Module 4: Putting Shared Decision Making Into Practice

Module Goal/Aim

The goal of this module is for participants to understand the follow-up steps needed to obtain leadership buy-in of shared decision making and to select and implement a shared decision-making approach.

Module Learning Objectives

At the conclusion of this activity, the participant will learn and be able to explain or describe:

- Why it is important to engage the entire medical practice
- Roles that different team members can play to implement shared decision making at your practice
- The steps required for implementing shared decision making and the use of patient-centered outcomes research (PCOR)
- Current incentives for adopting shared decision making and PCOR decision materials

Timing

This module will take 90 minutes to present (NOTE TO INSTRUCTOR: Specific breakdown of times allotted for discussion/activity will appear within the module).

Learning methodology checklist

☐ Large group discussion
☐ Small group activity
☐ PowerPoint slide presentation

Materials checklist

☐ LCD projector and laptop
☐ Flip chart (with tape or sticky band) or a whiteboard
☐ Markers
☐ Module 4 Participant Guide (see details below)
Instructor Preparation

Two weeks before training

☐ Photocopy Module 4 materials and assemble into Module 4 Participant Guide workbooks for each participant. Include:
  ☐ The Module 4 PowerPoint slide set (3 slides per page)
  ☐ Tool 8: Putting Shared Decision Making Into Practice: A User’s Guide for Clinical Teams
  ☐ Tool 9: Achieving Patient-Centered Care With Shared Decision Making: A Brief for Administrators and Practice Leaders
  ☐ Action Planning Template (located at the back of Module 4 in your Trainer’s Guide.)

On the day of training

☐ Have the SHARE Approach screen saver showing on your computer to share with participants as they come into the classroom.
☐ Have the Module 4: Putting Shared Decision Making Into Practice PowerPoint file open and minimized on the computer.
☐ Arrange tables to facilitate small group work, or be prepared for participants to move to smaller groups.

NOTE TO INSTRUCTORS: Some the slides included in this module may need to be modified to fit your individual training sessions, and depending on the audience you are training. This module is written largely for individuals who will be training others to train others. If your audience will not be training others on shared decision making, some slides may be skipped or modified to reflect your own unique training circumstances.
Module 4
INTRODUCTION
(3 minutes)

Slide 1
DO: Open PowerPoint Module 4: Putting Shared Decision Making into Practice.

Slide 2
SAY: Module 4 is titled, “Putting Shared Decision Making Into Practice.”

Slide 3
SAY: The purpose of this module is to introduce key activities to consider as you incorporate shared decision making into practice at your organization. We’ll also explore the important role of leadership buy-in.
**Slide 4**

**Module 4 – Learning objectives**

At the conclusion of this activity, the participant will be able to:
- Explain why it is important to engage the entire medical practice.
- Explain roles that different team members can play in implementing shared decision making in practice.
- Describe the steps required for implementing shared decision making and the use of patient-centered outcomes research (PCOR).
- Identify current incentives for adopting shared decision making and PCOR decision materials in practice.

**SAY:** By the end of this module, you will be able to:
- Explain why engaging the entire medical practice is important to incorporating a system-wide shared decision-making approach.
- Explain roles that different team members can play to implement shared decision making at your practice.
- Describe the steps required for implementing shared decision making, and list the steps for using patient-centered outcomes research, known as PCOR.
- Identify current incentives for adopting shared decision making and PCOR decision materials in practice.

**Slide 5**

**DO:** Hold up Tool 8, User’s Guide.

**SAY:** AHRQ has developed a tool to help you begin to change your work culture to integrate shared decision making. Please refer to Tool 8 at the back of Module 4 in your Participant Workbook. This tool is titled, **Putting Shared Decision Making Into Practice: A User’s Guide for Clinical Teams.**

This user’s guide outlines a number of “how to” strategies for starting, maintaining, and evaluating a shared decision-making program in clinical practice **settings of all sizes.**
SAY: If you refer to page 3 of Tool 8, you will see a list of nine “key activities” outlined on the upper half of the page.

DO: Show slide 5 listing all nine key activities.

SAY: Implementing shared decision making and the use of PCOR and other decision support resources into your practice will require leadership buy-in and a coordinated plan to make it work. These key activities are some of the things you are going to want to address as you begin this process. During this module, we are going to go over each of these. Please also note that in Tool 8, you will see brief examples of how other organizations have addressed these activities.

GETTING LEADERSHIP BUY-IN AND BENEFITS OF IMPLEMENTING SHARED DECISION-MAKING PRACTICES (20 minutes)

SAY: So let’s concentrate on the first key activity in the implementation process: Getting leadership buy-in.
Slide 8

**SAY:** As you might expect, obtaining leadership commitment is necessary because shared decision making may require changes in staff assignments, the allocation of resources, and in workflow that affect everyone. These changes need to be authorized by your organization’s leaders.

GROUP DISCUSSION

Slide 9

**ASK:** Let’s have a show of hands regarding those who already have buy-in from administration to implement shared decision making. How many of you were asked by your administrator or supervisor to attend this training?

**ASK:** Now, how many of you needed to persuade your administrator and clinical leaders that this training and incorporating shared decision making into your organization’s culture were good ideas?

**SAY:** Let’s hear from a few people who had to do the “convincing.” What did you say to your administration to persuade them to support you coming here today? What steps did you take?

**DO:** Select 2 to 3 participants to respond.

**ASK:** Now for those people who were sent by their leadership team, how did your leadership approach you? What, if anything, did they say they’d like you to do once you were trained?

**DO:** Select 2 to 3 participants to respond.

**SAY:** Thank you for sharing your insights.
### Slide 10

**SAY:** Let’s briefly look at Tool 9, the Administrator’s Brief.

**DO:** Hold up Tool 9, the Administrator’s Brief.

**SAY:** This tool is also located at the back of Module 4 in your Workbook. Tool 9 is titled, *Achieving Patient-Centered Care With Shared Decision Making: A Brief for Administrators and Practice Leaders*. The brief was developed by AHRQ to serve as a resource that you can share with your senior leadership to help them understand the benefits of implementing shared decision making and the use of PCOR resources in practice.

### Slide 11

**SAY:** This tool briefly describes what implementing PCOR resources through shared decision making in your practice will involve, along with the benefits that have been demonstrated by others who have implemented this approach to patient care in practice.

Shared decision making is aligned well with the three aims of the U.S. Department of Health and Human Services’ National Quality Strategy of better care, better outcomes, and lower costs.

### Slide 12

**SAY:** When you go back to your organization to train, share this tool with your workshop participants to highlight the benefits for implementing shared decision making at your organization.

The next three slides outline the benefits of shared decision making that are described further in Tool 9.
**Slide 13**

**Better care**

Shared decision making improves patients’ experience of care.

- Patients find they:
  - Improve their knowledge of the options.
  - Have more accurate expectations of possible benefits and harms.
  - Have less decisional conflict.
  - Reach choices that are more consistent with their values.
  - Participate more in decision making.

Complete references are listed on the last two slides.

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**SAY:** As we discussed in Module 1, shared decision making improves patients’ experience of care, or more simply, patient satisfaction. When patients use evidence-based decision aids in treatment, they improve their knowledge of the options, and they have more accurate expectations of possible benefits and harms, and less decisional conflict. They also reach choices that are more consistent with their values, and they participate more in decision making.

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**Slide 14**

**Better health**

Patients engaged in shared decision making show:

- **Improved health outcomes** (e.g., improved quality of life, better symptom control, improved self-management, and reduced symptoms of depression).
- Improved treatment adherence.

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**SAY:** Evidence is also emerging regarding the impact of shared decision making on patient outcomes. Studies have shown that both health outcomes and treatment adherence are improved for patients when they are engaged in their decision making.

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**Slide 15**

**Lowers cost**

Shared decision making can lower costs in some instances, particularly for preference-sensitive conditions that involve elective invasive procedures. When patients are more aware of the potential harms and benefits, they are more likely to select conservative treatments options.

Another study shows that using shared decision making for 11 preference-sensitive conditions or procedures would result in a national cost savings of $9.2 billion over 10 years. These conditions and procedures are listed on page 3 of Tool 9, the **Administrator’s Brief**. They include things like prostate cancer screening and medication...
SAY: Shared decision making can also help your organization meet national certification requirements. For instance, having processes in place for engaging patients in their decision making, and using PCOR or other decision support resources, is a key component of meeting the requirements of being recognized as a patient-centered medical home or being accredited as an Accountable Care Organization.

You can find out more about this on page 5 in Tool 9, along with other National and State health care legislation related to shared decision making.

ASK: Is there anyone here who works in a patient-centered medical home or an Accountable Care Organization?

DO: If any participants raise their hand, ask them how they go about meeting these requirements. Allow 1-2 individuals to respond.

SAY: Sharing Tool 9 with your administrators and staff, and outlining these benefits, can help you and your organization stay focused.

Remember, another important aspect of getting leadership buy-in and sustaining interest throughout the organization in shared decision making is finding a champion on staff—the person who is going to keep pushing everyone forward, including administrators. Could you be that person?
DO: Refer participants back to **Tool 8, Putting Shared Decision Making Into Practice**.

**Slide 19**

SAY: So let’s go back to Tool 8, page 4.

**Slide 20**

SAY: Once you have leadership buy-in, it’s time to form an in-house implementation team that can develop a plan and put it into action.

We already talked about the roles different team members may play in shared decision making in Module 1. Let’s look again at some possible team members you might want to invite on to your implementation team:

- Clinical providers
- Health educators
- Administrators
- Front desk staff
| Slide 21 | ASK: Who else would you invite in your organization?  
DO: Write on flip chart or white board. |
|---|---|
| Slide 22 | SAY: Here are some of the responsibilities of the implementation team:  
- Develop an implementation plan.  
- Review patient support materials, and select the ones most relevant to your practice.  
- Train providers and other staff.  
- Continue to provide coaching—it takes a lot of practice and feedback to change one’s comfortable behaviors.  
- Monitor ongoing adoption. |
| Slide 23 | SAY: No two clinics or practices are the same.  
Your team needs to adopt an approach to implementation that makes sense for your practice. |
**Slide 24**

**SAY:** First, decide which health conditions you want to address through shared decision making. It’s best to start small with just one or two conditions to give everyone an opportunity to become familiar with the process of shared decision making, rather than trying to do it all at once. Also keep in mind that your approach might vary for different conditions.

**ASK:** What kind of criteria do you think might make sense in selecting high-priority health conditions for shared decision making?

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**Slide 25**

**SAY:** Once you have identified one or two conditions to start with, your implementation planning team needs to decide who is going to do what.

Will the provider spend time with the patient reviewing decision aids, or should that be the job of the nurse, the health educator, or a coach? Decide who will be involved and what their roles will be.

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**Slide 26**

**SAY:** Once you have identified the health conditions you plan to address initially, your team will need to identify evidence-based patient decision materials about those conditions.

We discussed AHRQ’s free resources in Module 2, and they are listed again on pages 10-15 of this tool. Refer to these pages to find information about other places to search for free, high-quality decision aids.
**Slide 27**

**SAY:** Decide when in the treatment process you want to introduce patients to a decision aid. Is this at the time of diagnosis? Afterward? Part of an office visit? Should the decision aid be mailed to the patient’s home in preparation for an office visit? Should the clinician personally review the information in the decision aid with the patient? Or should the patient simply be encouraged to call the office with questions? Whatever you decide, you need a standard operating procedure to use, so that everyone involved knows what to expect, and what they’re to do.

**Slide 28**

**SAY:** Address time concerns proactively during training and during implementation.

Time is often regarded as the biggest barrier to implementing shared decision making. So understandably, staff may say that shared decision making is going to take too much time when they already have too much to do. It does take time to adjust to a new way of doing things, and change is always uncomfortable.

But if it is done right, shared decision making should take no more time than what you are doing now.

In fact, a number of studies show that clinicians can implement shared decision making without increasing the length of the consultation time. Consider showing your colleagues the video we viewed in Module 1 to show them the difference.
### Slide 29

**Key Activity 4**  
Provide Ongoing Training and Ongoing Support

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### Slide 30

**SAY:** Training is a critical component for implementing shared decision making. You need to train all staff so that everyone knows what’s expected.

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**SAY:** Model your in-house training on this SHARE Approach Workshop. As you’ve seen, it’s divided into modules. You don’t have to schedule an all-day training to get the job done.

You can train staff one module at a time, such as at a staff meeting. AHRQ’s SHARE Approach Trainer Module provides a listing of materials needed to provide training to others on the SHARE Approach. You can also access training materials and tools from the Shared Decision Making Toolkit on the AHRQ Web site at [www.ahrq.gov/shareddecisionmaking](http://www.ahrq.gov/shareddecisionmaking).

**NOTE TO INSTRUCTOR:** You may need to modify the language on this slide to describe your own approach to providing training at your practice site, particularly if you are not offering the Training Module.
**Slide 31**

**SAY:** You should provide ongoing training and feedback to staff as they begin implementing shared decision making.

A one-time training is not enough to institutionalize shared decision making in your practice. Providers and others need to try shared decision making with patients, and then receive feedback on how they’re doing and how they could improve.

One way to offer staff feedback is to tape record the patient-provider interaction (with the patient’s permission, of course). Then have the provider listen to the audiotape or videotape to determine what went well, how engaged the patient seemed, and areas that need improvement.

You might also try shadowing trainees and offering feedback. Find what works for your organization.

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**Slide 32**

**SAY:** You can also take advantage of the SHARE Approach training support from AHRQ, including accredited Web conferences and a learning network where you can learn from others’ experiences. You can learn more about these activities on AHRQ’s Web site at [www.ahrq.gov/shareddecisionmaking](http://www.ahrq.gov/shareddecisionmaking).
ASK: Based on what you’ve seen and heard so far, what are you thinking about training when you return home? What challenges do you foresee? Are there creative ways to address these challenges?

NOTE TO INSTRUCTOR: This slide may not be relevant in your training if the individuals you are training will not be training others. Simply skip this slide if it is not relevant or remove it from your slide deck.

SAY: Start off small, and then implement shared decision making on a wider scale. Earlier, we talked about starting with just one or two health conditions as you first implement shared decision making at your practice. This is the same idea.

SAY: Pilot your approach in one department or for one health condition.

Gather the patient decision resources that you will need.

Test your approach to see what works and what doesn’t.

Gather feedback from staff as you go, and revise your approach as needed.

Once you have a solid approach to implement shared decision making in the pilot, then expand the process to additional departments or health conditions.
ASK: Where do you think the best place to start is in your own practices?

**Slide 36**

SAY: You will also need to consider creating a physical setting for shared decision making.

**Slide 37**

SAY: Depending on how your practice decides to implement shared decision making, you may need to address practical, logistical issues in your shared decision-making plan.

**Slide 38**

SAY: If you are sharing decision aids with patients in the office, you may need to create a comfortable space for them to use.

You may need additional office or meeting space for health educators or coaches to meet with patients. If you decide to use video or computer-based decision aids, you may need to set up a video player and earphones in a private area in the office for patients to use.
Slide 39

**SAY:** You may also want to consider creating a library of decision aids and educational materials.

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Slide 40

**SAY:** Take a look at the **Decision Support Resources** in Tool 8, beginning on page 10. These are places where you can search for evidence-based resources for your library.

Collect the ones pertinent to the health conditions that you plan to address, and review them carefully with your providers to ensure they are comfortable with the content of each resource before adopting it. And don’t forget AHRQ’s growing library of free, online resources that you learned about this morning.

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Slide 41

**SAY:** Streamline work processes wherever possible to make shared decision making workable in your environment.
Slide 42

**SAY:** The more closely you tie shared decision making into your standard work processes, the easier it is to implement shared decision making, because it’s no longer an add-on, it’s just the way business is done. For example, you may find that diagnosis of a particular condition in the patient’s electronic health record could initiate a process for sending that patient a decision aid as part of a shared decision-making approach.

Slide 43

**SAY:** Last but not least, you should evaluate the processes and the impact of your implementation efforts.

Slide 44

**SAY:** Evaluation will allow you to fine-tune the practice of shared decision making in your unique practice setting.

There is an emerging body of work centered on evaluating shared decision making, including validated instruments. You’ll find a list of some of these resources on page 14 of Tool 8.
**Slide 45**

**SAY:** But at first, you may want to adopt a more informal approach.

Once shared decision making becomes institutionalized in your practice, you can consider a more rigorous evaluation.

Start by gathering feedback on what’s working and what’s not. We already noted on slide 31 that providing regular feedback along the way helps to fine-tune your processes and keep staff motivated. Another way to do this is to share success stories.

You can share success during meetings, through email notices or other means. These serve as reminders of the value of implementing shared decision making.

This is also a good way to keep shared decision making at the forefront of everyone’s mind until it becomes second nature.

**Slide 46**

**ASK:** Do you have any questions about implementing shared decision making?

**GROUP ACTIVITY: DEVELOPING AN ACTION PLAN IN TEAMS (20 minutes)**
<table>
<thead>
<tr>
<th>Slide 47</th>
<th>SAY: Now we are going to develop an action plan for how you want to introduce shared decision making back at your home institution. Refer to pages 3-9 in Tool 8, the User’s Guide, for more in-depth information on the nine key activities we just discussed.</th>
</tr>
</thead>
</table>
| Slide 48 | DO: Organize participants into small groups of 6 people. Refer participants to the Action Planning Template in their Workbook.  
SAY: You’re going to work in teams to develop an action plan for 20 minutes. Each person will use the Action Planning Template for his or her own organization, discussing each step with others in the group. Before you start, choose a reporter who will share what you did with the rest of us. |
<p>| GROUP SHARING (15 minutes) |  |
| Slide 49 | DO: Each reporter should spend 3 minutes sharing what your Action Planning Team did and the issues, if any, that you encountered. |</p>
<table>
<thead>
<tr>
<th>REVIEW (2 minutes)</th>
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<tbody>
<tr>
<td><strong>Slide 50</strong></td>
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<td><img src="image" alt="Image" /></td>
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<td><strong>SAY:</strong> We’ve reviewed the key activities you’ll want to address as you look to tailor a shared decision-making program at your site.</td>
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| **Slide 51**      |
| ![Image](image)   |
| **SAY:** So let’s go over some of the key takeaways from this module.  
Get leadership buy-in if you don’t already have it.  
Share Tool 9 with your colleagues and senior leaders so they understand the benefits of shared decision making.  
Your implementation team can include a variety of members of your organization (e.g., clinical staff, administrators, front desk staff, etc.). Be sure to have one or two champions. |

| **Slide 52**      |
| ![Image](image)   |
| **SAY:** Implementing shared decision making involves a number of activities. Start by developing an implementation plan. Who does what, when, and how?  
Choose an approach that works for your setting.  
Start small and then scale as you gain experience.  
Evaluate your efforts and share feedback with the entire team.  
Remember that change takes time. Refer to Tools 8 and 9 often as you take steps to help your organization adopt shared decision making into practice. |
**Slide 53**

**Citations**


**Slide 54**

**Citations**

### Action Planning Template

<table>
<thead>
<tr>
<th>Key Activities</th>
<th>Who will be involved?</th>
<th>How will we do it?</th>
<th>Anticipated challenges?</th>
<th>By when?</th>
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<tbody>
<tr>
<td>1. Get Leadership Buy-in</td>
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<tr>
<td>2. Create Implementation Team</td>
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<td>3. Select Approach</td>
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<tr>
<td>Key Activities</td>
<td>Who will be involved?</td>
<td>How will we do it?</td>
<td>Anticipated challenges?</td>
<td>By when?</td>
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<td>4. Provide Training</td>
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<td>5. Select Pilot (Start small, then take it to scale)</td>
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<td>6. Gather and Evaluate Resources</td>
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<tr>
<td>Key Activities</td>
<td>Who will be involved?</td>
<td>How will we do it?</td>
<td>Anticipated challenges?</td>
<td>By when?</td>
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<td>7. Create a Physical Space</td>
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<td>8. Monitor and Evaluate (NOTE: Key Activity 8, Streamlining the Work Processes, can be evaluated AFTER shared decision making has been instituted for a period of time at your organization.)</td>
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