Effective and Compassionate Communication for Informed, Shared Decision-Making

Tuesday, May 12, 2015

Audience Reminders

• This webinar is funded in part by a donation in memory of Julian and Eunice Cohen.
• Submit a question by typing it into the Question and Answer pane at the right of your screen at any time.
• Respond to audience polls by clicking on the answer of your choice.
• Provide feedback through our electronic survey following the webinar.
Today’s Speakers

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Dartmouth Medical School

Improving Shared Decision Making

Nan Cochran, MD
Calvin Chou, MD, PhD
May 12, 2015
Objectives

By the end of this webinar, participants will be able to:

1. Define “shared decision making” (SDM) and describe evidence supporting SDM
2. Describe effective ways of eliciting patient values
3. Demonstrate how to use risk communication and decision aids
4. Discuss resources for and barriers to SDM

Shared Decision Making

“the process of interacting with patients who wish to be involved in arriving at an informed, values-based choice among two or more medically reasonable alternatives”

Informed
There is a choice
Options exist
Benefits and harms of the different options

Values based
What is important to this patient?

O’Connor et al., “Modifying Unwarranted Variations in Health Care: Shared Decision Making Using Patient Decision Aids” Health Affairs, 10/7/04
Variation in the practice of medicine

"How can the best medical care in the world cost twice as much as the best medical care in the world?"

Uwe Reinhardt

Dartmouth Atlas for Health Care

Variation in the practice of medicine
After educating patients about risks and benefits, you will see *warranted* ...

**Variation in:**
- preferences for participation in decision making
- attitudes towards risk
- preferences for different kinds of treatments
- preferences for different health outcomes

*Unwarranted* Variations in Preference-Sensitive Care Exist because:

- Information given to patients is inaccurate, incomplete, or misunderstood, and/or
- Patients’ differing attitudes towards:
  - risk
  - treatment options
  - health outcomes
  - participation in decision making

*are unknown or ignored*
Do Patients want to Participate in SDM?
IMDF sites: Decision Role Preferences by Demographic

<table>
<thead>
<tr>
<th></th>
<th>You</th>
<th>Both equally</th>
<th>Your HCP</th>
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<tbody>
<tr>
<td>Overall</td>
<td>28</td>
<td>68</td>
<td>4</td>
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<tr>
<td>&lt;50</td>
<td>21</td>
<td>74</td>
<td>5</td>
</tr>
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<td>50 - 64</td>
<td>30</td>
<td>65</td>
<td>5</td>
</tr>
<tr>
<td>65+</td>
<td>27</td>
<td>70</td>
<td>3</td>
</tr>
<tr>
<td>4y college+</td>
<td>31</td>
<td>65</td>
<td>4</td>
</tr>
<tr>
<td>Some college</td>
<td>25</td>
<td>71</td>
<td>4</td>
</tr>
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<td>HS or less</td>
<td>24</td>
<td>71</td>
<td>5</td>
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<td>31</td>
<td>65</td>
<td>5</td>
</tr>
<tr>
<td>Female</td>
<td>23</td>
<td>73</td>
<td>4</td>
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*Statistically significant (p ≤ 0.05) (Chi square test)

Forces Sustaining Unwarranted Practice Variation

Patients: Making Decisions in the Face of Avoidable Ignorance

Clinicians: Poorly “Diagnosing” Patients’ Preferences

Poor Decision Quality Unwarranted Practice Variation
Polling Question

High Quality Decisions

DEPEND ON:
1. Adequate decision-specific KNOWLEDGE
2. Understanding of personal values:
   VALUES CLARIFICATION
3. Treatment choices consistent with values:
   VALUES-CHOICE CONCORDANCE

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Elicit Patient Values

- Decision must take into account both the provider’s guidance and the patient’s values and preferences
- Avoid jargon – don’t use terms such as “preferences” or “values”


“If operating on the wrong leg is considered a medical error, what do we call operating on the wrong patient?” Jack Wennberg

Active Listening

- Refrain from imposing your own values
- Seek a non-judgmental stance
- Look for the emotions underlying the words
- “Give permission” - refer to what has been important to others
- And “what else?”

Two Different Voices

**Clinicians**
- Culture of Medicine
- Diagnose and fix

**Patients**
- Personal experience
- Unique perspective
- Culture
- Stories
Eliciting Patient Values: Recommended Language

“We have a decision to make – what role do you want to play? Are there others you want to involve?”

“What is most important to you in making this decision? and what else?”

“For example, some people choose .... while other people...”

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Risk communication

“the open two way exchange of information and opinion about risk, leading to better understanding and better decisions about clinical management.”

BMJ Vol 324 April 2002 p 827

Risk communication

- Quantitative risks rarely discussed with pts.
- Research difficult to translate
- People tend to overestimate benefit and underestimate risk without numerical data
- Patients who receive more information are more satisfied and adherent
Polling Question

Patient Challenges: Statistical Illiteracy

Widespread inability to understand the meaning of #s
- common to patients, journalists, and clinicians
- created by non-transparent framing of information –sometimes unintentional result of lack of understanding but can also be intentional effort to manipulate or persuade people
- can have serious consequences for health

Clear Risk Communication

1. Provide the context
2. Use natural frequencies
3. Use absolute risks
4. Use balanced framing
5. Use graphics, pictures
6. Explore decisional conflict

10 yr prob of fx for 65 yo woman with 2 RFs

Questionnaire:
1. Age (between 40-90 years) or Date of birth
   Age: 65
   Date of birth: 1948
2. Sex
   Male
   Female
3. Weight (kg)
   66.04
4. Height (cm)
   165.1
5. Previous fracture
   No
   Yes
6. Prior fractured hip
   No
   Yes
7. Current smoking
   No
   Yes
8. Glucocorticoids
   No
   Yes
9. Secondary osteoporosis
   No
   Yes
10. Alcohol more than 20 units per day
   No
   Yes
11. Femoral neck BMD (g/cm²)

Select DXA

BMI 25.0
The ten year probability of fracture (%)
without BMD
- Major osteoporotic: 19
- Hip fracture: 4.5

http://www.shef.ac.uk/FRAX/tool.aspx?country=9
Benefits

Without Medication
Roughly 20 in 100 have a fracture within the next 10 years. 80 will not.

With Medication
Roughly 12 in 100 have a fracture within the next 10 years. 88 will not. 8 have avoided a fracture because of the medication.

http://shareddecisions.mayoclinic.org/files/2012/06/Osteo_DA_elevated.pdf
Check in

- What do you think about the benefits of taking medicine to decrease a risk of a bone fracture?

http://shareddecisions.mayoclinic.org/files/2012/06/Osteo_DA_elevated.pdf
**Decision Aids (DA) - tools**

- **high quality, balanced** information on the options and benefits/risks
- help patients clarify and communicate their **values**
- **They are just an adjunct to your counseling!**

![Decision Aids](image)

**Cochrane Review**

>115 RCTs in 35 conditions demonstrate DAs

- Improve knowledge
- More accurate risk perceptions
- Increase patient involvement in decision making
- Improve realistic expectations
- Leave fewer patients undecided on which option to choose
- Increase agreement between values and choice


![Cochrane Review](image)
CollaboRATE
Patient-Reported Measure of SDM

<table>
<thead>
<tr>
<th>Final Items</th>
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<tr>
<td><strong>Explanation</strong></td>
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<tr>
<td><strong>Preference elicitation</strong></td>
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<tr>
<td><strong>Preference integration</strong></td>
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Decisional Conflict

**Definition:** uncertainty about which course of action to take when the choice among competing actions involves risk, loss, regret, or a challenge to personal life values.

- Identification is key
- Outcomes optimal when physicians address patients’ emotional as well as biomedical concerns

Legare et al, Canadian Family Physician 4/06

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Decisional Conflict - Causes and Presentations

- **Lack of knowledge about options**
  “I’m not sure about the complications of getting a stent.”
- **Unclear or conflicting values**
  “I don’t want to have stent, but the angina makes me nervous.”
- **Unrealistic expectations**
  “I know the stent will work for sure.”
- **Social / provider pressure**
  “My family thinks I need a stent.” “I’ll need to think about it, doc.”
- **Lack of skills/self-confidence**
  “What do you think I should do, doc?”
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Decision Coaches vs Trained Clinicians

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<thead>
<tr>
<th></th>
<th>Trained Clinicians</th>
<th>Decision Coaches</th>
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<tbody>
<tr>
<td>Advantages</td>
<td>• Patient-clinician relationship</td>
<td>• More neutral</td>
</tr>
<tr>
<td></td>
<td>• Integrated in care</td>
<td>• Less demanding on clinician</td>
</tr>
<tr>
<td></td>
<td>• Potential for reimbursement</td>
<td>• c/w IP collaboration</td>
</tr>
<tr>
<td></td>
<td>• Less need to coordinate roles</td>
<td>• Higher quality counseling</td>
</tr>
<tr>
<td>Disadvantages</td>
<td>• Provider bias</td>
<td>• Lack of clinical expertise</td>
</tr>
<tr>
<td></td>
<td>• Clinician time for counseling</td>
<td>• Inefficient if not coordinated with clinician’s role</td>
</tr>
<tr>
<td></td>
<td>• Need for training and skill development</td>
<td>• Reimbursement issues</td>
</tr>
</tbody>
</table>
A conversation between two experts where the provider presents options, information and elicits patient values, support and preferences

SDM Resources

- IMDF http://informedmedicaldecisions.org
- Mayo clinic http://shareddecisions.mayoclinic.org
- OHRI http://decisionaid.ohri.ca/AZsumm.phpID=1507
- Option grids www.optiongrid.co.uk
- DHMC SDM http://patients.dartmouth-hitchcock.org/shared_decision_making.html
- Dartmouth Atlas www.dartmouthatlas.org
- Harding Center https://www.harding-center.mpg.de/en
- Cates smiley face grids http://www.nntonline.net/visualrx/
Thanks for your attention!

What barriers exist in your setting?
Questions & Answers

Calvin Chou, MD  Nan Cochran, MD  Beth A. Lown, MD

To submit a question, type it into the question’s pane at the right of your screen at any time.

Upcoming Schwartz Center Webinars

Family Meetings: Improving Patient-Family-Clinician Communication
October 19

Visit www.theschwartzcenter.org for more details or to register for a future session, and look for our Webinar email invitations.
Thank you for participating in today's session.

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