

Shared Decision Making: A Standard of Care for All Patients



A CALL TO ACTION The National Quality Partners Shared Decision Making Action Team is issuing a national call to action for all individuals and organizations that provide, receive, pay for, and make policies for healthcare to embrace and integrate shared decision making into clinical practice as a standard of person-centered care.

WHY IS SHARED DECISION MAKING IMPORTANT?

Personal decisions about healthcare are rarely straightforward. In many cases, individuals face difficult choices between reasonable medical options, including the option of doing nothing. The presence of more than one medical condition, potentially conflicting medical advice, personal circumstances, and financial concerns may all complicate the decision making process. However, clinicians and patients must feel comfortable discussing risks, benefits, and care alternatives as well as potential burdens, impact on quality of life, and cost—although cost is not always easy to pinpoint. Working in partnership, clinicians and patients can make informed decisions that are consistent with patients' values, goals, and preferences. This model of two-way communication—known as shared decision making (SDM)—is critical to improving person-centered care. SDM has the potential to improve experience, engagement, and value for patients and become the standard for informed consent in healthcare.

SHARED DECISION MAKING AS A STANDARD OF CARE FOR ALL PATIENTS

If SDM is to serve as a standard of care for all, patients need to understand the importance of their input and engagement—and participate as much or as little as they choose. Clinicians need to understand how patient engagement in decision making adds value. Although the process itself may seem straightforward, clinical encounters are generally not. Some instances call for adapting the SDM process, particularly when working with individuals with impaired or limited decision making capacity, specific cultural and religious beliefs, or emergent or urgent situations. Regardless of the circumstance, SDM should form an integral part of all clinical encounters that include decisions about treatment options.

Importantly, health literacy, which is the ability to understand and use medical information effectively, and health numeracy, which is the ability to use healthcare data, can present challenges to SDM. Still, most patients want information and to have a

WHAT IS SHARED DECISION MAKING?

Shared decision making (SDM) is a process of communication in which clinicians and patients work together to make optimal healthcare decisions that align with what matters most to patients. SDM requires three components:

- clear, accurate, and unbiased medical evidence about reasonable alternatives—including no intervention—and the risks and benefits of each;
- clinician expertise in communicating and tailoring that evidence for individual patients; and
- patient values, goals, informed preferences, and concerns, which may include treatment burdens.

WHAT ARE PATIENT DECISION AIDS?

Patient decision aids are tools designed to help people better participate in healthcare decision making. These resources provide information on the risks, benefits, and burdens of options and help patients clarify and communicate their personal values on different features of the options. Patient decision aids do not advise people to choose one option over another, nor do they replace clinician consultation. Instead, these tools prepare patients to make informed decisions that align with their values, goals, and preferences with their clinicians.

say in their healthcare decisions. To overcome these challenges, clinicians and patients may engage in SDM in different ways depending on the illness or healthcare needs, the patient's level of understanding, and specific risk factors or considerations. In some cases, clinicians and patients can use high-quality, unbiased, evidence-based patient decision aids to inform personalized healthcare decisions. These tools include but are not limited to printed booklets, videos, or web-based resources to help patients and their families and caregivers participate in decision making about their healthcare options.¹

SHARED DECISION MAKING FUNDAMENTALS FOR HEALTHCARE ORGANIZATIONS

The SDM Action Team identified six fundamentals to guide shared decision making in healthcare organizations:

- 1 Promote leadership and culture:** Strong leadership can determine the success or failure of a healthcare organization's efforts to integrate SDM as a standard of care across the healthcare continuum. SDM needs support from leadership at all levels, including the board of directors, C-suite, and departmental and team leaders. Embracing a culture in which leaders promote SDM as a cornerstone of care enables patients and clinicians to become equal members of the care team. Further, framing SDM as a part of patient rights and responsibilities and promoting SDM as a way to achieve personalized medicine can bolster person-centered culture change.
- 2 Enhance patient education and engagement:** Healthcare organizations can provide educational resources for patients and families about SDM, including how patients can make more informed decisions. SDM is feasible for most patients, including those with limited health literacy and health numeracy, but patients need time to absorb information and consult with family, caregivers, and others to make decisions. Families and caregivers may also need support to engage in SDM for those who are unable to make decisions on their own.
- 3 Provide healthcare team knowledge and training:** Healthcare organizations can educate members of the healthcare team about the benefits of SDM for both their work and their patients, encourage authentic conversations about patients' preferences and concerns, and emphasize the importance of understanding a patient's ability or interest in SDM. Training can include coaching on communicating

How does SDM improve patient engagement?

Patients who engage with their clinicians in SDM are more satisfied, more engaged in their care, and more likely to follow the treatment plan agreed upon, which can ultimately lead to improved health.

Cochrane Database Systematic Review, 2017

risks and benefits, eliciting patient values, goals, and preferences, the role of families and caregivers in supporting SDM, and incorporating what matters most to patients into care decisions. Improved knowledge and skills can foster mutual respect and trust between patients and their healthcare teams.

- 4 Take concrete actions:** For SDM to succeed, healthcare organizations and teams must engage in SDM with all patients as a central part of care decisions about interventions, procedures, tests, and treatments. Incorporating decision aids into workflows can potentially reduce time constraints for the healthcare team. Identifying a designated member of the healthcare team to document patient decisions in a standardized way into the electronic health record and regularly update, review, and share the care plan throughout the patient's care can also support care consistent with those decisions.
- 5 Track, monitor, and report:** Mechanisms to track, monitor, and report clinician and healthcare team engagement in SDM can help healthcare organizations identify opportunities to improve SDM implementation and results. Standardized data collection and regular sharing of performance and patient experience and satisfaction data with organizational leadership, peers, patients, and the public can strengthen these efforts. Systems can also track when and why patients choose not to engage in SDM. Data collection and interpretation should add value and not unnecessarily burden healthcare teams.
- 6 Establish accountability:** To establish accountability for the board of directors, C-suite, and department and team leaders, healthcare organizations can articulate clear expectations and establish incentives for engaging patients in SDM. Incorporating SDM measures into performance management systems can incentivize leaders to embrace SDM as a mechanism for improving person-centered outcomes and patient experience.

OPPORTUNITIES FOR CATALYZING SHARED DECISION MAKING

The Action Team identified several additional opportunities to promote successful shared decision making.

High-Quality Patient Decision Aids

Patients and providers need to know that patient decision aids are evidence-based and free from conflicts of interest. Policymakers must ensure that tools designed to support SDM meet quality and ethical standards. Building on efforts by Washington State and the International Patient Decision Aids Standards (IPDAS) Collaboration, NQF convened an expert panel to develop guidance on **national standards** for the certification of high-quality, evidence-based, and unbiased patient decision aids, which clinicians can use when selecting decision aids.

Legal and Ethical Standards

SDM has the potential to become the gold standard for informed consent and to ensure that healthcare decisions reflect patients' goals and preferences for care. The success of SDM supported by patient decision aids relies on the two-way process of communication between provider and patient, and requires more than a signature on an informed consent form. SDM may help to address variations in informed consent across states with regards to what information clinicians must provide to patients or to what extent they must discuss benefits and harms.² Early evidence suggests that clear documentation of informed patient decisions provides more medical and legal protection for physicians, especially with the use of decision aids.³

How does SDM improve patient experience?

SDM may alleviate symptoms of depression, including feelings of helplessness and hopelessness, and increased patient involvement in clinical decision making can enhance autonomy, empowerment, and self-efficacy.

Int J Geriatr Psychiatry, 2010

Accreditation and Certification

Accreditation and certification bodies can establish standards to assess the demonstration and documentation of SDM in a variety of healthcare settings and disciplines. Organizations that certify continuing education for clinicians can also play a stronger role in incorporating SDM into educational programs, emphasizing that patient engagement through SDM can help to identify and achieve patients' healthcare goals. To help SDM evolve into a standard of care, certified educational activities can start by emphasizing the use of high-quality decision aids that meet current national standards.

How does SDM enhance value for patients?

Early studies suggest that individuals who take a more active role in their healthcare decisions have a better understanding of their choices and are more likely to receive care consistent with their values, goals, and preferences. *JAMA, 2016*

Payment

Payment is a strong incentive to stimulate change. Currently, two pilot Centers for Medicare & Medicaid models reimburse healthcare providers and facilities for engaging in SDM with patients with preference-sensitive conditions. For these types of medical conditions, the clinical evidence does not clearly support one treatment option over another, and the course of treatment depends on the values or preferences of the patient regarding the benefits, harms, and evidence for each option.⁴ The Shared Decision Making Model tests the integration of SDM into the clinical practice of accountable care organizations using patient decision aids and a four-step process. The Direct Decision Support Model tests the impact of engaging patients by providing them with information about their condition and treatment options outside the clinical care setting.⁵ The initial conditions included in both models are stable ischemic heart disease, hip osteoarthritis, knee osteoarthritis, herniated disk and spinal stenosis, clinically localized prostate cancer, and benign prostate hyperplasia. Additionally, while some employers and health plans currently pay for SDM, others could consider reimbursing for SDM and advancing the use of patient decision aids that meet the NQF standards.

Quality Measurement and Improvement

Performance measures serve as a key driver of quality improvement and accountability programs, including accreditation, certification, payment, and public reporting. The National Quality Forum (NQF) has endorsed three performance measures related to the process and outcome of SDM for specific clinical conditions:

- Informed, Patient Centered (IPC) Hip and Knee Replacement Surgery ([NQF #2958](#))
- Shared Decision Making Process ([NQF #2962](#))
- Gains in Patient Activation (PAM) Scores at 12 Months ([NQF #2483](#))

As measure development and implementation often lag the rapid pace of change in healthcare, additional SDM measures are needed for quality improvement efforts in this area.

- 1 Stacey D, Legare F, Lewis KB. Patient decision aids to engage adults in treatment of screening decisions. *JAMA*. 2017;318(7):657-658.
- 2 Moulton B, Collins PA, Burns-Cox N, et al. From informed consent to informed request: do we need a new gold standard? *J R Soc Med*. 2013;106(10):391-394.
- 3 Barry MJ, Wescott PH, Reifler EJ, et al. Reactions of potential jurors to hypothetical malpractice suit: alleging failure to perform a prostate-specific antigen test. *J Law Med Ethics*. 2008;36(2):396-402.
- 4 Centers for Medicare & Medicaid Services (CMS). Beneficiary engagement and incentives: shared decision making (SDM) model website. <https://innovation.cms.gov/initiatives/Beneficiary-Engagement-SDM/index.htm>. Last accessed September 2017.
- 5 CMS. Beneficiary engagement and incentives: shared decision making (SDM) model website. <https://innovation.cms.gov/initiatives/Beneficiary-Engagement-SDM/index.html>. Last accessed September 2017.

Please join the National Quality Partners Shared Decision Making Action Team in making SDM a reality for everyone. For more information about NQF's shared decision making initiative, please contact National Quality Partners at nationalqualitypartners@qualityforum.org.

NATIONAL QUALITY PARTNERS

National Quality Partners™ (NQP), an initiative of the National Quality Forum that spurs collective action on the nation's highest priority healthcare issues, brought together 20 experts and national stakeholders from the public and private sectors to form the NQP Shared Decision Making Action Team. Drawn from NQF's diverse membership, the SDM Action Team works together to identify key barriers and solutions to advance SDM on a national scale. The SDM Action Team will release an NQP Playbook™ in March 2018 highlighting practical solutions to overcome common barriers to SDM in clinical practice.

2017 National Quality Partners™ Shared Decision Making Action Team

- American Association for Physician Leadership
- American College of Obstetricians and Gynecologists
- American Urological Association
- Association of Rehabilitation Nurses
- Centers for Medicare & Medicaid Services
- Compassus
- Connecticut Center for Patient Safety
- Council of Medical Specialty Societies
- Genentech
- Homewatch CareGivers International
- Human Services Research Institute
- Hospice and Palliative Nurses Association
- Informed Medical Decisions Program at MGH
- National Alliance for Caregiving
- National Coalition for Cancer Survivorship
- National Partnership for Women & Families
- Patient and Family Centered Care Partners
- Planetree International
- University of Texas-MD Anderson Cancer Center
- Vizient, Inc.