



Advising the Congress on Medicare issues

Communicating with beneficiaries through shared decision-making

Joan Sokolovsky and Hannah Neprash

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Shared decision-making:

- Involves giving patients information about their condition, clinical outcomes, and treatment options while patients communicate their values and the relative importance of benefits and harms
- Includes use of patient decision aids
- Used in cases where several treatment options are available

Key findings

- Shared decision making requires physician support but should not interfere with office work
- It is more easily incorporated in specialty practices than primary care
- Patient decision aids and clinical IT have been used in all programs we studied
- There are no national standards for decision aids

What is health literacy?

- Health literacy is especially low among the elderly, Medicare or Medicaid recipients, racial and ethnic minorities, and low-income adults
- One contributing factor is the widespread difficulty understanding numbers and statistics
- Leads to confusion about the risks and benefits of health care procedures
 - Relative versus absolute risk presentations

Low health literacy affects health outcomes

- Elderly adults with poor health literacy:
 - Were more likely to be in poor physical and mental health
 - Knew less about their chronic disease
 - Were less likely to receive preventive care
 - Were hospitalized more

Shared decision-making activates patients

- An active patient:
 - Receives preventive care
 - Implements healthy lifestyle changes
 - Adheres to treatment plans
 - Asks questions about their health care
- Shared decision-making can help patients take a more active role in their health care

The patient-provider disconnect

- Researchers identified key facts and goals for 14 treatment decisions
- Asked providers and patients to pick the top three
- Providers focused on possible benefits; patients wanted both benefits and harms
- Providers and patients identified very different goals

Shared decision-making programs are expanding

- Began at academic medical centers but is currently expanding to community-based clinics
- Adoption particularly high at breast cancer centers
- Evidence that it gives patients a more realistic idea of treatment outcomes, shows a reduction in more invasive treatment options without adverse effect on outcomes

Physicians generally have a positive attitude towards shared decision-making

- Major benefit is that it increases patient understanding of their condition and treatment options
- Major barrier to use is concern that it would interfere with office work and take too much time
- Some evidence suggests physicians in high-volume specialties have been more receptive to programs

Implementing shared decision-making in primary care is challenging

- Specialists are more likely to have a limited number of relevant decision aids
- Decision aids used by specialists may be more salient to patients
- Specialists are more likely to get results of patients' response to decision aid

Policy option: Standards for decision aids

- National quality standards would ensure that shared decision-making was based on objective, timely, and comprehensible decision aids
- The Congress could require the Secretary to establish standards for decision aids and accredit aids that meet standards

Policy option: Incorporate patient education capacity in IT standards

- Clinical IT systems support shared decision-making programs
- The ARRA provides about \$36 billion over 6 years to providers for electronic health records that meet specified criteria for meaningful use
- The Secretary could require systems to have the capacity to support patient education

Shared decision-making program for breast cancer patients at DHMC

- Part of a comprehensive coordinated care system for newly diagnosed breast cancer patients
- Patients automatically prescribed decision aid upon diagnosis
- Counselors help patients with material
- Physicians receives results of patient survey and comprehension measures before appointment