

Shared Decision Making — Benefits and Technologies

Introduction

The rise of pay-for-performance programs and healthcare transparency has made improved informed consent processes, better patient engagement, stronger patient-physician relationships, and greater patient satisfaction crucial for practices to survive in an increasingly competitive marketplace. At the same time, consumers are being asked to take a more active role in their healthcare, from selecting a health plan to choosing among treatment options, often for fuzzy “preference-sensitive conditions” for which there are no significant, evidence-based differences between alternatives. These trends are driving support for shared decision making and patient decision aids that facilitate informed treatment decisions. In this edition of the *Review*, we discuss the expanding evidence base and market incentives for shared decision making (also known as informed patient choice) and the role of patient decision aids in the shift toward patient-centered care.

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Role of Patient Preferences

Shared decision making is gaining significant market adoption momentum, driven in large part by approaches to healthcare that put patients at the center of the care continuum. Indeed, the trend toward patient-centered care recommended in the Institute of Medicine’s report *Crossing the Quality Chasm* has made shared decision making and variations based on a patient’s values an essential component

of quality care (Sepucha). Surveys indicate that patients have come to desire, if not expect, care that incorporates their individual needs and wants. For example, more than three-quarters of patients say they want to share authority with their physician or have a majority of the decision-making power in medical decisions. Other research suggests that 96 percent of patients prefer to be offered choices, asked their opinions, and included in the decision-making process (King). Another

study showed that male veterans consistently preferred shared decision making when considering invasive medical interventions (Mazur).

In addition, programs such as consumer-directed health plans (CDHPs) have placed financial responsibility for health-care firmly in the hands of the patient. But health plans are not the only choices faced by patients. Advances in medical technology and pharmaceuticals, combined with the recognition of so-called preference-sensitive conditions, are forcing changes in the way clinical decisions are evaluated and managed (Sepucha). “Given the current move in U.S. health policy toward increased consumer responsibility in funding medical treatments, considering whether patients receive sufficient information and decision support to enable them to meaningfully participate in their own healthcare is more imperative than ever,” writes King.

The Next Generation of Informed Consent

As treatment options increase and patients participate more intensely in decisions, the need for an improved informed consent process becomes clear. Standard forms and counseling are often insufficient for shared decision making, and informed consent has been traditionally viewed as the process of receiving patient authorization for surgery or other treatments. Yet patients may have unrealistic expectations of treatment benefits and harms, clinicians may be poor judges of a patient’s values, and treatment alternatives that patients do not value are frequently overused (O’Connor). Differences in patient choice are often not reflected in treatment decision variations, even though patient preferences for information disclosure, risk taking, quality

of life outcomes, and tolerance of side effects differ greatly within the population. Some contend that the current informed consent laws “stand on a foundation of false assumptions”—that all physicians provide a universal standard of acceptable treatment (King).

Instead, some researchers believe that the ethical basis of informed consent requires a much deeper level of patient involvement in the decision-making process (Braddock, 1997). Experts recommend that states rethink current informed consent requirements and adopt shared medical decision making “as a prerequisite to valid, informed patient choice” (O’Connor).

Shared decision making may not only reduce malpractice claims, but also raise the level of defense for physicians should claims occur. Washington State recently passed legislation that establishes a new legal malpractice level for informed consent based on shared decision making using decision aids. If a patient signs an acknowledgement of shared decision making, it constitutes “prima facie evidence that the patient gave his or her informed consent to the treatment administered and the patient has the burden of rebutting this by clear and convincing evidence” (SB 5930). This creates a higher standard of defense for a physician than the “preponderance of evidence” standard that currently exists for physicians who use informed consent forms.

Preference-Sensitive Conditions

John Wennberg of the Center for the Evaluative Clinical Sciences has published extensively and raised broad awareness regarding unwarranted variations in the utilization rates of medical services and interventions. Based on a rich analysis of up

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to 12 years of Medicare data, Wennberg’s *Dartmouth Atlas of Health Care* classifies treatments according to whether usage patterns represent overuse, underuse, or appropriate use based on clinical outcomes evidence. He defines preference-sensitive care as treatments for which there are two or more valid treatment alternatives, and the choice of treatment involves tradeoffs that should be based on patients’ preferences. Wennberg’s group has observed regional variations of preference-sensitive procedures (such as angioplasty and prostatectomy) that cannot be accounted for by supply of specialists or incidence of condition, and he posits that these differences may reflect physician practice styles rather than patient choice.

In such preference-sensitive cases, it is argued, the right decision depends on the patient’s preferences (Sepucha). “In cases where patient lifestyle, personal preferences, and values are indicative of the most appropriate treatment choice, physicians are not in the best position to make treatment decisions and should not limit disclosure of alternatives,” writes King. These preference-sensitive areas represent more than one-third of medical care, suggesting that a major proportion of treatment decisions should include explicit consideration of value tradeoffs to sup-

port informed patient choice (O’Connor). The most common preference-sensitive areas include back surgery, prostate cancer, coronary artery bypass grafting, percutaneous coronary intervention, and carotid endarterectomy.

Patient and clinician should work as a team to decide the most suitable treatment choice for preference-sensitive conditions, but this is often not the case. When patients partake in shared decision making, rates of invasive procedures decrease. In one study, population-based rates of prostatectomy resulting from shared decision making were on the extreme low end of the national distribution, suggesting that rates of prostate surgery in other regions may greatly exceed what patients actually prefer. Researchers contend that the choices patients make in the shared decision-making environment are “better” decisions because they more closely reflect the patient’s own individual values and preferences (Dartmouth).

Decision Aids and Effectiveness

Shared decision making has been described as the “best blending of physician expertise and patient choice” (King). It is a process that “allows both physicians and patients to honor the values and preferences of the patient, while also permitting the physician to provide medical expertise to promote the patient’s health” (O’Connor). This process is not limited to verbal discussion alone, but rather includes the use of decision aids. Patient decision aids are interactive media, video or audiotapes, or leaflets designed to provide high-quality, balanced, and up-to-date information about treatment options and alternatives so that patients can make informed decisions about those choices (Dartmouth). During the shared decision-making process, the patient reviews the decision aid and then discusses the risks, benefits, and his or her own personal values with the clinician. Together,

Common Preference-Sensitive Procedures
Knee Replacement
Hip Replacement
Back Surgery
CABG
PCI
TURP
Prostatectomy
Carotid Endarterectomy
Lower Extremity Bypass

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the physician and patient determine how each treatment option coincides with the patient's preferences for risk taking and health outcomes. After reaching a decision on treatment, the patient signs an informed consent form (King).

There is strong and increasing evidence that patient decision aids are superior to standard counseling in improving patients' knowledge and expectations about procedures, as well as improving patients' perceived involvement, agreement between values and choice, and decisional conflict (Elwyn). According to a systematic review of more than 50 randomized clinical trials by The Cochrane Collaboration, decision aids help patients make informed choices consistent with their values and help make patients active participants in the decision-making process (O'Connor). And research suggests that patients who feel more involved in their own care experience improved outcomes, better compliance, greater reduction in symptoms, a greater sense of control, less discomfort, and increased satisfaction with their physician (King, Gwinn).

Patient decision aids have other benefits as well. Evidence shows that they not only improve decision quality but can also prevent the overuse of options that are not valued by informed patients. For example, when used as adjuncts to counseling, decision aids can improve decision quality and reduce the overuse of surgical treatments by 25 percent. Other studies

measuring the economic impact of these aids suggest that decision aids are either cost-effective or cost-neutral (O'Connor).

Assessing the Quality of Decisions

Some 500 patient decision aids now exist, up from just 15 in 1999. However, the quality of these aids varies widely; some lack valid evidence sources while other have presentational biases (Elwyn). To remedy the situation, a network of more than 100 researchers, practitioners, patients, and policymakers from 14 countries (the International Patient Decision Aid Standards Collaboration) has developed quality criteria based on content, development, and evaluation of decision aids, which are summarized in a checklist for users. In addition, the Foundation for Informed Medical Decision Making is

currently supporting research into the development of instruments to measure decision quality. Such instruments will assess the extent to which patients understand the key facts about a decision and the extent to which their choices are consistent with their preferences. These processes and measures

should "provide transparent ways of measuring whether the standard of informed choice has been met" (O'Connor). They will also be the basis for qualifying providers for reimbursement and monitoring outcomes of the decision process.

The ideal decision aid is unbiased, collects and analyzes the latest clinical evidence regarding risks and benefits of

Effectiveness of Decision Aids
<i>Decision aids have been shown to have superior effects in terms of:</i>
Increased knowledge scores
Improvements in patients' realistic perceptions of risks and benefits
Lowered scores for decisional conflict
Fewer passive patients
Fewer patients undecided after counseling
Improved agreement between the patient's values and chosen option
<small>Source: O'Connor AM et al. Decision aids for people facing health treatment or screening decisions. <i>Cochrane Database of Systematic Reviews</i> 2003:CD001431.</small>

Dynamic, interactive web-based decision aids may be most useful because they engage patients and can constantly be updated to reflect the latest scientific evidence.

different treatment options, and then presents this information in a way that patients can understand (King). Specially designed IT systems should play a key supportive role in patient decision aids (O'Connor). Dynamic, interactive web-based decision aids may be most useful because they engage patients and can constantly be updated to reflect the latest scientific evidence (Gwinn). Experts have also observed that optimal implementation of decision aids depends on usage of electronic infrastructures and tools to deliver the aids to patients, such as secure messaging (O'Connor).

Market Adoption

The use of patient decision aids continues to expand. Currently, more than 20 Massachusetts cancer centers are using aids to help patients make treatment decisions. Massachusetts General Hospital has begun an "ePrescribe" effort, with physicians "prescribing" such decision aids to patients. And varying forms of decision aids are being used at White River Veterans Affairs Medical Center, the University of California, and the University of North Carolina (O'Connor). Dartmouth-Hitchcock Medical Center has even created its own Center for Shared Decision-Making, which offers patients access to a decision coach (an individual who helps patients weigh risks and benefits of treatment options), a library of decision aids, and other healthcare guides. In addition, companies such as Health Dialog provide decision aids and similar services to employers and insurance companies (King).

A new bill in the Washington State Legislature aims to further explore the value of shared decision making as part of its action steps for creating high-quality, affordable healthcare. The bill states that the Washington Health Care Authority "must implement a shared decision mak-

ing demonstration project at one or more multi-specialty practice sites providing state-purchased healthcare." The project will evaluate the effects of shared decision making and decision aids on preference-sensitive conditions.

Benefits to Providers

Patients are not the sole beneficiaries of the shared decision-making process: Physicians also stand to benefit in myriad ways. Decision aids help improve the clinician's capacity to accurately advise patients about risks and benefits of various treatment options. Shared decision making can "serve as a framework for developing skills and behaviors that enhance communication and trust, thereby improving the patient-physician relationship and increasing the potential for the beneficial outcomes that will follow" (Braddock, 1999). Indeed, evidence suggests that shared medical decision making strengthens relationships between clinicians and patients and improves patient satisfaction (O'Connor). All of these factors are crucial to maintaining a competitive edge in a marketplace where pay-for-performance programs, report cards, and healthcare transparency are increasingly the norm.

Shared decision making also has the potential to create financial benefits for clinicians: It may result in managed care incentives and reimbursement. It may also improve communication and reduce feelings of blame if complications occur, therefore lowering liability and malpractice claims. Moreover, recent legislative activity may signal a movement toward establishing a stronger legal defense standard for providers who employ shared decision making (SB 530). A recent paper in the *American Journal of Law and Medicine* observed that shared decision making is "gaining momentum within the medical community as the

most effective way to make treatment decisions that involve significant tradeoffs, such as elective surgery vs. conservative management” (King).

Conclusion

Adoption of shared decision making as a solution to the need for patient-centered care and improved informed consent is accelerating. Research suggests that multiple stakeholders accrue value from the use

of patient decision aids and the shared decision-making process. Use of decision aids meets all goals for market transformation, including value-based care, patient engagement, and transparency, and is thus moving toward certification, performance measures, and in many venues reimbursement. With growing support and reimbursement from government and payers and provision of legal and other market incentives, shared decision making is likely to burgeon in importance to clinicians.

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