

# Conference Summaries

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## Lessons Learned from Washington State

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*David Arterburn, MD, MPH, assistant investigator at the Group Health Center for Health Studies in Seattle, Washington, discussed his experience participating in a state-mandated shared decision making demonstration project.*

### Legislation Overview

- In July 2007, Washington became the first state to enact legislation establishing increased legal protection to physicians whose patients sign an acknowledgement that patient decision aids were used during informed consent.
- The legislation recognizes that if a competent patient signs an acknowledgement of shared decision making that this shall constitute prima facie evidence that the patient has been given informed consent that can only be rebutted by “clear and convincing evidence,” which is a higher standard of defense than the “preponderance of the evidence” standard that currently exists for informed consent.
- The same legislation mandated that the Washington state Health Care Authority (HCA), which administers the state-funded health plan, implement shared decision making and patient decision aid demonstrations in one or more multispecialty group practices. Although these projects are mandated by the legislation, no funding is appropriated for their support.

### Group Health Involvement

- Group Health is an integrated health plan and delivery system that serves about 600,000 Washington state residents, which represents a tenth of the state’s population.
- Group Health leaders reviewed data on variation in preference-sensitive care within the state of Washington. Data on knee replacement surgery showed significant variation across the state.
- The Group Health rate was par with the state average; however, there were significant variations within the three general service regions of the health plan: one region had a rate that was twice that of the other regions.
- Leaders believed that these variations were inconsistent with the distribution of informed patient preferences and thus represented an opportunity for improvement with broad scale implementation of shared decision making—and the possibility of reduced health care costs.

### The Project

- Directed by the state legislature and the governor, the HCA created a shared decision making collaborative, bringing together public and private partners, including investigators and staff from Group Health and University of Washington, to implement the demonstration project.
- Led by a multi-disciplinary Shared Decision Making Implementation team, Group Health staff is distributing video-based patient decision aids for 12 preference-sensitive conditions that are related to elective surgical procedures.

- To facilitate system-wide implementation of the initiative, the team is working closely with several different groups, including:
  - Advisors from the Foundation for Informed Medical Decision Making and other organizations to support the use of best practices;
  - Senior leaders of the six specialties services likely to treat patients with the 12 relevant preference-sensitive conditions to encourage decision aid use;
  - Staff from information technology, Web services, and the Group Health Resource Line to efficiently distribute decision aids;
  - Staff from the network implementation team to facilitate decision aid use among the one third of Group Health members who receive care through network of contracted providers; and
  - Staff from the communications team to raise awareness among patients and providers.

### **Decision Aid Delivery**

- Over time, the Shared Decision Making Implementation team has recognized that workflow patterns vary across and within services, necessitating the use of tailored implementation strategies. However, all strategies involve one of two basic delivery models: distribution prior to specialist appointment and distribution at the time of the appointment.
- Providers have two options for delivering decision aids to patients:
  - Providers can direct patients to the internet, where they can access streaming video through the MyGroupHealth portal.
  - Providers can order DVDs from the Group Health Resource Line; staff then mails DVDs to the patient.

### **Success Factors**

- According to Dr. Arterburn, two specific factors have helped support the project's success:
  - Feedback to providers, in the form of twice monthly Excel-based reports that show the volume of decision aids delivered by service and by individual provider; these data have allowed the team to identify champions who can help encourage other providers to order decision aids.
  - Streamlining documentation: use of smart phrases in the electronic health record, which allows providers to easily document the informed consent process.

### Outcomes

- The Shared Decision Making Implementation team is tracking several metrics and have early data for these outcomes:
  - Decision aid distribution:
    - More than 3,200 decision aids were distributed in 2009, about 20 percent of which were viewed via the internet.
  - Patient satisfaction with shared decision making videos:
    - About 92 percent watched most or all of video.
    - About 93 percent rated the shared decision making program as good, very good, or excellent in preparing them to talk with their health care provider about treatment choices for their health condition.
  - Impact of shared decision making implementation on providers and staff:
    - The team has held qualitative interviews with 9 orthopedics providers about the videos; they gave one negative, two mixed, and six positive reviews.
    - Most concerns with the videos were minor, such as “too long” or “repetitive.”
    - Interviews with other specialists are planned.
- The team also is monitoring:
  - Overall health care use of patients (i.e., number of visits, hospitalizations, prescriptions);
  - Cost of health care for patients; and
  - Cost of decision aid implementation and delivery.

Dr. Arterburn concluded with the observation that implementing shared decision making with patient decision aids appears to hit the elusive “sweet spot” of improving health care quality while improving satisfaction and having the potential to reduce surgical costs.