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# Implementing Shared Decision Making in Varied Practice Settings

**July 15, 2015**

**12:30 p.m. – 2:00 p.m. ET**

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Agency for Healthcare Research and Quality (AHRQ)



# AHRQ's SHARE Approach to shared decision making

- ▶ SHARE Approach train-the-trainer workshop
  - 10 in-person sessions/year across the United States
- ▶ On-going Webinar series
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To learn more, visit:

<http://www.ahrq.gov/shareddecisionmaking>

- ▶ **Module 1:** Shared Decision Making
- ▶ **Module 2:** AHRQ PCOR Resources
- ▶ **Module 3:** Communication
- ▶ **Module 4:** Putting shared decision making Into Practice
- ▶ **Trainer's Module**



# Presenters and moderator disclosures

The following presenters and moderator have no financial interest to disclose:

- ▶ Alaina Fournier, Ph.D. (Agency for Healthcare Research and Quality)
- ▶ David Arterburn, M.D., M.P.H. (Group Health Research Institute)
- ▶ Karen Sepucha, Ph.D., and Leigh H. Simmons, M.D. (Massachusetts General Hospital, Harvard Medical School)
- ▶ Lyle Fagnan, M.D., and Mark Remiker, M.A. (Oregon Rural Practice-based Research Network, Oregon Health and Science University)

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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, the participant will be able to:

1. Describe strategies for implementing shared decision making in health care organizations.
2. Identify potential challenges to implementing shared decision making and how to overcome them.
3. Explain steps that health care organizations should consider in deciding how to implement shared decision making.



# Implementing Shared Decision Making in Specialty Care Settings: Challenges and Solutions

David Arterburn, M.D., M.P.H., FACP  
Group Health Research Institute



# Financial disclosure



- ▶ I have received research funding and salary support from the Informed Medical Decisions Foundation.
- ▶ I serve as a medical editor for the Informed Medical Decisions Foundation in the area of bariatric surgery.
- ▶ The Informed Medical Decisions Foundation is a nonprofit organization that received most of its early funding through partnership with HealthDialog, a for-profit health coaching and disease management company.
- ▶ As of 2014, the Foundation is a division of Healthwise, a non-profit patient engagement and health information technology company.

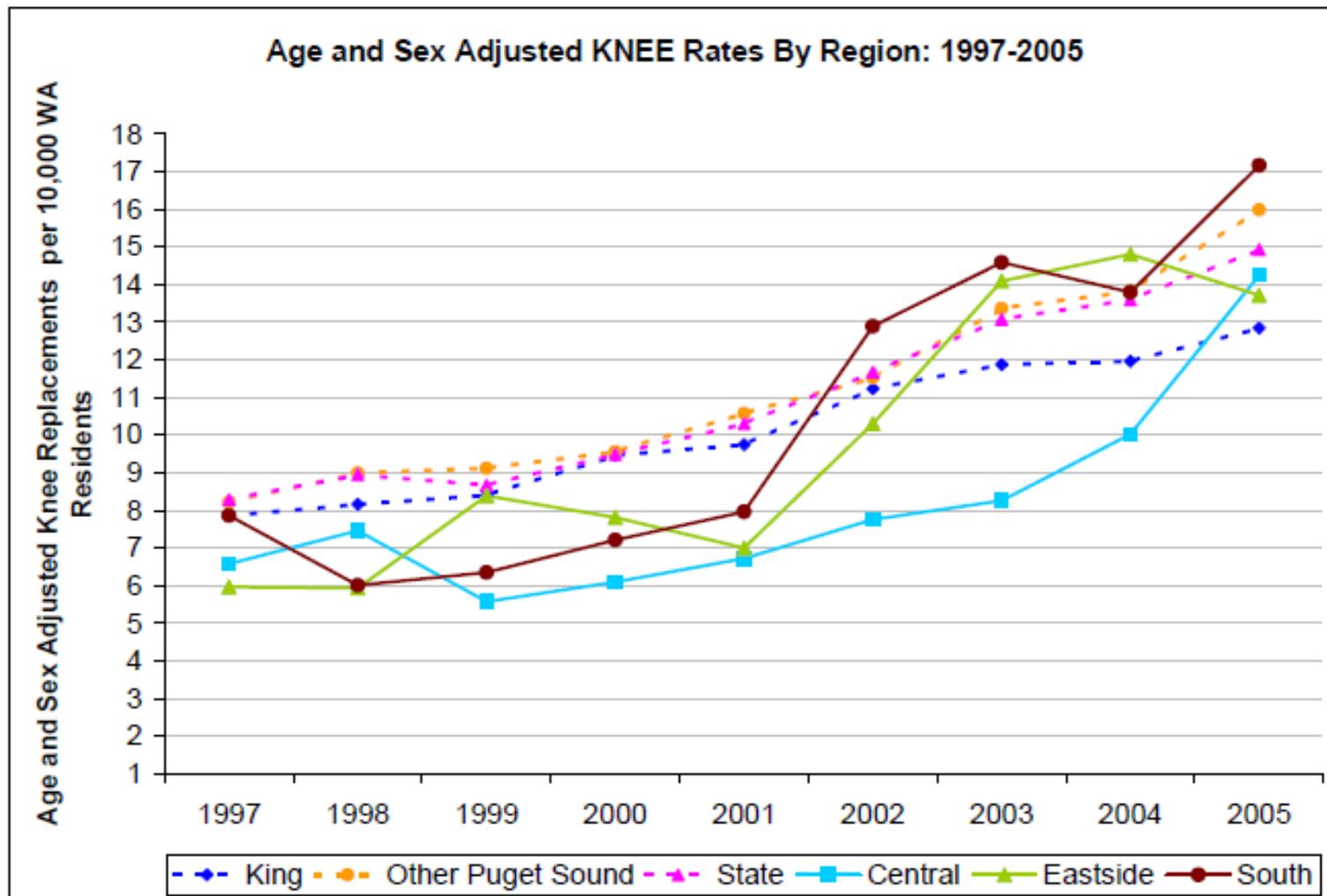
# Group Health (GH)



- ▶ Large integrated health insurance and care delivery system in Washington and Idaho with nearly 600,000 patient members
- ▶ More than 1,300 salaried providers practicing in owned-operated clinics
- ▶ Contracts with more than 9,000 providers throughout the state
- ▶ In 2009, GH leaders began integrating patient decision aids and shared decision making processes into routine specialty care practice and committed significant organizational resources to support the work.

**Why did Group Health become interested in implementing shared decision making in specialty care?**

# Unwarranted variation in many elective surgical procedures (e.g., knee replacement)



# Shared decision making and decision aids are standard in Washington state



- ▶ 2007 Washington state legislation:
  - Recognized the use of shared decision making along with high-quality patient decision aids as the highest standard of informed consent
- ▶ 2012 Washington state legislation:
  - Authorized the Medical Director of the WA State Health Care Authority to certify high-quality decision aids (process in development)

A photograph of three healthcare professionals in a clinical setting. In the foreground, a young woman with dark hair and brown eyes looks directly at the camera with a slight smile. Behind her, a man with glasses and a mustache, wearing a white lab coat, looks slightly to the side. In the background, another woman with dark hair is smiling. The background is a bright, out-of-focus window.

# **IMPLEMENTATION**

- **System-wide**
- **Video-based patient decision aids**
- **12 preference-sensitive conditions related to elective surgeries**

# 'How important is shared decision making?'

"Nice to do if you have the time and inclination."

Cultural spectrum

"No patient should undergo a preference-sensitive procedure without documented evidence that they got all the information they needed and then had a conversation with their provider in which their preferences were documented before they made their decision."

GH leaders want to push us right over here!

# The change strategy

Project managers with experience implementing practice changes were hired to carry out this work.



# How did we choose decision aids to implement?

A to Z Inventory - Patient Decision Aids - Ottawa Health Research Institute - Microsoft Internet Explorer

File Edit View Favorites Tools Help



Address http://decisionaid.ohri.ca/AZinvent.php



[Français](#)

## Patient Decision Aids

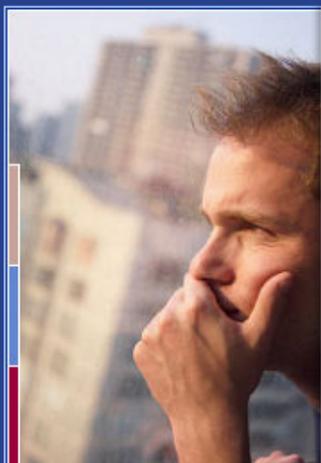
- For specific conditions
- For any decision

## Decision Aid Toolkit

## Implementation Toolkit

## About Us

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## A-Z Inventory of Decision Aids

**Search** all decision aids:

Go

OR

**Browse** an alphabetical listing of decision aids by health topic.

The A-Z Inventory of Decision Aids is designed to help you find a decision aid to meet your needs. It contains up-to-date and available decision aids identified by the Cochrane Systematic Review Group that meet a [minimal set of criteria](#).

More information about [decision aid developers](#).

You may search for a decision aid using keywords or browse an alphabetical listing.

*Note: The A to Z inventory is still under construction. Addition of other decision aids that meet the criteria is in progress.*

# Health Dialog: Knee Osteoarthritis



[Français](#)

## Patient Decision Aids

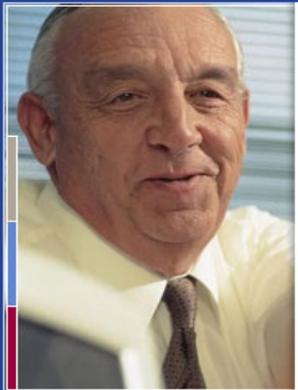
- For specific conditions
- For any decision

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## Decision Aid Summary

<b>Title</b>	Treatment choices for knee osteoarthritis						
<b>Health Condition</b>	Osteoarthritis						
<b>Type of Decision Aid</b>	Treatment						
<b>Options Included</b>	Lifestyle changes Medications Injections Complementary therapy Surgery						
<b>Audience</b>	People with osteoarthritis of the knee whose symptoms that may cause difficulty with activities of daily living						
<b>Developer</b>	Health Dialog						
<b>Where was it developed?</b>	www.healthdialog.com Health Dialog US						
<b>Year of last update or review</b>	2005						
<b>Format</b>	video, paper, DVD						
<b>Language(s)</b>	english						
<b>How to obtain the decision aid</b>	Members of Health Dialog receive updates of the Shared Decision-Making® videos at no charge. If you are not a member but are interested in learning about how you can purchase a video, please call 800-276-0993. <a href="#">Available here.</a>						
<p>The <b>IPDAS</b> assessment of this decision aid indicates that it meets:</p> <table border="0"> <tr> <td></td> <td><a href="#">14 out of 15 of the content criteria</a></td> </tr> <tr> <td></td> <td><a href="#">8 out of 9 of the development process criteria</a></td> </tr> <tr> <td></td> <td><a href="#">1 out of 2 of the effectiveness criteria</a></td> </tr> </table>			<a href="#">14 out of 15 of the content criteria</a>		<a href="#">8 out of 9 of the development process criteria</a>		<a href="#">1 out of 2 of the effectiveness criteria</a>
	<a href="#">14 out of 15 of the content criteria</a>						
	<a href="#">8 out of 9 of the development process criteria</a>						
	<a href="#">1 out of 2 of the effectiveness criteria</a>						

## IPDAS Checklist

Content	Answer
1. The decision aid describes the condition (health or other) related to the decision.	Yes
2. The decision aid describes the decision that needs to be considered (the index decision).	Yes
3. The decision aid lists the options (health care or other).	Yes
4. The decision aid describes what happens in the natural course of the condition (health or other) if no action is taken.	Yes


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## Videos About Treatment Options

These patient education videos explain treatment or screening options for certain diseases and conditions. The programs aren't intended to be medical advice.

Your doctor may have referred you to a video to help you understand the pros and cons of your options. Not all of the options discussed here may be appropriate to your medical situation. Talk with your doctor; this information can help you take an active role in making treatment decisions with your doctor.

### Arthritis

 [Treatment Choices for Hip Osteoarthritis \(45 minutes\)](#)

 [Treatment Choices for Knee Osteoarthritis \(54 minutes\)](#)

### Back Care

 [Chronic Low Back Pain \(37 minutes\)](#)

 [Acute Low Back Pain \(26 minutes\)](#)

 [Spinal Stenosis \(36 minutes\)](#)

 [Herniated Disc \(39 minutes\)](#)

### Heart Disease

 [Treatment Choices for Coronary Artery Disease \(51 minutes\)](#)

### Men's Issues

 [Benign Prostatic Hyperplasia \(Enlarged Prostate\) \(39 minutes\)](#)

### Women's Issues

 [Treatment Choices for Uterine Fibroids \(44 minutes\)](#)

 [Treatment Choices for Abnormal Uterine Bleeding \(32 minutes\)](#)

### Breast Cancer

 [Early Stage Breast Cancer: Choosing Your Surgery \(54 minutes\)](#)

 [Breast Reconstruction: Is It Right for You? \(55 minutes\)](#)

 [Ductal Carcinoma In Situ \(DCIS\): Choosing Your Treatment \(54 minutes\)](#)

# Electronic medical record supports decision aid delivery

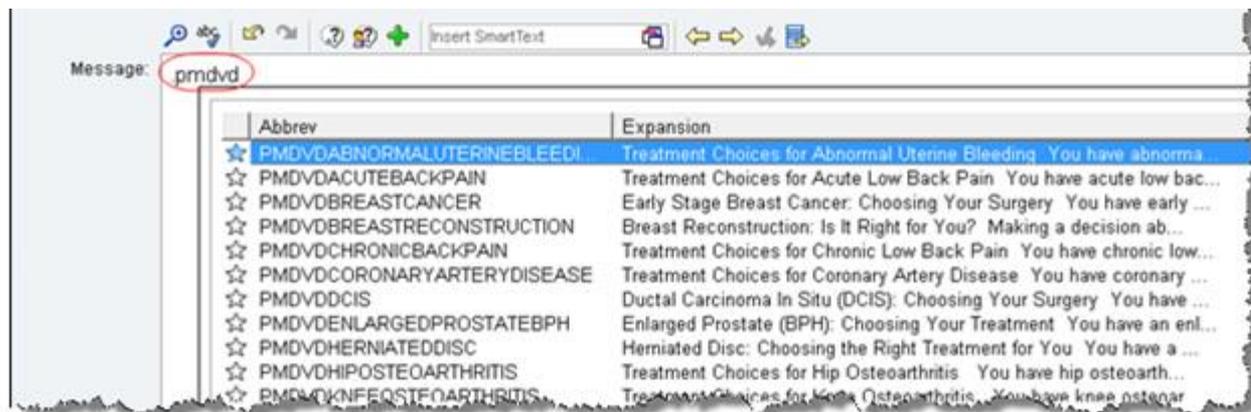
There are 3 options for providing Shared Decision-Making (SDM) videos and booklets to patients.

**OPTION 1: Order DVD and booklet to be mailed to patient's home**

**OPTION 2: Add patient instructions to the AVS with information about the video and how to view it online**

**OPTION 3: Send a secure message to patients with information about SDM and viewing video online**

From your In Basket, select Patient Msg to send a secure email to a patient with information about SDM and a URL to view the video on ghc.org.

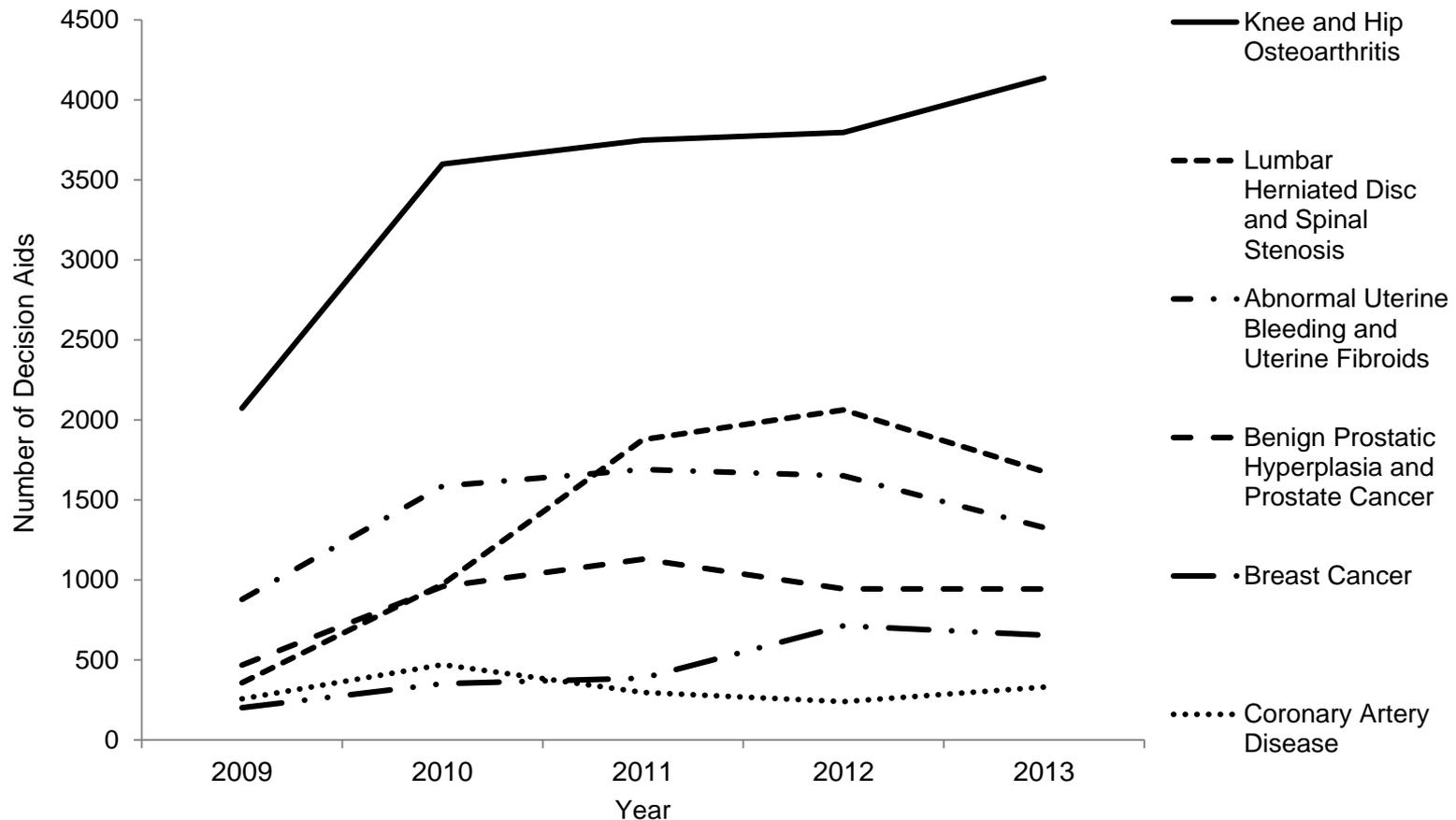


The screenshot shows a patient message window with a search bar containing "pmdvd". Below the search bar is a table of decision aids. The table has two columns: "Abbrev" and "Expansion". The first row is highlighted in blue.

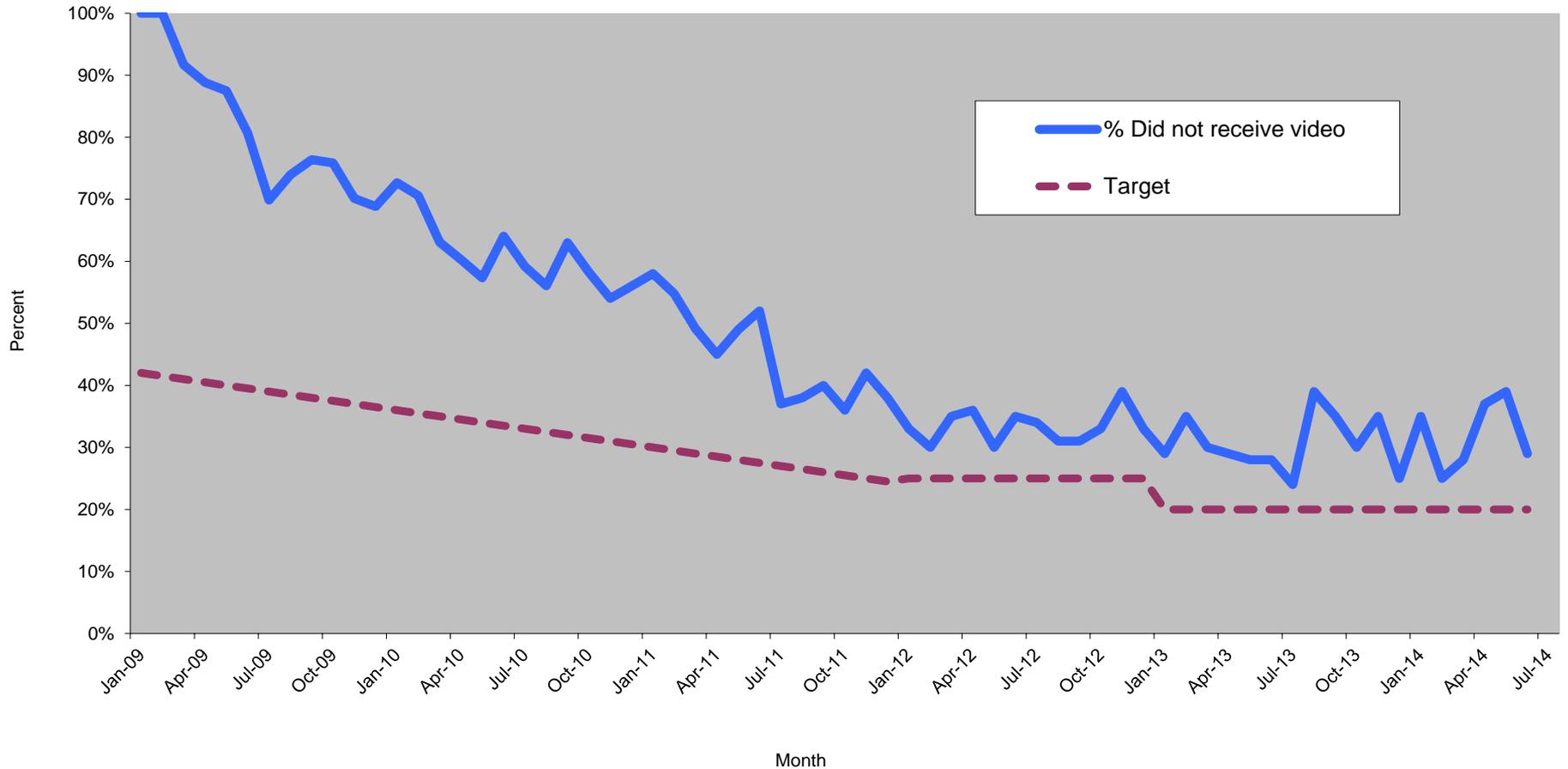
Abbrev	Expansion
☆ PMDVDABNORMALUTERINEBLEEDI	Treatment Choices for Abnormal Uterine Bleeding You have abnormal uterine bleeding
☆ PMDVDACUTEBACKPAIN	Treatment Choices for Acute Low Back Pain You have acute low back pain
☆ PMDVBREASTCANCER	Early Stage Breast Cancer: Choosing Your Surgery You have early stage breast cancer
☆ PMDVBREASTRECONSTRUCTION	Breast Reconstruction: Is It Right for You? Making a decision about breast reconstruction
☆ PMDVDCHRONICBACKPAIN	Treatment Choices for Chronic Low Back Pain You have chronic low back pain
☆ PMDVDCORONARYARTERYDISEASE	Treatment Choices for Coronary Artery Disease You have coronary artery disease
☆ PMDVDDCIS	Ductal Carcinoma In Situ (DCIS): Choosing Your Surgery You have ductal carcinoma in situ (DCIS)
☆ PMDVDENLARGEDPROSTATEBPH	Enlarged Prostate (BPH): Choosing Your Treatment You have an enlarged prostate (BPH)
☆ PMDVDHERNIATEDDISC	Herniated Disc: Choosing the Right Treatment for You You have a herniated disc
☆ PMDVDHIPOSTEOARTHRITIS	Treatment Choices for Hip Osteoarthritis You have hip osteoarthritis
☆ PMDVKNEEOSTEOARTHRITIS	Treatment Choices for Knee Osteoarthritis You have knee osteoarthritis

# More than 50,000 decision aids delivered since January 2009.

Figure 1. Annual Decision Aid Distribution by Health Condition



# Process measure: 'Defect measure' shows fewer missed opportunities for decision aid delivery





**96%**

OF  
2,156  
PATIENTS  
SURVEYED

**Decision aid videos  
helped me understand  
my treatment choices**



**95%**

**OF  
2,139  
PATIENTS  
SURVEYED**

**Decision aid videos  
helped me prepare to  
talk with my provider**

By Jaime King and Benjamin Moulton

## Group Health's Participation In A Shared Decision-Making Demonstration Yielded Lessons, Such As Role Of Culture Change

- ▶ Strong leadership and clinical champions
- ▶ Required all providers to watch the relevant decision aids
- ▶ Half-day CME with outside experts trained 90% of our specialty providers and surgeons
- ▶ Monthly feedback to leaders and providers
  - Volume of decision aids ordered
  - Volume of surgical procedures and total costs of surgical procedures
  - Number and percent of surgical patients in each specialty who had surgery without receiving a decision aid
- ▶ Patient satisfaction data related to decision aid use

Large scale  
implementation of patient  
decision aids is feasible.

# But I already DO shared decision making with my patients...



Of course it is totally up to you, but if it was me, I'd choose to have the surgery.

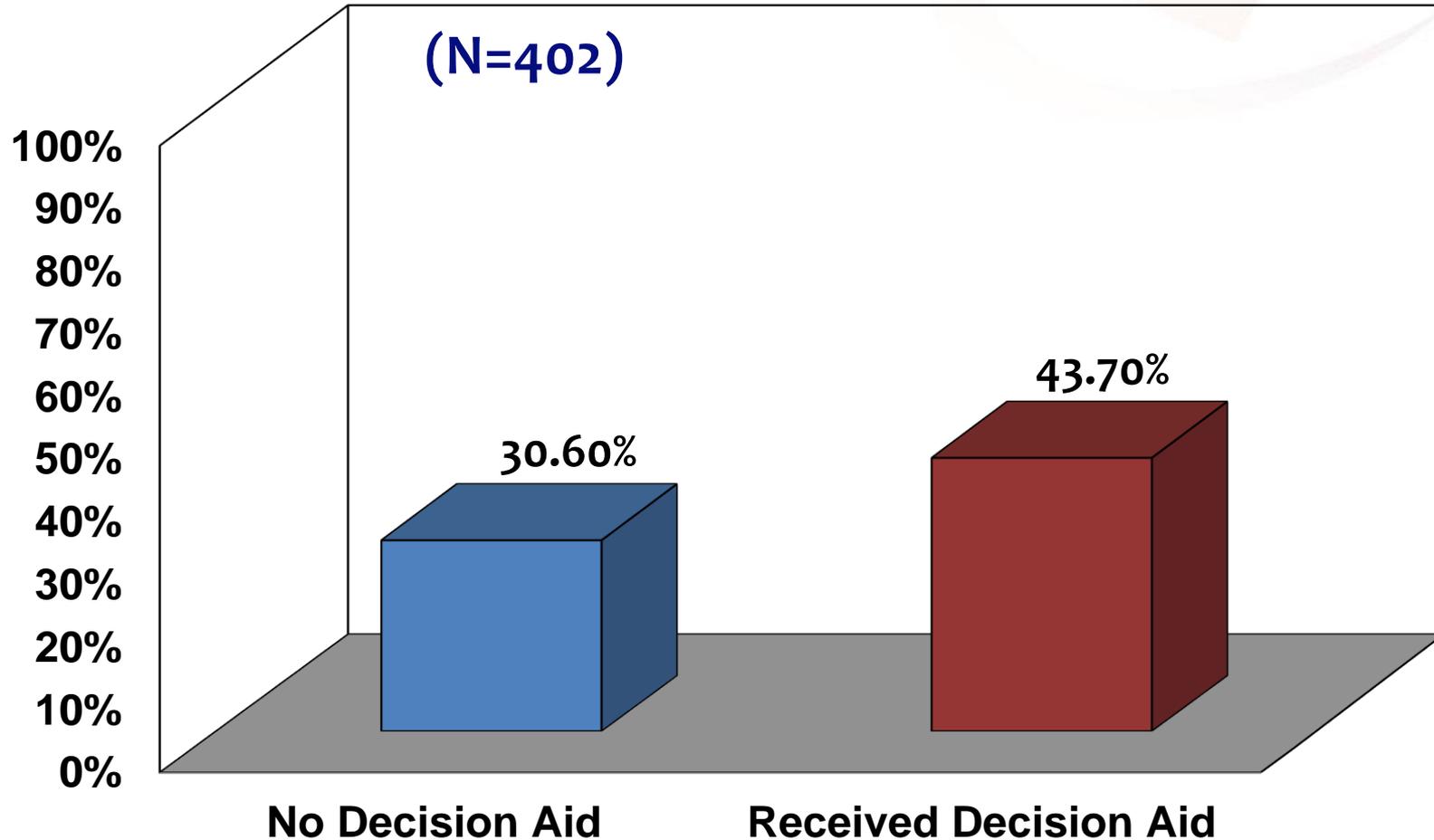
# Qualitative provider interviews

- ▶ In-depth interviews with more than 60 GH specialists
- ▶ Benefits of decision aids outweigh minor concerns
- ▶ Patients are more informed
- ▶ Doesn't take more time
- ▶ Some decision aids are more challenging to implement than others
- ▶ ***However, many providers don't see a difference between patient education and shared decision making***



*“It has given me the impression that the people who have seen it are making better informed decisions... I think they’re more understanding... I’m more confident of their decision making.”*

# What impact does a decision aid have on patient knowledge for knee OA decisions?



# Percent Correct on Knowledge Items: All vs. TKR

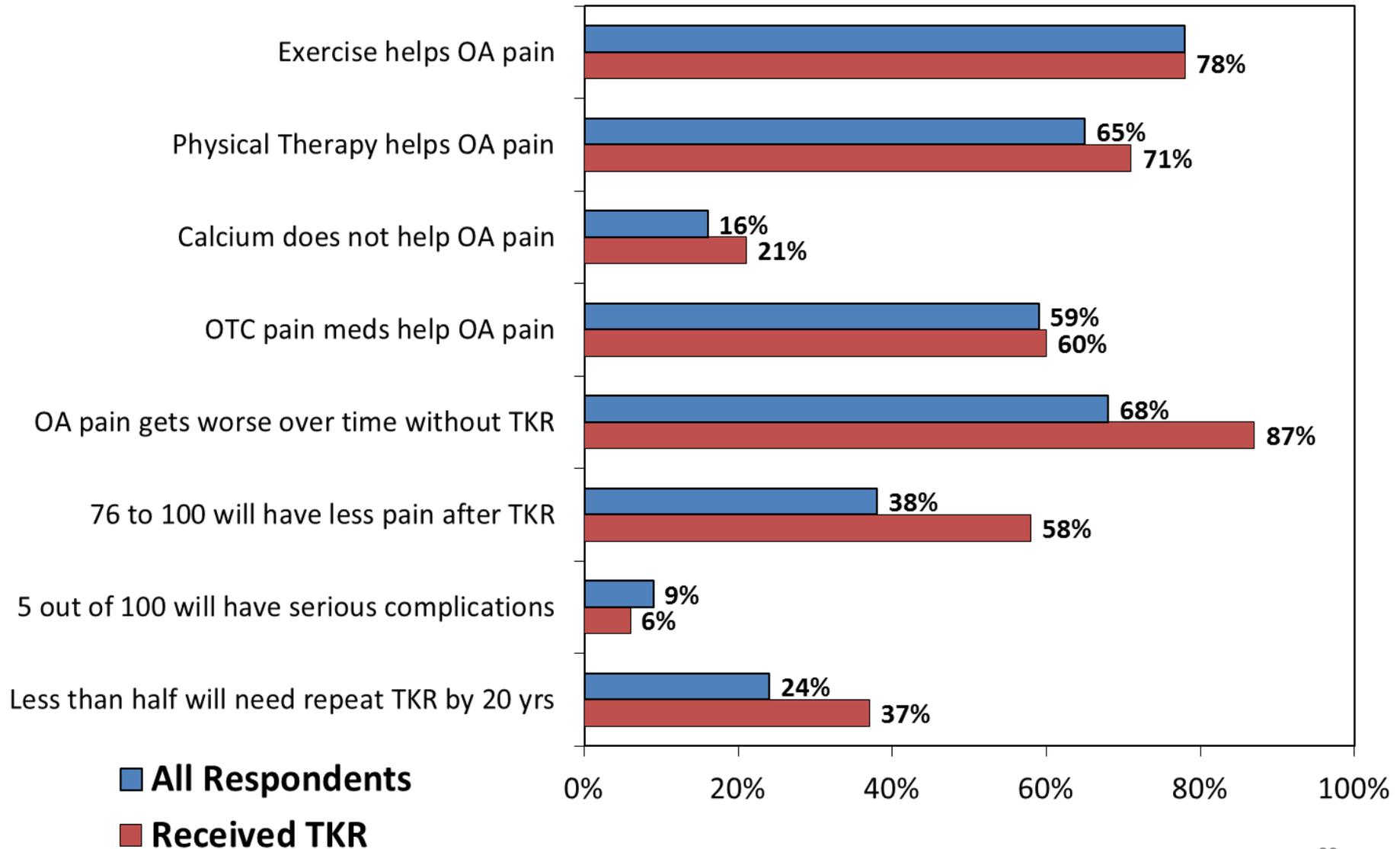
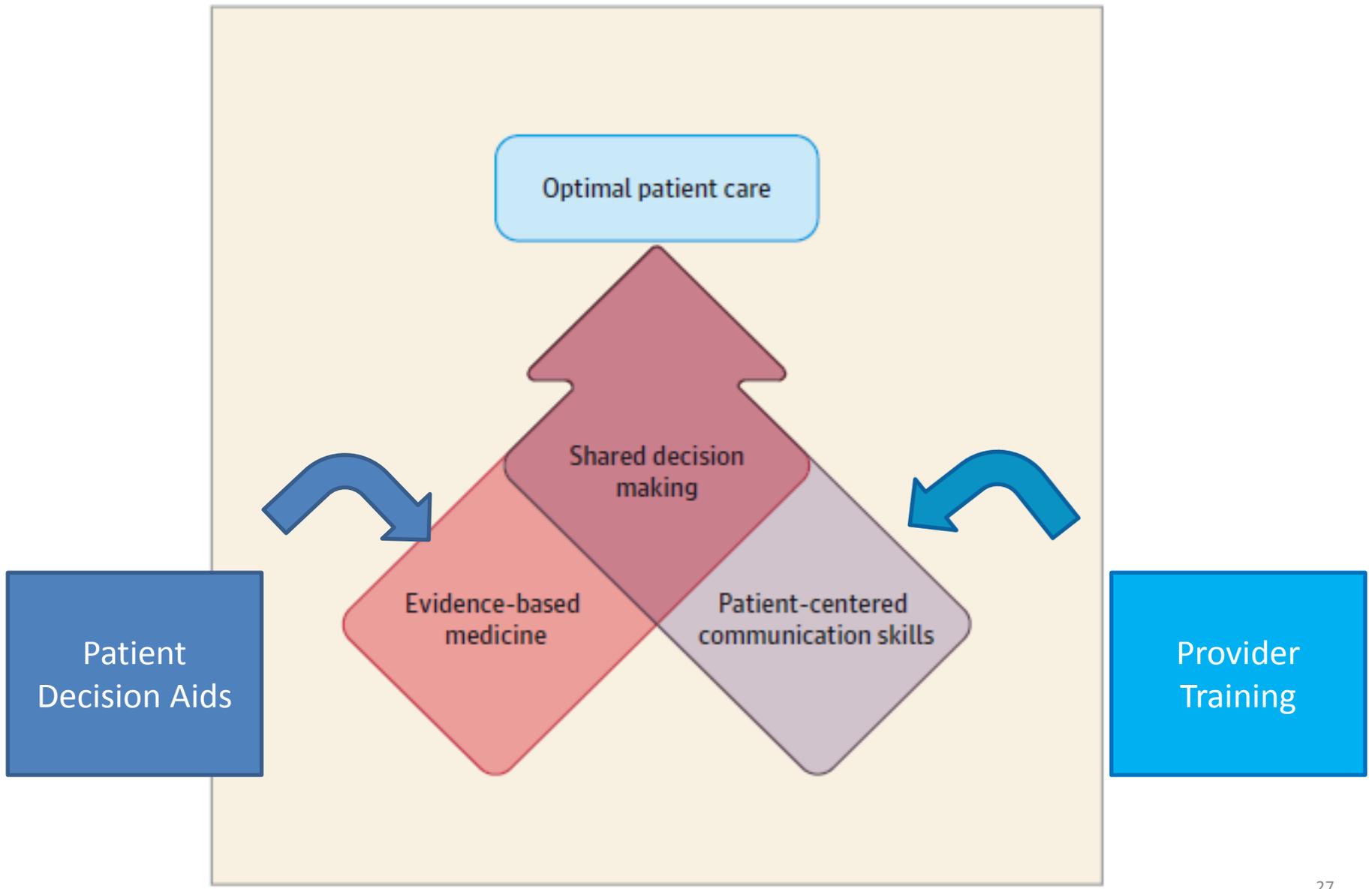


Figure. The Interdependence of Evidence-Based Medicine and Shared Decision Making and the Need for Both as Part of Optimal Care



# Key conclusions

- ▶ Key factors that contributed to successful distribution of decision aids included:
  - Strong leadership and provider engagement
  - Financial support for decision aids
  - A well-defined implementation and monitoring strategy
  - Commitment to ongoing process improvement
- ▶ Despite the large volume of decision aids distributed, major challenges persist.
  - Many patients are still not receiving decision aids .
  - More decision aids are needed covering diverse topics to impact culture.
  - Large knowledge gaps exist among patients who receive decision aids .
  - Providers' shared decision making skills and behaviors require ongoing training and support.

# Acknowledgements

## Funding

- Informed Medical Decisions Foundation
- The Commonwealth Fund
- Health Dialog
- Group Health Foundation
- Healthwise

## GH Physician Leadership

- |                  |              |
|------------------|--------------|
| • Michael Soman  | Marc Mora    |
| • Paul Sherman   | Chris Cable  |
| • Dave McCulloch | Matt Handley |
| • Charlie Jung   | Nate Green   |
| • Jane Dimer     | Mark Lowe    |
| • JC Leveque     | Gerald Kent  |
| • Paul Fletcher  | Tom Schaff   |
| • Rick Shepard   |              |

## Public Policy

- Karen Merrikin

## GH Implementation

- |                    |                |
|--------------------|----------------|
| • Tiffany Nelson   | Stan Wanezek   |
| • Charity McCollum | Jan Collins    |
| • Andrea Lloyd     | Scott Birkhead |
| • Colby Voorhees   |                |

## GH Research Institute

- |                   |                  |
|-------------------|------------------|
| • Emily Westbrook |                  |
| • Rob Wellman     | Carolyn Rutter   |
| • Tyler Ross      | Darren Malais    |
| • Clarissa Hsu    | Sylvia Hoffmeyer |
| • David Liss      | Jane Anau        |

## External Advisors

- |                 |                 |
|-----------------|-----------------|
| • Jack Wennberg | Michael Barry   |
| • Doug Conrad   | Cindy Watts     |
| • David Veroff  | Richard Wexler  |
| • Kate Clay     | Leah Hole-Curry |



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# Thank you

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# Shared Decision Making and the Patient Centered Medical Home

Karen Sepucha, Ph.D., and Leigh Simmons, M.D.

Health Decision Sciences Center

Massachusetts General Hospital, Harvard Medical School

[www.massgeneral.org/decisionsciences/](http://www.massgeneral.org/decisionsciences/)



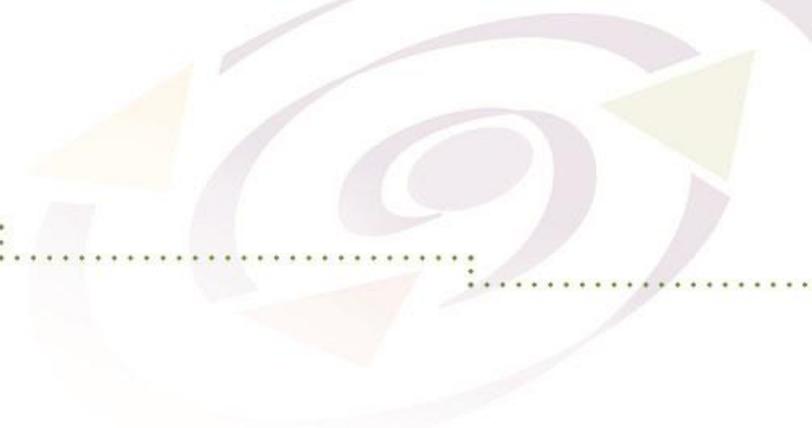
# Introductions



Karen Sepucha, Ph.D.  
Director  
Health Decision Sciences Center  
Massachusetts General Hospital

Leigh Simmons, M.D.  
Medical Director, Shared Decision  
Making Program  
Massachusetts General Hospital

# Disclosures

A decorative graphic in the top right corner featuring a stylized eye with a purple iris and a yellow pupil. Surrounding the eye are several curved lines and arrows in shades of purple, yellow, and green, suggesting a focus or direction.

- ▶ Dr. Sepucha receives salary support as a medical editor for Healthwise.
- ▶ Dr. Simmons has no relevant financial disclosures.

# Massachusetts General Hospital

- ▶ More than 7,000 staff physicians and nurse practitioners
- ▶ 1.5 million ambulatory visits
- ▶ 41,000 surgeries
- ▶ 18 primary care practices





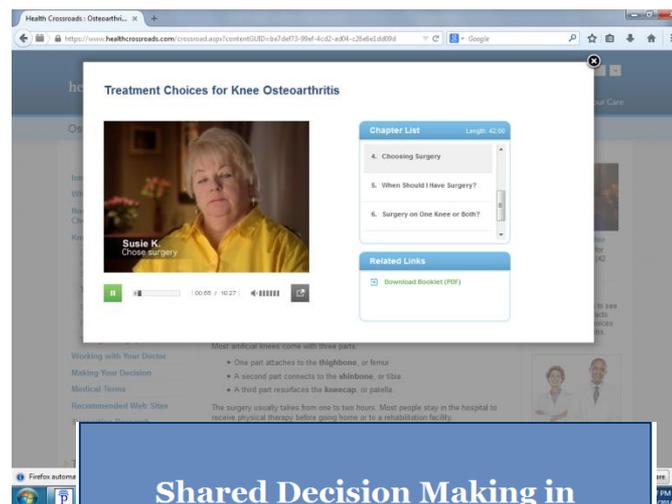
# HEALTH DECISION SCIENCES

*Let's Decide Together*

▶ Right treatment to the right patient at the right time, every time.

▶ Shared decision making program:

- Patient decision aids
- Clinician and staff training in shared decision making skills
- Health IT, measurement, and reporting



## Shared Decision Making in Practice at MGH

MGH Health Decision Sciences Center November, 2013  
Issue 7

**In This Issue**

- [Top 10 Video Programs](#)
- [Our Mission, Vision](#)
- [CRMS](#)
- [Resident Training](#)
- [Practice Data](#)
- [Upcoming Events](#)
- [Decision Aids](#)

**Online Opportunity!**

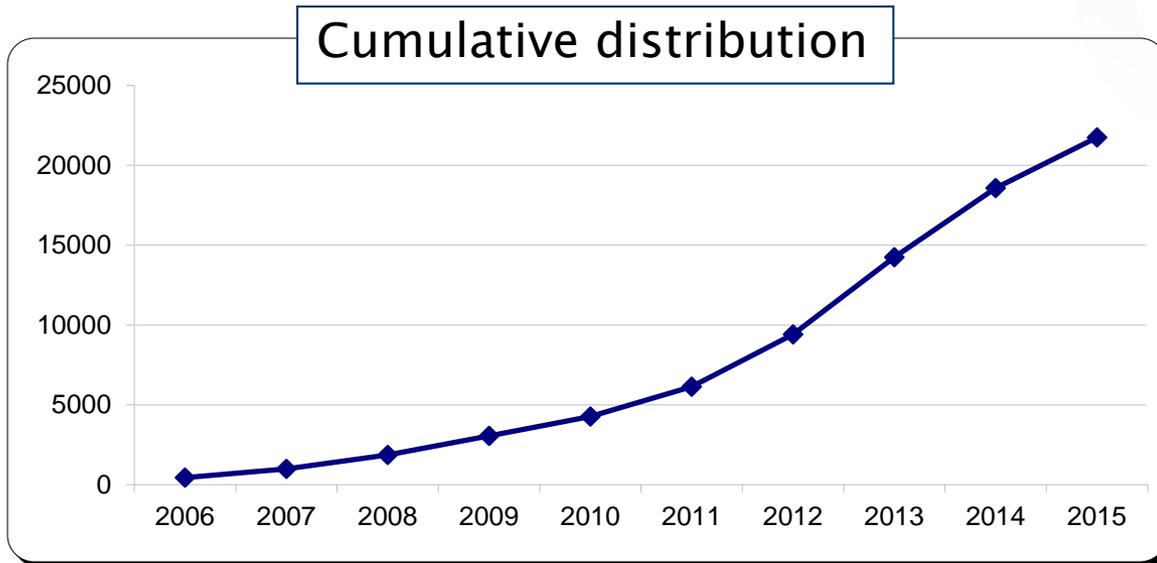
The Shared Decision Making team has a new opportunity that would allow patients to view a decision aid on the

**Greetings!**

Welcome to the Shared Decision Making (SDM) program newsletter. In this newsletter you will find: updates to the available video programs, new shared decision making projects, practice-specific prescription data, upcoming events, and useful resources and links.

Specialty	Prescription Rate (%)
Orthopedics	25
Rheum	12
Afr	10
Med	8
Chon	7
Intern	6
Ger	5
Card	4
Pulm	3
Onc	2
ID	2
Inf	2
Med	2
Surg	2
Gyn	1
Uro	1
Neuro	1
Hosp	1
Health Plan	1

# Use of decision aids at MGH



## By the numbers:

- ▶ 22,000-plus decision aids distributed since 2005
- ▶ 500-plus orders a month
- ▶ More than 800 unique clinicians and staff have prescribed programs.

## Top Programs:

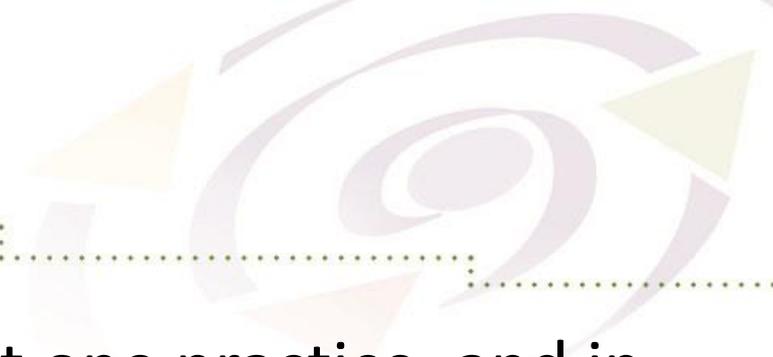
1. PSA Testing
2. Advance Directives
3. Colon Cancer Screening
4. Knee Osteoarthritis
5. Insomnia

# Some challenges we face



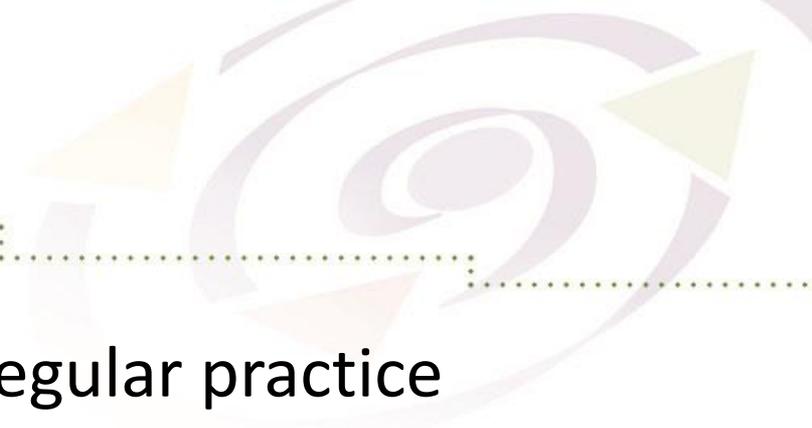
- ▶ Some clinicians are very interested, but others rarely use decision aids.
- ▶ The ordering system is very clinician-driven, but clinicians are busy and forget, and they might not always know what patients want.
- ▶ Determining how to identify patients at decision points outside of visits
- ▶ Determining the feasibility of decision aids used outside consultation; “closing the loop” challenge

# Case 1: Clinician training



- ▶ Pilot project launched in 2005 at one practice, and in 2006, the project was spread to all 18 MGH adult primary care practices.
- ▶ Clinician-driven ordering of video/booklet decision aids, during the visit, supported by EMR, with centralized distribution through Shared Decision Making Center.
- ➔ **Steady use (~100 orders a month). BUT not nearly what it could be; most orders are from a few physicians, and significant variation among clinics.**

# Designed training course



- ▶ One-hour session held during regular practice meeting
  - Overview of shared decision making (what, why, how)
  - Feedback: Usage data (practice and provider level) and patient and provider comments
  - View video decision aid
  - Discussion
- ▶ One-hour CME credit for physicians
- ▶ 15 out of 18 practices hosted course

# Feedback from patients and providers

## Patients love it and want more.

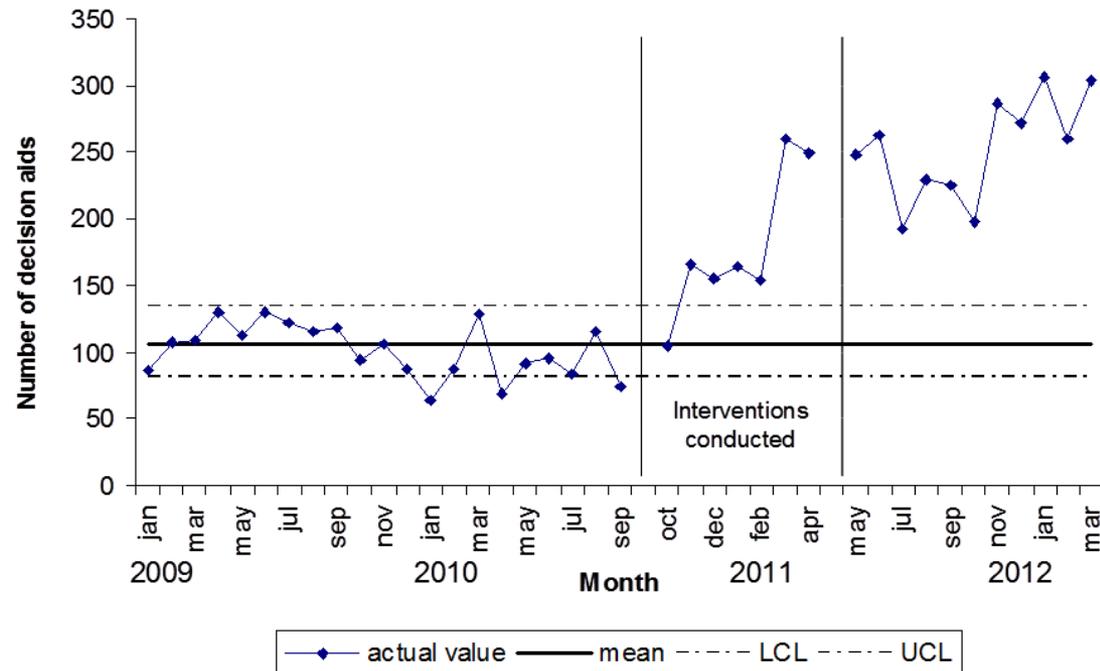
- ▶ "This helped me a lot, because I was and still feel a bit nervous, but will get checked! Thank you." (*colorectal cancer screening*)
- ▶ "Thank you very much for the Web site you sent me, I read its cath section with great interest. I understand the process better." (*Treatment Choices for Coronary Artery Disease before a diagnostic cardiac catheterization*)

## Providers are positive about the use.

- ▶ "Great for both high and lower functioning patients."
- ▶ "This has completely changed my conversations with patients about their back pain—from one driven by fear to one focused on what we can do to help with their pain."
- ▶ "The list of resources at the end of the anxiety program is helpful—one of my patients was lost with Google/Amazon and was so happy to have list to focus on."

# Impact and lessons learned

- ▶ More than doubling orders
- ▶ Comparative data is a strong motivator
  - Providers enjoyed a little competition!
- ▶ Physician champion role important
- ▶ Quarterly newsletter and biannual training



## Case 2: Automating delivery of decision aids

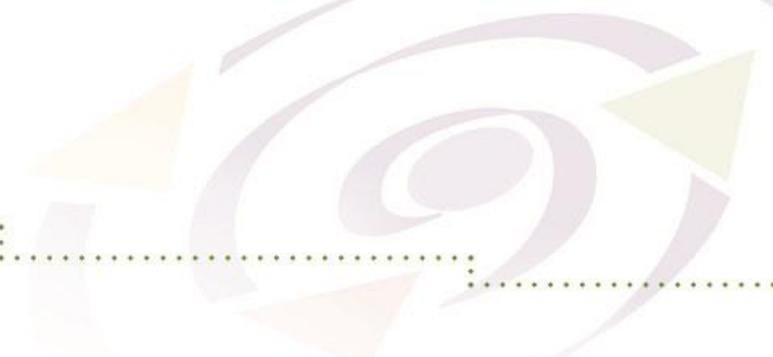
- ▶ The goal is to take advantage of EMR/IT applications to help with delivery. In an early project, decision aids were sent to patients based on problems in problem list (e.g., osteoarthritis, fibroids). It resulted in:
  - An easy and increased use of decision aids, **BUT**
  - Overall a disaster; not at a decision point (wasted time) and/or not relevant (e.g., sent fibroid program to a woman who had already had a hysterectomy)
- ➔ **Need more nuanced approach to identify patients who actually need the decision aid.**

# Focus on specialty referrals



- ▶ Referral to specialist often indicates a “decision point” particularly for common chronic conditions (e.g., knee/hip osteoarthritis, low back pain, fibroids/abnormal uterine bleeding)
- ▶ Linked decision aid order to referral from primary care (electronic referral system was prompt)
  - ~65% referrals now have decision aid sent to patients
- ▶ Collaborated with specialists and their staff
  - Trained triage nurses (spine and gynecology)

# Lessons learned



## ▶ Well received by all involved

- PCPs like the connection to referrals; they feel it is the right time to get the information to patients.
- Specialists prefer to see well-prepared patients.
- Patients appreciate getting information in advance of visit (so they can ask better questions).

## ▶ Highlighted some issues with referrals

- Specialists' staff assumed patients already wanted surgery (Why else would they come to a surgeon?).
- Patients were not always on board with referral (There is variability in how much PCPs discuss this before making a referral).
- If patients watch it and realize they don't want surgery, should they still go? What happens then?

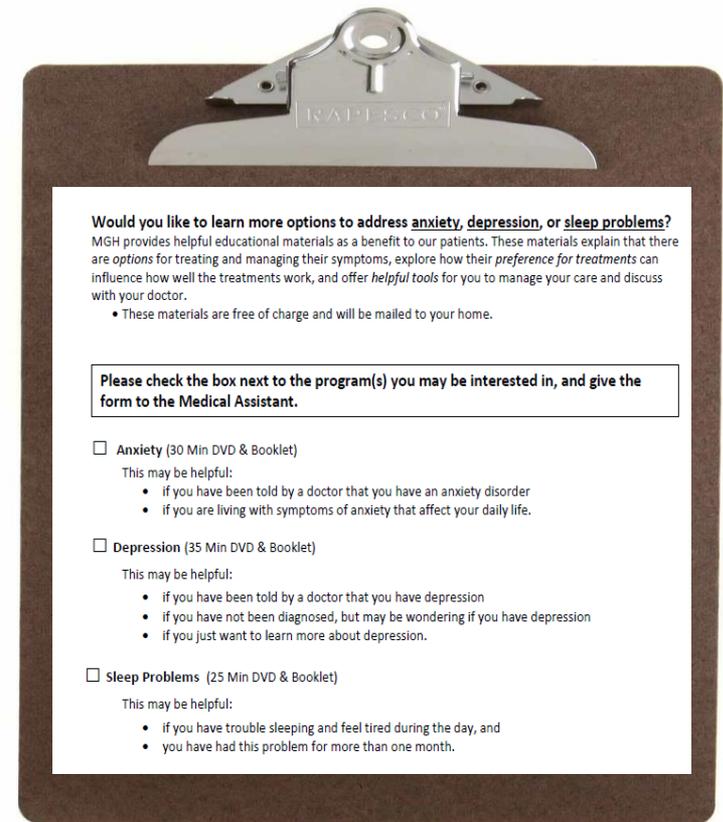
# Harnessing patients' power!

- ▶ **Incentive:** Hospital-wide effort to improve depression screening and management in primary care practices
- ▶ **Setting:** Community-based health center; ~10 physicians, work in partnership with medical assistants (MAs)



# Mental health integration

- ▶ **Interest:** Providers are open to using more decision aids in practice, but there is “low-prescribing” practice. The nursing leader is invested in improving patient education processes.
- ▶ **Workflow:** MAs offered patients PHQ-2 at all annual visits; if PHQ-2 positive for depression, patients were offered an order form for mental health programs (e.g., depression, anxiety, and insomnia).



**Would you like to learn more options to address anxiety, depression, or sleep problems?**  
MGH provides helpful educational materials as a benefit to our patients. These materials explain that there are *options* for treating and managing their symptoms, explore how their *preference for treatments* can influence how well the treatments work, and offer *helpful tools* for you to manage your care and discuss with your doctor.

- These materials are free of charge and will be mailed to your home.

**Please check the box next to the program(s) you may be interested in, and give the form to the Medical Assistant.**

**Anxiety** (30 Min DVD & Booklet)  
This may be helpful:

- if you have been told by a doctor that you have an anxiety disorder
- if you are living with symptoms of anxiety that affect your daily life.

**Depression** (35 Min DVD & Booklet)  
This may be helpful:

- if you have been told by a doctor that you have depression
- if you have not been diagnosed, but may be wondering if you have depression
- if you just want to learn more about depression.

**Sleep Problems** (25 Min DVD & Booklet)  
This may be helpful:

- if you have trouble sleeping and feel tired during the day, and
- you have had this problem for more than one month.

# Patient-triggered orders



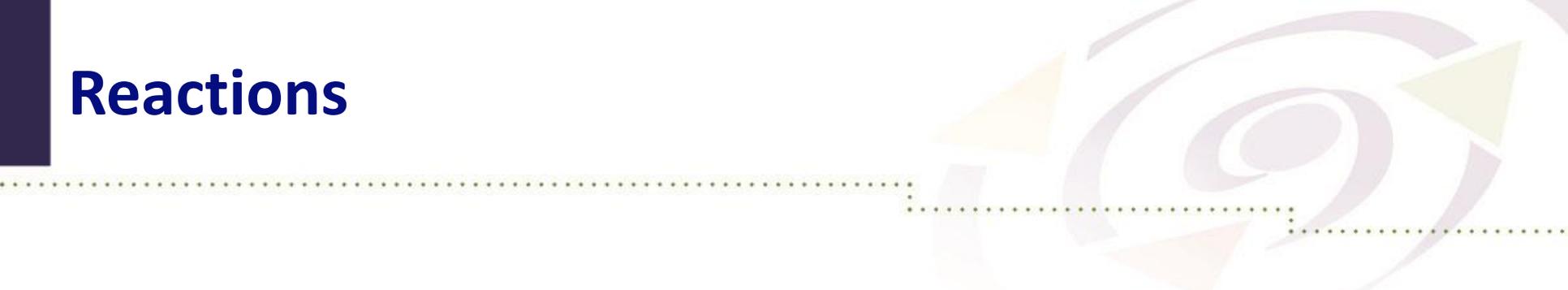
- ▶ Number of PHQ-2 forms with plus screens was quite low (~5%), and only 19 programs ordered by patients.
- ▶ MAs began offering order forms to ALL annual visit patients, regardless of PHQ-2 questionnaire results.
- ▶ There were 203 mental health programs ordered (62 anxiety, 60 insomnia, 47 depression).
- ▶ We are now surveying patients to study the impact of decision aids on treatment decisions and outcomes.

# Lessons learned



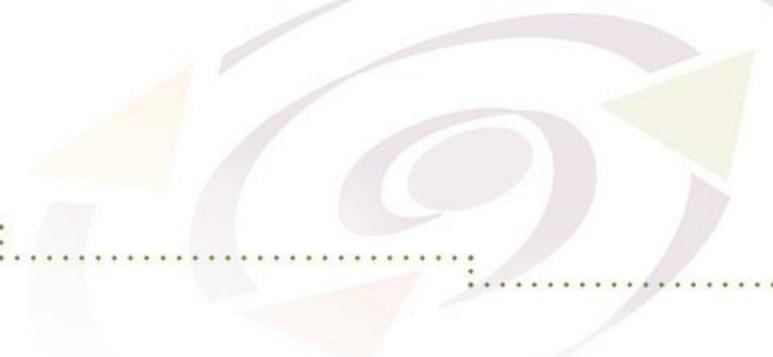
- ▶ A provider-dependent workflow may limit patient access to decision aids.
- ▶ Patients can/should be active participants in the decision aid ordering process.
- ▶ All members of the clinical care team can participate in workflow; medical assistants took ownership of process and were crucial to suggesting improvements.

# Reactions



- ▶ How are these cases similar/different to your own experiences?
- ▶ What else might help you conduct shared decision making more routinely?
- ▶ Documentation challenges?
- ▶ Other potential barriers?

# What's ahead for us?



- ▶ Expansion across Partners Healthcare (7 hospitals, 230 primary care practices)
- ▶ Funding and support as part of core initiative within Population Health Management
- ▶ Some new challenges: IT applications that work across four different EMRs, aligning incentives and quality measures



# Thank you

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# Integrating Shared Decision Making into Small and Rural Primary Care Practices

L.J. Fagnan, M.D.

Mark Remiker, M.A.

Oregon Rural Practice-based Research Network

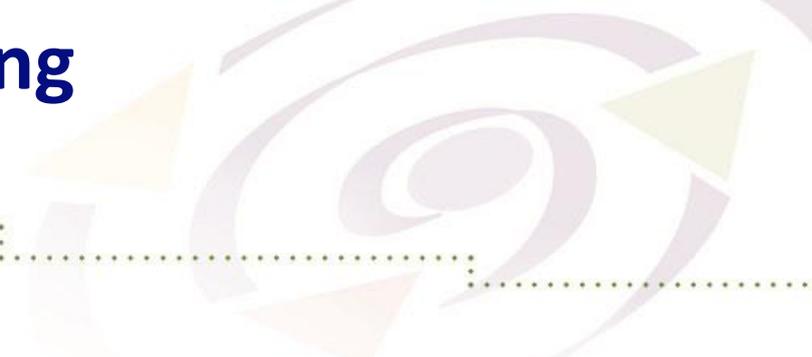
Oregon Health & Sciences University



# Disclosures

Dr. Fagnan and Mark Remiker have both received research funding and salary support from the Informed Medical Decisions Foundation.

# ORPRN shared decision making activities

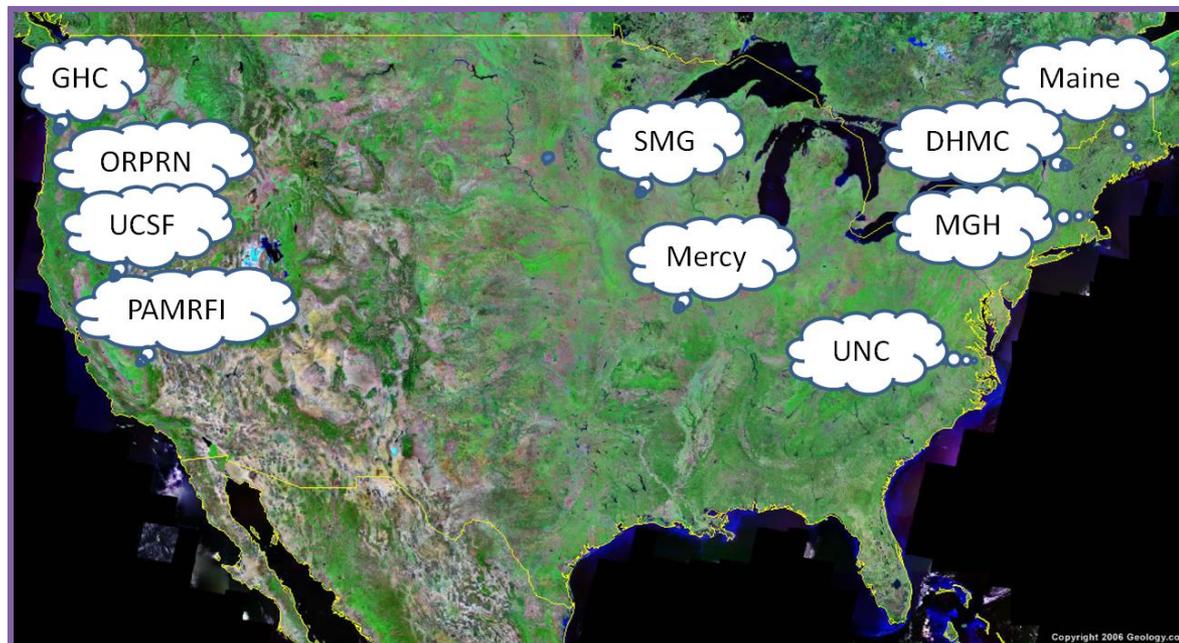


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- ▶ Informed Medical Decisions Foundation (IMDF) Demonstration Site Program – 10 sites
- ▶ Milestone 7 in the Comprehensive Primary Care Initiative – 67 sites
- ▶ Leveraging Mobile Technology for mammography decision making (Mammopad) – three sites
- ▶ Patient Experience of Care Learning Collaborative (PELC) – six sites

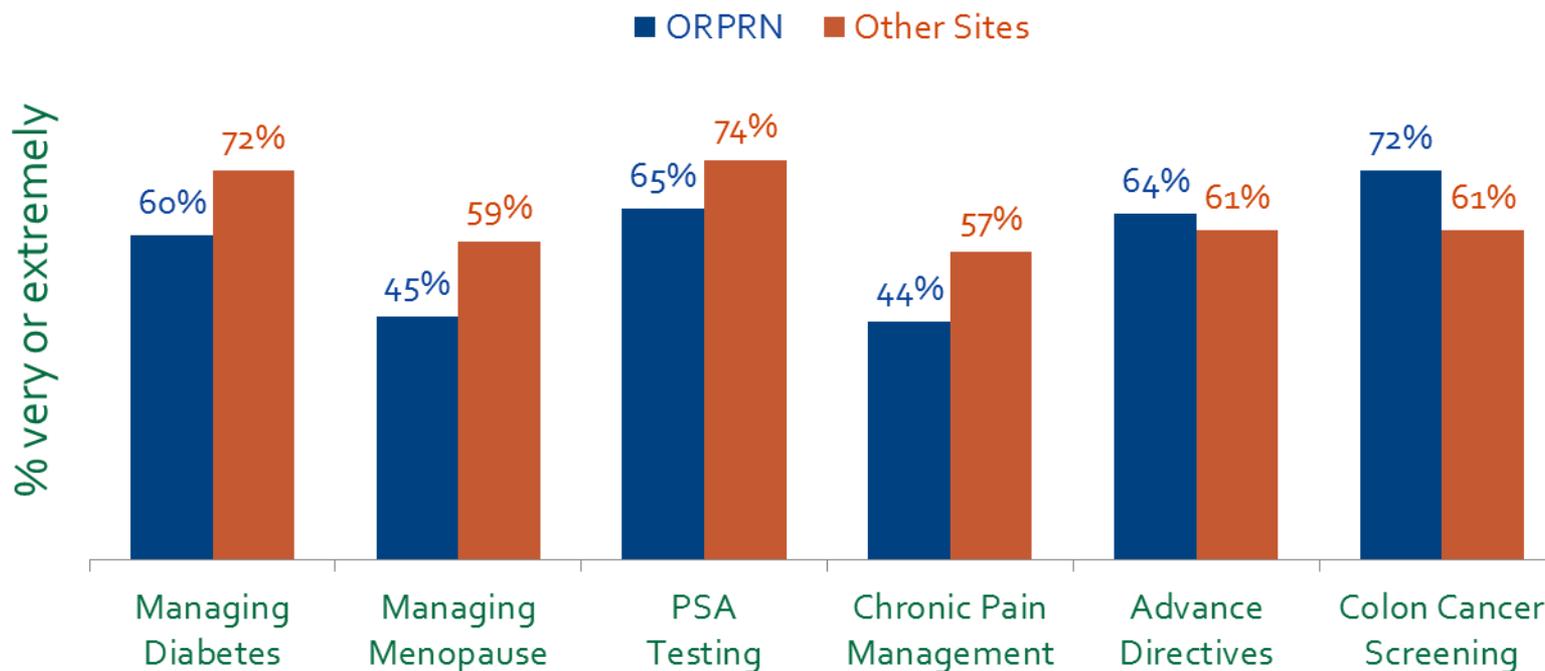
# Informed Medical Decisions Foundation (IMDF) Demonstration Site Program

The objective is to demonstrate that the use of patient decision aids and the process of shared decision making can effectively and efficiently become part of day-to-day care.



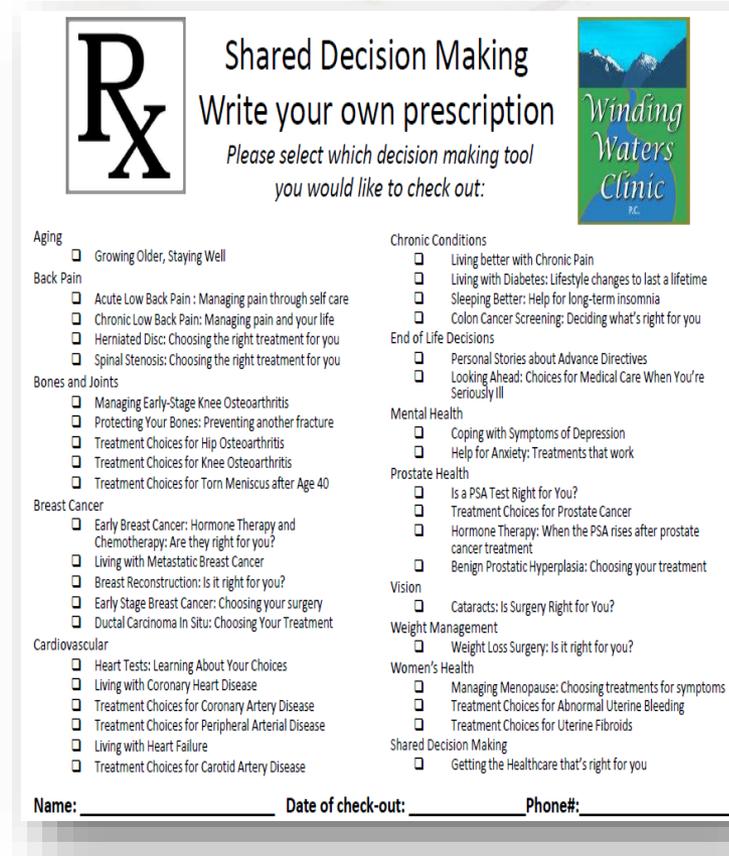
# ORPRN: Decision aid usefulness ratings

Question: "How useful was the program in helping you prepare to talk to your healthcare provider?"  
[not at all / somewhat / very / extremely]

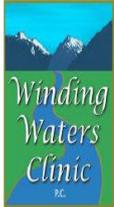


# Facilitators: Outside the clinic

- ▶ Patient buy-in for decision aids
- ▶ Sharing patient feedback (i.e., Patient Advisory Council)
- ▶ External Support through practice facilitation (ORPRN PERCs)
  - Implementation protocols
  - Distribution process
  - Interpretation of clinic level data reports



**Rx** Shared Decision Making  
Write your own prescription  
Please select which decision making tool you would like to check out:



**Aging**

- Growing Older, Staying Well

**Back Pain**

- Acute Low Back Pain: Managing pain through self care
- Chronic Low Back Pain: Managing pain and your life
- Herniated Disc: Choosing the right treatment for you
- Spinal Stenosis: Choosing the right treatment for you

**Bones and Joints**

- Managing Early-Stage Knee Osteoarthritis
- Protecting Your Bones: Preventing another fracture
- Treatment Choices for Hip Osteoarthritis
- Treatment Choices for Knee Osteoarthritis
- Treatment Choices for Torn Meniscus after Age 40

**Breast Cancer**

- Early Breast Cancer: Hormone Therapy and Chemotherapy: Are they right for you?
- Living with Metastatic Breast Cancer
- Breast Reconstruction: Is it right for you?
- Early Stage Breast Cancer: Choosing your surgery
- Ductal Carcinoma In Situ: Choosing Your Treatment

**Cardiovascular**

- Heart Tests: Learning About Your Choices
- Living with Coronary Heart Disease
- Treatment Choices for Coronary Artery Disease
- Treatment Choices for Peripheral Arterial Disease
- Living with Heart Failure
- Treatment Choices for Carotid Artery Disease

**Chronic Conditions**

- Living better with Chronic Pain
- Living with Diabetes: Lifestyle changes to last a lifetime
- Sleeping Better: Help for long-term insomnia
- Colon Cancer Screening: Deciding what's right for you

**End of Life Decisions**

- Personal Stories about Advance Directives
- Looking Ahead: Choices for Medical Care When You're Seriously Ill

**Mental Health**

- Coping with Symptoms of Depression
- Help for Anxiety: Treatments that work

**Prostate Health**

- Is a PSA Test Right for You?
- Treatment Choices for Prostate Cancer
- Hormone Therapy: When the PSA rises after prostate cancer treatment
- Benign Prostatic Hyperplasia: Choosing your treatment

**Vision**

- Cataracts: Is Surgery Right for You?

**Weight Management**

- Weight Loss Surgery: Is it right for you?

**Women's Health**

- Managing Menopause: Choosing treatments for symptoms
- Treatment Choices for Abnormal Uterine Bleeding
- Treatment Choices for Uterine Fibroids

**Shared Decision Making**

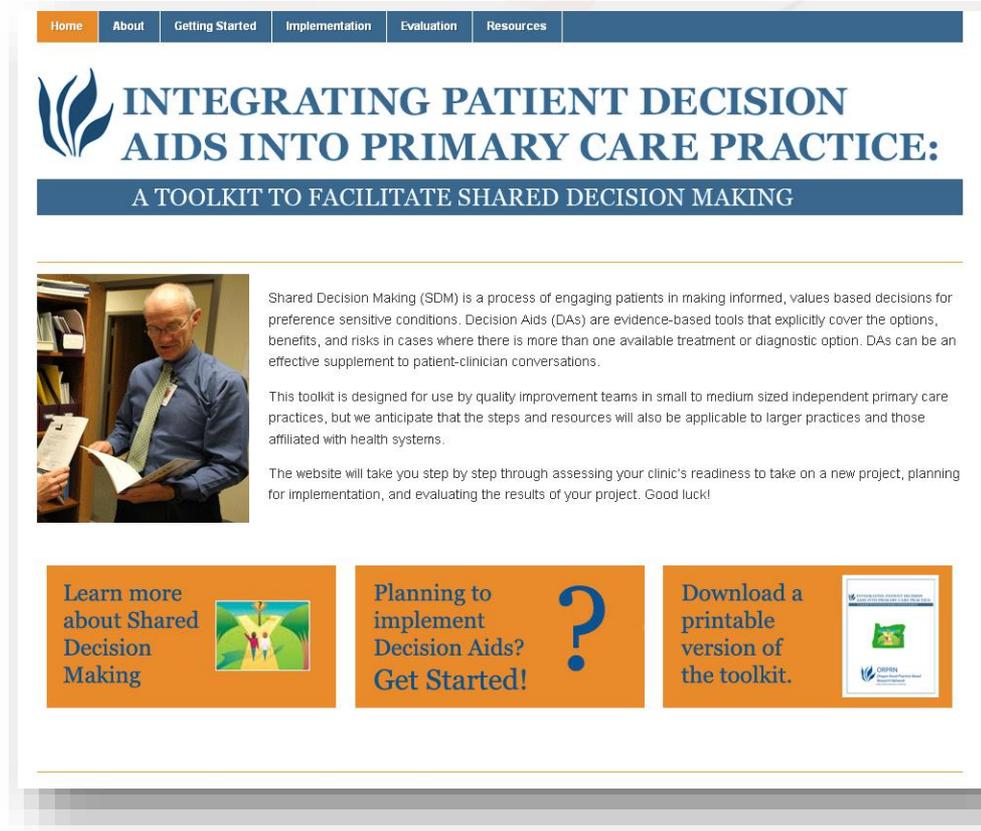
- Getting the Healthcare that's right for you

Name: \_\_\_\_\_ Date of check-out: \_\_\_\_\_ Phone#: \_\_\_\_\_

*Script pad designed by Winding Waters  
Patient Advisory Council*

# Shared Decision Making Toolkit

- ▶ Decision aid implementation guide
  - Using decision aids to facilitate shared decision making in routine care
  - Step-by-step guide based on lessons learned from our practices
  - Feedback from clinicians and staff
  - Ready-to-use resources



The screenshot shows the homepage of the Shared Decision Making Toolkit website. At the top is a navigation menu with links for Home, About, Getting Started, Implementation, Evaluation, and Resources. Below the menu is a large header with the text "INTEGRATING PATIENT DECISION AIDS INTO PRIMARY CARE PRACTICE: A TOOLKIT TO FACILITATE SHARED DECISION MAKING". A central image shows a man in a blue shirt reading a document. To the right of the image is a paragraph explaining Shared Decision Making (SDM) and the purpose of the toolkit. Below the image and text are three orange buttons: "Learn more about Shared Decision Making" with a green icon, "Planning to implement Decision Aids? Get Started!" with a large blue question mark, and "Download a printable version of the toolkit." with a small icon of the toolkit cover.

Home About Getting Started Implementation Evaluation Resources

## INTEGRATING PATIENT DECISION AIDS INTO PRIMARY CARE PRACTICE:

### A TOOLKIT TO FACILITATE SHARED DECISION MAKING

Shared Decision Making (SDM) is a process of engaging patients in making informed, values based decisions for preference sensitive conditions. Decision Aids (DAs) are evidence-based tools that explicitly cover the options, benefits, and risks in cases where there is more than one available treatment or diagnostic option. DAs can be an effective supplement to patient-clinician conversations.

This toolkit is designed for use by quality improvement teams in small to medium sized independent primary care practices, but we anticipate that the steps and resources will also be applicable to larger practices and those affiliated with health systems.

The website will take you step by step through assessing your clinic's readiness to take on a new project, planning for implementation, and evaluating the results of your project. Good luck!

Learn more about Shared Decision Making 

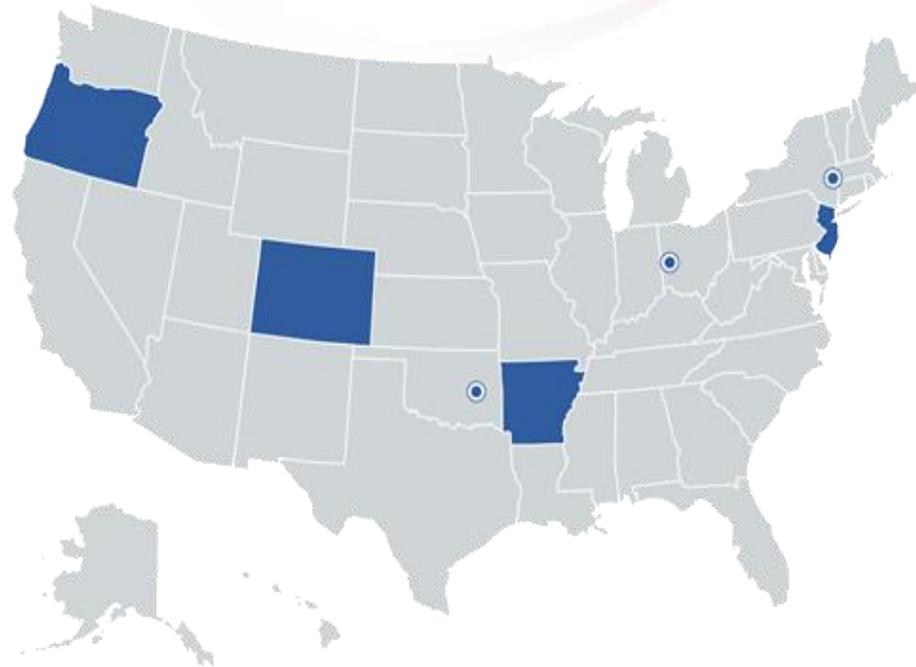
Planning to implement Decision Aids? Get Started! 

Download a printable version of the toolkit. 

<http://sdmtoolkit.org/>

# Comprehensive Primary Care Initiative

- ▶ Center for Medicare & Medicaid Innovation (CMMI)
- ▶ Seven regions, 38 unique payers, 42 practices, 2,600-plus clinicians, 2.7 million patients
- ▶ One in three practices with two or fewer practitioners



Source: Centers for Medicare & Medicaid Services

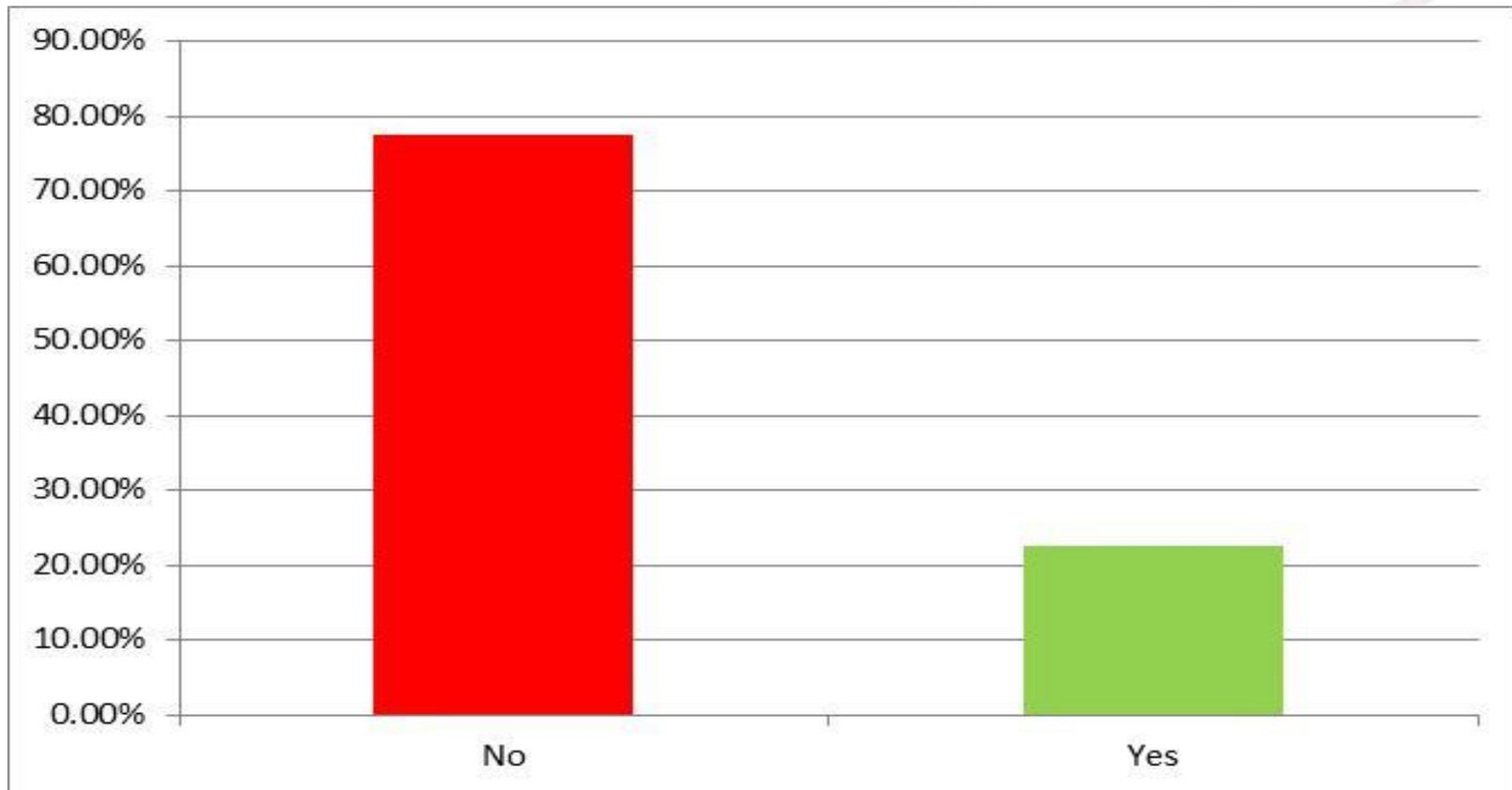
Source: Practice-reported progress at the end of 2014 (Q9)

# Purpose of the shared decision making milestone (7) – Year 1



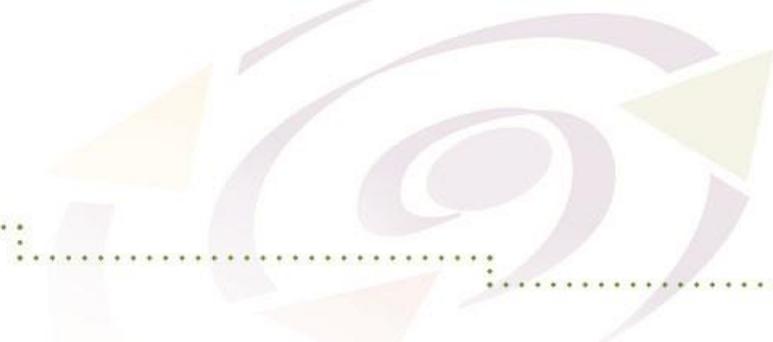
- ▶ Implement shared decision making in one priority area.
- ▶ Select a decision aid that meets the criteria of an effective shared decision making tool.
- ▶ Report on practice processes and workflow to support shared decision making.
- ▶ Measure and document the implementation of shared decision making using decision aids.

# Has the practice integrated the shared decision aid into clinical workflow?



Results are from a survey sent to CPC Oregon practices in August 2013.

# Mammopad project



- ▶ Facilitated more effective involvement of women in making appropriate breast cancer screening decisions using a mobile decision aid (iPad).
- ▶ Decision aid utility was tested in age- and risk-appropriate women (between ages 40-49) recruited from three rural Oregon clinics, two of which were involved in CPCI.

## Personal History

Have you had breast or [ovarian cancer](#)?

Yes  No

## Personal History

Have you or a family member had a blood test that shows you have a [gene marker](#) for breast or [ovarian cancer](#) ([BRCA1](#) or [BRCA2](#))?

Yes  No

## Personal History

Has anyone in your family, people related to you by blood, had [ovarian cancer](#)?

Yes  No

## Personal History

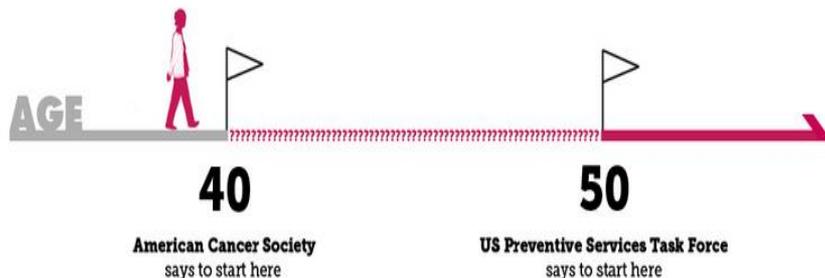
Has anyone in your family, people related to you by blood, had [breast cancer](#)?

Yes  No

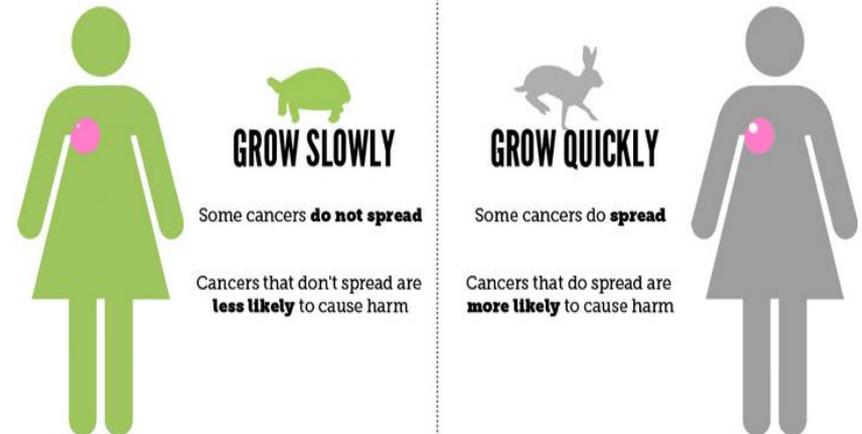
# The Mammopad decision aid

- ▶ Current facts and figures regarding breast cancer
- ▶ Personal Values
- ▶ Risks and benefits of screening (e.g., false positives, cost, pain)

Experts agree that women of average risk should be getting regular mammograms by age 50, but they don't agree about starting at 40



## WHEN A WOMAN HAS BREAST CANCER, IT CAN...



# Patient-specific report

**MammoPad Information Summary**  
A review of the information you learned

**The Biggest Risk Factor is Age**

*Your risk of getting breast cancer increases with age*

**1** out of **70** women between the ages of **40-49** will develop breast cancer

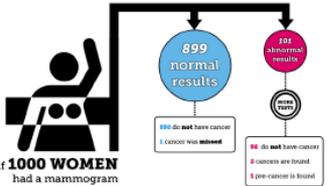


**2** out of **70** women between the ages of **50-59** will develop breast cancer



**Screening Results for Women in Their 40s**

*Mammograms aren't perfect*



**if 1000 WOMEN** had a mammogram **TODAY**

If 1000 average-risk women like you in their 40s were screened for breast cancer:

- 898 women will be reassured that they don't have breast cancer
- 98 women will have a mammogram that finds something other than cancer
- 2 women will be diagnosed with cancer
- 1 woman will be diagnosed with a pre-cancerous breast lesion
- 1 woman will have breast cancer that was missed

SIDE 1: General Facts

**My Mammography Decision Summary**  
*What matters most to me in deciding when to start mammograms on a regular basis*

Bring this summary with you when you talk with a doctor. It will help you and a doctor or nurse decide which choice is best for you.

Note to Provider: This is a personalized report from an interactive, evidence-based mammography decision aid. It contains information about your patient's values and concerns about breast cancer screening.

**Benefits and Harms of Starting in my 40s**

What matters most to me: *Peace of mind (having a mammogram that shows no cancer)*

Possible Benefits	Possible Harms
<ul style="list-style-type: none"> <li>• Peace of mind</li> <li>• Catching cancer early (simpler treatment and reduced chance of dying)</li> </ul>	<ul style="list-style-type: none"> <li>• Extra tests and worry from false alarms</li> <li>• No improvement in length or quality of life and unnecessary diagnosis</li> </ul>

Remember, you don't have to have a doctor to get a mammogram, and there are low-cost and free options if you don't have insurance. Please see the research coordinator or dial 211 from any phone for more information.

**My Concerns About Mammograms**

**I am most concerned about:** *not being able to have a mammogram because I do not have a doctor, getting transportation to my mammogram appointment*

**My Questions**

- I would like to know more about breast density (thickness of breast tissue).
- Breast tissue is lumpy and hard to do your own exams

**My Plan**

*I plan to have a mammogram before age 50.*

SIDE 2: Personal Information

# Implementation of Mammopad

Implementation Step	Responsible Party
1. Find target population	ORPRN
2. Patient recruitment	ORPRN
3. Administer decision aid	ORPRN
4. Scan report into patient's EMR	Clinic
5. Engage patient in shared decision making	PCP

# Implementation of Mammopad

Implementation Step	Responsible Party
1. Find target population	ORPRN
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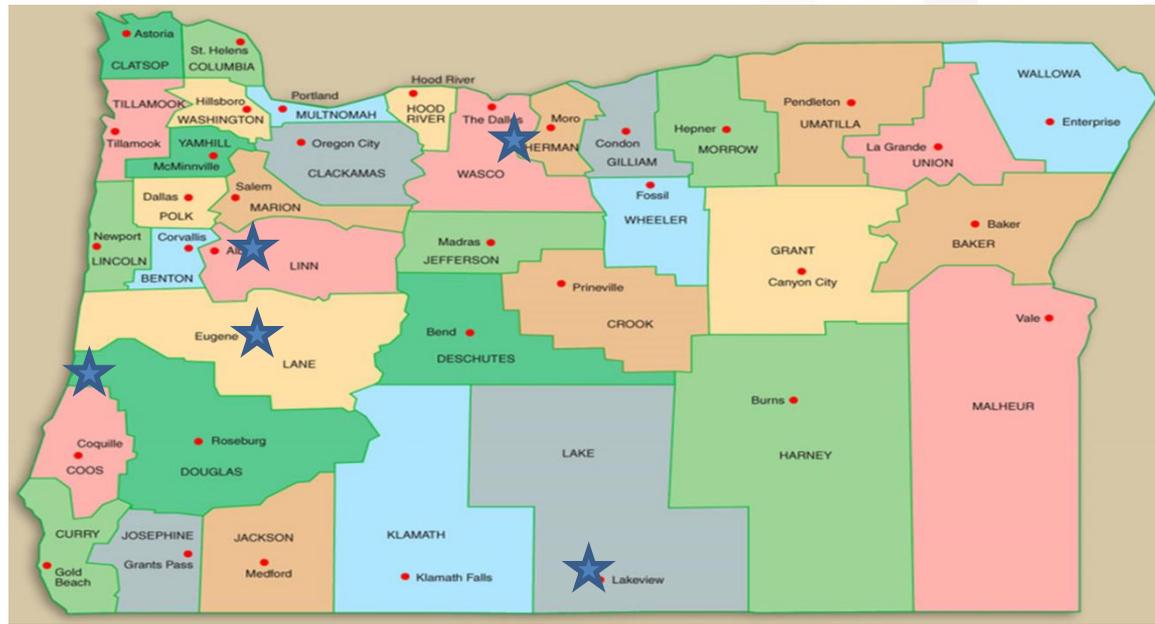
## ► Barriers

- Lacked staff involvement in workflows
- Questionable sustainability

## ► Successes

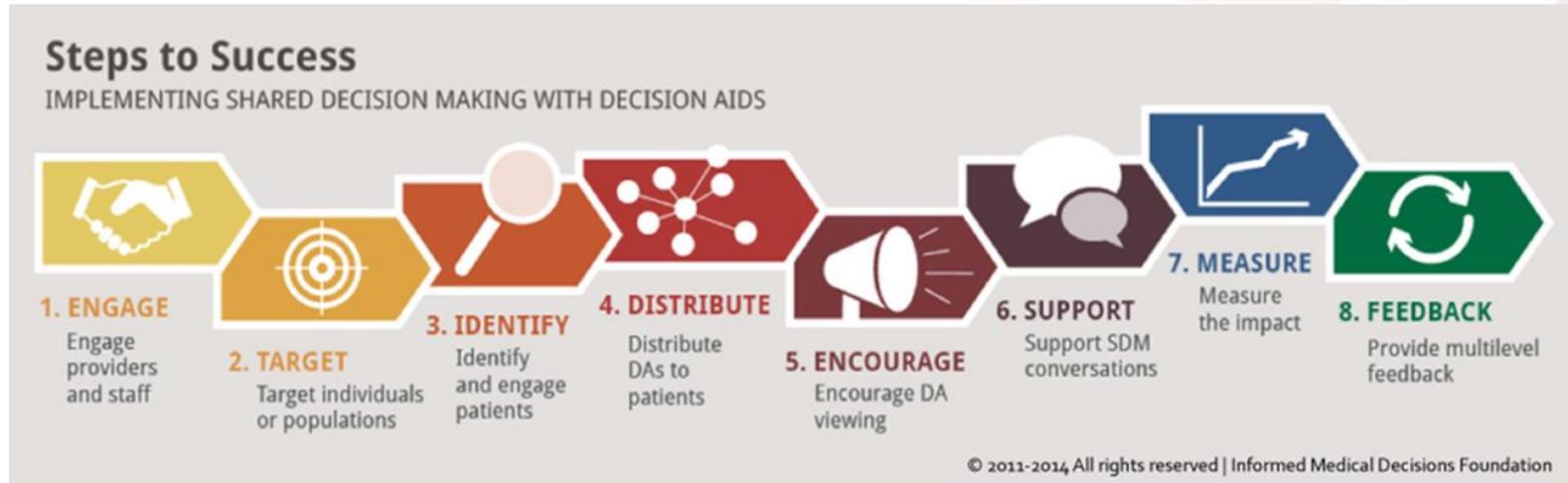
- High quality decision aid
- Introduced shared decision making
- Located above-average risk women

# Patient Experience of Care Learning Collaborative



- ▶ Population: six clinics in rural Oregon
- ▶ Clinic teams: one administrative, one back office support staff (e.g., MA, Care Coordinator), provider, and patient partner
- ▶ Learning Collaborative consisted of three in-person meetings and three conference calls that used Boot Camp Translation method. Practices set QI goals and received monthly in-person visits from PERC over 10 months.

# Clinic quality improvement goals



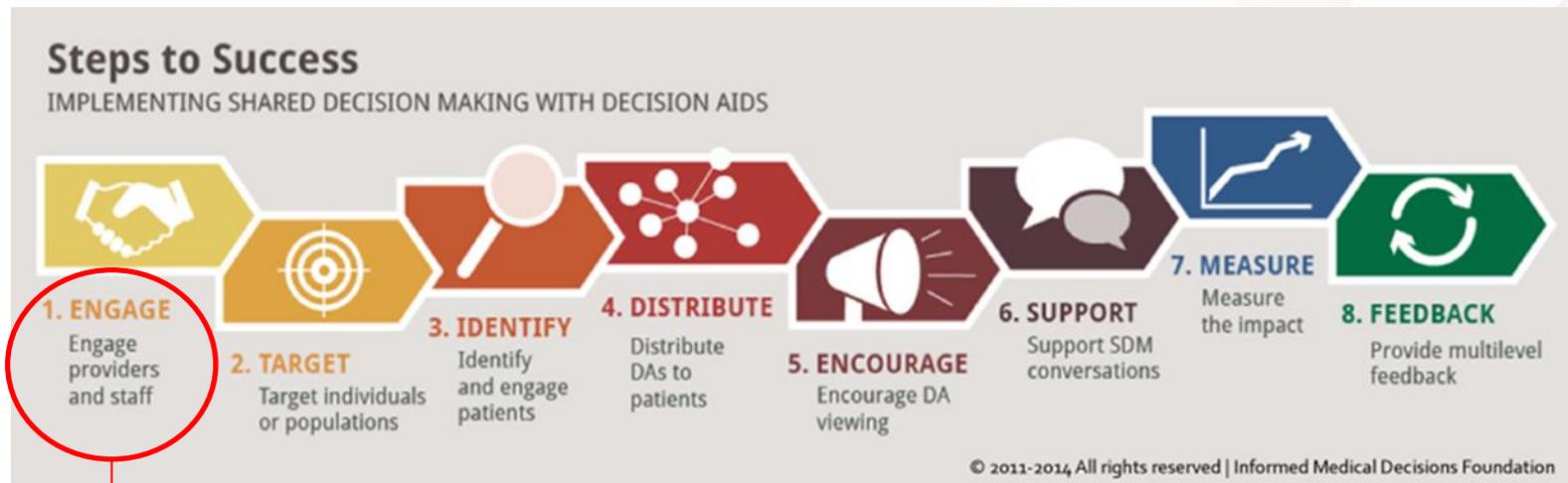
Product of the Informed Medical Decisions Foundation

**Goal 1:** Provider and staff awareness

**Goal 2:** Patient engagement

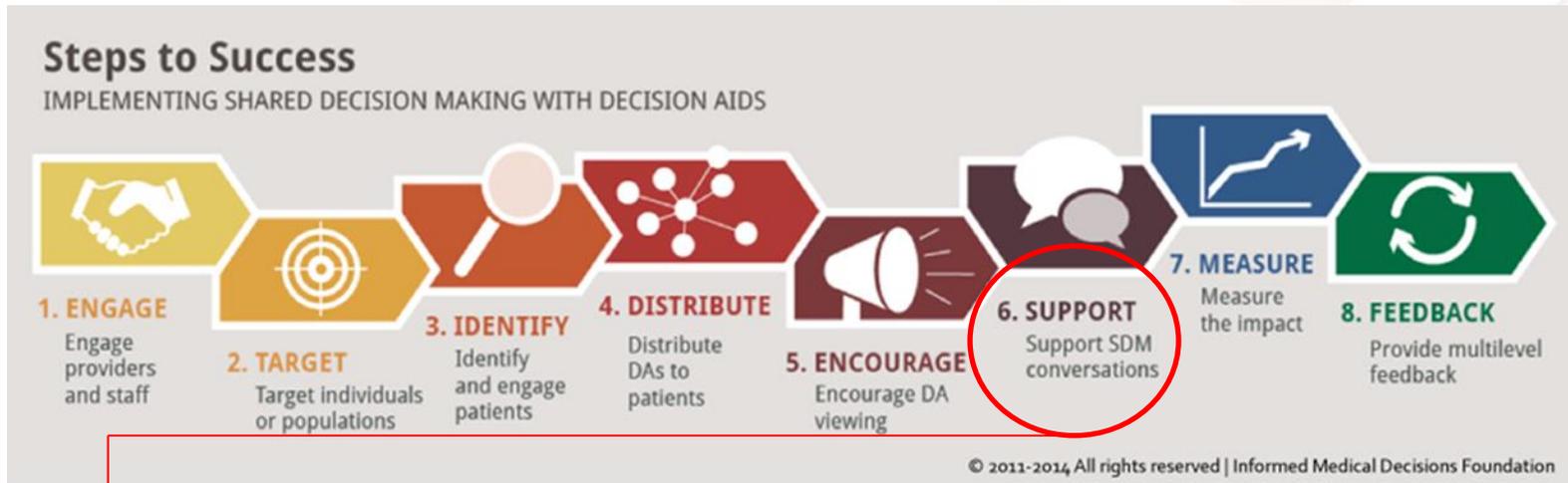
**Goal 3:** Distribution of decision aids

# GOAL 1: Provider and staff awareness



- ▶ One-hour in-person full staff meeting
- ▶ Academic detailing of shared decision making
- ▶ Questions and concerns from staff

# GOAL 2: Patient engagement



- ▶ Displayed shared decision making promotional materials in exam room
- ▶ Displayed patient feedback data in the lobby

# GOAL 2: Patient engagement

## Ask 3 Questions

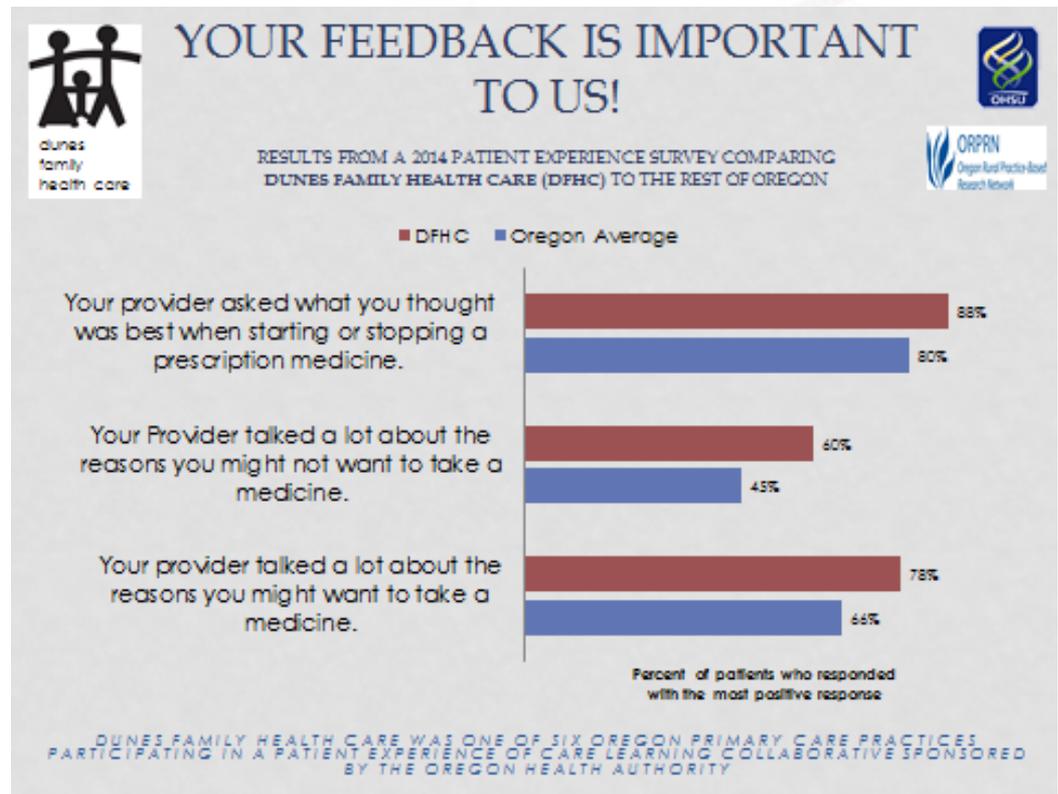
Sometimes there will be choices to make about your healthcare. If you are asked to make a choice, make sure you get the answers to these 3 questions:

- what are my options?
- what are the possible benefits and risks?
- how can we make a decision together that is right for me?



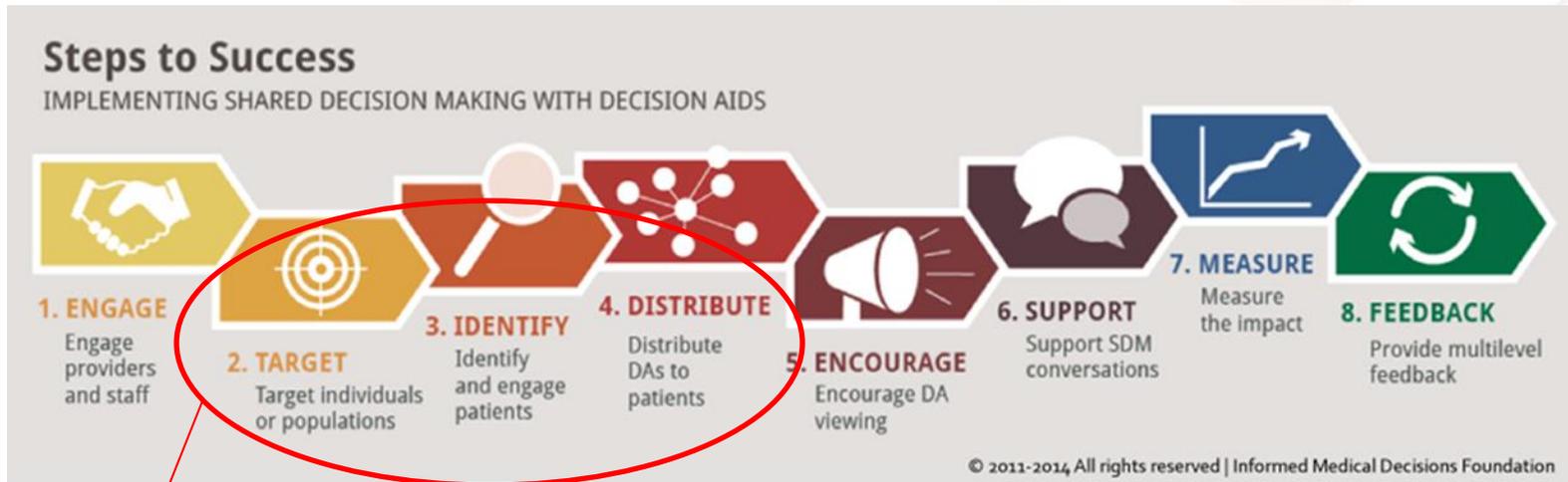
We want to know what's important to you

**MAGIC**  
Making good decisions in collaboration



<http://personcenteredcare.health.org/uk/>

# GOAL 3: Distribution of decision aids



- ▶ Picked a target population (Colon cancer screening)
- ▶ Located resources in EMR decision aids
- ▶ Distributed decision aids

# Barriers to implementation



- ▶ Time
- ▶ Provider involvement and interest
- ▶ Patient engagement
- ▶ Accessibility of high quality decision aids
- ▶ Determining workflows

# Successes



- ▶ Introduction of share decision making concepts to providers and staff
- ▶ Located high-quality decision aids in the EMR
- ▶ Engaged patients
- ▶ Created a workflow that allowed for seamless integration

# Lessons learned, and the road ahead



- ▶ Shared decision making is hard to do!
- ▶ Successful implementation requires multiple, simultaneous changes to clinical workflow.
  - More than just assigning a patient to a decision aid
- ▶ Facilitation is helpful.
  - Setting shared decision making as a priority
  - Finding opportunities for overlap
- ▶ Patient involvement is helpful.
- ▶ This takes time.

# Thank you

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# Obtaining CME/CE Credits



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

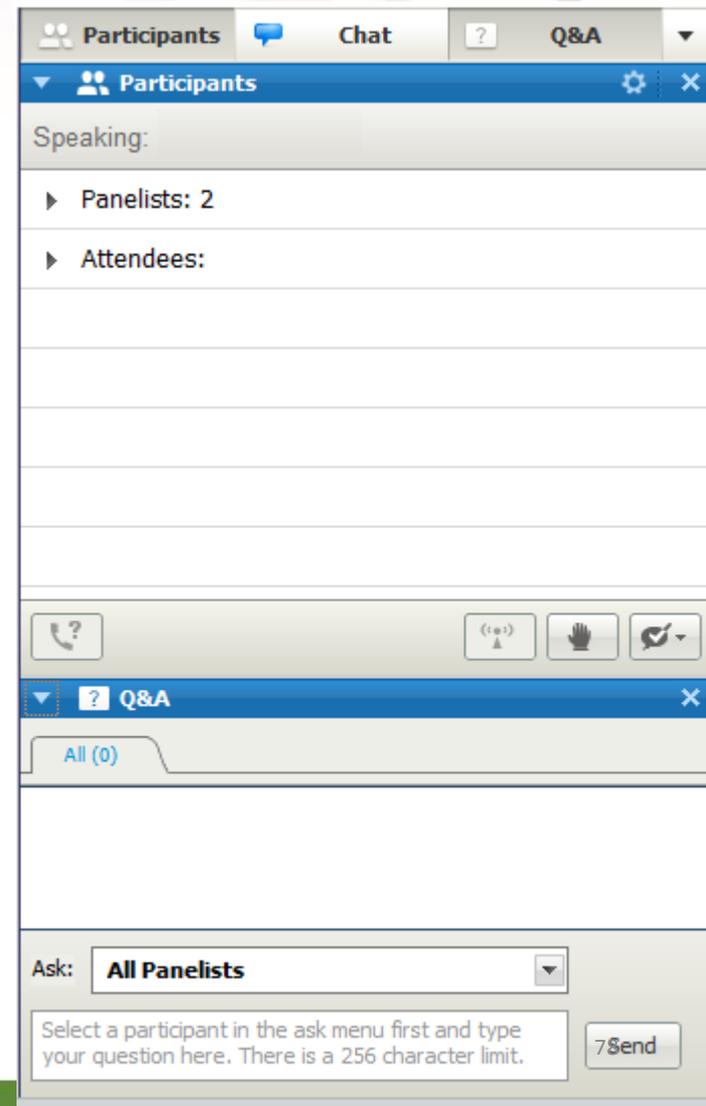
<http://etewebinar.cds.pesgce.com/eindex.php>

# 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](mailto:SHARE@ahrq.hhs.gov)

To learn more, visit:

<http://www.ahrq.gov/shareddecisionmaking>



The screenshot displays the WebEx interface with two main panels: 'Participants' and 'Q&A'. The 'Participants' panel shows 'Speaking:' with sub-sections for 'Panelists: 2' and 'Attendees:'. The 'Q&A' panel is active, showing a dropdown menu set to 'All (0)'. Below this, there is a text input field with the placeholder text '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.