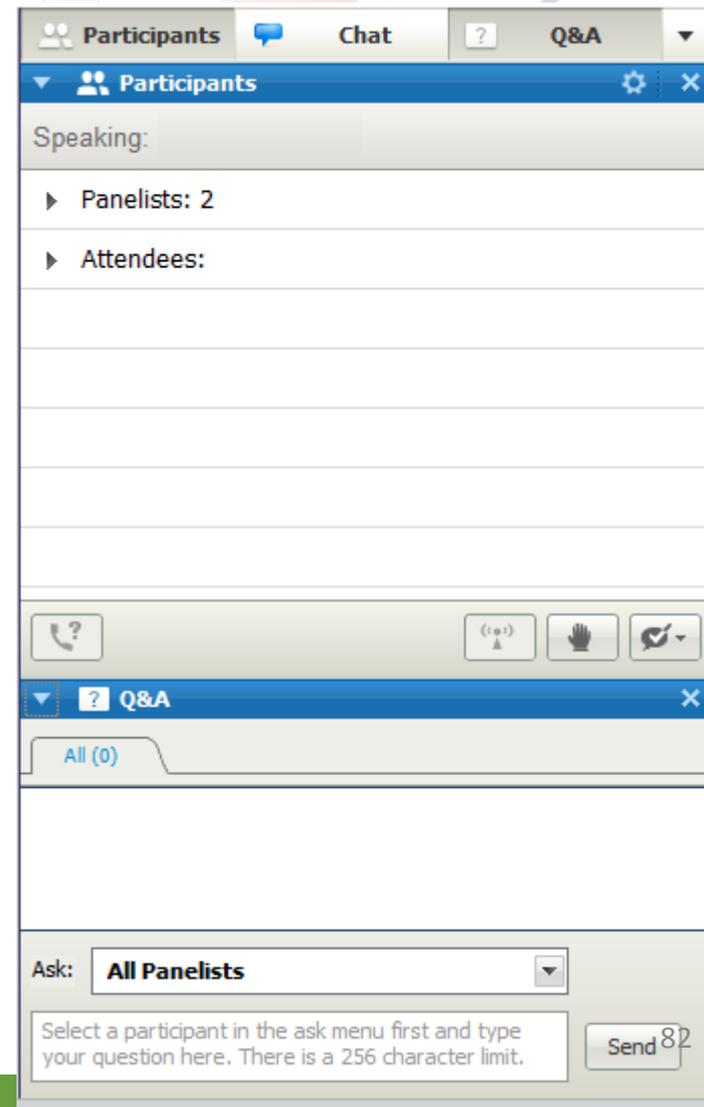


- ▶ If you would like to receive continuing education credit for this activity, please visit:

<http://etewebinar.cds.pesgce.com/eindex.php>

How to submit a question

- ▶ At any time during the presentation, type your question into the “Q&A” section of your WebEx Q&A panel.
- ▶ Please address your questions to “All Panelists” in the dropdown menu.
- ▶ Select “Send” to submit your question to the moderator.
- ▶ Questions will be read aloud by the moderator.
- ▶ SHARE@ahrq.hhs.gov



The screenshot displays the WebEx interface for a Q&A session. At the top, there are tabs for 'Participants', 'Chat', and 'Q&A'. The 'Q&A' tab is active, showing a 'Speaking:' section with 'Panelists: 2' and 'Attendees:'. Below this, there is a 'Q&A' section with a dropdown menu set to 'All (0)'. At the bottom, there is an 'Ask:' dropdown menu set to 'All Panelists', a text input field with a placeholder message: 'Select a participant in the ask menu first and type your question here. There is a 256 character limit.', and a 'Send' button. A red arrow points to the 'Send' button.



Questions about AHRQ's SHARE Approach Program

Contact:

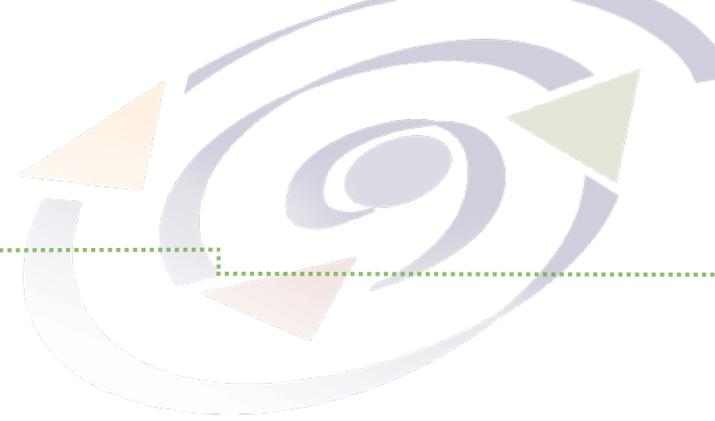
Alaina Fournier

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SHARE@ahrq.hhs.gov

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