

# Shared Decision Making 101

Source: Foundation for Informed Medical Decision Making (FIMDM)

Center for Improving Value in Health Care  
Implementation Work Group  
February 22, 2012



## Shared Decision Making

“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”<sup>1</sup>

### Informed

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

### Values-Based

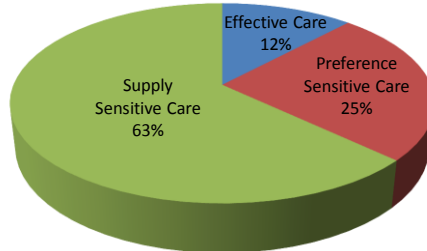
- What’s important to the patient



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

# A Word on Taxonomy

Portion of Medicare Spending Attributed to Each Category of Care



Source: John E. Wennberg & Dartmouth Atlas

## Preference-Sensitive Care

- Evidence supports more than one approach
- Treatment/testing options involve significant trade offs
- Personal values, preferences and life circumstances should drive decisions

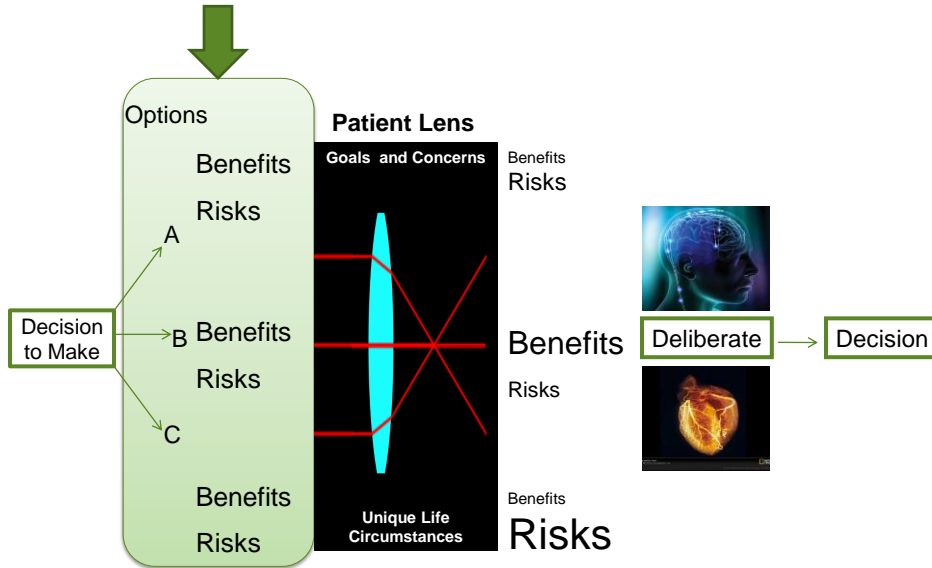
SDM Sweet Spot



## Patient Decision Aids Tools to Facilitate SDM



Supported by  
Patient Decision Aids



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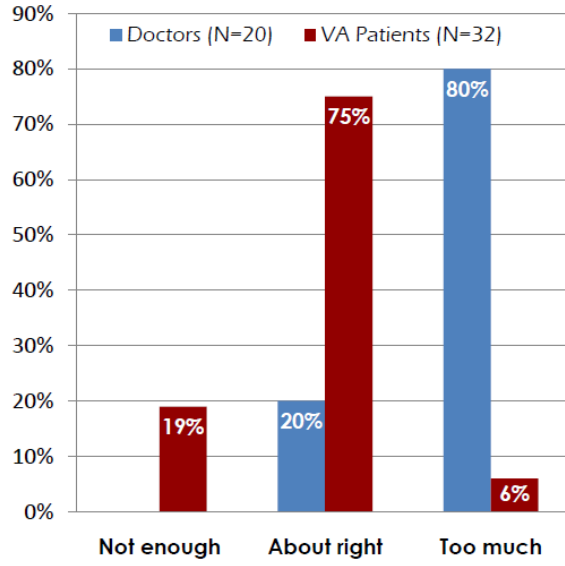


# Patient Decision Aid Demo



## Testing Our First 30-Minute BPH Program

How would you rate the amount of information?



# IS SDM EFFECTIVE?



## Cochrane Review



Review of 86 randomized trials evaluating patient decision aids

- Increase patient knowledge
- Increase patient involvement in decision making
- Increase the proportion of patients with accurate risk perceptions (patients have more realistic expectations)



## Cochrane Review



- Increase the consistency between patient decisions and patient values
- Reduce decisional conflict related to feeling uninformed or unclear about personal values
- Reduce the proportion of patients who remain undecided
- Reduce the choice of major elective surgery in favor of more conservative options

## IOM Cost Savings Estimates

<b>BOX 22-1</b>		
<b>Estimated Health Cost Savings</b>		
<i>Selected approaches: individual perspectives</i>		
	Estimated Savings in Year 10	
	Low	High
<b>CARE-RELATED COSTS</b>		
• Prevent medical errors	\$8 B	\$12 B
• Prevent avoidable hospital admissions	\$44 B	\$48 B
• Prevent avoidable hospital readmissions	\$16 B	\$20 B
• Improve hospital efficiency	\$38 B	\$80 B
• Decrease costs of episodes of care	\$32 B	\$53 B
• Improve targeting of costly services	\$9 B	\$20 B
• Increase shared decision making	\$6 B	\$9 B
<b>ADMINISTRATIVE COSTS</b>		
• Use common billing and claims forms	\$181 B	
<b>RELATED REFORMS</b>		
• Medical liability reform	\$20 B	\$30 B
• Prevent fraud and abuse	\$5 B	\$10 B

Pierre L. Yong and LeighAnne Olsen; Roundtable on Evidence-Based Medicine; Institute of Medicine, 2011

## Why Bother with SDM?



1. No fateful decision in the face of avoidable ignorance
2. Doctors aren't very good at diagnosing patient preferences
3. If doctors get it wrong, patients will still listen
4. It's a patient safety issue

## Top Three Goals and Concerns for Breast Cancer Decisions

Condition: Goal	Pat	Prov	p
Keep your breast?	7%	71%	P<0.01
Live as long as possible?	59%	96%	P=0.01
Look natural without clothes	33%	80%	P=0.05
Avoid using prosthesis	33%	0%	P<0.01



## Patient Safety



How do we describe operating on a patient who would say NO to surgery if alternatives, risks and benefits were well understood?





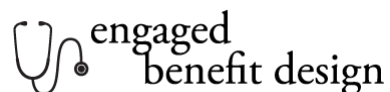
## BRIEF OVERVIEW OF PROJECT AND PILOT



### What is EBD?

Resources and incentives for patients and their healthcare providers to make healthcare decisions based on patient values and medical evidence.

- Value-based Insurance Design (VBID)
  - "No Co-Pay, High Value"
  - "Costs More, Learn More"
- Incentivized use through benefit design of PDAs







## Who is behind EBD

- Created by Engaged Public
- Dr. A. J. Kauvar Foundation
- HHS/HRSA/State of Colorado
- Robert Wood Johnson
- EBD Medical Advisory Council
- Project Advisors



## Value-Based Benefit Design

- Identify high value services that are underused
  - Screening
  - Prevention
  - Evidence based chronic disease management
  - Prenatal care
- Reduce or eliminate cost to access
  - (this costs money)



## Value-Based Benefit Design

- Identify preference sensitive and supply sensitive services for which evidence suggests overuse
  - Coronary revascularization
  - Back surgeries
  - Cross sectional imaging
  - Large joint replacements
- Make it cost more
  - (this saves money to use on the previous slide)



## Affected Services

### No co-pay, high value

- [Immunizations](#)
- [Pregnancy](#)
- [Hypertension](#)
- [Asthma](#)
- [Diabetes\\*](#)
- [Coronary Heart Disease\\*](#)
- [Congestive Heart Failure\\*](#)
- [Depression\\*](#)

### Costs more, learn more

- [Surgery for BPH\\*](#)
- [Arthroscopy for OA at knee\\*](#)
- [Knee and hip replacement surgery\\*](#)
- [Hysterectomy for DUB, fibroids\\*](#)
- [Some CT, MRI and PET scans\\*](#)
- [Invasive treatments for angina\\*](#)
- [Surgery for certain spine conditions\\*](#)
- [Endoscopy for GERD](#)
- [Carotid Endarterectomy](#)



## Shared Decision Making

- Provide a financial incentive to patients to use PDAs that intersect with affected services.
- Make entire library of patient decision aids available to patients and providers.



San Luis Valley Regional Medical Center

**PILOT**



## San Luis Valley Regional Medical Center

- Approx 725 covered lives
- Third Party Administrator: San Luis Valley HMO
- Pilot Timeline: 1/1/2012 to 12/31/2013
- Evaluators:
  - Colorado Health Institute
  - Foundation for Informed Medical Decision Making

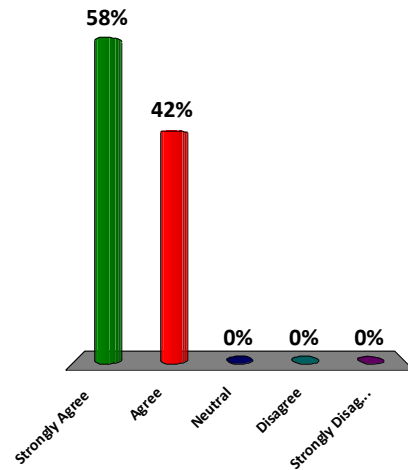


## Structure

- Costs more, learn more = \$300 surcharge
- Incentive for use of PDAs = \$50 gift card distributed by SLVHMO
- PDAs “prescribed” by provider
- PDA lending library at Health Resource Center
- Evaluation:
  - Pre and post surveys for PDAs administered and tracked at Health Resource Center
  - Claims data analysis
  - Stakeholder satisfaction surveys and focus groups

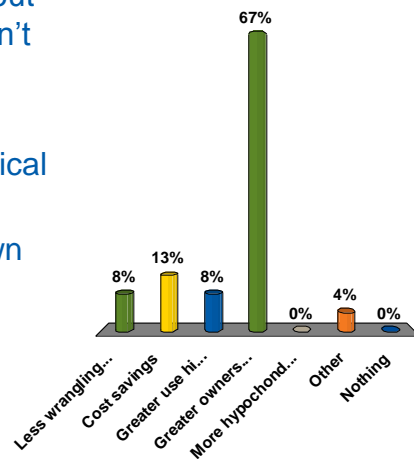
## Provider Outreach Meeting: *I support the use of PDA's to support shared decision making?*

1. Strongly Agree
2. Agree
3. Neutral
4. Disagree
5. Strongly Disagree



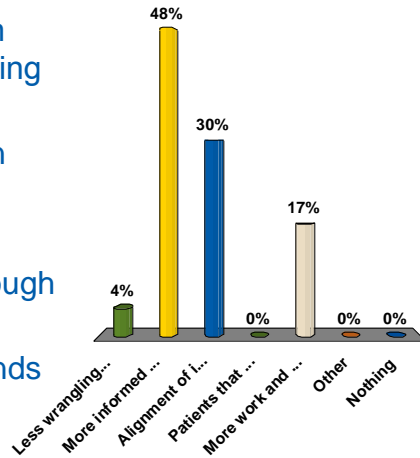
## What do you think is the most likely impact of this initiative for patients?

1. Less wrangling with them about the "purple pill" when they don't need it (demanding patient)
2. Cost savings
3. Greater use high-quality medical treatments
4. Greater ownership of their own health
5. More hypochondria
6. Other
7. Nothing



## What do you think the most likely impact on providers will be?

1. Less wrangling with them about the “purple pill” when they don’t need it (demanding patient)
2. More informed consultation
3. Alignment of incentives for providers and consumers
4. Patients that know just enough to be dangerous
5. More work and time demands
6. Other
7. Nothing



## What is next? Currently Funded

- 2 year evaluation done by Colorado Health Institute and Foundation for Informed Medical Decision Making
- Engaged Public support roll out, troubleshoot, publicize, consult, train
- Keep EBD tool current, make modifications according to evidence & experience (until mid 2014)
- [www.EngagedBenefitDesign.org](http://www.EngagedBenefitDesign.org)

## What is next? Potential Options

- Keep EBD tool current, make modifications according to evidence & experience (after 2014)
- Support and evaluate additional implementations
- Promote EBD approach to employers, providers and consumers
- Broadly disseminate Patient Decision Aids (including public insurance)
- Training in Shared Decision Making

## EBD Team



- Dave Downs, Medical Director  
– [dave@engagedpublic.com](mailto:dave@engagedpublic.com)
- Chris Adams, Executive Director  
– [chris@engagedpublic.com](mailto:chris@engagedpublic.com)
- Kelly Shanahan Marshall, Project Director  
– [kelly@engagedpublic.com](mailto:kelly@engagedpublic.com)
- Barb Yondorf, Yondorf & Associates, Project Advisor
- Amy Downs, Colorado Health Institute, Lead Evaluator

