

# Globalization of Healthcare and Shared Decision Making



FOUNDATION FOR  
INFORMED MEDICAL  
DECISION MAKING

Hospital Authority Convention 2011

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# Foundation Mission

- ***Mission***
  - **The mission of the Foundation is to inform and amplify the patient's voice in health care decisions**



# Foundation Principles

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- ***Guiding Principles***

**We believe patients have the right to be:**

- **Supported and encouraged to participate in their health care decisions**
- **Fully informed with accurate, unbiased and understandable information**
- **Respected by having their goals and concerns honored**

# Foundation Principles

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**We believe fully informed patients understand:**

- There is seldom one right choice for everyone**
- The full range of their options**
- The risks and benefits of their options**
- What may happen without any intervention**
- When evidence is lacking**
- Why their participation is important**



# **The Foundation and Health Dialog**

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- **The Foundation has a licensing agreement with Health Dialog**
  - **Provides royalties and contract funding to develop and maintain decision support materials**
- **Strict conflict-of-interest policy**
  - **Staff and Medical Editors are prohibited from financial support from the drug and device industries**

## **Is Informed Consent “Real”?**

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- **In a survey of consecutive patients scheduled for an elective coronary revascularization procedure at Yale New Haven Hospital in 1997-1998**
  - **75% believed PCI would help prevent an MI**
  - **71% believed PCI would help them live longer**

*(Holmboe ES. JGIM 2000; 15:632)*



# Is Informed Consent “Real”?

- **While even through the latest meta-analysis in 2009 (61 trials, 25,388 patients):**
  - **“Sequential innovations in catheter-based treatment for non-acute coronary artery disease showed no evidence of an effect on death or myocardial infarction when compared to medical therapy.”**

*(Trikalinos TA. Lancet 2009; 373:911)*



## **Is Informed Consent “Real”?**

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- **In a survey of consecutive patients consented for an elective coronary angiogram and possible percutaneous coronary intervention at Baystate Medical Center in 2007-2008**
  - **88% believed PCI would help prevent an MI**
  - **76% believed PCI would help them live longer**

*(Rothberg MB. Annals Intern Med 2010; 153:307)*

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# DECISIONS Survey



- **Conducted by University of Michigan**
- **Nationwide random-digit dial telephone survey**
- **Probability sample of 2575 English speaking Americans age 40<sup>+</sup>**
- **Reported a discussion of 1 of 9 medical decisions with a health care provider within the past 2 years**
- **Response rate 51%**

*(The Decisions Study. Medical Decision Making 2010; 30 supplement 1)*



# DECISIONS Survey: Decisions Addressed

- **Surgery**
  - Back surgery,
  - Knee/hip replacement
  - Cataract extraction
- **Cancer screening**
  - Prostate,
  - Colorectal
  - Breast
- **Medications**
  - Hypertension,
  - Hyperlipidemia,
  - Depression



# **Epidemiology of Medical Decisions**

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- **In the past 2 years:**
  - **56% discussed starting or stopping meds for hypertension, hyperlipidemia or depression**
  - **72% discussed a screening test for cancer**
  - **16% discussed one of the 4 operations**

# **Were Patients Asked for their Opinions?**

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- **For surgery:**
  - **80% the time for the orthopedic surgeries**
  - **65% of the time for cataracts**
- **For screening:**
  - **20-35% of the time**
- **For medications:**
  - **50% of the time for cholesterol/blood pressure**
  - **75% of the time for depression medication**

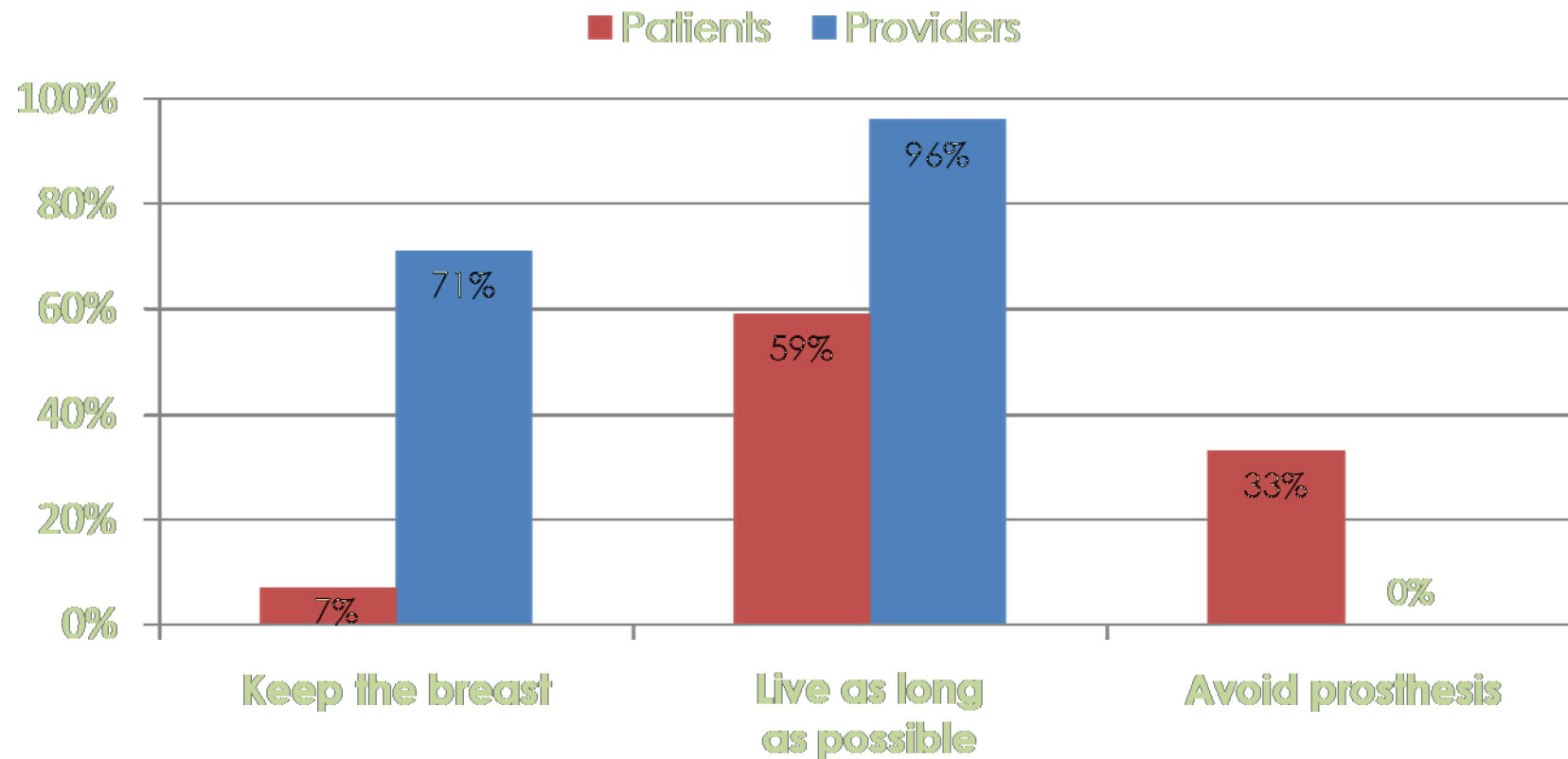


# How Much did Patients Know?



- **Clinical experts identified 4-5 facts a person should know, for example, common side effects of medications or surgery**
- **Respondents were asked the knowledge questions related to their decision**
- **For 8 out of 10 decisions, fewer than half of respondents could get more than one knowledge question right.**

# “Diagnosis” of Patient Preferences

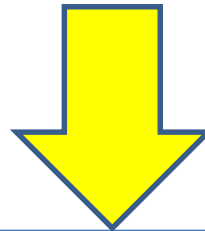


(Lee CN, et al. *Health Expect* 2010 Sep 1;13(3):258-72. Epub 2010 Jun 9)



**Patients:  
Making Decisions in the  
Face of Avoidable  
Ignorance**

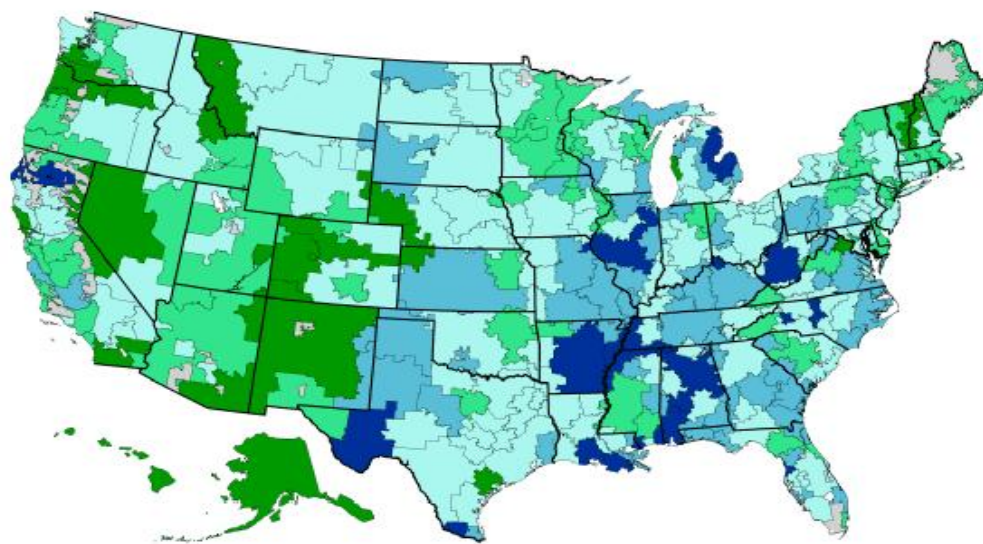
**Clinicians:  
Poorly “Diagnosing”  
Patients’ Preferences**



**Poor Decision Quality  
Unwanted Practice Variation**



# U.S. Coronary Bypass Rates



Ratio of Rates of Coronary Artery  
Bypass Grafting Procedures to  
the U.S. Average  
by Hospital Referral Region (1995-96)

1.30 to 1.87	(21)
1.10 to < 1.30	(69)
0.90 to < 1.10	(126)
0.75 to < 0.90	(71)
0.50 to < 0.75	(19)
Not Populated	



San Francisco



Chicago



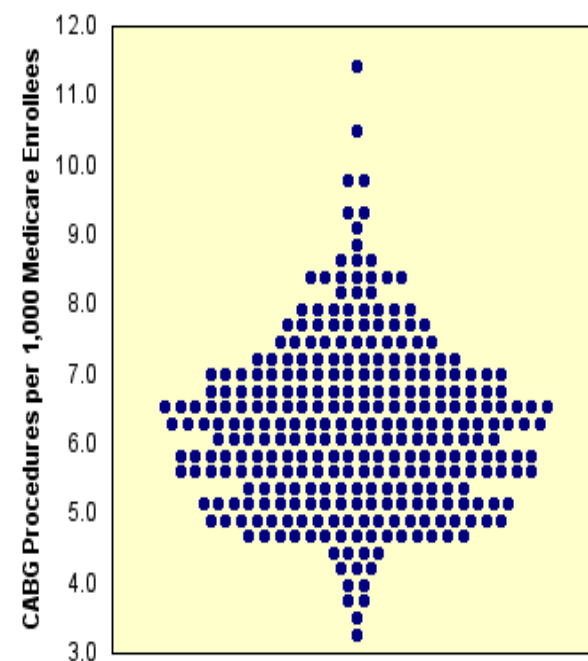
New York



Washington-Baltimore



Detroit





# NHS Atlas of Variation in Healthcare

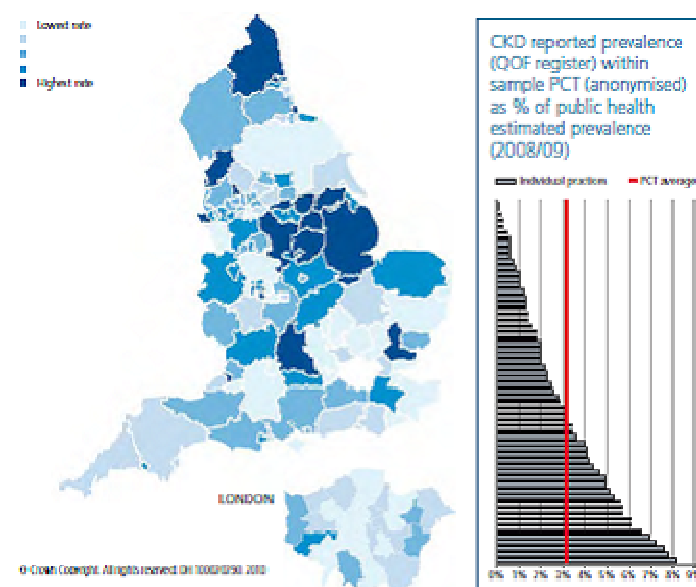


## PROBLEMS OF THE GENITO-URINARY SYSTEM

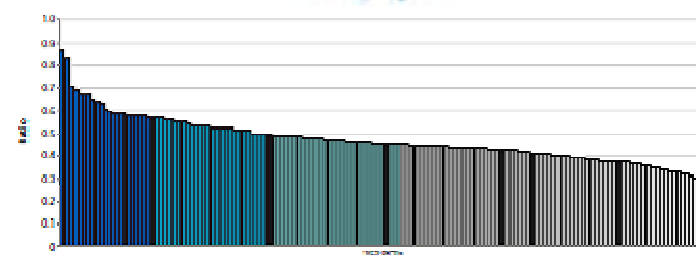
Map 24: Ratio of reported to expected prevalence of chronic kidney disease (CKD) by PCT

2008/09

Lowest rate  
Highest rate



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## What is Good Medical Care?

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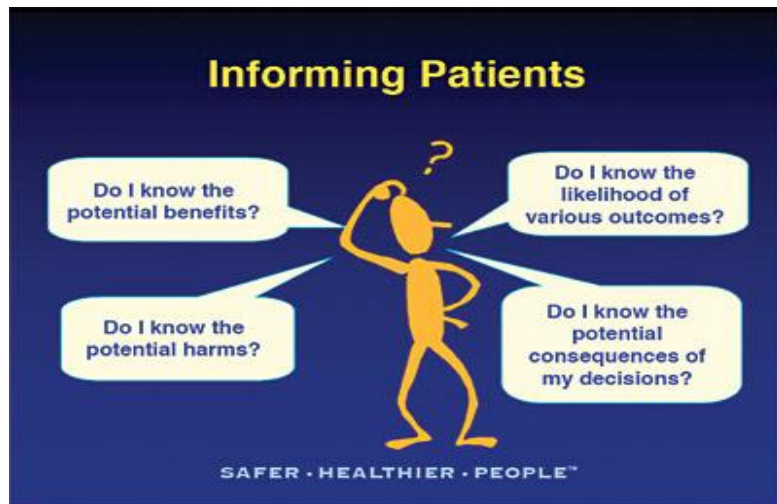
- It is not just about doing things right
- It is also about doing the right thing
- Proven effective care: For some medical problems, there is one best way to proceed
- Preference-sensitive care: For many and perhaps most medical problems, there is more than one reasonable option

# Patient Safety: A Bed versus B Bed Errors



# Shared Decision-Making Model

- **Key characteristics:**



- **At least two participants – [clinician] and patient – are involved**
- **Both parties share information**
- **Both parties take steps to build a consensus about the preferred treatment**
- **An agreement is reached on the treatment to implement**

*(Charles C, Soc Sci Med 1997; 44:681)*



# Patient Decision Aids Can Help!



- **Tools designed to help people participate in decision making**
- **Provide information on the options**
- **Help patients clarify and communicate the values they associate with different features of the options.**

*(The International Patient Decision Aid Standards Collaboration )*



## **Patient Decision Aids Can Help!**

- **Do not advise people to choose one option over another**
- **Not meant to replace practitioner consultation.**
- **Prepare patients to make informed, values-based decisions with their practitioner.**

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*(The International Patient Decision Aid Standards Collaboration )*



# Cochrane Review of Decision Aids

- In 55 trials in 6 countries of 23 different pDAs, use has led to:



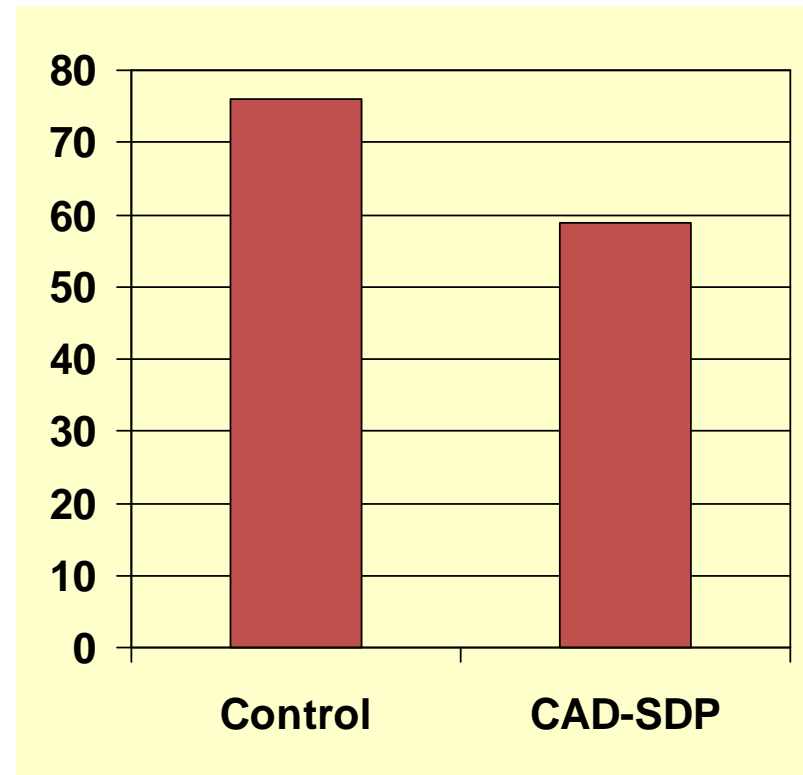
*(O'Connor et al. Cochrane  
Database of Systematic  
Reviews 2009, Issue 3. Art.  
No.: CD001431)*

- Greater knowledge
- More accurate risk perceptions
- Greater comfort with decisions
- Greater participation in decision-making
- Fewer people remaining undecided
- Fewer patients choosing major surgery, PSA tests



## Effect of pDA on Revascularization

- **RCT among 240 ambulatory patients in Toronto with CAD**
- **Usual care or CAD-pDA**
- **Revascularization chosen by 75% with usual care, 58% with CAD-SDP ( $p=0.01$ )**
- **Revascularization performed on 66% with usual care, 52% with CAD-SDP ( $p=0.06$ )**



(Morgan et al. JGIM 2000;15:685)



# IPDAS Collaboration



(Elwyn et al. *BMJ*  
2006;33:417)

- **The IPDAS Collaboration has developed and published criteria for judging the quality of decision aids**
- **122 people from 14 countries and 4 stakeholder groups participated**
- **Criteria are available as a checklist for users**



Did the patient know a decision was being made?  
Did the patient know the pros and cons of the  
treatment options?  
Did the provider elicit the patient's preferences?

## Involvement

# Decision Quality

## Values Concordance

Did the decision reflect the  
patient's goals and concerns?

## Knowledge

Did the patient know what he or  
she needed to know?

(Sepucha KR, et al. *Health Aff (Millwood)*. 2004; Suppl Web  
Exclusives:VAR54-62.)



## **The Greatest Untapped Resource in Health Care?**

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- **In December 2010, 58 people from 18 countries attended a Salzburg Global Seminar to consider the role patients should play in healthcare decisions around the world**
- **They agreed a statement that calls on patients and clinicians to work together as co-producers of health**



Salzburg Global Seminar

([http://www.salzburgglobal.org/current/sessions.cfm?nav=home&IDSPECIAL\\_EVENT=2754](http://www.salzburgglobal.org/current/sessions.cfm?nav=home&IDSPECIAL_EVENT=2754))



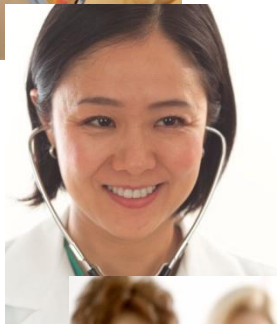


# The Salzburg Statement on Shared Decision Making

*Clinicians and patients working together to be co-producers of health*



# Salzburg Statement on SDM



- **We Call on Clinicians to:**
  - **Recognise that they have an ethical imperative to share important decisions with patients**
  - **Stimulate a two-way flow of information and encourage patients to ask questions, explain their circumstances, and express their personal preferences**



## **Salzburg Statement on SDM**

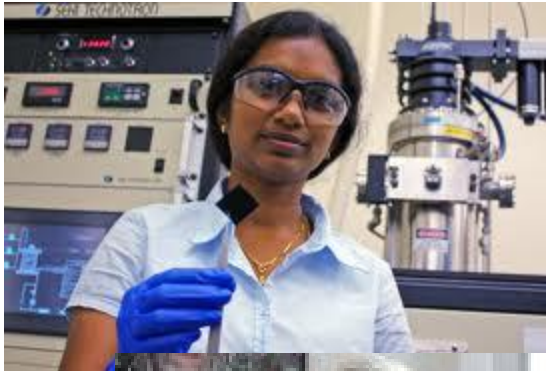
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- **We Call on Clinicians to:**
  - **Provide accurate information about options and the uncertainties, benefits and harms of treatment**
  - **Tailor information to individual patients needs and allow them sufficient time to consider their options**
  - **Acknowledge that most decisions do not have to be taken immediately, and give patients and their families the resources and help to reach decisions**





# Salzburg Statement on SDM



- **We Call on Clinicians, Researchers, Editors, Journalists, and Others to:**
  - **Ensure that the information they provide is clear, evidence-based, and up to date and that conflicts of interest are declared**

# Salzburg Statement on SDM



- **We Call on Patients to:**
  - **Speak up about their concerns, questions, and what's important to them**
  - **Recognise that they have a right to be equal participants in their care**
  - **Seek and use high-quality health information**





# Salzburg Statement on SDM



- **We Call on Policymakers to:**
  - **Adopt policies that encourage shared decision making, including its measurement, as a stimulus for improvement**
  - **Amend informed consent laws to support the development of skills and tools for shared decision making**



# SDM: Implementation Needs

- **Patients interested in being informed and activated**
- **Practical protocols for routine use of decision support tools**
- **Health care systems with incentives for good “decision quality” rather than simply “more is better”**
- **Clinicians and hospitals receptive to patient participation**



**Thank You!**

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**[www.informedmedicaldecisions.org](http://www.informedmedicaldecisions.org)**