SHARED DECISION MAKING AND PATIENT ACTIVATION

TOOLS FOR A NEW GENERATION



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September 16, 2013

FOUNDATION MISSION

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







High Quality Decision Aids



Research & Demonstration



Outreach & Advocacy



SHARED DECISION MAKING MODEL

- Key characteristics:
 - At least two participants (clinician & patient) are involved
 - Both parties share information
 - Both parties take steps to build a consensus about the preferred treatment
 - An agreement is reached on the treatment to implement



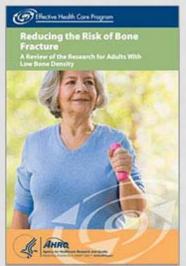


PATIENT DECISION AIDS CAN HELP!

- Tools designed to help people participate in decision-making
- Translate evidence into information that is accurate, unbiased, understandable and actionable
- Help patients clarify and communicate the values they associate with different features of the options

DECISION AIDS - NOW











COCHRANE REVIEW OF DECISION AIDS

- In 86 trials in 6 countries of 34 different decisions, use has led to:
 - Greater knowledge
 - More accurate risk perceptions
 - Lower decision conflict
 - Greater participation in decision-making
 - Fewer people remaining undecided



THE COCHRANE COLLABORATION®

LITERATURE REVIEW

Review and summarize key clinical literature

High-quality systematic reviews—Cochrane,
 EPCs

- Evidence-based guidelines
- Selected key studies





GATHER PATIENT PERSPECTIVE

- Review qualitative literature
- Focus groups and one-on-one interviews
- Surveys





INTERVIEW PATIENTS & PROVIDERS

- Real patients—not actors—discuss values and rationale for choices they made—in their own words
- Providers address key clinical points and reinforce why shared decisions are important



PRODUCTION

- Decision aid elements
 - Interview material
 - Graphics—anatomy and outcomes data
 - Write text
- Multiple drafts and clinical reviews
- External evaluation by providers and patients
 - Clinical accuracy
 - Balance
 - Relevance
 - Knowledge
 - Readability, health literacy



REVIEW & UPDATE

- Every 6 months
 - Clinical accuracy
- Every 2 years
 - Medical Editor, Clinical Reviewers
 - Data from implementation sites
 - Patient focus groups/cognitive interviews
 - Clinical accuracy, balance, relevance, knowledge

Program content revised as needed.



pregnantMe

a smart decision guide

Phase 1 March 2014:

- Induction of labor for a non-medical reason (Elective Induction)
- "Big Baby": options for giving birth (Suspected Macrosomia)
- Birth options after previous cesarean

Phase 2 July 2014:

- Diabetes in pregnancy
- Choosing a caregiver and setting for birth
- When your pregnancy goes past your due date

Phase 3 December 2014 (TBD):

- Pre-conception planning
- Pain management and labor support
- Feeding options



DECISION AID DESIGN INNOVATION

- User-centered interface
- Responsive design—mobile, tablet, desktop
- Personalized around patient's own goals and concerns
- Interactive, two-way communication
- Emphasis on sharing, engagement
- Novel video concepts



LAUNCH DEMO

http://pregnantme1.smashlogic.com/



THANK YOU!

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