Shared Decision Making

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NYAM
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Evidence-based clinical decisions

(Guyatt, Haynes, DiCenso from McMaster University)

Clinical state, setting, & circumstances

Patient preferences & actions

Research evidence

Healthcare Professionals

Healthcare resources
Outline

- Shared decision making (SDM)
- Interventions to facilitate SDM
  - Training
  - Patient decision aids
- Patient decision aids from CPGs/SRs
Shared decision making

A process by which a healthcare choice is made between the patient and one or more health professionals

(Legare et al., 2010; Makoul et al. 2006; Stacey et al. 2011)
Shared decision making

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Shared decision making

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Deliberation

Information exchange

Values/preferences

Feasibility

Preferred choice

Actual choice

Implementation

(Legare et al., 2010; Makoul et al. 2006; Politi et al., 2013)
Shared decision making

A process by which a healthcare choice is made between the patient and one or more health professionals (Couet et al. 2014)

SDM is NOT happening in clinical practice 33 Studies mean score 23 ± 14 (range 0 to 100)
Patient identified barriers & facilitators to SDM

Knowledge
Knowledge about disease/condition, options, outcomes & Knowledge about personal values and preferences

Power
Perceived influence on decision-making encounter:
- permission to participate
- confidence in own knowledge
- self-efficacy in using SDM skills

Individual capacity to participate in SDM

(n=44 studies)

Fig. 2. Knowledge and power: patient-reported influences on individual capacity to participate in shared decision making.
SDM can be learned

- Healthcare professional training

**COMBINED WITH**

Patient-mediated interventions such as decision aids

(Légaré et al. 2014)
Outline

• Shared decision making (SDM)

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  – Training
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• Patient decision aids from CPGs/SRs
Patient Decision Aids adjucts to counseling

Inform
- Provide facts
  - Condition, options, benefits, harms
- Communicate probabilities

Clarify values
- Ask which benefits/harms matters most
- Share patient experiences

Support
- Guide in steps in deliberation/communication
- Worksheets, list of questions

(Stacey et al., Cochrane Library, 2014)
Formats for patient decision aids
(used prior to or within consultations)

1. Print
2. Video
3. Online/computer-based

(Stacey et al., 2014)
Cochrane Review of Patient Decision Aids: updates

(Stacey et al., 2014 Cochrane Review)
Topics of Decision Aids (N=115)

- **Medication** (n=36)
  - 10 hormone replacement therapy
  - 3 atrial fibrillation anti-coagulants
  - 3 cardiovascular
  - 3 diabetes
  - 2 osteoporosis
  - 2 chemotherapy
  - 2 breast cancer prevention
  - 2 osteoarthritis knee
  - hypertension
  - multiple sclerosis
  - schizophrenia
  - depression
  - natural health products
  - ovarian risk management
  - acute respiratory infection
  - contraceptives
  - coronary angiogram access site

- **Screening** (n=46)
  - 15 Prostate Specific Antigen (PSA)
  - 7 BRCA1/2 genetic
  - 11 colon cancer
  - 6 prenatal
  - 2 mammography
  - 2 diabetes
  - Colon cancer genetic
  - Cervix cancer
  - Stress testing for chest pain

- **Surgery** (n=23)
  - 4 mastectomy +1 reconstruction
  - 4 prostatectomy
  - 4 hysterectomy
  - 2 prophylactic BRCA1/2
  - 2 coronary revascularization
  - dental
  - orchiectomy for advanced prostate ca
  - back
  - bariatric
  - vasectomy
  - long term feeding tube placement

- **Obstetrics** (n=6)
  - 2 vaginal birth after cesarean
  - termination
  - breech
  - labour analgesia
  - embryo transplant

- **Other** (n=4)
  - Hepatitis B vaccine
  - influenza vaccine
  - Autologous blood donation
  - Cystic Fibrosis Transplant Referral

(Stacey et al., 2014 Cochrane Review)
Compared to usual care, PtDAs…

Improve decision quality with…

✓ 13% higher knowledge
✓ 82% more accurate risk perception
✓ 51% better match between values & choices

✓ 6% reduced decisional conflict
✓ Helps undecided to decide (41%)
✓ Patients 34% less passive in decisions

✓ Improved patient-practitioner communication (7/7 trials)

✓ Potential to reduce over-use
  ✓ -20% surgery
  ✓ -14% PSA – prostate screening
  ✓ -27% Hormone replacement tx

(Stacey et al., 2014 Cochrane Review)
International Patient Decision Aid Standards (IPDAS) Collaboration since 2003

To enhance the quality and effectiveness of patient decision aids by establishing a shared evidence-informed framework for improving their content, development, implementation, and evaluation.

IPDAS Steering Committee: Glyn Elwyn & Dawn Stacey (Co-Leads), M Barry, N Col, A Coulter, K Eden, M Härter, M Holmes-Rovner, H Llewellyn-Thomas, V Montori, N Moumjid, M Pignone, R Thomson, L Trevena, R Volk, T van der Weijden

BMC Medical Informatics and Decision Making 2013, 13 (Suppl 2).
http://www.biomedcentral.com/bmcmedinformdecsisak/supplements/13/S2
IPDAS Phases

2003-2006  IPDAS Checklist
2006-2009  IPDAS Instrument
2009-2013  IPDAS Minimal Standards
            (for qualifying, certifying, quality)
2011-2013  Updated evidence underlying
            the IPDAS Checklist
2014 →    Reporting guidelines
To find decision aids

Google: ‘decision aid’
# Prostate Cancer

**Knowing Your Options: A Decision Aid for Men With Clinically Localized Prostate Cancer**

Agency for Healthcare Research and Quality (AHRQ)

*Localised prostate cancer - low risk*

Option Grid Collaborative

## Decision Aid Summary

<table>
<thead>
<tr>
<th>Title</th>
<th>Knowing Your Options: A Decision Aid for Men With Clinically Localized Prostate Cancer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health condition</td>
<td>Prostate Cancer</td>
</tr>
<tr>
<td>Type of decision aid</td>
<td>Treatment</td>
</tr>
<tr>
<td>Audience</td>
<td>Men who have been diagnosed with localized prostate cancer.</td>
</tr>
<tr>
<td>Developer</td>
<td>Agency for Healthcare Research and Quality (AHRQ)</td>
</tr>
<tr>
<td>Where was it developed?</td>
<td><a href="http://www.ahrq.gov/info/customer.htm">http://www.ahrq.gov/info/customer.htm</a> US</td>
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<tr>
<td>Year of last update or review</td>
<td>2011</td>
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<tr>
<td>Format</td>
<td>Web, paper, PDF</td>
</tr>
<tr>
<td>Language</td>
<td>English</td>
</tr>
</tbody>
</table>

The assessment (based on **IPDAS**) of this decision aid indicates that it meets:

- 8 out of 12 of the content criteria
- 8 out of 9 of the development process criteria
- 0 out of 2 of the effectiveness criteria

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<td>Men with low risk localised prostate cancer considering treatment.</td>
</tr>
<tr>
<td>Developer</td>
<td>Option Grid Collaborative</td>
</tr>
<tr>
<td>Where was it developed?</td>
<td><a href="http://www.optiongrid.org">http://www.optiongrid.org</a> UK</td>
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The assessment (based on **IPDAS**) of this decision aid indicates that it meets:

- 12 out of 14 of the content criteria
- 7 out of 9 of the development process criteria
- 0 out of 2 of the effectiveness criteria
Summary Report for Surgeons

Summary of Clinical Priority and Patient’s Preference for Total Joint Replacement

Clinical Priority
- Worst Joint: Right Knee
- Symptoms Self-report WOMAC
  - Total Score (%): 68%

Surgical Priority (HKPT)
- Total Score (%): 56%

Patient’s Preference & Decisional Needs
- Certainty: 75% correct answers (Δ = correct; × = wrong)
- Knowledge: 97% values predict surgical preference

Knowledge test results
- Reasons for Surgery: Get pain relief, Return to normal activities, Avoid side effects of pain meds
- Reasons Against Surgery: Avoid surgery, Avoid time off for recovery

Strong values favouring outcomes of choosing surgery
- Support needs indicate that feeling is supported

GP’s or physiotherapist’s assessment results
- Self reported symptoms

Patient’s preference with their level of (un)certainty

Stacey, D. et al. BMJ 2008;0:bmj.39520.701748.94v2-bmj.39520.701748.94
Training family physicians in shared decision-making to reduce the overuse of antibiotics in acute respiratory infections: a cluster randomized trial

France Légaré MD PhD, Michel Labrecque MD PhD Michel Cauchon MD, Josette Castel MD MSc, Stéphane Turcotte MSc, Jeremy Grimshaw MB ChB PhD
Decision support tool
Online Tutorial and Interactive Workshop Support Physicians in Employing Shared Decisionmaking With Patients, Reducing Antibiotic Use for Acute Respiratory Infections

**Summary**

In a cluster randomized trial, family practice physicians completed a 2-hour online tutorial followed by a 2-hour interactive workshop, both of which included videos, reflective exercises, and decision aids designed to support them in engaging in shared decisionmaking with patients presenting with signs of an acute respiratory infection. Known as DECISION+2, this program is a streamlined version of a more comprehensive package (DECISION+) that featured two additional workshops, periodic written reminders, and feedback on the degree of decisional conflict in patients versus physicians. The streamlined program reduced use of antibiotics for acute respiratory infections and allowed patients to take a more active role in decisionmaking, without having a negative impact on patient outcomes. The earlier, more comprehensive program also reduced antibiotic use, and generated high levels of physician satisfaction and greater awareness of antibiotic resistance.
Outline

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• Patient decision aids from CPGs/SRs
RESEARCH COLLABORATION AGREEMENT

Developing Patient Decision Aids from Cochrane Systematic Reviews

This Agreement is made on the date of the last party to sign it, between:

(1) COCHRANE INNOVATIONS LIMITED, a registered trading company of The Cochrane Collaboration, whose registered office is at Summertown Pavilion, 18-24 Middle Way, Oxford OX2 7LG, United Kingdom ("Cochrane Innovations"); and

(2) OTTAWA HOSPITAL RESEARCH INSTITUTE, the research arm of The Ottawa Hospital, whose principal place of business is at 725 Parkdale Avenue, Ottawa, Ontario K1Y 4E9, Canada.
Should you take [option] for [condition]?

A Cochrane Decision Aid for patients and doctors to discuss options.

1. Why are you being offered [option] for [condition]?
   - [Use 5-6 lines to describe in plain language the condition (disease, symptoms), treatment goals, how option affects the body, mechanism of the effect, etc.]

2. What are your options?
   - Take/Use [option (trade name® here if only one)]: [In plain language, use 3-5 lines to describe what is involved in taking the option (e.g. number of appointments, injections required, number of and schedule of pills, length of hospital stay, etc.). List trade names here if more than one.]
   - Not take/Use [option (trade name® here if only one)]: [Discuss other options with your doctor.]

3. What do you think of the benefits and risks of each option?
   a) Shown below are the best estimates of what happens to 100 people with [condition] who [take/use] or decline [option] over [specific time period]. [Link to a more detailed table.]
   b) Review the table below, add other reasons you may have to choose/avoid options and rate each benefit and risk using stars to show how much each one matters to you.
   c) Other information to consider: allergies, cost, safe with other drugs, length of treatment, ways to manage side effects and changes in side effects over time, and [other factors].

Benefits or Reasons to Choose [Option]

<table>
<thead>
<tr>
<th>[xx more] people improve [outcome 1] [very short description of outcome] [+++++]</th>
<th>[xx] out of 100</th>
<th>[xx] out of 100</th>
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How much does this matter to you?

0★ (not at all) 5★ (a great deal)

All people have [outcome 1] [very short description of outcome] [+++++]
Key Messages

• Need to incorporate patient preferences by:
  – Make explicit the decision
  – Provide balanced evidence on options
  – Ask patients what matters most

• CPG could provide recommendations about how to communicate benefits/harms of options, assess values and preferences, and include tools such as decision aids
More information/ d’autres informations

• Facebook group
  – Shared@EACH

• http://decision.chaire.fmed.ulaval.ca
  (F., Légaré, Québec)

• http://decisionaid.ohri.ca (D. Stacey, Ottawa)

• ISDMISEHC2015
  Sydney, Australia
Welcome

http://decisionaid.ohri.ca

Patient decision aids are tools that help people become involved in decision making by making explicit the decision that needs to be made, providing information about the options and outcomes, and by clarifying personal values. They are designed to complement, rather than replace, counseling from a health practitioner.

How can I find decision aids?

- **A to Z Inventory** allows you to search for decision aids on particular health topics.
- **Ottawa Personal/Family Decision Guides** can be used for any health or social decision.
- **Decision Aid Library Inventory (DALI)** allows developers to enter information about their decision aids for inclusion in our inventories.

Where are the online tutorials?

- The **Ottawa Decision Support Tutorial (ODST)**, to help practitioners develop knowledge in shared decision making (SDM) and decision support.
- The **Ottawa Patient Decision Aid Development eTraining (ODAT)** to help people create a patient decision aid using the Ottawa development process.
- The **Implementation Toolkit** provides tools and training for incorporating decision support in practice centres.

What's the evidence?

- An international research group updates the [systematic review of trials of patient decision aids](http://example.com) for treatment or screening decisions using Cochrane review methods.