

*Advising the Congress on Medicare issues*

# An update on shared decision-making

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# Roadmap

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- Study design
- Key findings
- Efforts to reduce health care disparities with shared decision-making

# Shared decision-making

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- Is a process which involves giving patients personalized information about condition, clinical outcomes, probabilities of treatment options and patients communicate their values and the relative importance of benefits and harms
- Includes use of patient decision aids
- Used in cases where medical evidence is unclear about which of several treatment options is best

# Three sites we visited

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- Group Health – largest demonstration of SDM in regular clinical practice
- Mercy Clinic – incorporates SDM in primary care as part of their ACO
- PHMC – uses SDM in a low-income inner city population in an FQHC led by nurse practitioners

# Key findings

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- Patients tend to take a more active role in their health care and they often choose less invasive procedures
- Elements of successful programs include leadership support, provider champions, health coaches
- Growth of ACOs and medical homes has led to development of more SDM programs but slowly
- Growing use of SDM in primary care but challenges remain
- Patient engagement is high
- Promising programs use SDM to reduce health care disparities but evidence is limited

# Patients take more active role in their health care and often choose less invasive procedures

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- Previous analyses show patients more knowledgeable, have more realistic idea of outcomes, more active in decision-making
- Group Health compared patients with knee and hip osteoarthritis before and after SDM program
- Compared to pre-SDM period, knee replacement surgery dropped 38%, hip replacement surgery dropped 26%

# Successful programs need leadership support and provider champions

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- Successful programs have depended upon strong leadership support
- Physician buy in is necessary but takes time
- Provider champions encourage other physicians and nurses to try SDM
- Health coaches facilitate decision aid distribution and explain SDM to patients

# Growth of ACOs and medical homes has increased SDM but slowly

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- All facilities we spoke to provided SDM within medical homes or ACOs
- ACOs have infrastructure, team-based approach, and incentives
- Despite ACO requirements and CAHPs module related to SDM, the number of programs has increased very slowly



# Increasing use of SDM in primary care although challenges remain

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- Programs focus on chronic care, and screening decisions as well as elective procedures
- Challenges remain
  - Lack of financial incentives in FFS
  - Large number of available aids makes it hard to remember when an aid is available for a particular patient
  - Increasing responsibilities of coaches in ACOs

# Patient engagement is high

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- More than 90% of surveyed patients rate the programs as good to excellent
- Physicians mentioned patient satisfaction as a reason they supported program
- We conducted 3 focus groups with patients who used SDM
  - Patients found videos especially helpful
  - Made them feel they could ask questions
  - Gave them a more realistic idea of recovery time

# SDM may have the potential to reduce health care disparities

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- Empirical evidence is limited but there are some promising programs underway
- Opportunity to improve knowledge and informed consent among groups that may have lower health literacy
- Allow patients to see others with the same problems they have and encourages them to ask questions

# PHMC is practicing SDM in a federally qualified health center

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- Nurse practitioner-led clinics in Philadelphia
- Population is predominantly low-income, low-literacy, and Medicaid eligible, with large homeless population
- Clinics organized as medical homes – each have a nurse care manager that coordinates care for patients
- RN care manager distributes decision aids and fields follow up questions

# PHMC approaches SDM differently because of unique population

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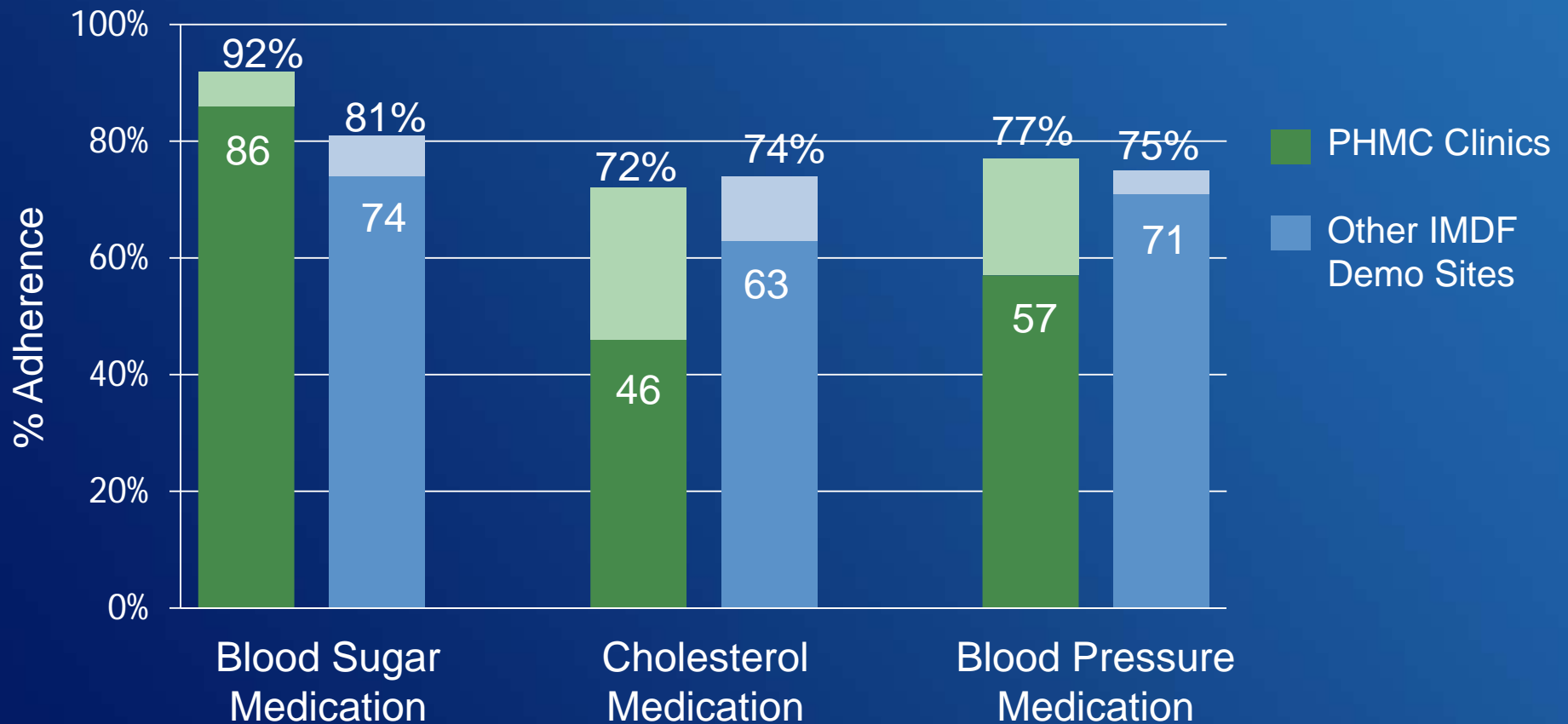
- Focus on chronic disease management
- Diabetic patients can watch video in group, followed by nurse-facilitated discussion
- SDM regarding a particular condition may invite conversations about general health
- Family is involved in decision-making; patients ask for PDAs they think are relevant for relatives

# Focus on chronic disease management encourages self-care

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- In contrast to elective surgery, chronic diseases rarely involve an acute decision point
- Patients often overwhelmed by lifestyle changes implied by new diagnoses
- Decision aids help patients think through small changes, and communicate their priorities and challenges to clinicians

# Medication adherence post-SDM is comparable to other populations



Source: Rothman, N. and M. Clark. 2012. Patient provider decision sharing: Better decisions together. Presentation to American Public Health Association.

# Considerations

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- Studies of SDM generally involve small programs – Group Health demo is largest
- Patients are enthusiastic about SDM, but there is not yet much evidence on its effect on health outcomes
- SDM programs are increasing but at a slow rate



# Next steps

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- Further work on disparities
- Discuss other innovative SDM programs
  - Mental health
  - Medical education
  - Health plans
  - Telemedicine
- Follow progress on quality measurement development

# Summary

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