

IMPROVING PHYSICIAN-PATIENT DIALOG ABOUT CER

NATIONAL COMPARATIVE EFFECTIVENESS SUMMIT



INFORMED MEDICAL
DECISIONS FOUNDATION
Partnerships for Quality Care

Richard Wexler, MD
rwexler@imdfoundation.org
November 5, 2012

FOUNDATION MISSION

- The mission of the Foundation is to inform and amplify the patient's voice in health care decisions



THE FOUNDATION & HEALTH DIALOG

- The Foundation has a licensing agreement with Health Dialog.
 - Provides royalties and contract funding to develop and maintain decision support materials.
- Strict conflict-of-interest policy.
 - Staff and Medical Editors are prohibited from financial support from the drug and device industries.



PHYSICIAN-PATIENT DIALOG

What's important to the patient?

Evidence

Patients and
significant others

Patients and others
on the clinical team



SHARED DECISION MAKING (SDM)

“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”¹

Informed

- There is a choice
- The options
- The benefits and harms of the options

Values-Based

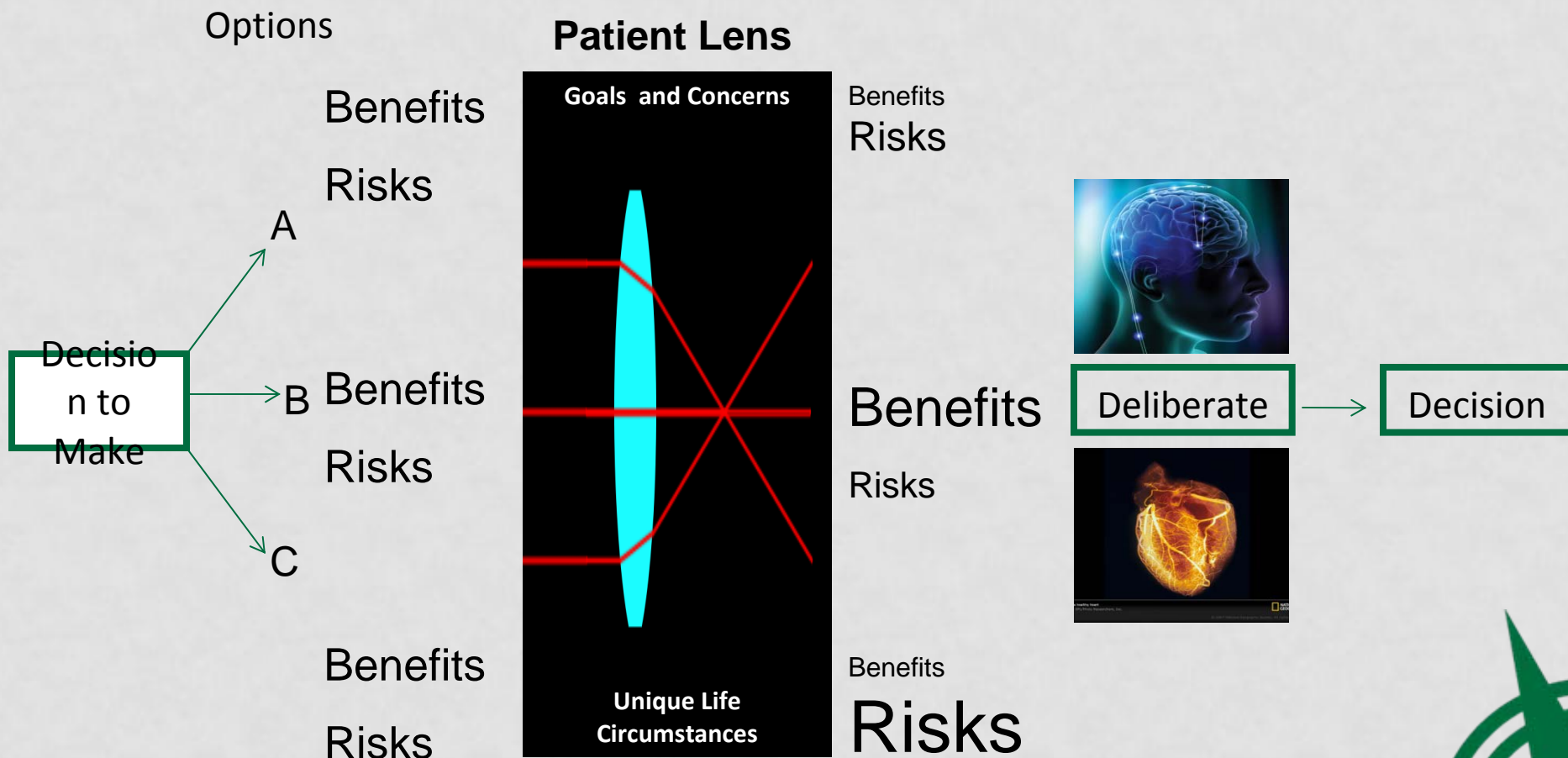
- What’s important to the patient



¹A.M. O'Connor et al, “Modifying Unwarranted Variations In Health Care: Shared Decision Making Using Patient Decision Aids” *Health Affairs*, 7 October, 2004



A SCHEMATIC OF SHARED DECISION MAKING



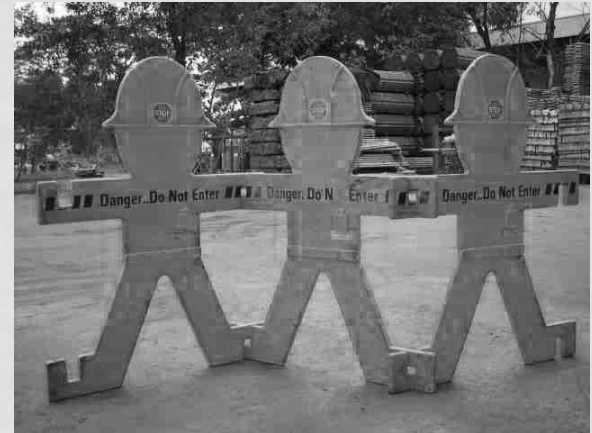
SDM - BARRIERS TO UPTAKE

- Physician misconceptions
 - SDM takes too much time
 - Patients don't want to be involved
 - Patients won't understand
 - We're already doing SDM
- Poorly aligned incentives to practice SDM
- Physician lack of knowledge
 - SDM
 - Benefits and risks
- Competing priorities



BARRIER BUSTING APPROACHES

- Demonstration site program
- Education and training
- Tools
- System redesign
 - Teams
 - Incentives
- Patient push
- Better evidence



EDUCATION AND TRAINING

- Accessible
 - Without jargon
 - Within reach
- Practical
 - Short and modular
 - Self-paced
- Clinically relevant
- Evidence-based
- Frequently reinforced



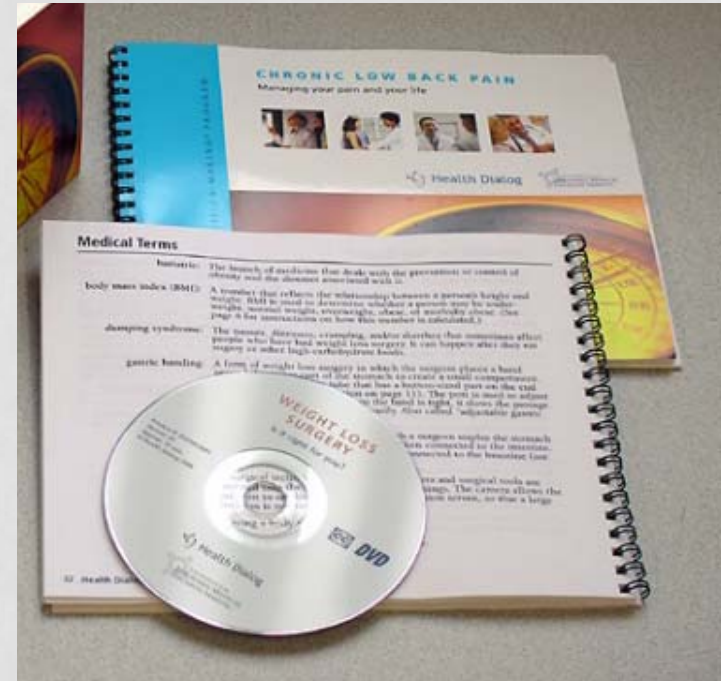
TOOLS TO SUPPORT SDM

- Patient decision aids (pDAs)
- Decision aid summaries
- 6 Steps of Shared Decision Making
- Provider Guide to SDM



PATIENT DECISION AIDS: TOOLS TO FACILITATE SDM

- Describe a specific condition
- Present information organized around specific decisions
- Strive to keep information accessible (charts, graphs) and balanced
- Encourage patients to interpret information in context of their own goals and concerns
- Engage viewers with real patient stories
- Advise patients to make decisions with their physician



OTTAWA HOSPITAL RESEARCH INSTITUTE



Patient Decision Aids



[Français](#)

Patient Decision Aids

- For specific conditions
- For any decision
- Developed in Ottawa

Conceptual Frameworks

Development Toolkit

Evaluation Measures

Implementation Toolkit

About Us

News & Events

Search this site

A to Z Inventory of Decision Aids

Search all decision aids:

OR

Browse an alphabetical listing of decision aids by health topic.

The A to Z Inventory of Decision Aids is designed to help you find a decision aid to meet your needs. It contains up-to-date and available decision aids meet a [minimal set of criteria](#).

More information about [decision aid developers](#).



PATIENT DECISION AIDS

OHRI IRHO Patient Decision Aids

Decision Aid Summary

| | |
|---|--|
| Title | What are my options for managing hip or knee osteoarthritis? |
| Health Condition | Arthritis |
| Type of Decision Aid | Treatment |
| Options Included | Level 0: Have not tried anything yet, Chondroitin, Capsaicin. Level 1: Exercise program, Control Weight, Glucosamine, Insoles. Level 2: Acetaminophen, Acupuncture. Level 3: Topical NSAIDs, Joint Injections (Steroid or Viscosupplement). Level 4: NSAID pills, Opioid painkillers. Level 5: See a surgeon about joint replacement. |
| Audience | People with osteoarthritis. |
| Developer | Tamara Rader and Peter Tugwell |
| Where was it developed? | msg@uottawa.ca University of Ottawa Canada |
| Year of last update or review | 2010 |
| Format | paper, PDF |
| Language(s) | English |
| How to obtain the decision aid | Go to http://musculoskeletal.cochrane.org/decision-aids and choose the decision aid from a short list. Available here. |
| The IPDAS assessment of this decision aid indicates that it meets: | |
| | 14 out of 15 of the content criteria |
| | 3 out of 9 of the development process criteria |
| | 0 out of 2 of the effectiveness criteria |

Some pDAs in public domain.
Others are commercial products

IPDAS = International Patient Decision Aid Standards



DECISION AID SUMMARIES



Decision Aid Summary: Benign Prostatic Hyperplasia: Choosing your treatment

This program is for men who -

Are considering medical or surgical treatment options for lower urinary tract symptoms, thought by their doctors to be due to benign prostatic hyperplasia (BPH).

Summary

This program presents information about the natural history of benign prostatic hyperplasia (BPH) and the benefits and risks of watchful waiting, medical, surgical, and minimally invasive procedure treatment options. The decision whether to actively treat BPH depends on how bothered a man is by his symptoms. The treatments differ in how well they reduce the American Urological Association (AUA) symptom score and in their side effects. A copy of the AUA symptom index questionnaire is included for use by patients.

Key messages

- 50 of 100 men in their sixties and 90 of 100 men in their seventies have symptoms of BPH
- BPH does not increase the risk of having or developing prostate cancer
- Without treatment, BPH symptoms usually stay the same or get worse over time.
- For any treatment, men with severe symptoms will see more improvement on average, than those with milder symptoms.
- The better the treatment is at reducing the AUA score, the higher the risk of complications and side effects.

Treatment Options

| Treatment Option | Function | Benefits | Length of Benefit | Common Side Effects / Complications |
|-----------------------------------|---|--|---|---|
| <i>Watchful Waiting</i> | Monitor symptoms | Lifestyle changes can improve symptoms | | Acute retention, incontinence, later treatment may have less effect, ↑ bladder weakness |
| Drug Treatments | | | | |
| <i>Alpha blockers</i> | Relax muscles of bladder and prostate, increase flow of urine | After 6 months, drop of 5 points. Improvements within 1 month | Over 4 yrs, 10/100 men taking alpha blocker got worse, 17/100 men got worse with sugar pill | Dizziness, weakness, stomach upset, headache, trouble with erections, nasal congestion |
| <i>Alpha Reductase Inhibitors</i> | Shrink prostate by blocking testosterone | Lower chance of acute urinary retention (3/100 men over 4 yrs) | 10/100 men got worse over 4yrs | Problems with erections (8/100), ejaculation (4/100), low sex drive (5/100) |



6 STEPS IN THE SDM CONVERSATION

1. Invite the patient to participate
2. Present options
3. Provide information on benefits and risks
4. Assist patient in evaluating options in based on their goals and concerns
5. Facilitate deliberation and decision making
6. Assist with implementation



1. INVITE THE PATIENT TO PARTICIPATE

SHARED DECISION MAKING

By Dominick L. Frosch, Suepattra G. May, Katharine A.S. Rendle, Caroline Tietbohl, and Glyn Elwyn

DOI: 10.1377/hlthaff.2011.0576
HEALTH AFFAIRS 31,
NO. 5 (2012): 1030-1038
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The People-to-People Health
Foundation, Inc.

Authoritarian Physicians And Patients' Fear Of Being Labeled 'Difficult' Among Key Obstacles To Shared Decision Making



3. PROVIDE INFORMATION ON BENEFITS AND RISKS

| Question | Percent Correct |
|---|-----------------|
| Following knee or hip arthroplasty, how many people | |
| ... get pain relief from surgery | 28 |
| ... experience a surgical complication (e.g. wound infection) | 46 |
| ... will have replacement last at least 20 years | 15 |
| How long most people require to return to normal activity | 39 |



4. ASSIST PATIENT IN EVALUATING OPTIONS BASED ON THEIR GOALS AND CONCERNS

| Nature of Concern | No. of Concerns Raised During Visit/Total Concerns |
|---|--|
| Concerns about surgery | |
| ... Logistical aspect | 17/20 (85%) |
| ... Anticipated quality of life | 53/86 (62%) |
| ... Capacity to meet demands of surgery | 10/23 (43%) |
| Concerns about surgeon | 3/26 (12%) |

Hudak et al, J Bone Joint Surg 2008;90:1427-35



PROVIDER SDM GUIDE

Choosing the right treatment for your
Knee Osteoarthritis

Resources

invitation

compare

decide

decision summary

Work together to make the
best treatment decision **for**
you.



Start a New Visit



Select options to compare

Is there something else that is important to you in making a decision?

Review options based on what is important to you

Things you can do on your own

Exercise

 Pain Medications

 Steroid Injections

 Total Knee Replacement

remove from table

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What is it?

What are the benefits?

What are the possible risks?

How quickly does it relieve pain and improve ability to move around ?

May take several weeks or months.

May work quickly.

May work quickly.

In 2 or 3 months most walk without a cane and do many usual activities.

How long will pain relief and improved ability to move around last?

What will I have to do?

How long will it take to recover?

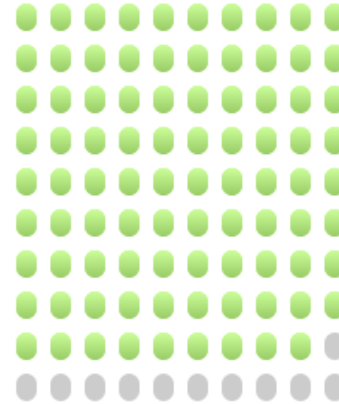
Decide



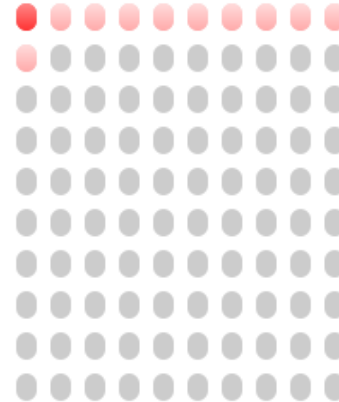
What are the benefits?

Total knee replacement surgery usually has very good results. Most people get relief from pain and get back to moving normally. However, some people will continue to have pain in their knee and difficulty with activities, such as kneeling, walking up and down stairs, and doing household work or other daily activities.

About 89 out of 100 people have nearly all of their pain go away after recovery, and they can do daily activities better than before the surgery.



About 11 out of 100 still have pain, though only around 1 out of 100 says the pain remains severe after surgery.



Wabeeja
 Medawagse
 Mersi
 unalchéesh
 Tingki
 Komapsumnida
Shukuria
 Paldies
 Hatir
 aniba
 Maake
 Denkauja
 gozaimashita
 Fakaase
 Spasibo
 Ekhmet
Mehrbani
 Nemaachalthya
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