

Using Shared Decision Making to Address Health Disparities in the Post Pandemic Era

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What is Shared Decision Making?

- A collaborative process that allows patients and their providers to make health care decisions together, considering:
 - The best scientific evidence available, as well as the patient's values and preferences.



Learning Objectives

1. Increase awareness of psychosocial barriers that can contribute to misinformation and mistrust and result in treatment inertia
2. Develop skills for at assessing health literacy and mistrust and misinformation as a barrier to self-management
3. Improve awareness of basic techniques for increasing patient activation and identify and over come mistrust and misinformation



What a SDM is and is NOT

A SDM is

- Under the sole control of the patient or healthcare provider
- A one-time discussion
- A 60-second conversation during the visit
- Providing educational materials not geared to a specific decision
- Providing educational materials that advise people to choose one option over another
- Educational materials designed to promote adherence with a recommended option
- Outlining pros and cons of options to the patient
- Informed consent only

A SDM is NOT

- A distinct process
- A collaborative effort between patients and healthcare providers
- An ongoing discussion throughout the course of the provider-patient relationship
- A process encompassing the entire visit/or multiple visits
- Sharing and discussing information
- Ideally, involving the use of SDM aids/tools by the patients

Documented Effects of Validated Decision Aids

- Increased patient involvement
- Improved patient knowledge
- Increased realistic perception of outcomes
- Improved informed values-based choices (pertains to decision aids with explicit values - clarification exercises)
- Positively affect patient-practitioner communication
- Have a variable effect on length of consultation with healthcare providers
- **Allow patient's values and preferences to be taken into consideration**



The Issue of Health Literacy

- Capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions.
 - Includes reading, comprehension, speaking and numeracy [ability to use and understand numbers in daily life]
- People with Lowest Literacy had Difficulty with
 - Hypothetical scenarios of taking medicine at certain times during the day
 - Filling out patient information forms or correctly reading a health appointment slip
 - Understanding health information graphs
 - Calculating health insurance costs
- Health literacy skills generally lower among people with lower education, lower income, who are members of a minority group, or are 65 years of age or older.
- Disparities in Engagement driven by: Ethnicity, Age, Socioeconomic status
- Increased during COVID-19 pandemic
- Does not address individuals own barriers in accessing care: e.g. Broadband access and often interpreter services

Factors Affecting SDM and Use of SDM Aids in the Underserved

Socioeconomic	Health System	Condition-Related	Therapy-Related	Patient-Related
<ul style="list-style-type: none">• Poverty• Illiteracy• Low educational achievement• Unemployment• Insufficient social support• Transportation issues• Excessive medication and treatment costs• Environmental factors	<ul style="list-style-type: none">• Problems with patient-provider relationships• Inadequate local health services• Insufficient reimbursement from health insurance• Insufficient knowledge and training of HCPs• Lack of incentives and feedback on performance• Inadequate system emphasis and support for patient education	<ul style="list-style-type: none">• Symptom burden• Frailty• Activity limitation• Availability of effective treatments• Influence of comorbidities	<ul style="list-style-type: none">• Polypharmacy and treatment complexity• Previous failures with therapy• Frequent changes in treatment• Lack of perceived beneficial effects• Actual, experienced side effects	<ul style="list-style-type: none">• Health literacy• Psychological issues• Cognitive ability• Concern over side effects• Cosmetic concerns• Motivation and attitudes• Cultural beliefs and perceptions

Quality Shared Decision-Making Aids Encompass

Trust

Options

Misinformation

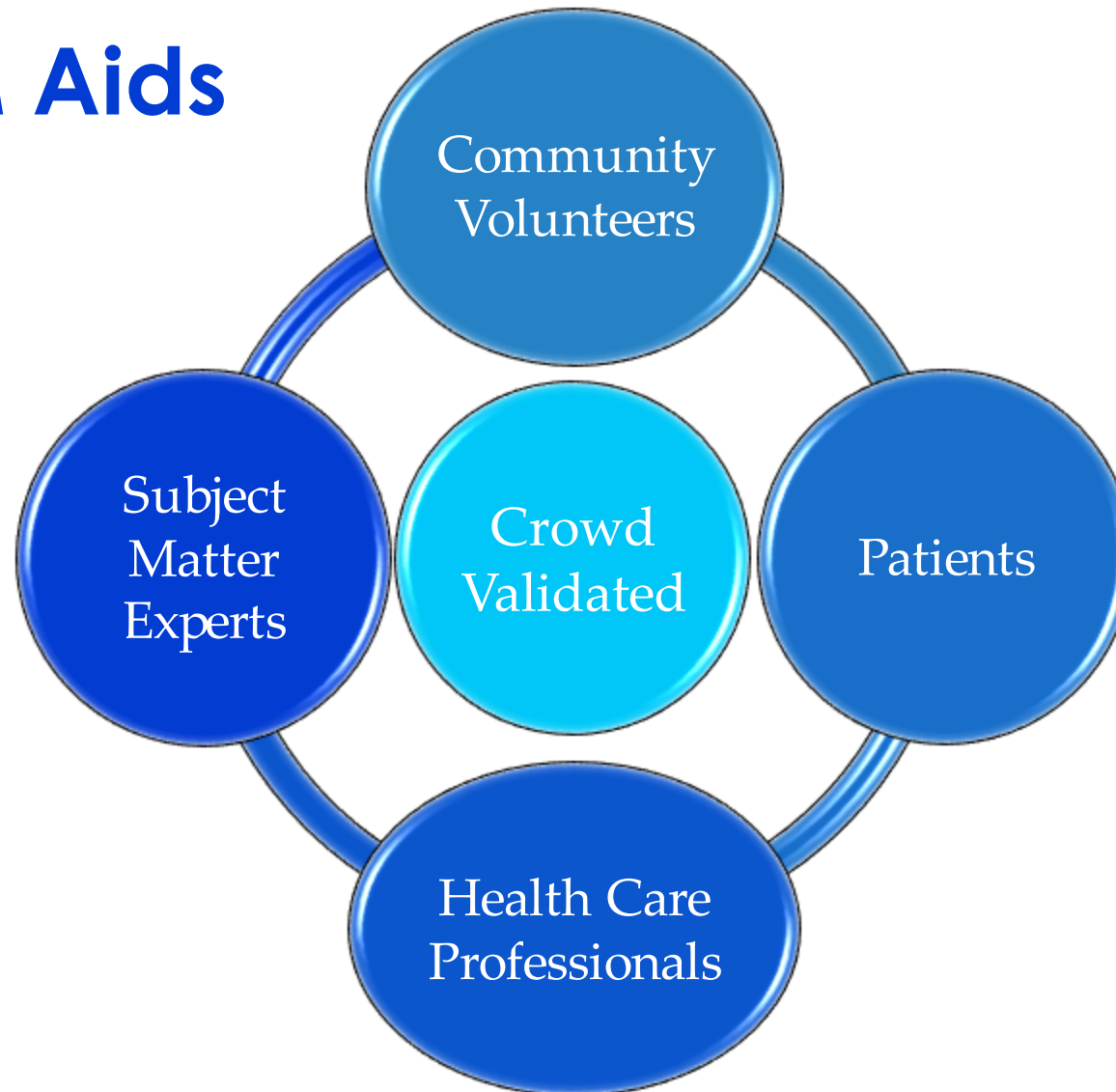
Emotional Information

Medical/Scientific Information that a patient should know when deciding.

Personal Preference



Digital SDM Aids

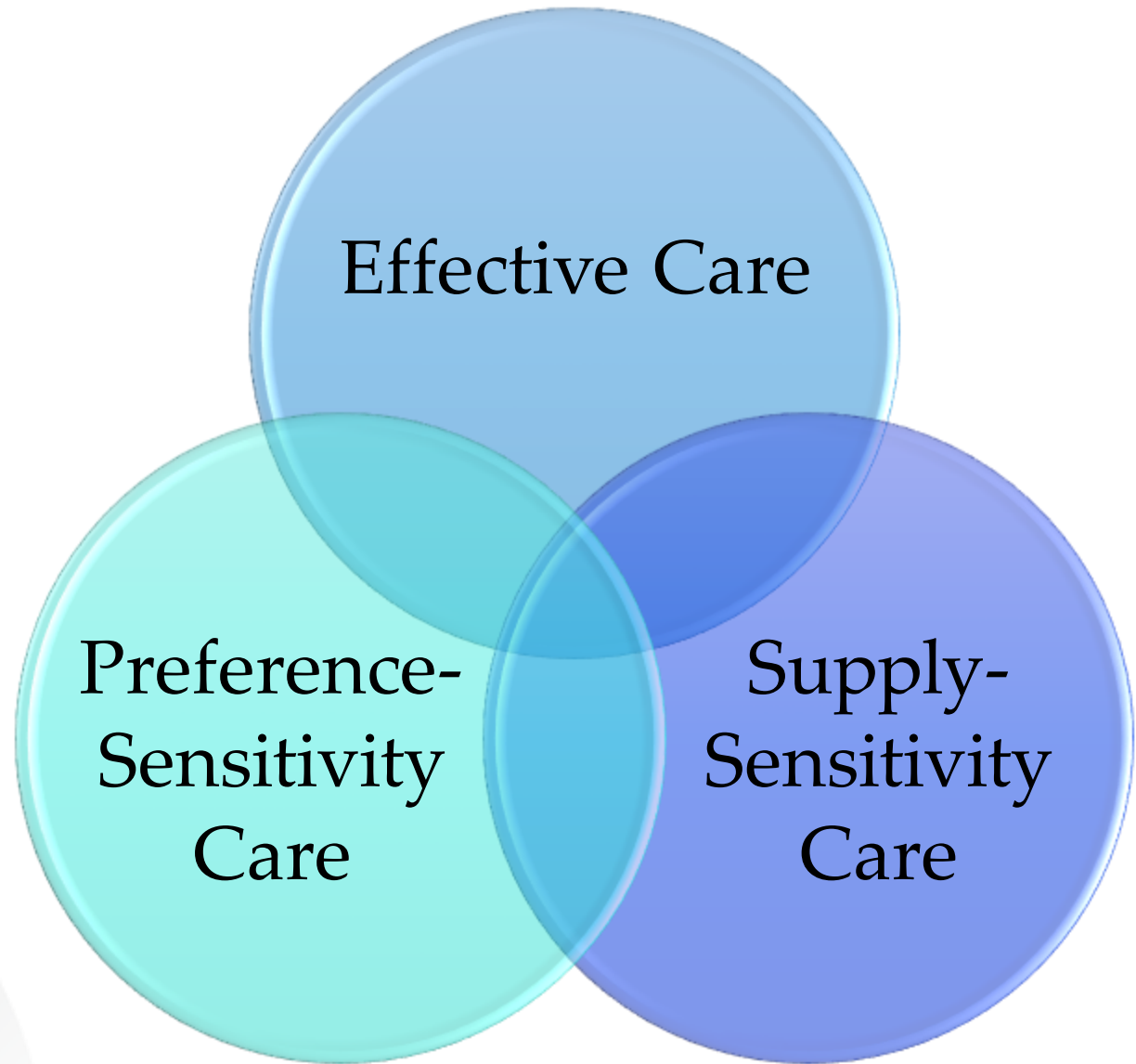


Barriers to SDM

- **Training on just how to accomplish SDM in a busy office environment – Time**
- Belief that shared decision-making not appropriate or necessary for Allergist
- Perception Security and Privacy
- Perception of loss of connection between HCP and the Patient (accessibility accommodations-closed captioning)
- Provider reimbursement for shared decision-making
- Potential shortcomings of specific decisional aids
- Older adults and underserved lack access

Which Category of Care is SDM appropriate?

- SLIT/SCIT
- Asthma
- AD
- CRS with NP
- AR
- HAE
- EOE
- Integrative/preventative
- Breastfeeding



Coverage for COVID-19 Counseling for Children and Youths... a Path Forward.

➤ Quick Facts

- 40% of Children in the US receive health insurance from Medicaid
- Supporting Conversations between families and healthcare providers we can connect more children with effective vaccines
- Vaccine Counseling is recommended (JAMA Vol. 327 #4 pg. 313 Jan 2022 meaning [the use of Shared Decision-Making with an Aid])

➤ American Rescue Plan 2021

- Paid for by the Centers of Medicare & Medicaid as part of early and periodic screening diagnostic and treatment benefits.

The Telemedicine SDM Experience

Phases of Shared Decision Making

Team Talk

- Review decisional readiness
- Offer support
- Ask about goals and preferences

Option Talk

- Clarify choices
- Review risks and benefits
- Understand population vs individual impacts of options
- Use effective communication

Decision Talk

- Assess patient's understanding of options
- Check patient values, support, certainty
- Understand questions and concerns
- Make preference-based decision

The Telemedicine SDM Experience (Cont.)

Virtual Challenges and Solutions

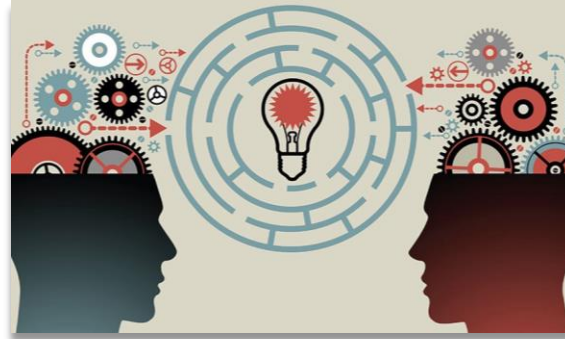
- **Challenge: Time constraints may limit understanding of patient preferences and values**
 - **Solution:** Use effective listening strategies to explore patient values and preferences. Understand that with telemedicine, follow-up visits may be more available to patients to engage with healthcare team members when the patient is ready.
- **Challenge: Difficulty accessing usual infrastructure to support SDM**
 - **Solution:** It can be difficult to use non-verbal cues by telemedicine, particularly if technologic challenges arise. Leverage online supports motivational interviewing techniques Older adults and underserved lack access
- **Challenge: New paradigms of care delivery during COVID-19 may be unfamiliar and uncomfortable to patients and providers**
 - **Solution:** Taking time early on during “team talk” to clarify decisional readiness, goals, and preferences, and defining choices with attendant risks/benefits during “option talk” will lay the groundwork for decision talk. Assess decisional conflict and be flexible.

Virtual Shared Decision-Making



Opportunities

- Engage patients in their own home in an evidence-based, patient-informed decision.
- Allow patients time and space to make medical decisions when they are ready.
- Creates opportunities for patients to access multiple platforms to use patient decision aids.



- Provides access to care team members through telehealth on an iterative basis as needed.
- Absence of face-to-face encounter can make it difficult to establish the foundational trust that is the basis of SDM.



Challenges

- Fear of infection during the COVID-19 pandemic and use of personal protective equipment may hinder communication.
- Underdeveloped patient decision aids and access platforms create barriers to needed SDM infrastructure.
- Time demands on providers create conflicting priorities.

Shared Decision- Making Aid Demo



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COVID-19 Owning Your Decision™



A Shared Decision-Making Aid provided by

Allergy & Asthma Network

<https://AllergyAsthmaNetwork.org>

Perfect for Mobile, Tablet or Desktop



lives and their ability to have the energy to enjoy it.



Why is Shared Decision-Making Important?

Health care workers have a responsibility to talk to patients who want to own their decisions about treatment, medical tests, costs and other health issues.

In many situations, there is no single right decision because there are often many health care choices.

Shared Decision-Making is especially important in these types of situations

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COVID-19 vaccine does not cause allergies for most people

The Centers for Disease Control (CDC) says people with allergies can get a COVID-19 vaccine. If patients have had a previous severe allergic reaction to a vaccine, they need to discuss that with their doctor, who can evaluate and assess the risk.

Do you have concerns about having an allergic reaction to the COVID-19 vaccine?

Do you want to talk with a clinician about a possible allergic reaction?



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Decide and Share

6:05   

COVID-19 Owing Your Decision™

Shared Decision-Making Aid Summary Report



I've decided to get the **free** COVID-19 vaccine now, let's [schedule an appointment](#)

Thank you for completing the **COVID-19 Owing Your Decision** Shared Decision-Making Aid. We hope you found this helpful. If you have questions, you can email us at it.support@sdmcentral.com.


 Please click here to leave the session.



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COVID-19 Owing Your Decision™

You've finished the Shared-Decision Aid

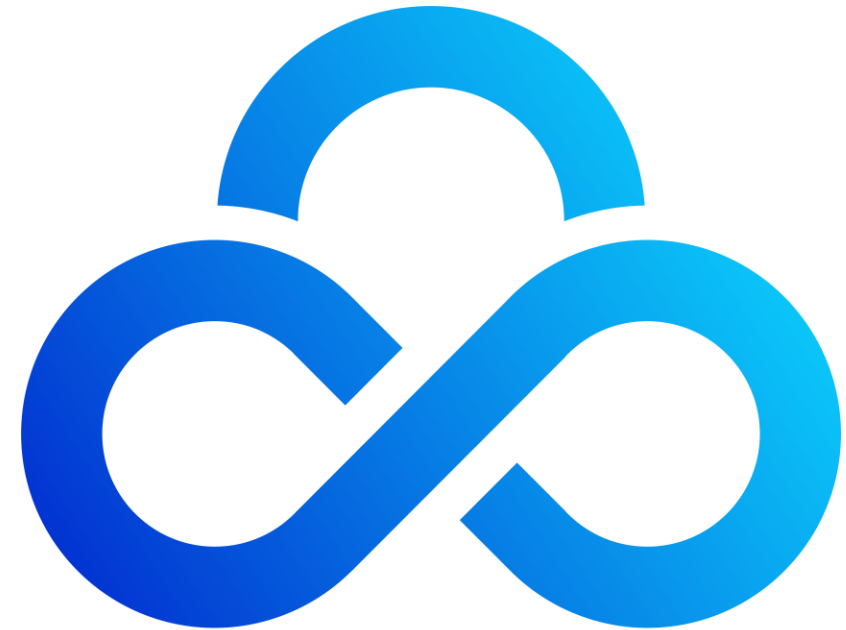
- I've decided to get the **free** COVID-19 vaccine now, let's [schedule an appointment](#)
- I'm considering getting the **free** COVID-19 vaccine
- I've decided to pause and schedule a telemedicine visit to learn more getting the **free** COVID-19 vaccine
- I've decided not to get the **free** COVID-19 vaccine



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How We Continue to Close the Gap

- Medical Journal Articles
- Assistance for member communications with Patient Advocacy and Support Groups
 - Press Releases
 - Webinars
 - Profiles in Media
 - Interviews with Community Press



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11 Myths of Shared Decision Making

1. It was a fad, it will pass
2. Patients are left to make decisions alone
3. Not everyone wants shared decision-making
4. Not everyone is good at shared decision-making
5. In my practice shared decision-making is not possible, patients ask me what to do
6. Shared decision-making takes too much time
7. We're already doing shared decision-making
8. Shared decision-making is easy
9. Shared decision-making is not compatible with clinical practice guidelines.
10. Shared decision-making costs too much money
11. Shared decision-making doesn't account for empathy

Contact Us

Feel free to reach out with more questions. We're always willing to help in whatever way we can.

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SCAN ME

