Shared Decision Making
Build processes to inform and involve patients in key decisions about their care, particularly when decisions relate to elective, preference-sensitive surgeries.

Domain

Patient Care Processes:
Clinical processes that ensure delivery of high-quality care to individual patients

Aims

Patient Centered:
Care throughout a patient’s experience that is coordinated, informed, and grounded in respectful interactions with care providers that are consistent with the patient’s values, expectations, and care decisions

Equitable:
Care delivered fairly, with consideration to need, and with no other discriminating factors

Process Attributes

$ Cost to Implement
The monetary resources required to implement this process

Moderate: In addition to the improvement effort, relies on additional personnel and/or technology

Time to Implement
The amount of time, from months to years, it will take on average to establish this process

1 to 2 years

Difficulty to Implement
The challenges of implementing this process

Moderately Challenging: Either involves multiple units or disciplines OR requires a substantial shift in culture and/or operations, but not both of these

Level of Evidence
The degree to which the actions in this process are supported by research and experience; based on the Cochrane scale

Strong Evidence: Level I or Level II — Studies published using randomized trials
Leadership supports shared decision making by:
- Communicating the importance of shared decision making, especially on specific topics, to all medical and appropriate hospital staff.
- Providing mandatory continuing education programs about shared decision making for medical and appropriate hospital staff.

Developing systems to:
1. Determine whether patients scheduled for elective surgery for a preference-sensitive condition have had the chance to view a clinically appropriate patient decision aid and receive decision support.
2. Provide patients, who have not had such an opportunity, the chance to review a patient decision aid and receive additional decision support from a qualified professional.

Preference-sensitive elective surgeries (2011) should include:
1. bariatric surgery for obesity
2. percutaneous interventions and CABG for stable angina
3. knee replacement for osteoarthritis
4. TURP for benign prostatic hyperplasia
5. elective cholecystectomy for chronic cholecystitis
6. back surgery for herniated lumbar disc or spinal stenosis
7. hip replacement for osteoarthritis
8. carotid endarterectomy for asymptomatic carotid artery stenosis
9. lower extremity revascularization for peripheral vascular disease
10. hysterectomy for benign uterine conditions (fibroids and dysfunctional uterine bleeding)
11. mastectomy or lumpectomy for early stage breast cancer
12. breast reconstruction after mastectomy
13. cataract surgery
14. prostatectomy, external beam radiation or brachytherapy for localized prostate cancer

Document exposure to and use of formal shared decision-making process and decision aids as part of the informed consent process

All shared decision-making aids and verbal discussions are at an appropriate literacy level for the patient and family and use high-quality translation and interpretation services when necessary.

Decision support should facilitate discussion of:
- a) The treatment options
- b) The benefits of the options being considered
- c) The risks of the options being considered
- d) What is personally important to the patient when considering the options, benefits and risks
- e) The patient's preference about which treatment option they would like to receive

Outcomes
- Patient Satisfaction: Increased patient satisfaction (e.g., HCAHPS Willingness to Recommend, HCAHPS Hospital Rating)

Service Lines and Critical Functions
- Hospital Medicine, Adult

Key Measures
- Percent of eligible patients who received patient decision aids by surgical procedure
- Scores on HCAHPS Surgical Instrument

Reasons and Implications
Importance for Patients and Families
Perfected informed consent Patient centered care respecting patient autonomy More realistic patient expectations
Requirement, Standards, Policies, and Guidelines

- **American Medical Association (AMA)**
  CMS Report 7-A-10

- **American Medical Association (AMA)**
  Getting the most for our healthcare dollars
  Shared decision-making

- **National Priorities Partnership (NPP)**
  Patient and Family Engagement
  Palliative and End-of-Life Care

- **National Quality Forum (NQF)**
  Safe Practice for Better Healthcare—2009 Update
  Chapter 9: Opportunities for Patient and Family Involvement
  Safe Practice 5: Informed Consent
  Safe Practice 6: Life-Sustaining Treatment

- **US Department of Health and Human Services, The Office of Minority Research**
  National Standards on Culturally and Linguistically Appropriate Services (CLAS)

Financial Implications

- Expense reduction can eventually occur due to a decrease in unwanted care.
- Expense increase can occur initially due to cost of training and provision of decision aids.
- Revenue reduction is possible due to a decrease in elective surgical procedures.

Prerequisites

Creation of materials and programs that take into account health literacy

Resources

Additional Resources

- **Physician Orders for Life-Sustaining Treatment (POLST)**

- **Foundation for Informed Medical Decision Making**

- **Ottawa Health Research Institute**

- **The Commonwealth Fund**
  Why Not the Best?
  Comparative performance data on patient experiences

- **California HealthCare Foundation**
  Physician Orders for Life-Sustaining Treatment (POLST)

- **Robert Wood Johnson Foundation (RWJF)**
  Speaking Together Toolkit

- **Health Affairs**
  Modifying Unwarranted Variations In Health Care: Shared Decision Making Using Patient Decision Aids
  A review of the evidence base for shared decision making

Information Compiled By

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