

Conference Summaries

Research & Policy Forum 2010 • January 28, 2009 • Washington, D.C.

California Looking Ahead

Maryann O'Sullivan

Ms. O'Sullivan, executive director of the California-based Campaign for Effective Patient Care, discussed the decision of the newly formed health care advocacy group to focus on shared decision making.

Organizational Background

- The Campaign for Effective Patient Care is an advocacy and education organization that was founded in 2009 by the American Association of Retired Persons (AARP), Blue Shield of California, and the California Association of Physician Groups.
- Its mission is to support the expanded use of evidence-based medicine in California.
- Established as a 501(c)(4) organization, the group may lobby for legislation.

Why Shared Decision Making?

- Organizational leaders selected shared decision making as the group's first advocacy initiative; the group's goal for 2010 is to "develop strategies for significantly expanding the use of shared decision making in California and achieve concrete progress toward their implementation."
- According to Ms. O'Sullivan, there were several reasons for this choice:
 - Shared decision making will help address voters' concerns about the possibility that evidence-based medicine might be used by insurers or government plans to deny or "ration" care;
 - Shared decision making is an additional service rather than a restriction of benefits;
 - Shared decision making is emblematic of broader issues relating to evidence-based medicine. As such, it promotes the discussion of the importance of unbiased, evidence-based medical decisions, geographic variation, and the overuse, underuse, and misuse of health care resources;
 - Data are currently available on the positive effects of shared decision making. For example, data on 70,000 members of California Health Net's commercial insurance plan showed an 11 percent decrease in hospital admissions and an 18 to 20 percent reduction in certain surgical procedures with the use of shared decision making. The data also showed very high scores for patient satisfaction and provider satisfaction with communication;
 - The inclusion of shared decision making in federal health reform bills makes the topic less likely to be seen as "another fuzzy patient engagement concept" by potential stakeholders; and
 - Shared decision making may be less divisive than some other issues related to evidence-based care and thus an ideal platform for forging political bridges.

California is Ready for Shared Decision Making

- Ms. O'Sullivan described a poll funded by the organization to assess voter opinion about evidence-based medicine. The telephone survey was administered using random-digit dial methodology to 800 California voters in July 2009.
- Key findings relevant to shared decision making include:
 - Only 51 percent of California voters believe that most or all of the health care that most people receive is supported by scientific evidence; slightly more (65 percent) believe that the care they personally receive is supported by scientific evidence;
 - The overwhelming majority (92 percent) of California voters supports policies that would require doctors to notify patients about the existence of a particular treatment option that is supported by strong scientific evidence; the majority (90 percent) also believes physicians should be required to tell patients if there is no scientific evidence that a particular treatment works;
 - When informed of certain facts about health care, large proportions of California voters support reforms that would make scientific evidence more available to patients and physicians; for example, after hearing that many patients with back pain undergo unnecessary back surgery when evidence shows that they would be likely to recover with non-surgical treatment options, 75 percent of respondents reported that they are much more likely or somewhat more likely to support reforms that would make more evidence available;
 - Just over half (54 percent) of California voters believe it is a very serious or extremely serious problem that physicians sometimes provide unnecessary medical treatments to their patients. A slightly higher proportion (59 percent) believes it is a very serious or extremely serious problem that physicians sometimes fail to provide necessary medical treatments to their patients; and
 - The majority of California voters (72 percent) believes it is extremely important or very important to ensure that physician payment is related to whether patients receive the treatments that scientific evidence indicates is best, rather than the number of services provided.

Plans for 2010

- Ms. O'Sullivan noted that although the group is an advocacy organization, its leaders decided not to funnel resources toward activities around state legislative action this year. Instead, the group will work on initiatives in the private sector in 2010 and delay activities related to public policy until the next California legislative session.
- She listed several reasons for this decision:
 - Current activity with national health reform and uncertainty about states' role;
 - The dramatic budget shortfall in California this year (\$19 billion) and its impact on the California Medicaid program;
 - The upcoming due date for waiver renewal for Medi-Cal (California's Medicaid program) and the attention state legislators are currently focusing on the proposed changes to the program;
 - The legislature's attention to new health information technology opportunities supported by American Recovery and Reinvestment Act (ARRA) resources; and
 - The need for additional coalition building and for a better understanding of the ideal approach for public policy relating to shared decision making.

- Leaders have several short-term goals for the organization, including:
 - Developing shared decision making strategies to address issues such as using shared decision making as a metric for evaluating provider performance, reduced copays if patients participate in shared decision making before certain procedures, the feasibility of pilot studies in Medi-Cal or California Public Employees' Retirement System (CalPERS), and financial incentives for providers who engage in shared decision making;
 - Engaging influential stakeholders, including providers and leaders of health plans, medical groups, and purchasers, in an iterative process to support shared decision making;
 - Engaging experts in shared decision making who can help educate and provide a framework for advocacy activities; and
 - Highlighting unwarranted variation in care within California with county-level and legislative district-level data.

Moving Forward

- Ms. O'Sullivan discussed two factors that will influence the group's approach to the expansion of shared decision making: special needs of the population and available partnerships.
 - The organization must consider the unique needs of the residents of California—a multi-lingual, multicultural population for whom language, numeracy, and literacy issues will loom large as shared decision making is rolled out.
 - The group can enlist the help of partners with ties in California, including:
 - Foundation for Informed Medical Decision Making grantees: University of California-Los Angeles and University of California-San Francisco; Palo Alto Medical Foundation; and
 - Health Net, a national managed care company with a large base in California.

Ms. O'Sullivan concluded by listing several critical success factors for moving forward with shared decision making in California: the ability to build consensus on the definition of shared decision making, the credibility of decision aids, physician buy in that is visible and credible to patients, positive outcomes, including cost savings and improved patient compliance, and well-aligned incentives for engaging in shared decision making.