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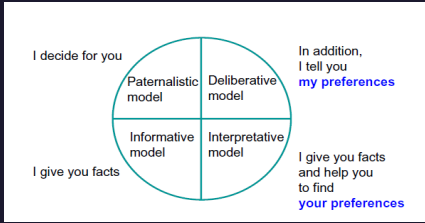
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Decision-making:  
Models of patient-provider partnerships



Emanuel & Emanuel JAMA, 1992

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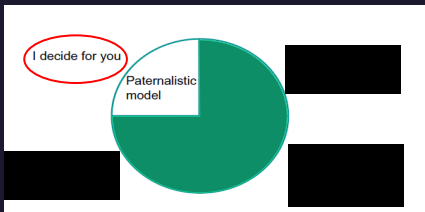
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Decision-making:  
Models of patient-provider partnerships



Emanuel & Emanuel JAMA, 1992

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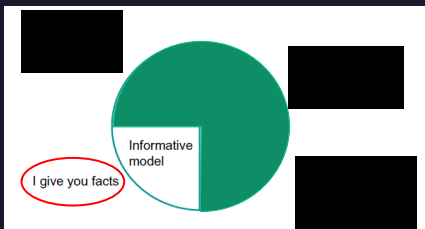
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Decision-making:  
Models of patient-provider partnerships



Emanuel & Emanuel JAMA, 1992

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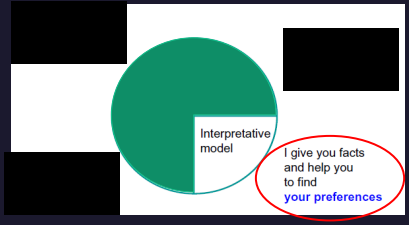
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Decision-making:  
Models of patient-provider partnerships



Emanuel & Emanuel JAMA. 1992

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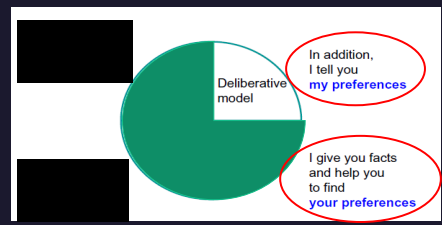
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Decision-making:  
Models of patient-provider partnerships



Emanuel & Emanuel JAMA. 1992

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Models of patient-provider partnerships



Emanuel & Emanuel JAMA. 1992

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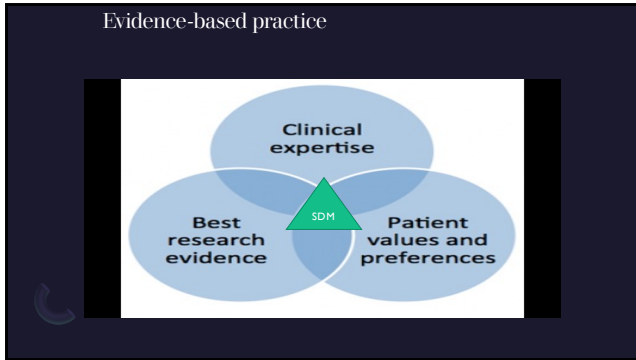
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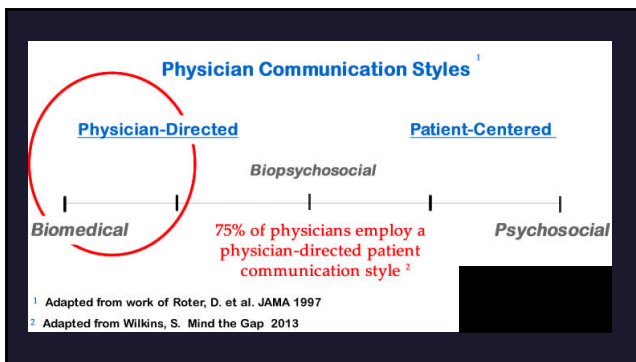
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Clinical evidence - 2013

- 3000 treatments evaluated
  - 11% clearly beneficial
  - 24% likely beneficial
  - 50% have insufficient evidence
  - 7% require trade-offs between benefits and harms
  - 5% unlikely to be beneficial
  - 3% likely to be ineffective or harmful

<https://bestpractice.bmj.com/info/evidence-information>

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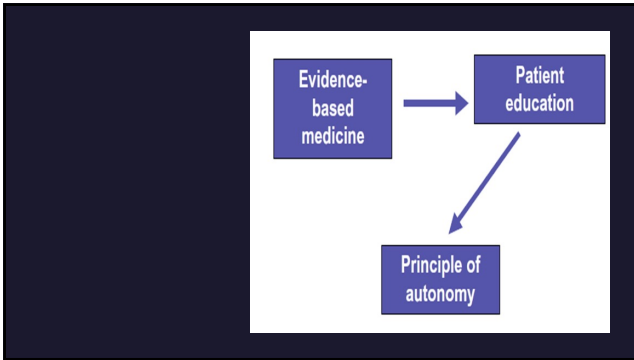
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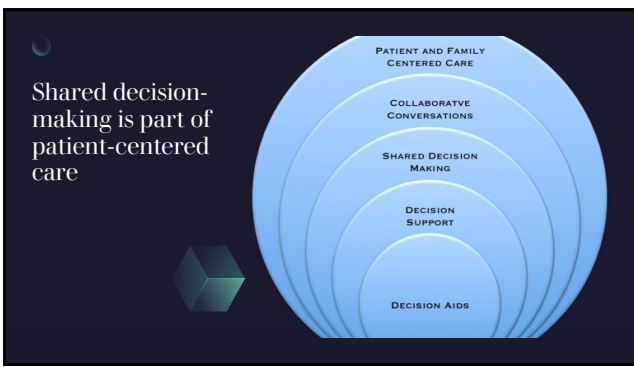
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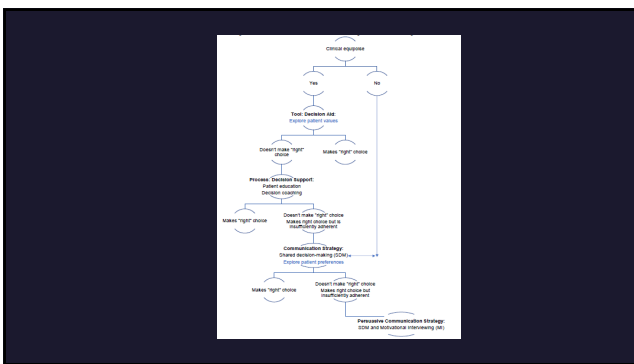
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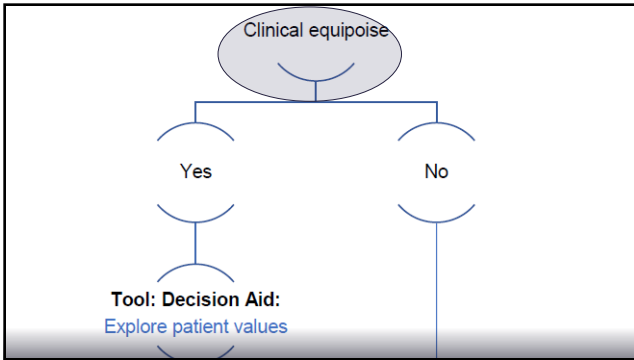
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**International Patient Decision Aids (DAs) Standards (IPDAS) Collaboration**

- Decision aids
  - Evidence-based tool to help patients make choices when there is a single superior choice
  - Supplements clinicians' counselling
- Components
  - explicit statement of the decision that needs to be considered
  - evidence-based information
  - help patients recognize value-sensitive nature of decisions and clarify the value they place on the benefits and harms
- Conventional patient education is not a DA

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**Decision aids**

- Used before, during or after a clinical encounter to aid in making values-sensitive health decisions focused on weighing benefits and risks involved in the decision
- Goal is patient/parent activation
- Decision aids can help clinicians provide neutral information
  - How information is presented affects people's decisions

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**Environmental Allergies: Should my child get allergy shots?** 4

**IV. Thinking about your decision**

What matters most to you and your child? In the table below is a list of possible reasons to choose or not choose allergy shots. Circle the number in each row below, to show how important each reason is.

1 = Least important    5 = Most important

REASONS TO CHOOSE ALLERGY SHOTS	REASONS TO CONTINUE MEDICATIONS AND CONTROLS ALONE
We want to do whatever is possible to treat symptoms. 1    2    3    4    5	We prefer a more conservative approach. 1    2    3    4    5
We are not able to control allergen levels at home. 1    2    3    4    5	We are able to control allergen levels at home. 1    2    3    4    5
We want to do what we can to treat causes of allergies, not just symptoms. 1    2    3    4    5	My child doesn't mind using medications to relieve symptoms. 1    2    3    4    5
Willing to spend time and money for shots. 1    2    3    4    5	We don't want to spend time and money for shots. 1    2    3    4    5
Medication side effects are hard on my child.	Medication works without side effects.

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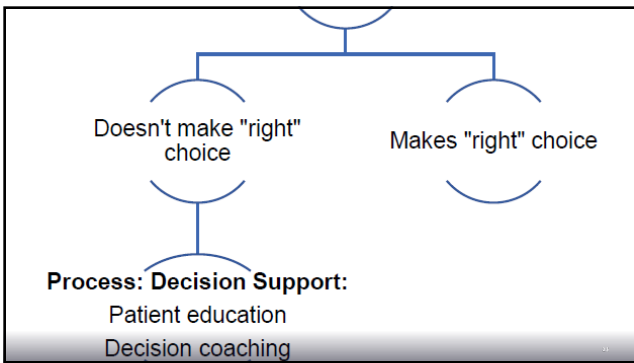
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**Decision support**

- Processes for enhancing decisions and actions using evidence-based information
- CDS Five Rights—deliver the right information to the right people through the right formats via the right channels at the right times
  - Decision coaching
  - Education

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The goal of Decision Support: improve quality of decision and facilitate progress in decision-making process

**Patient education**

- Information ≠ education
- Knowledge transfer
- Skills building
- Responsibility

**Coaching**

- Options presented
- Benefits and risks discussed

**Understanding, values and preferences assessed**

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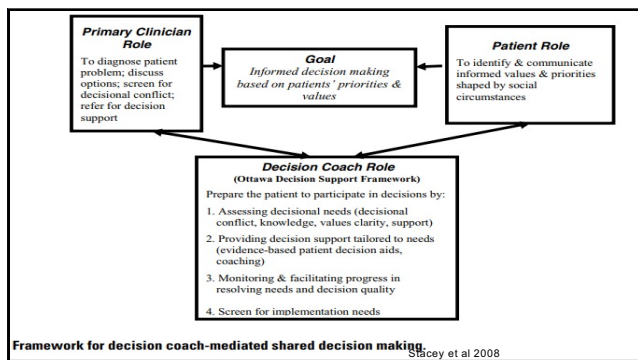
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## Decision support

**5** or more fruits & vegetables  
**2** hours or less of recreational screen time  
**1** hour or more of physical activity  
**0** sugary drinks; water is best

**EVERY DAY!** American Academy of Pediatrics

<https://pubs.aap.org/pediatrics/article/131/4/e1000/decision-support-chart-1st-ed-ebook/>

**5210** EVERY DAY!

- 5 or more fruits & vegetables
- 2 hours or less of recreational screen time (less than 1 hour under the age of 2)
- 1 hour or more of physical activity
- 0 sugary drinks; more water & less fat drinks

American Academy of Pediatrics  
<https://www.aap.org/pediatrics/article/131/4/e1000/decision-support-chart-1st-ed-ebook/>

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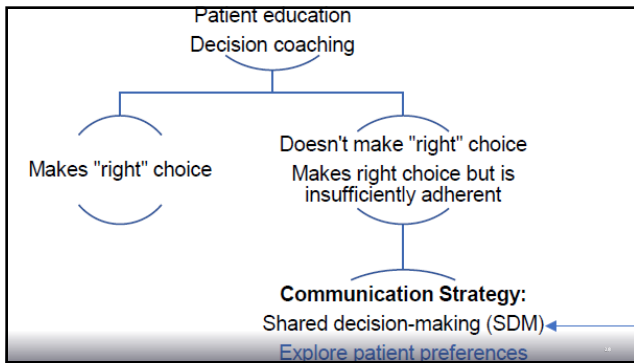
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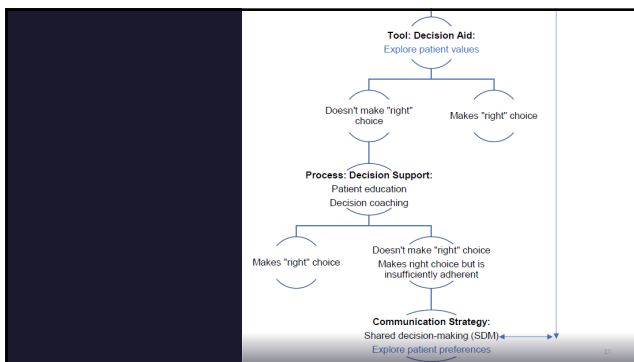
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## Shared decision-making

- A way of communicating and practicing
  - "a process in which patients are involved as active partners with the clinician in clarifying acceptable medical options and in choosing a preferred course of clinical care" 1
- Two-way exchange
  - not all patients want to share in making the decisions; involvement varies by age, cultures or health choice<sup>2</sup>
- Appropriate when there is more than one reasonable choice and no single option best
  - these are 'preference-sensitive' decisions because there is insufficient evidence
- Appropriate when there is single superior option but insufficient acceptance of/adherence to that option

1. Shannon et al. American Journal of Preventive Medicine, 2004

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**SDM**

- When providers understand patient preferences they can facilitate discussion of the risks and merit offering options to consider jointly
- Helps to reconcile differences leading to mutually agreed upon higher quality decisions that best match patients' needs with evidence-based recommendations
- Building partnerships is at the core of SDM

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**DELIBERATION**

**Team talk** Explain the intention to collaborate and support deliberation

**Option talk** Compare alternatives

**Decision talk** Elicit preferences and integrate into subsequent actions

**Collaboration Talk Model** © Glyn Elwyn 2014

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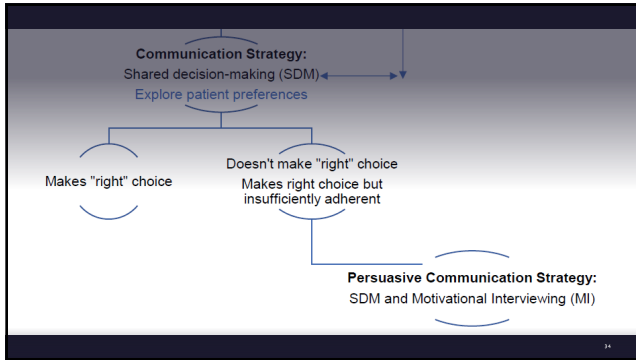
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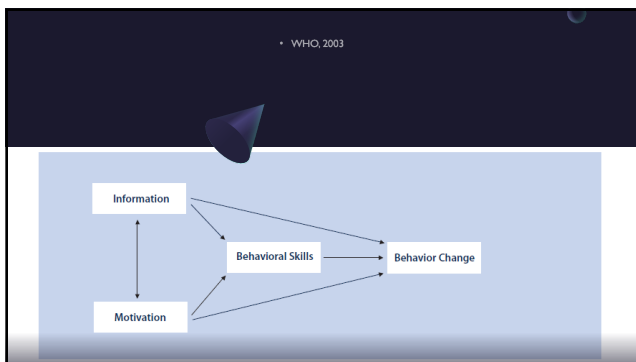
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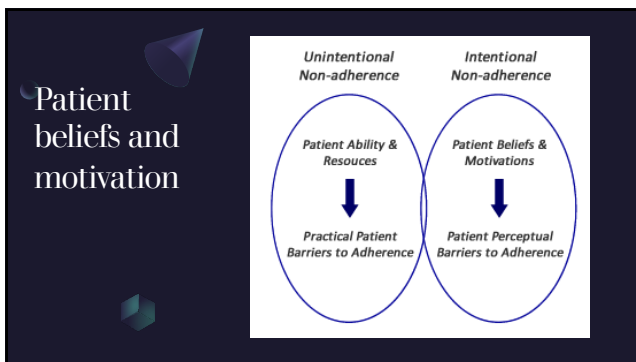
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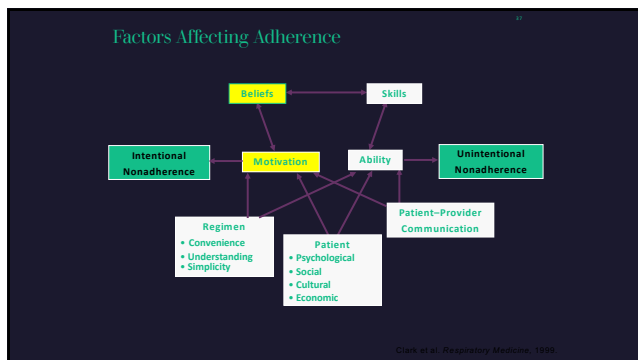
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### SDM + Motivational Interviewing

- For interventions targeting decisions with less clinical equipoise
  - persuade patients and parents toward a particular course of action that is widely accepted by the medical profession
- MI is a micro-counseling approach for eliciting behavior change by helping clients explore and resolve ambivalence

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### MI steps

- Engaging
- Focusing
- Evoking
- Planning

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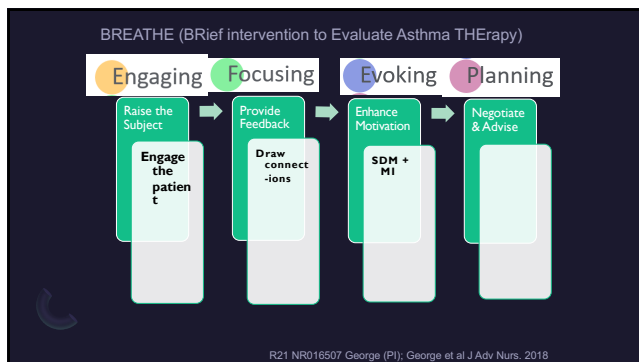
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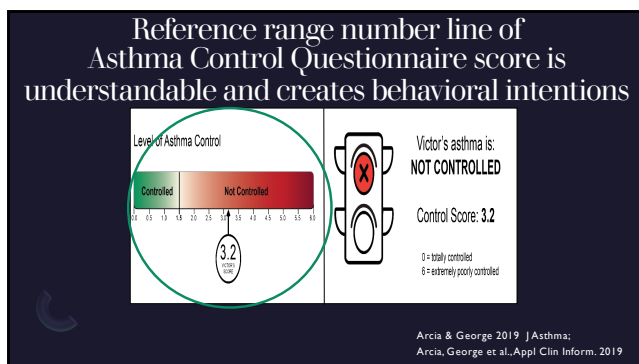
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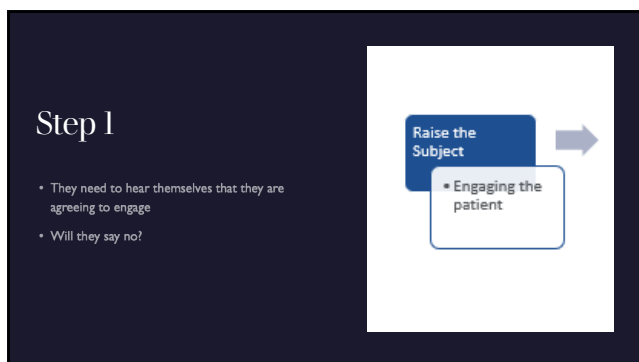
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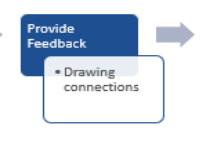
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Step 2



- Both give feedback
- Clinician makes connection between current symptoms/status and ICS use using infographic
- You're not in it to win
- New behavior needs new reasons

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Step 5



- Ask why?
- Have them scale motivation
- Reinforce the number they pick and the whys they provided
- Stay here until you have a list of reflections



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Step 4



- Reinforce good steps
- Remind them what they need to do and why
- Imagine

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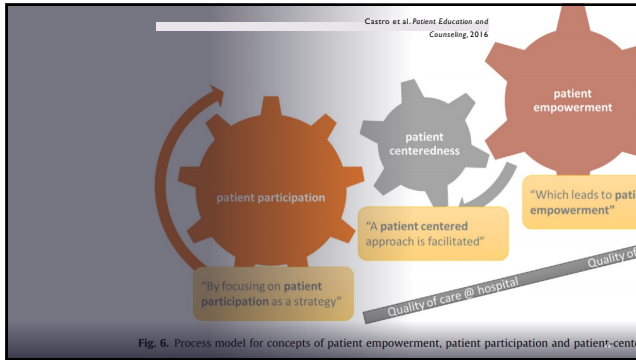
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### Takeaways

Confusion as to what: DA, DS and SDM are (and are not) and when to use each

No standard definition or measurement of SDM/MI (satisfaction, knowledge, decisional conflict...)

Traditionally focused on scenarios where there is clinical equipoise

Because decision aids not possible for every clinical scenario, provider training interventions help clinicians implement SDM on a regular basis

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### Thank You

Maureen George PhD RN  
mg3656@cumc.columbia.edu

Tuesday, February 01, 2022

Send this as a PDF

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