ACCESS CENTER FOR DISCOVERY AND LEARNING

Shared Decision Making: Innovation in Implementation and Practice

Symposium Summary

In 2017, nearly 50 experts, innovators, and providers gathered at the ACCESS Center for Discovery and Learning to exchange ideas and practices for incorporating shared decision making into patient care, particularly in primary care settings that serve socioeconomically challenged populations.

Keynote Insights: Shared Decision Making in Everyday Clinical Practice

"Every patient-provider encounter is a meeting between experts," stressed Gregory Makoul, PhD, MS, founder and CEO of PatientWisdom. Physicians and care teams are experts on medicine and clinical practice. Patients are experts on their lives and illness experience.

This perspective — from a 1985 book, *Meetings Between Experts*, by Tuckett D., Boulton M., Olson C., and Williams A. — is fundamental to shared decision making. To ensure the treatment plan reflects a patient's values, preferences, and abilities, both experts need to share their knowledge, concerns, and perspectives.

"We have no idea what patients are going through in their real lives, and it's really important to know what they are up against and what their goals are," says Makoul, an internationally recognized expert on physician-patient communication and shared decision making.

Makoul and his colleague, Marla Clayman, PhD, also one of ACCESS' collaborators in launching shared decision making, have outlined **nine elements** that help ensure a productive provider-patient discussion about treatment options:

- Define or explain the problem
- Present options
- Discuss pros and cons, including the benefits, risks, and costs
- Share patient values and preferences
- Discuss patient ability and self-efficacy
- Share doctor knowledge and recommendations
- Check understanding and clarify as needed
- Make or explicitly defer decision
- Arrange follow-up

A key challenge to implementing shared decision making is a lack of time. The typical medical appointment is restricted to 15-20 minutes.

However, incorporating shared decision making into care processes promises to improve patient and provider satisfaction. The majority of patients want to participate in treatment decisions, but this does not occur as much as patients would like, according to Makoul's research. At the same time, physician burnout has reached concerning levels. "Being able to spend more time with patients, which is what people went to medical school for, could be an antidote to burnout," Makoul said.

Shared decision making also makes good business sense, reducing wasted time and dollars. Empowering patients to make informed treatment decisions helps to ensure that they will actually take prescribed medication and follow other medical advice.

Makoul described how some providers are using the **PatientWisdom** tool to address the time crunch issue with shared decision making. Before their medical appointments, patients log onto the PatientWisdom website to share specific information about themselves, including what makes them happy and what their goals are. Then providers get a distilled summary of the patient's answers, which takes less than 20 seconds to review. The doctors use this information to focus treatment conversations around what's important to the patient. According to early findings, 93 percent of patients say the tool improves communication with doctors.

A Systems Approach to Shared Decision Making

The adoption of shared decision making by Chicago's Access Community Health Network (ACCESS) grew out of the organization's journey to transform its 36 federally qualified health centers into patient-centered medical homes. In addition, ACCESS leaders see shared decision making as a way to address health disparities. About 85 percent of ACCESS patients fall at or below 200 percent of the 2016 federal poverty level, and 82 percent are Hispanic or African-American.

"We saw shared decision making as an approach to enable understanding of the environmental factors impacting our patients," said Danielle Lazar, AM, ACCESS' Director of Research. "We want to create conversations with our patients so that we can understand their situations and deliver better care."

ACCESS is using a systems approach to shared decision making, encouraging care teams across the network to routinely engage patients in discussions about health interventions, such as preventive screenings, depression treatment, and smoking cessation. In contrast, other organizations only use shared decision making for specific treatment decisions (e.g., breast cancer treatments).

Initially, ACCESS focused on developing decision aids, or handouts summing up scientific evidence for various health options. But, eventually, leaders saw that decision aids are only tools. "We realized we needed to create a foundation and focus on shared decision making as an approach to care and not simply as a decision aid," Lazar said.

In 2017, ACCESS began to offer shared decision making training to all providers (physicians, advanced practice registered nurses and physician assistants). Experts from the Dartmouth Institute for Health Policy & Clinical Practice and the American Institutes of Research were engaged to provide one-on-one training at ACCESS health centers, using patient simulation scenarios to illustrate how to use shared decision making. After successfully training a pilot group of 15 providers, an additional 57 providers were trained across 15 health centers. Training was voluntary, and one-third of ACCESS providers signed up.

Five Key Takeaways

- Shared decision making involves discussions between providers and patients to develop treatment plans that reflect what matters to the patient.
- Listening to patients and understanding their concerns, values, and abilities is key. This is particularly important when patients are coping with structural barriers to health including food insecurity, lack of housing, and other social determinants of health.
- Decision aids that describe the pros and cons of various care options are helpful, but these tools are no substitute for provider-patient discussions.
- ACCESS has adopted a systems approach with the goal of infusing shared decision making into all aspects of care. After receiving training on how to use shared decision making, physicians and nurse practitioners across the network are incorporating this approach.
- Lack of time is a major challenge. Adopting a practical approach for integrating shared decision making into the workflow is part of the puzzle.

To track results, ACCESS' electronic health record was amended to enable staff to document whether shared decision making occurs during patient visits. In addition, a sample group of patients took Dartmouth's three-question **collaboRATE** survey, which assesses how well providers listen and consider patient values and preferences.

Early results shared by ACCESS Evaluation Specialist, Colleen McLoughlin, indicate shared decision making is taking hold at ACCESS. As of November 2017, the technique had been documented in ACCESS' electronic health record for 23,000 patient encounters. During the evaluation of pilot providers, patients gave providers on average perfect scores on the **collaboRATE** survey 75 percent of the time. The average is 63 percent, according to Dartmouth research. "In the end, what's most important is that patients say they were asked about their preferences," said Jairo Mejia, M.D., ACCESS' Chief Medical Officer.

ACCESS providers learned a three-talk model of shared decision making:

- Team Talk: Inviting patients to work with the provider as a team to make decisions.
- Option Talk: Discussing and comparing various treatment alternatives.
- Decision Talk: Asking patients what matters the most to them about a decision (Elwyn, 2016)

"The most important thing to do is to pause and listen," said Glyn Elwyn, MD, MSc, PhD, professor and senior scientist, Dartmouth Institute.

Mark Stolspart, M.S.N., FNP-BC, a nurse practitioner at the ACCESS Evanston-Rogers Park Family Health Center, shared his strategy for engaging patients. "I let them talk for three minutes. That's my goal. And I don't interrupt them. The other thing I do is say, 'What else is going on?' I keep asking that question so eventually we build that trust, and I know what is going on in their life and what they are struggling with."

Shared Insights and Discussion

During a roundtable question and answer session, speakers and attendees at the symposium provided numerous insights and practical tips related to shared decision making. Here are some highlights:

Finding time for shared decision making: Responsibility for shared decision making can be extended through the entire care team, including case managers and social workers — and parts of the discussion can be conducted before or after the patient appointment. It does not all have to be done during a single 15-20 minute appointment.

Tying shared decision making to value-based improvement: Research suggests that when patients engage in shared decision making with their providers, they often choose more conservative treatment approaches. Randomized control trials have also shown that specific decision aids can improve patient satisfaction and involvement in treatment decisions.

However, it is not yet known whether shared decision making as an approach improves health outcomes. Specific decision aids have been shown to be effective. ACCESS researchers are currently exploring how to best measure the long-term efficacy of shared decision making.

Teaching communication skills to providers: Some patients are harder to engage in a productive dialogue than others. That's why every provider needs to learn communication skills in addition to shared decision making how-tos. Examples of communication skills include knowing how to corral a conversation without shutting people down and helping patients prioritize their health concerns.

Identifying what patients benefit the most from shared decision making: Some research shows that people with the lowest health literacy gain the most. Shared decision making is a way to give patients agency in their own health care, reduce assumptions or unconscious bias and open the conversation about patient priorities – some of which may be unknown to the provider without explicitly asking.

About ACCESS

For more than 25 years, Access Community Health Network (ACCESS) has been on the frontlines of community-based health care. ACCESS provides a continuum of care model that connects patients to health care resources both within and beyond the walls of its 36 federally-qualified health centers (FQHCs). ACCESS is committed to finding real solutions that impact the health of patients and the communities where they live.

ACCESS' services are designed to address the total health of our underserved communities in such areas as preventive care, behavioral health, chronic disease management, and linkage to critical support services. ACCESS has developed an integrative care model that brings together a team of primary care providers, behavioral health specialists, care coordinators and benefits specialists to address the individual needs of our patients to improve health outcomes.

In 2016, the ACCESS Center for Discovery and Learning opened its doors, becoming the first FQHC-based translational research center funded by the National Institutes of Health (NIH). Located on the same campus as a federally-qualified health center, it is designed to support research and learning in a community-based setting.

Additionally, the Center provides a collaboration and education space within the community. It convenes patients, community members, schools, public officials, academics, health providers and other stakeholders to develop solutions that will positively impact the total health of our communities.

Sponsor Recognition

Grants for this project have been provided by:

THE CHICAGO COMMUNITY TRUST AND AFFILIATES

LLOYD A. FRY FOUNDATION

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