



AGENCY FOR
**CLINICAL
INNOVATION**

Can we increase the uptake of shared decision making in Australia?

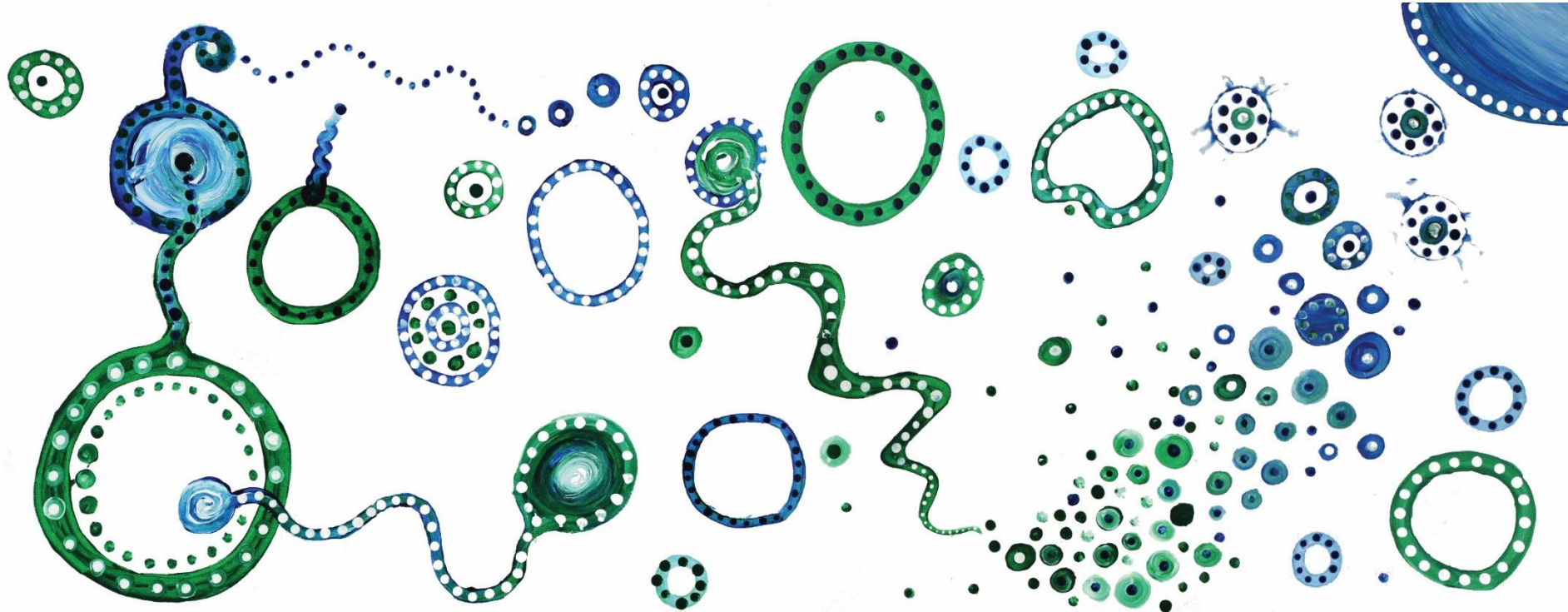
Webinar presented by the Australian Centre for Value-Based Healthcare with the Australian Healthcare and Hospitals Association

Tara Dimopoulos-Bick, Regina Osten and Lyndal Trevena

Can we increase the uptake of shared decision making in Australia?

1. Talk about shared decision making in the context of evidence-based practice and person-centred care including implementation barriers
2. Explore, discuss and debate how we can increase uptake of shared decision making in Australia
3. Extend the discussion by responding to questions that come through from the group

Acknowledgement of Country



Shared decision making and decision aids in evidence-based practice and person-centred care

Lyndal Trevena
Professor, Primary Health Care
Faculty of Medicine and Health



THE UNIVERSITY OF
SYDNEY

The definition of evidence-based practice

‘The practice of evidence-based medicine means integrating clinical expertise [proficiency, judgement acquired through clinical practice and use of individual patient’s right, predicaments, preferences] with the best available expert evidence from systematic research.’

David Sackett (1996)



SHARED DECISION MAKING



<https://www.youtube.com/watch?v=kKn4TOAqQfY>

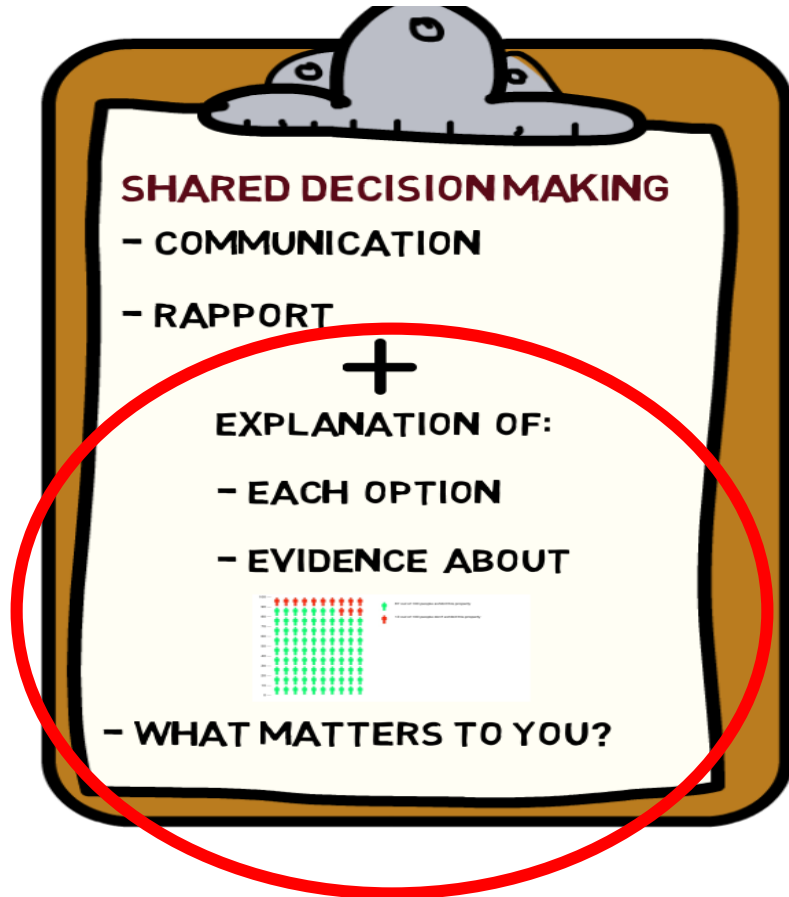
ACSQHC National Standards



2. Partnering with Consumers

Leaders of a health service organisation develop, implement and maintain systems to partner with consumers. These partnerships relate to the planning, design, delivery, measurement and evaluation of care. The workforce uses these systems to partner with consumers.

[View Standard ▶](#)



VIEWPOINT

The Connection Between Evidence-Based Medicine and Shared Decision Making

Tammy C. Hoffmann, PhD
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Evidence-based medicine (EBM) and shared decision making (SDM) are both essential to quality health care, yet the interdependence between these 2 approaches is not generally appreciated. Evidence-based medicine should begin and end with the patient: after finding and appraising the evidence and integrating its inferences with their expertise, clinicians attempt a decision that reflects their patient's values and circumstances. Incorporating patient values, preferences, and circumstances is probably the most difficult and poorly mapped step—yet it receives the least attention.¹ This has led to a common criticism that EBM ignores patients' values and preferences—explicitly not its intention.²

Shared decision making is the process of clinician and patient jointly participating in a health decision after discussing the options, the benefits and harms, and considering the patient's values, preferences, and circumstances. It is the intersection of patient-centered communication skills and EBM, in the pinnacle of good patient care (Figure).

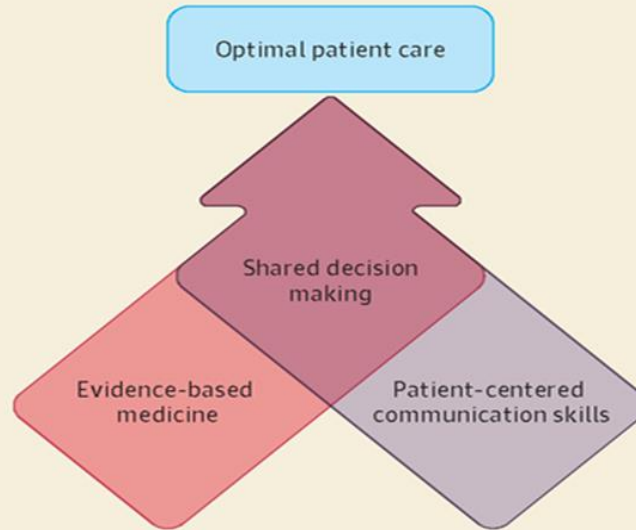
One Without the Other?

the best available research evidence. If SDM incorporate this body of evidence, the preferences patients express may not be based on reliable estimates of the risks and benefits of the options, and the resulting decisions not truly informed.

Why Is There a Disconnect?

A contributor to the existing disconnect between EBM and SDM may be that leaders, researchers, and teachers of EBM, and those of SDM, originated from, and historically tended to practice, research, publish, and collaborate, in different clusters. Some forms of SDM have emerged from patient communication, with much of its research presented in conferences and journals in this field. A seminal paper in 1997⁴ conceptualized SDM as a model of treatment decision making and as a patient-clinician communication skill. However, it did so without any connection to EBM—perhaps not surprisingly, because EBM was in its infancy.²

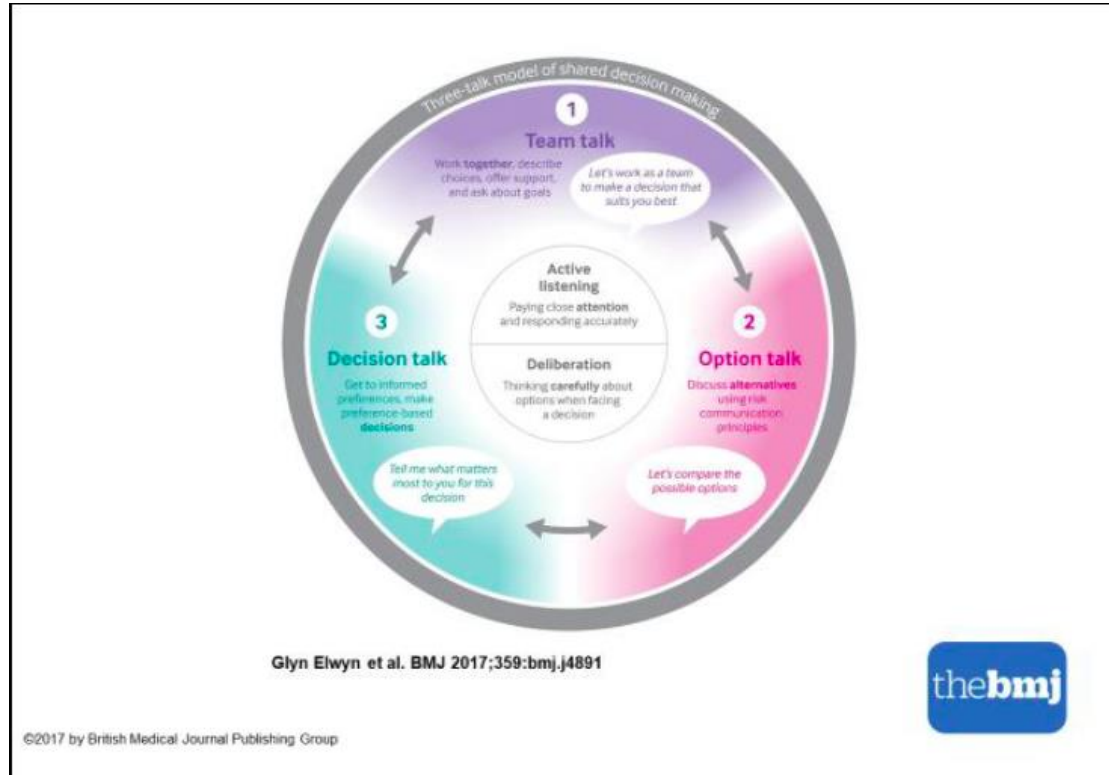
Conversely, with its origins in clinical epidemiology, much of the focus of EBM has been on methods and resources to facilitate locating, appraising, and synthesizing evidence. There has been much less focus on dis-



Doctors and their patients are busy: we need to integrate SDM into everyday activities



The three-talk model of shared decision making



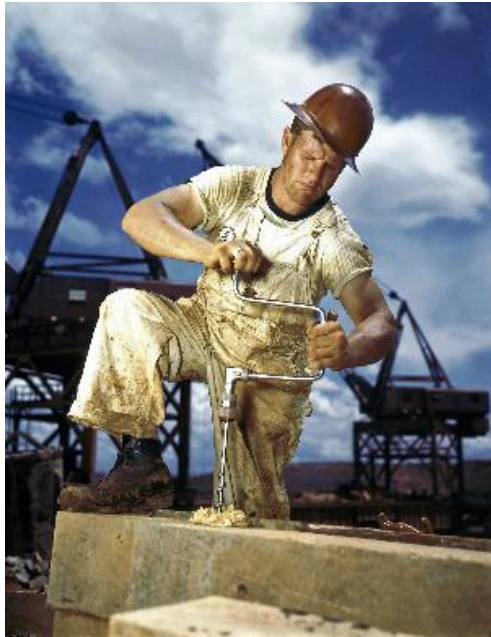
What are the best type of tools to support health professional-patient decision making



Context for use of decision support tools in clinical practice: 1. Good quality and fit for purpose



Context for use of decision support tools in clinical practice: 2. Skilled users willing to use them



I Willing & Able	II Willing & Not Able
III Not Willing & Able	IV Not Willing & Not Able

Tools to facilitate the process of SDM

3 Examples of types of decision support tools to facilitate shared decision making

Type of tool	Brief description	Examples
Condition-specific		
Decision aids	Describe the options, and the benefits and harms of each option, along with a values clarification exercise and sometimes a guide to decision making. The International Patient Decision Aid Standards Collaboration (http://www.ipdas.ohri.ca) provides information about assessing the quality of decision aids	Ottawa Hospital Research Institute A to Z Inventory of Decision Aids: http://decisionaid.ohri.ca/AZinvent.php
Decision or fact boxes	A short summary of the benefits and harms of an intervention, often presented in two columns	Dartmouth Medicine drug facts box: http://dartmed.dartmouth.edu/spring08/html/disc_drugs_we.php ; University of Laval decision box: http://www.decisionbox.ulaval.ca/index.php?id=810&L=2
Option grids	A one-page summary of the evidence for the possible options, addressing patient-centred outcomes, and questions and concerns frequently raised by patients; can be useful within the consultation for a patient to highlight what is important to them	Option Grid Collaborative: http://www.optiongrid.org
Question prompt lists	A predefined list of condition-specific questions for patients to consider using in a consultation	Cancer Institute NSW: http://www.cancerinstitute.org.au/patient-support/what-i-need-to-ask
Evidence summaries	Clinical practice guidelines and other summaries of the body of evidence	<i>Clinical Evidence</i> : http://www.clinicalevidence.bmj.com ; UpToDate: http://www.uptodate.com
Generic		
Communication frameworks	A generic set of questions or scripts and a structure for clinicians and patients to use during decision making	Ask Share Know: http://www.askshareknow.com.au ; Ottawa Personal Decision Guide: http://decisionaid.ohri.ca/decguide.html

Hoffmann et al., Med J Aust. 2014



Communication frameworks

ask the 3 Questions:

1. What are my options?
(One option will always be wait and watch)
2. What are the possible benefits and harms of those options?
3. How likely are each of those benefits and harms to happen to me?

<http://www.askshareknow.com.au/>

Question Prompt Lists



Free Australian health advice you can count on.

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[Medicines](#)

[Symptom checker](#)

[Service finder](#)



Question Builder



PRINT



SHARE

In partnership with **AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE**

Prepare for your medical appointment by creating a list of questions to ask your doctor. Print or email the list so that it is handy to take to your appointment. This preparation will help you get more out of the time with your doctor and help you to remember everything you want to ask.

[More about Question Builder](#)



1. What type of appointment is it?

Patient Decision Aids

Patient decision aids are tools that help people become involved in **decision** making by making explicit the **decision** that needs to be made, providing information about the options and outcomes, and by clarifying personal values. They are designed to complement, rather than replace, counseling from a health practitioner. Apr 17, 2015

Patient Decision Aids - Ottawa Hospital Research Institute
<https://decisionaid.ohri.ca/>

Decision aids have been the most widely evaluated

- The latest Cochrane review update now 115 RCTs included.
- Decision aids differ from health education materials because they make explicit the decision being considered and provide detailed, specific and personalised focus on options and outcomes for the purpose of preparing people for decision-making
- There is now consistent evidence that DAs **increase knowledge, improve accuracy of risk perception and value-choice concordance. They lower decisional conflict, increase patient involvement and have a positive effect of patient-clinician communication. They reduce major elective invasive surgery, use of HRT and PSA screening – more conservative options.**

Stacey D, Bennett CL, Barry MJ, Col NF, Eden KB, Holmes-Rovner M, Llewellyn-Thomas H, Lyddiatt A, Légaré F, Thomson R, Trevena L, Wu JHC. Decision aids for people facing health treatment or screening decisions. *Cochrane Database of Systematic Reviews 2013, Issue 10. Art. No.: CD001431. DOI: 10.1002/14651858.CD001431.pub3*

An example of how to use a patient decision aid

https://www.youtube.com/watch?v=VCV_2I-0DU8

The screenshot displays a web-based decision aid from Mayo Clinic titled "Statin/Aspirin Choice Decision Aid". The interface is divided into several sections:

- Navigation:** Includes a "Back" button and tabs for "Current Risk", "Intervention", "Issues", and "Notes".
- Current Risk:** Titled "Current Risk of having a heart attack", it states: "Risk for 100 people like you who **do not** medicate for heart problems". It shows a grid of 100 circles, with 11 yellow circles representing heart attacks and 89 green circles representing no heart attacks.
- Future Risk:** Titled "Future Risk of having a heart attack", it states: "Risk for 100 people like you who do take **standard dose statins**". It shows a grid of 100 circles, with 8 yellow circles representing heart attacks, 89 green circles representing no heart attacks, and 3 blue circles representing people saved from a heart attack.
- Summary:** A box on the right titled "Benefits vs Downsides according to my personal health information" (using Framingham Risk Calculator) lists: "8 people will have a heart attack", "89 people will have no heart attack", and "3 people will be saved from a heart attack by taking medicine".

At the bottom, there is a video player interface with a play button, a progress bar showing 00:00 / 02:49, and volume controls.



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Shared decision making implementation: a case study analysis to increase uptake in New South Wales

Tara Dimopoulos-Bick, Evidence Generation and Dissemination

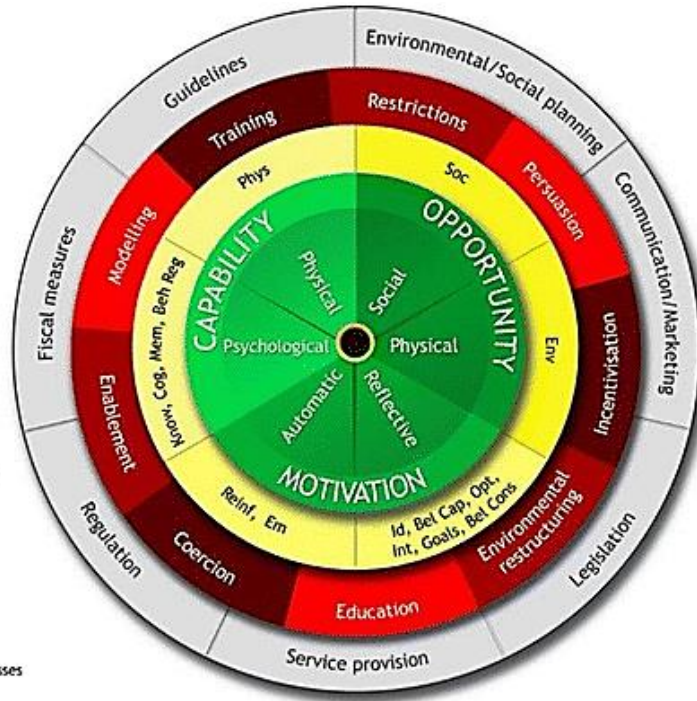
- Positions patient involvement as an accepted right
- A strategy for reducing unwarranted variation and promoting person-centred care (Australian Atlas of Healthcare Variation, 2017)
- A focus in Standard 2: Partnering with Consumers
- Slow to be adopted in Australia despite the emerging evidence base
- Identified as a complex system challenge

- **Identify potential implementation interventions to increase the uptake of shared decision making in NSW Health**
 - Understand the barriers to implementing shared decision making locally
 - Understand what theoretically informed and evidence-based interventions could help increase the uptake of shared decision making
 - Understand what was happening internationally

- Surveyed participants who attended a one day masterclass held by ACI in May 2017 (n = 53 of 83 participants) and conducted a theoretical analysis of the barriers
- Purposive review using the 2017 special edition of the *Journal of Evidence and Quality in Healthcare: International Accomplishments in Shared Decision Making*

- Sources of behaviour
- TDF Domains
- Intervention functions
- Policy categories

- Soc - Social influences
- Env - Environmental Context and Resources
- Id - Social/Professional Role and Identity
- Bel Cap - Beliefs about Capabilities
- Opt - Optimism
- Int - Intentions
- Goals - Goals
- Bel Cons - Beliefs about Consequences
- ReInf - Reinforcement
- Em - Emotion
- Know - Knowledge
- Cog - Cognitive and interpersonal skills
- Mem - Memory, Attention and Decision Processes
- Beh Reg - Behavioural Regulation
- Phys - Physical skills



- Identified across nine of the 14 theoretical domains: knowledge, skills, professional role and identify, beliefs about capabilities, beliefs about consequences, reinforcement, environmental context and resources, social influence and emotion

- Time constraints
- Competing priorities
- Limited access to resources –
about shared decision making,
patient decision aids and high-
quality synthesised evidence

***“ We need simple resources,
for both clinicians and
patients, which are readily
available”***

- Expert culture
- Influence among health professionals
- Paternalistic practices

***“The medical model
dominates the relationship
between the patient and the
health professional”***

- Lack of awareness and knowledge of what shared decision is and isn't
- Health professionals are not experienced in shared decision making

“Shared decision making is a skill that needs to be learnt by both patients and health professionals”

1. Attend to organisational culture and ensure resources are available to support the use shared decision making in clinical practice
2. Invest in education, training and modelling for health professionals
3. Create opportunities for health professionals to apply new knowledge and skills in clinical practice with support

4. Embed shared decision making in clinical pathways, practice standards and clinical guidelines
5. Promote shared decision making through clinical and consumer champions, advocacy organisations and speciality societies



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Positioning shared decision making in the broader context of Consumer Enablement

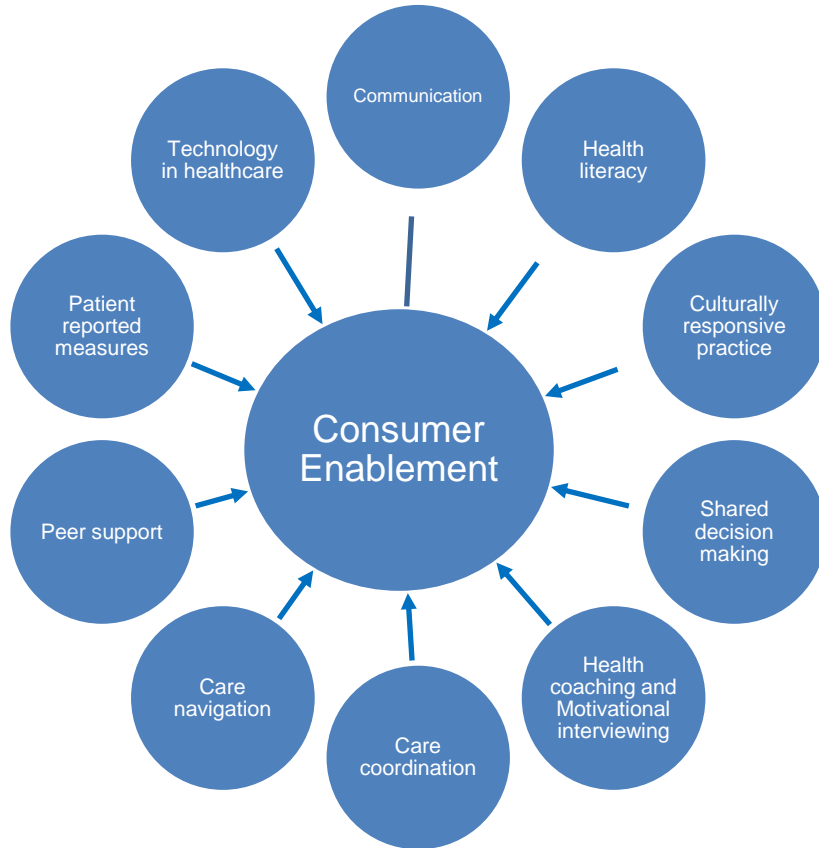
Regina Osten, Stream Manager Integrated Care and Aboriginal Health

What is consumer enablement?

Consumer enablement is the extent to which people understand their health conditions and have the confidence, skills, knowledge and ability to actively manage their health and wellbeing and access the healthcare services they need.



Enablement is supported using a range of tools and approaches:



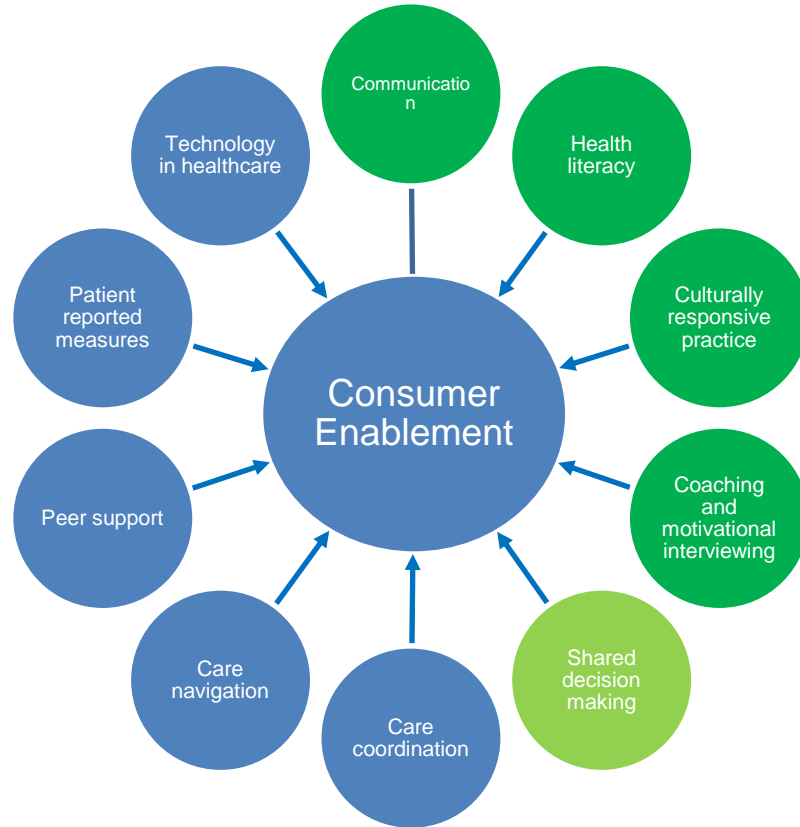
Consider what approaches are appropriate for each person, based on their individual abilities, circumstances, needs and preferences.

Different approaches will be suitable for different people, and this will change as their level of enablement, health and personal circumstances change

But

Some elements should always be present to some degree.

How do different elements contribute :



Communication – supports the therapeutic relationship and trust

Health literacy – builds knowledge and skills

Cultural responsiveness supports knowledge, decision making and self management

Coaching / motivational interviewing – builds confidence and skills

Shared decision making ensures people play a central role in managing their health, and that their values, preferences and circumstances are taken into account

CONSUMER ENABLEMENT

A CLINICIANS' GUIDE



This guide will help you think differently about healthcare. It provides the information, tools and resources you need to help consumers, carers and communities manage their own health and wellbeing.



About Consumer Enablement

What, why, principles, measures and influences



How to support enablement

Approaches and interventions



Life contexts

Key people, community, age, circumstances and individual needs



Resources and tools

Resources and tools you need to help consumers

An online resource:

that brings together information, evidence, resources, tools and practical approaches clinicians can use in practice to assess skills, and work with consumers to improve their self-management capacity.



The guide :

Provides information about strategies and approaches are effective

Links to evidence-based resources, tools and approaches

Builds knowledge and awareness to support enablement approaches in clinical practice and support delivery of person centred care.



About Consumer Enablement

What, why, principles, measures and influences



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Resources and tools

Resources and tools you need to help consumers

Consumer Enablement Guide

Home \ How to Support Enablement \ Shared Decision Making



Shared Decision Making

Shared decision making is a process where the clinician and consumer (and their family, partner or carer) make health decisions together.

What is shared decision making?

Shared decision making is not just about providing education, and it is not the same as informed consent. It involves discussing the risks and benefits of each option available, taking into consideration the person's values, preferences and circumstances.¹

While it normally occurs between one person and their clinician, it can also involve care teams and families, and carers providing care at home. The level of responsibility in the decision-making process can vary², depending on the situation and whether it should be led by the clinician or consumer.

Why is it important?

When discussing healthcare interventions, most people overestimate the benefits and underestimate the harms.³ Once they are fully informed about the tests or treatment, they tend to make more conservative decisions.⁴

Discussing options together can help people make an informed decision, reducing the risk of inappropriate or excessive treatment and associated costs.⁵ It is particularly useful when the evidence does not overwhelmingly support one option.

How can we move from where we are right now, to where we want to be with shared decision making in Australia?

What actions can we take to support a culture of shared decision making?

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