

Conference Summaries

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The Future of Shared Decision Making

Michael Barry, MD

Michael Barry, MD, the president of the Foundation for Informed Medical Decision Making, provided an overview of the current status of shared decision making in the United States.

The Need for Informed Decision Making

- The origin of the Foundation was compelled by research on practice variation conducted by Jack Wennberg and others, which showed striking variability in many procedure rates for hospital referral areas across the country.
- When Dr. Barry first reviewed the data on practice variation during his training, he looked for an underlying environmental explanation. Later he realized the cause was differences in the way procedure decisions were being made by physicians.

The DECISIONS Survey

Dr. Barry discussed the results of a Foundation-sponsored national survey on health decisions.

- The nationwide random-digit dial telephone survey was conducted by University of Michigan researchers.
- The study surveyed a probability sample of 2,575 English-speaking Americans age 40 or older.
- Patients were asked whether they had had a discussion within the past two years with a health care provider about:
 - Four surgical procedures: back surgery, knee replacement, hip replacement, and cataract extraction;
 - Screening tests for prostate cancer, colorectal cancer, or breast cancer; and
 - Medications for treatment of hypertension, hyperlipidemia, or depression.
- Results:
 - Many respondents had engaged in such discussions within past two years:
 - Just more than half discussed starting or stopping meds for hypertension, hyperlipidemia, or depression
 - Almost three fourths discussed a screening test for cancer
 - About one fifth discussed one of the four operations
 - Clinicians generally recommended to patients:
 - Do the procedure (65 percent)
 - Do the screening test (95 percent)
 - Take the medication (more than 90 percent)
 - Patients were asked for their opinions less frequently than ideal:
 - About half the time for the orthopedic surgeries
 - About one third of the time for cataract surgery

- Less than one fifth of the time for decisions about cancer screening
- About one third of the time for medication decisions
- Patient knowledge scores were lower than ideal:
 - When asked questions that clinical experts had previously identified as facts a patient should know about the procedure, test, or medication, for 8 out of the 10 decisions, fewer than half of respondents could get more than one of the knowledge questions correct.

Dr. Barry asserted that shared decision making may provide part of the answer for the gaps in the quality of health care decisions evident in the DECISIONS Survey data.

Defining Shared Decision Making and Decision Aids

- Dr. Barry quoted a definition of shared decision making put forth by Cathy Charles of McMaster University, “An integrative process between patient and clinician that engages the patient in decision-making, provides the patient with information about alternative treatments, and facilitates the incorporation of patient preferences and values into the medical plan.”
- Patient decision aids are tools designed to help people participate in decision making about health care options.
- According to The International Patient Decision Aid Standards Collaboration, decision aids:
 - Provide information on the options and help patients clarify and communicate the personal value they associate with different features of the options;
 - Do not advise people to choose one option over another;
 - Are not meant to replace practitioner consultation; and
 - Prepare patients to make informed, values-based decisions with their practitioner.

The Evidence Base for Decision Aids

- Dr. Barry discussed the most recent review of decision aids in the Cochrane Database of Systematic Reviews. In this analysis of 55 trials of decision aids addressing 23 different screening or treatment decisions, use of decision aids was associated with:
 - Greater knowledge;
 - More accurate risk perceptions;
 - Greater comfort with decisions;
 - Greater participation in decision-making;
 - Fewer people remaining undecided; and
 - Fewer patients choosing major surgery and prostate specific antigen (PSA) tests.

Widespread Implementation

- Dr. Barry asserted that widespread implementation of shared decision making requires the following elements:
 - Patients who are interested in being informed and activated to participate in their health decisions;
 - Practical systems and protocols for routine use of decision support tools (i.e, decision aids);
 - A health care environment with the appropriate incentives to reward good “decision quality” rather than simply “more is better;” and
 - Clinicians and hospitals that are truly receptive to patient participation.
- Dr. Barry commented that it would be a true shame if an activated, informed patient is unable to engage in shared decision making because of resistance on the part of the health care provider. He then illustrated the point with a video recording of a patient in her 40’s recounting a harrowing interaction with a health care provider who opposed her attempts to engage in shared decision making about mammography screening.

Evidence of Support for Shared Decision Making

- The subject of the video notwithstanding, Dr. Barry believes there are signs that providers are ready for shared decision making, including:
 - The Joint Principles of the Patient Centered Medical Home, drafted in 2007 by the American Academy of Family Physicians, American Academy of Pediatrics, American College of Physicians, and Academy of Medicine, which stated as a principle that “Patients actively participate in medical decision-making...”
 - The 2009 statement of the American Medical Association to the Institute of Medicine, which read, “The AMA strongly supports comparative effectiveness research and looks forward to results that will guide shared decision making by patients and their physicians.”
 - The 2010 Foundation Principles of Physician Payment Reform of the American Board of Internal Medicine, which was endorsed by the Foundation and many other groups and which began, “Support physicians in engaging patients as partners through shared decision making.”
- Dr. Barry then described the results of a national survey of 402 primary care physicians conducted in 2008 by Lake Research Partners and funded by the Foundation.
 - The majority of respondents (78 percent) reported that changes in reimbursement had decreased the time they could spend with each patient.
 - A majority (82 percent) responded that it was “very” important for patients to be informed about taking new prescription meds.
 - Only 16 percent said the majority of their patients are well informed.
 - The majority (93 percent) stated that shared decision making was a “positive” or “very positive” process.
 - The majority of physicians endorsed shared decision making for:
 - Chronic condition management (81 percent “very important”)
 - Surgery (73 percent “very important”)
 - Cancer screening (64 percent “very important”)
 - New medications (62 percent “very important”)

- Nearly all physicians said they would use decision aids that met their standards “frequently” (48 percent) or “sometimes” (48 percent).
- The main barrier to shared decision making reported was “Not enough time with patients for detailed discussions.”

The Potential Rewards of Shared Decision Making

- After showing a video of three primary care physicians who are implementing shared decision making in very challenging clinical environments in New York City, Dr. Barry asserted that shared decision making has the potential to reap rich rewards, including:
 - Ensuring patients get the care they want and no more and the care they need and no less;
 - Making care truly patient-centered;
 - Fixing a “broken” informed consent process;
 - Reducing medical-legal liability;
 - Leading further advances in patient safety; and
 - Defining “decision quality” as an important new domain of health care quality.

The Future

Dr. Barry pointed to signals that “the planets are aligned” for widespread implementation of shared decision making:

- Patients and physicians are interested in the process;
- Practitioners and investigators are learning how to disseminate shared decision making at scale;
- International quality criteria for patient decision aids exist (i.e., International Patient Decision Aid Standards);
- A strong research base exists regarding the effectiveness of shared decision making and decision aids; and
- Shared decision making shares strong links to current health initiatives, including the electronic medical record, the patient-centered medical home, and the patient safety and quality movement.

Dr. Barry summed up the future for shared decision making with several quotes from baseball great Yogi Berra, including the quip, “The future ain’t what it used to be.”

References cited by Dr. Barry

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