Shared Decision Making in Clinical Practice

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Presenter

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An Introduction: Shared Decision Making in Clinical Practice

Brought to you by:

About Larry

- Pediatrician
- Former Medical Director of Quality Improvement
- Interests in Patient Centered Care and Shared Decision Making (SDM)
About Stillwater Medical Group

- 100 providers
- Multispecialty
  - Primary Care: Family Practice, Internal Medicine, Pediatrics
  - Specialty Care: Surgery, Urology, OB, Occupational Medicine, Others
- 210,000 visits per year
- Part of HealthPartners

Acknowledgement

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Objectives

- Understand the key components and principles of SDM
- Learn about the patient and provider experience with SDM
- Consider strategies to implement SDM in practice

Things to keep in mind

- This is a beginning
- I am just Larry
- It is a change
- Don’t get lost in the weeds
Think about “Why”

Patient Centered Care

Providing care that is respectful of and responsive to individual patient preferences, needs, and values and ensuring that patient values guide all clinical decisions.

-The Institute of Medicine: Crossing the Quality Chasm
Mary’s Story

- 70 year old woman
- She has recently been diagnosed with early stage breast cancer.
- She has diabetes and walking is difficult for her.
- Her husband recently passed away and she does not like to drive so transportation is also difficult for her.

Key Components of SDM

- Define the problem
- Know about all options including doing nothing
- Share Knowledge
- Discuss Risks
- Discuss Benefits
- Understand patient preferences and values and include them in the discussion
- Come to a decision together
- Provide support/follow up

There are 2 experts in the room

- The provider understands the medical evidence
- The patient knows their preferences and values
- Each expert needs the other to be successful

Mulley BMJ 2012;345:e6572

"DIAGNOSIS" OF PATIENT PREFERENCES

The basics of making a decision

“Can you pick up some milk at the store on your way home?”

Numbers cause trouble

• What does it mean when the weather report says there is a 30% chance of rain today?

Gigerenzer and Edwards: BMJ 2003;327:741
Keep it simple

15 in 100 people who have this procedure will have this complication

Avoid using “relative risk”

Taking this medication will cut your risk of a fracture by 37%!

If 100 people took this medication: 7 fewer people will have a hip fracture in the next 10 years.

If you do not take medication:
18 people will have a hip fracture
79 people will not have a hip fracture

If you do take medication:
12 people will have a hip fracture
88 people will not have a hip fracture
Where should I live?

Barriers to Shared Decision Making

- A sense of “I already do this” combined with a lack of knowledge about SDM
- Time
- Cost
- It's another thing to do
- Patient priorities
- Difficulty with change in roles and process
- How fast can this go from a good idea to a proven way of improving the lives of our patients?

Seeing the Gap

- Decisions are often complex
- Knowledge can’t be assumed
- Risks and benefits are not well understood.
- Patients want to make a good choice but may not be sure what to do
- Providers can make incorrect assumptions about what patients want

Tools: Decision aids can help

- In 115 trials involving 34,444 participants use of decision aids has led to:
  - Greater knowledge
  - More accurate risk perceptions
  - Lower decisional conflict
  - Greater participation in decision-making
  - Fewer people remaining undecided
  - Fewer people choosing major surgery and fewer men choosing PSA tests

Stacey Cochrane Database of Systematic Reviews. Jan 2014
If Larry can do it...

http://msdmc.org/

Keeping it going

- Persistence
- It won’t be perfect
- Create a conversation
- Encourage and expect people to participate
- Emphasis on “Why”
- Integrate into process and avoid silos
Take the journey

Next Webinar
March 19, 2014
12:00 p.m.

Improving Colorectal Cancer Screening Rates Part II
Send Questions to:

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Thank You!