

PATIENT-CENTERED CARE AND SHARED DECISION MAKING

THE ELEVENTH ANNUAL QUALITY COLLOQUIUM



INFORMED MEDICAL
DECISIONS FOUNDATION
Partnerships for Quality Care

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Foundation President
August 14, 2012

FOUNDATION MISSION

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



WE BELIEVE PATIENTS SHOULD BE:



Supported & encouraged to participate in their health care decisions



Fully informed with accurate, unbiased & understandable information



Respected by having their goals & concerns honored



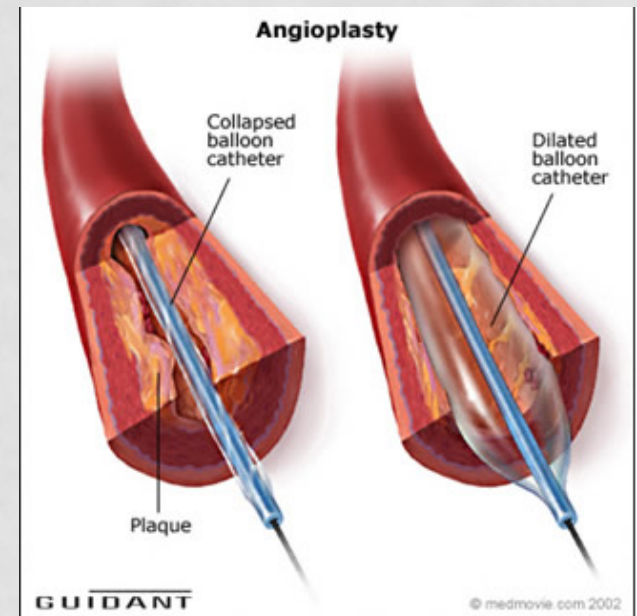
IS INFORMED CONSENT “REAL?”

- 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.



IS INFORMED CONSENT “REAL?”

- While even through the latest meta-analysis in 2009 (61 trials and 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.”



IS INFORMED CONSENT “REAL?”

- 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.



DECISIONS STUDY

- Conducted by University of Michigan
- Nationwide random-digit dial telephone survey
- Probability sample of 2,575 English speaking American age 40+
- Reported a discussion of 1 of 9 medical decisions with a health care provider within the past 2 years
- Response rate of 51%



DECISIONS SURVEY: DECISIONS ADDRESSED

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

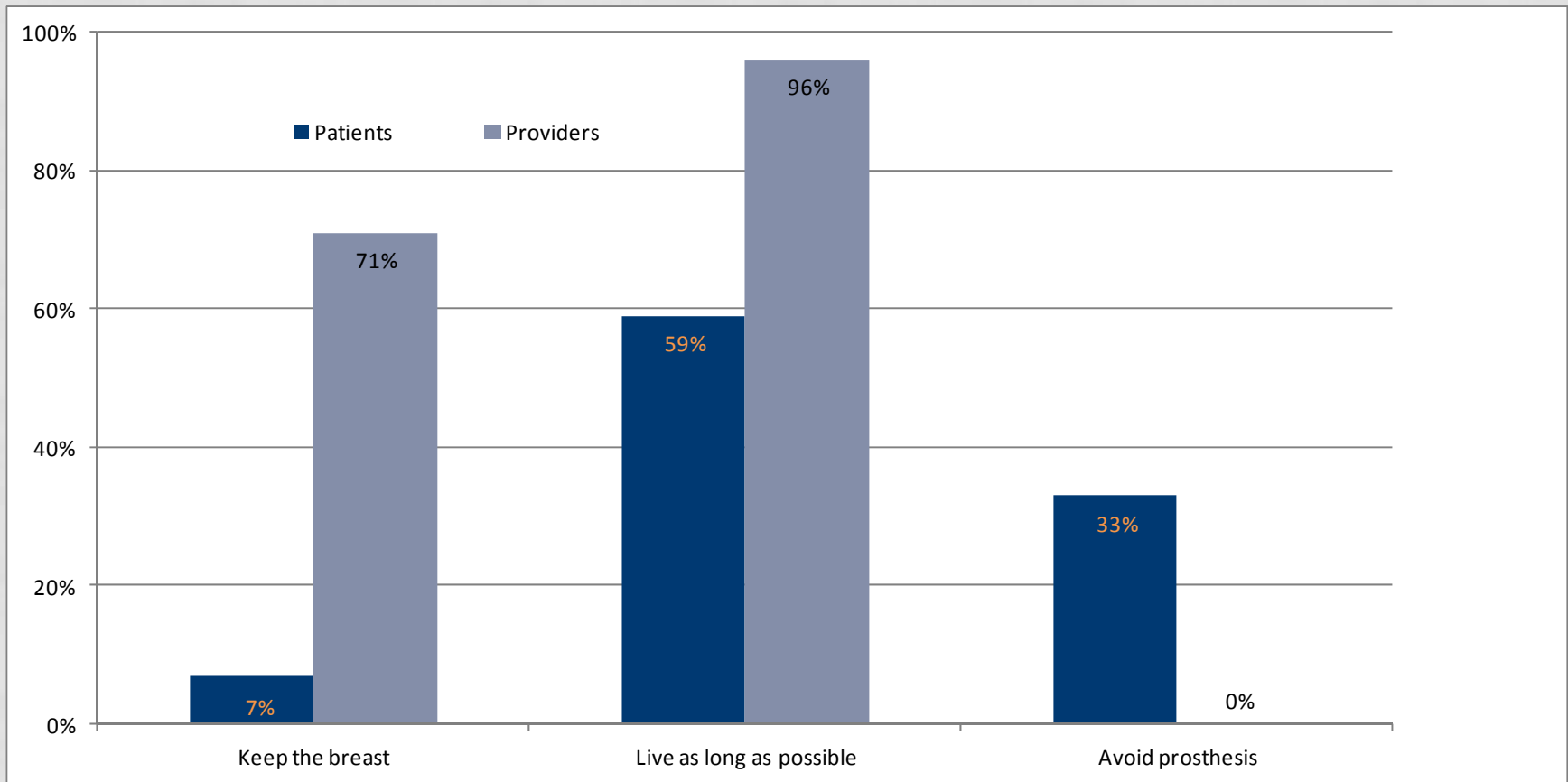


HOW MUCH DID PATIENTS KNOW?

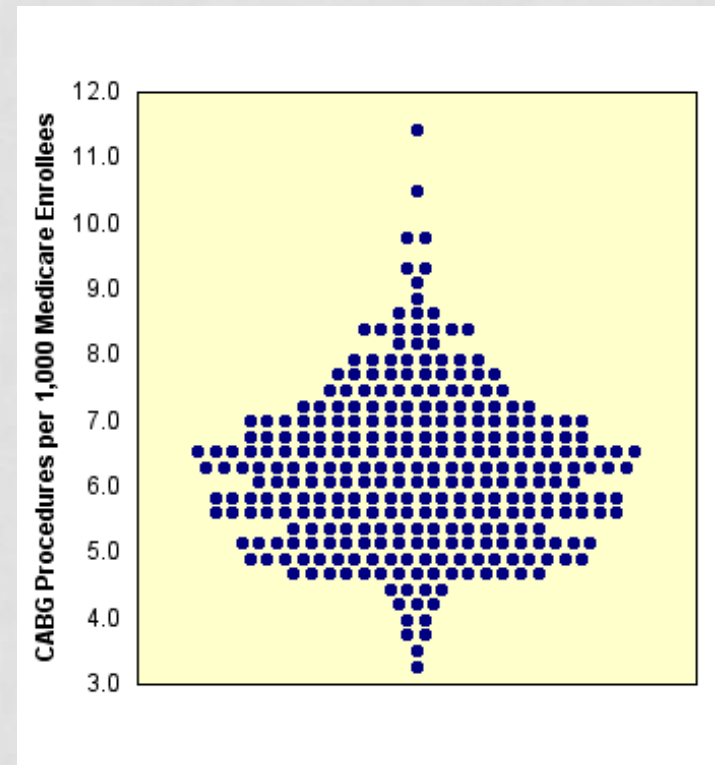
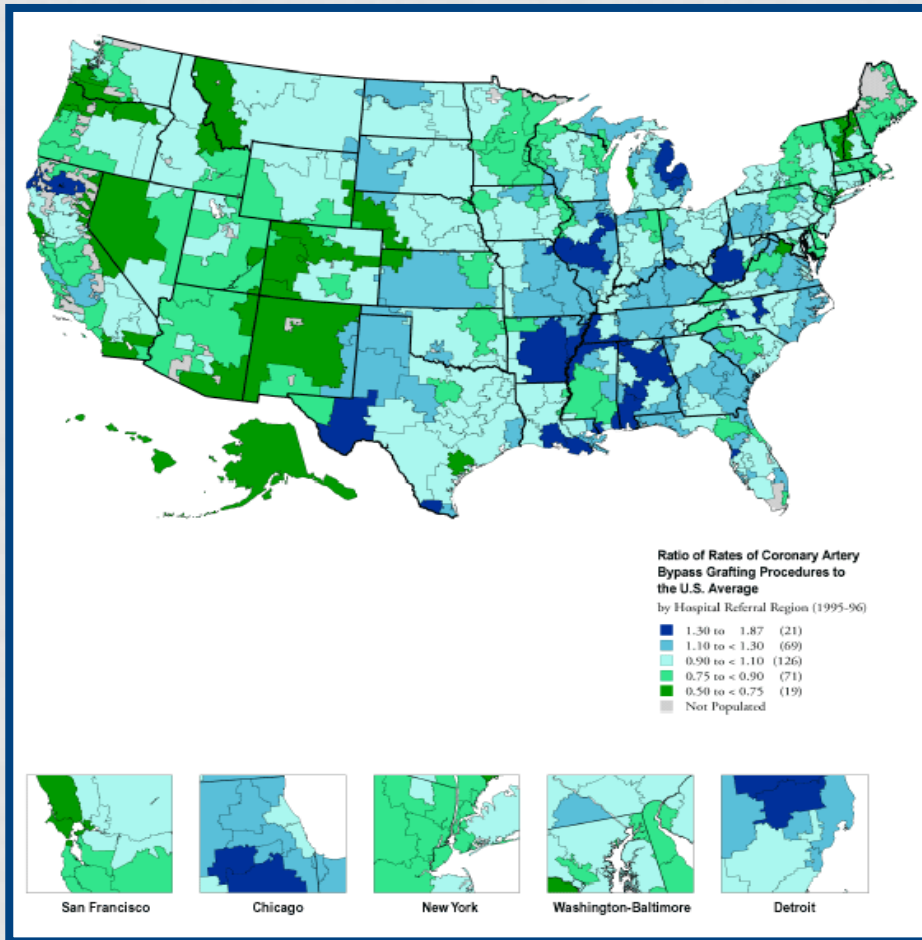
- Clinical experts identified 4-5 facts a person should know, for example, common side effects of medications or surgery
- Respondents were asked the knowledge questions related to their decision
- For 8 out of 10 decisions, fewer than half of respondents could get more than one knowledge question right



“DIAGNOSIS” OF PATIENT PREFERENCES



U.S. CORONARY BYPASS RATES



FORCES SUSTAINING UNWANTED PRACTICE VARIATION



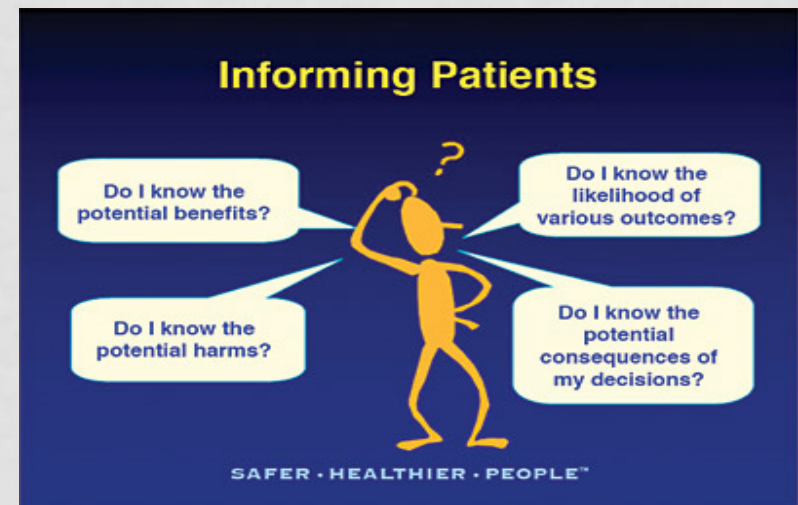
WHAT IS GOOD MEDICAL CARE?

- 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



SHARED DECISION MAKING MODEL

- Key characteristics:
 - At least two participants (clinician & 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



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



COCHRANE REVIEW OF DECISION AIDS

- In 86 trials in 6 countries of 34 different decisions, use has led to:
 - Greater knowledge
 - More accurate risk perceptions
 - Lower decision conflict
 - Greater participation in decision-making
 - Fewer people remaining undecided



COCHRANE REVIEW OF DECISION AIDS

- Use of pDAs resulted in:
 - Reduced choice of major elective surgery (RR 0.80, N=11 trials)
 - Reduced choice of PSA screening (RR 0.85, N=7 trials)



CHOICE OF ELECTIVE SURGERY

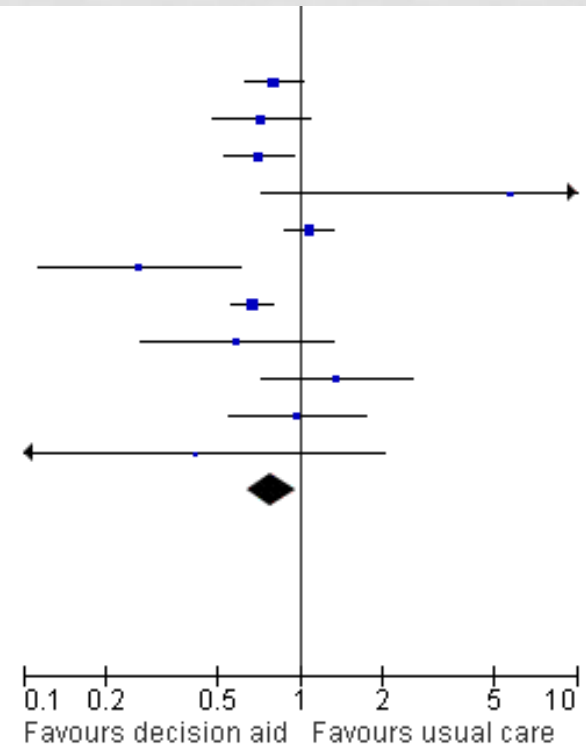
1.7.2 Intention to treat analysis

Kennedy 2002	82	300	101	298	15.2%	0.81 [0.63, 1.03]
Bernstein 1998	25	65	28	53	11.2%	0.73 [0.49, 1.09]
Morgan 2000	45	120	63	120	14.0%	0.71 [0.54, 0.95]
Murray 2001 a	6	57	1	55	0.9%	5.79 [0.72, 46.54]
Vuorma 2003	98	184	88	179	16.2%	1.08 [0.89, 1.32]
Whelan 2004	6	94	26	107	4.6%	0.26 [0.11, 0.61]
Auvinen 2004	60	104	91	106	16.7%	0.67 [0.56, 0.81]
Barry 1997	8	104	16	123	4.9%	0.59 [0.26, 1.33]
Schwartz 2009	18	100	15	114	6.9%	1.37 [0.73, 2.57]
Tiller 2006	18	68	17	63	7.9%	0.98 [0.56, 1.73]
Vodermaier 2009	2	39	5	41	1.6%	0.42 [0.09, 2.04]
Subtotal (95% CI)		1235		1259	100.0%	0.79 [0.64, 0.97]

Total events 368 451

Heterogeneity: $\text{Tau}^2 = 0.06$; $\text{Chi}^2 = 27.70$, $\text{df} = 10$ ($P = 0.002$); $I^2 = 64\%$

Test for overall effect: $Z = 2.20$ ($P = 0.03$)



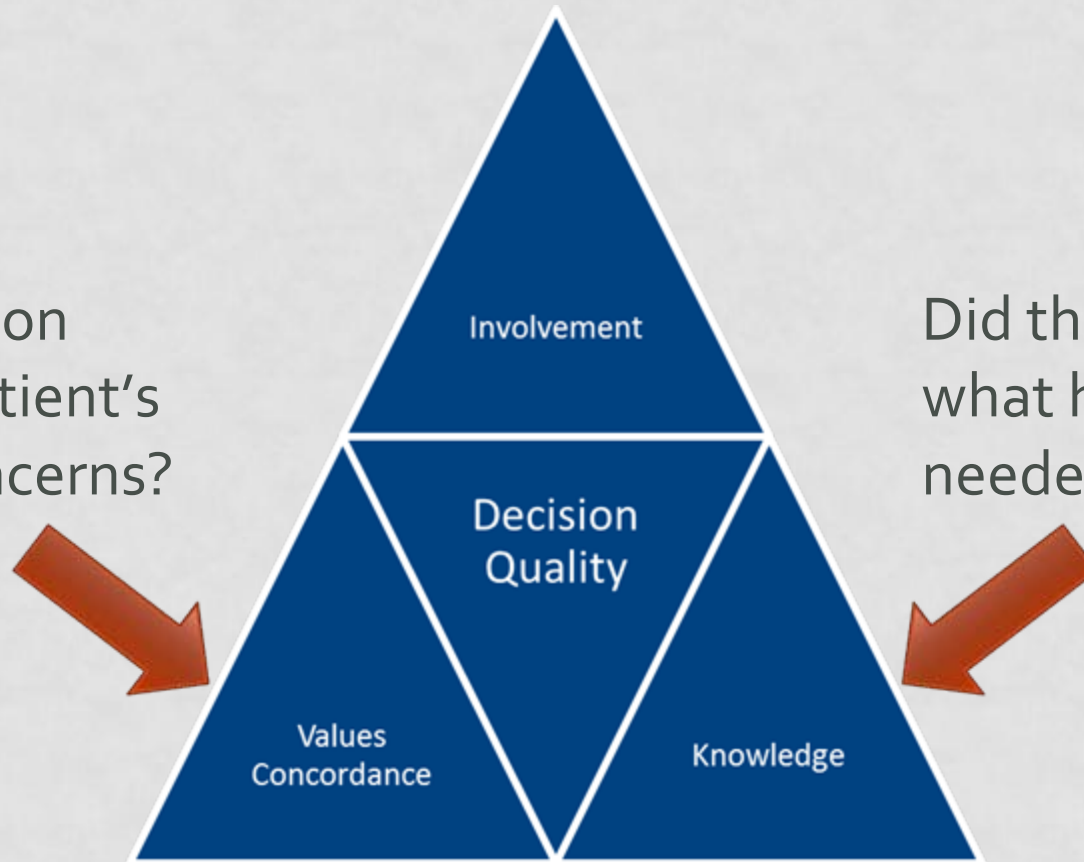
Did the patient know a decision was being made?

Did the patient know the pros and cons of the treatment options?

Did the provider elicit the patient's preferences?

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

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



Foundation Demonstration Sites

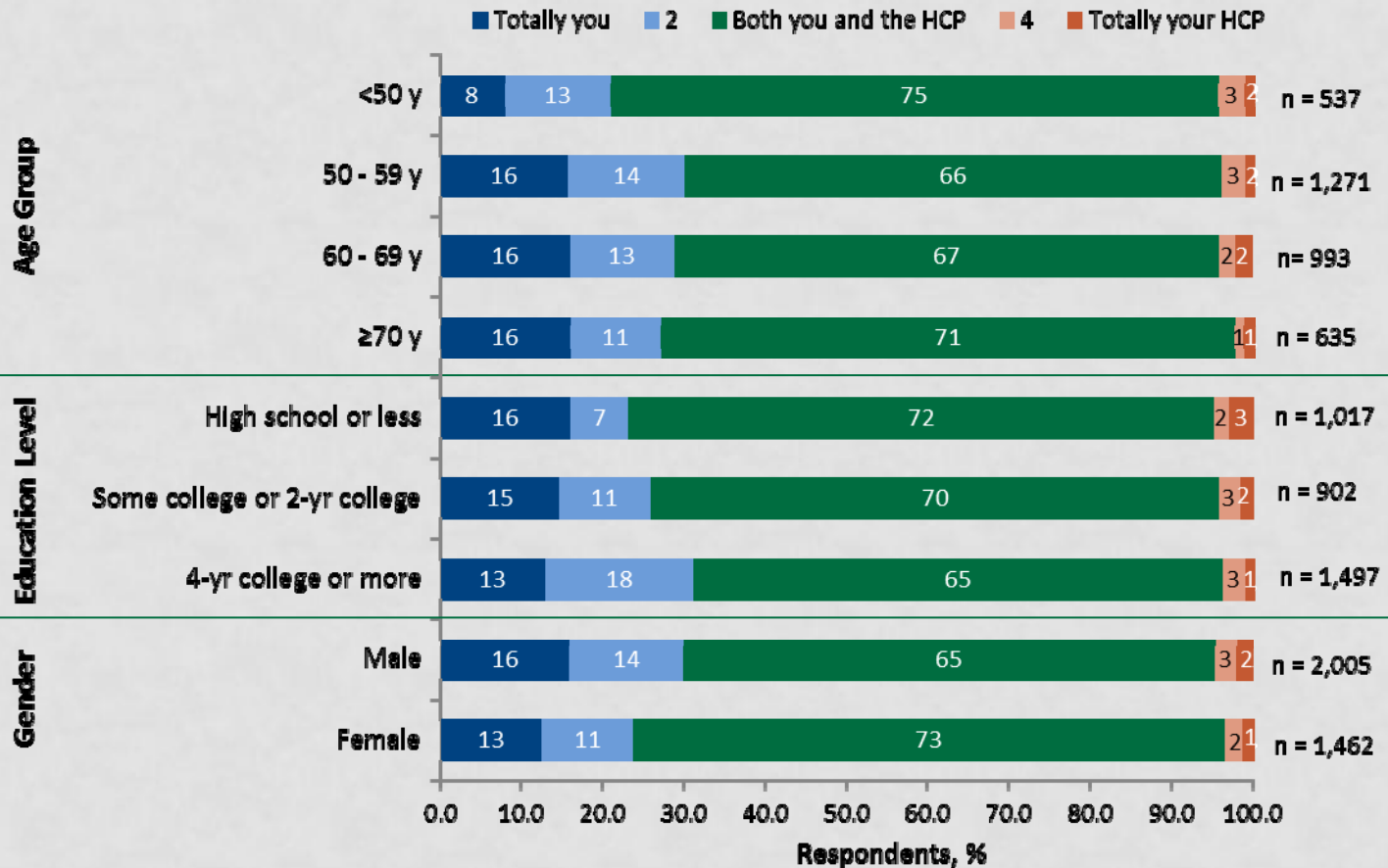
Demonstration Sites	Primary Care	Specialty Care
Massachusetts General Hospital*	X	
University of North Carolina	X	
MaineHealth	X	
Mercy Clinics Inc.	X	
Stillwater Medical Group*	X	
Oregon Rural Practice-based Research Network*	X	
Palo Alto Medical Research Foundation*	X	
Peace Health*	X	
PA FQHCs*	X	
Dartmouth-Hitchcock Medical Center	X	X
Group Health Cooperative*	X	X
University of Washington	X	X
Allegheny General Hospital – Breast Cancer		X
University of California San Francisco – Breast Cancer		X

* Medical Home



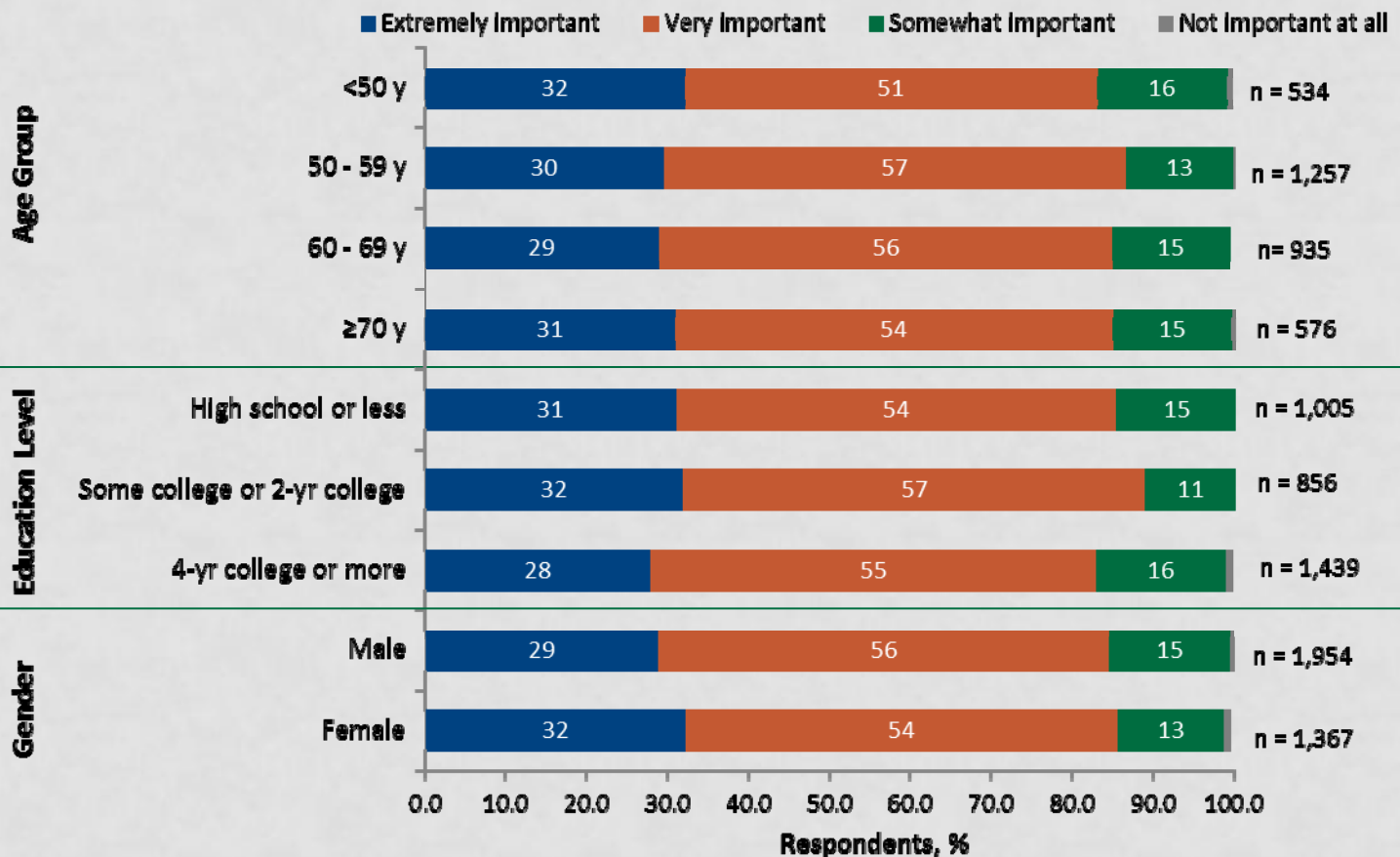
MOST PATIENTS IN ALL GROUPS PREFERRED TO BE INCLUDED IN DECISION MAKING

“Who should make the decisions about [differs by topic]?” (before DA)



PATIENTS IN ALL GROUPS SAID PROGRAMS LIKE THIS ARE IMPORTANT

“How Important Is It for health care providers to give programs like this to their patients?”†

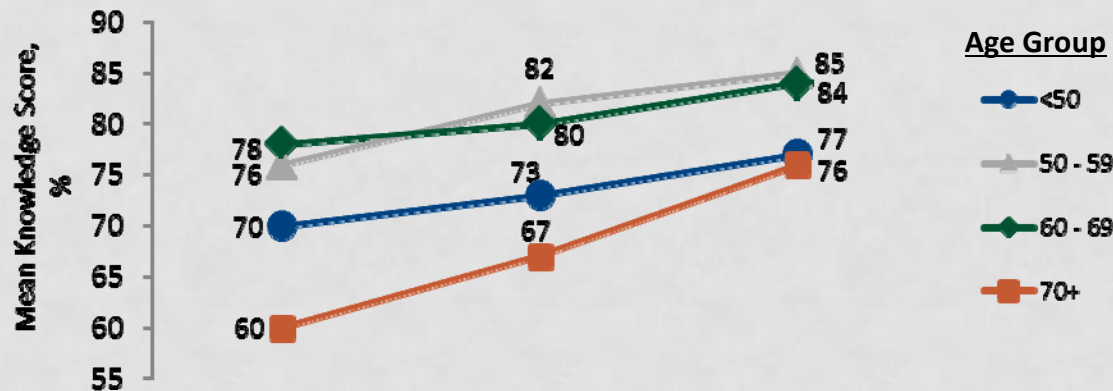


Includes all valid demonstration site surveys in Illume database distributed in a primary care setting as of 5/16/12 (unweighted)

†Respondents who viewed the Peace of Mind (Advance Directives) program were not asked to rate decision aid importance.

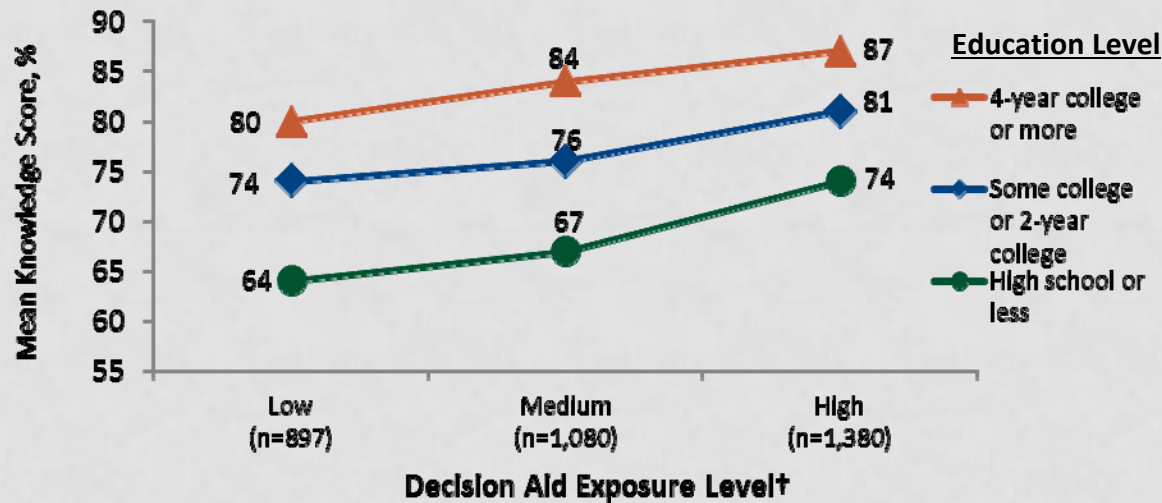


KNOWLEDGE SCORES INCREASED WITH DA EXPOSURE FOR ALL GROUPS



P values

Age Group	Low vs. Med	Med vs. High	Low vs. High
<50	.23	.060	.004*
50 - 59	<.001*	.062	<.001*
60 - 69	.34	.004*	<.001*
70+	.042*	<.001*	<.001*



P values

Education Level	Low vs. Med	Med vs. High	Low vs. High
4-yr college or more	.002*	.032*	<.001*
Some/2-yr college	.32	.017*	.001*
HS or less	.171	.001*	<.001*

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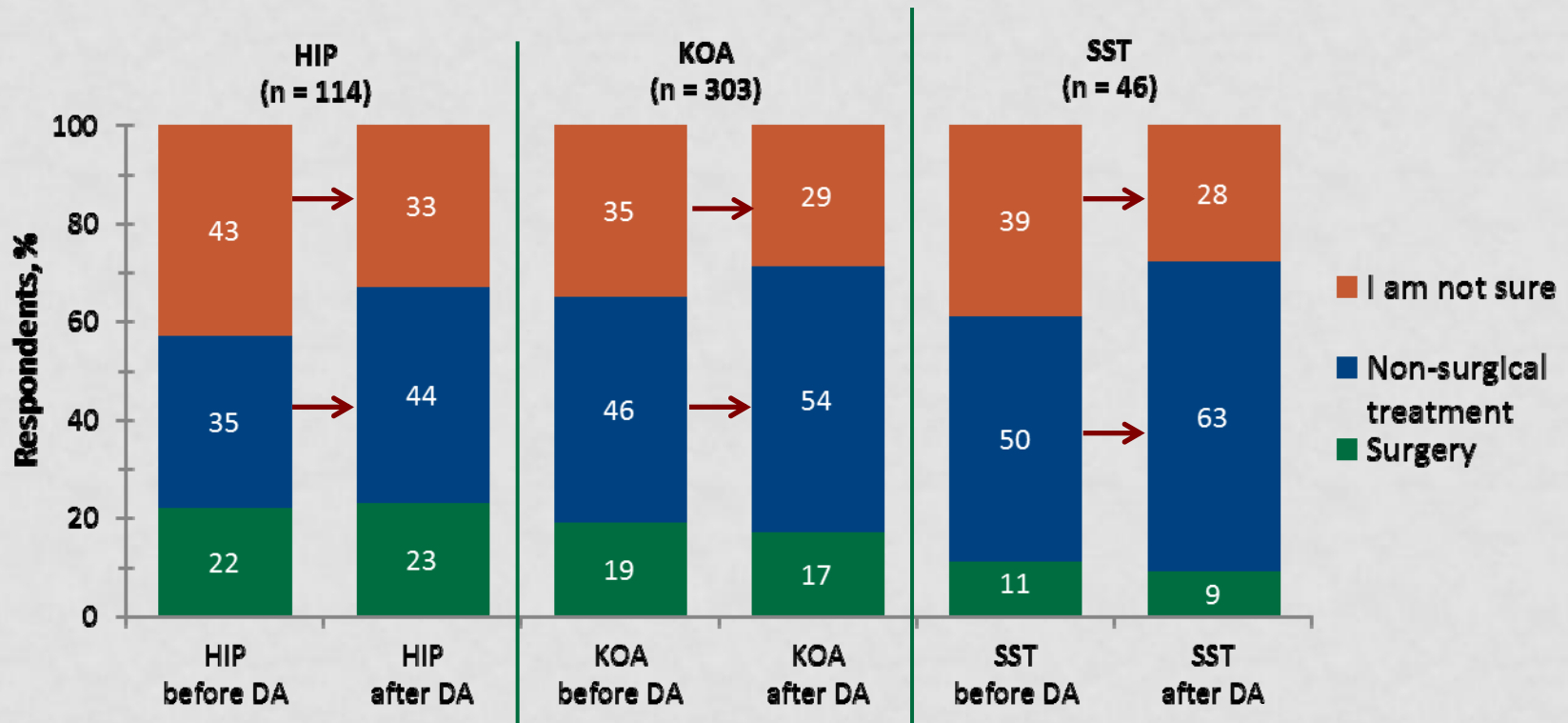
*significant at $\alpha = .05$ (independent samples t-test)

†Decision Aid Exposure Level calculated as a combination of the amount of the decision aid DVD a given respondent reported having watched and the amount of the decision aid booklet he/she reported having read. Low: some of one & none or some of the other OR most of one & none or some of the other OR all of one & none of the other; Medium: all of one & some or most of the other OR most of both; High: all of both. Respondents who watched none of the DVD and read none of the booklet (n=27) are excluded from this analysis.



UNDECIDED PEOPLE TEND TO MOVE TOWARD NON-SURGICAL OPTIONS

Question: "At this time, what are you leaning toward doing?"*



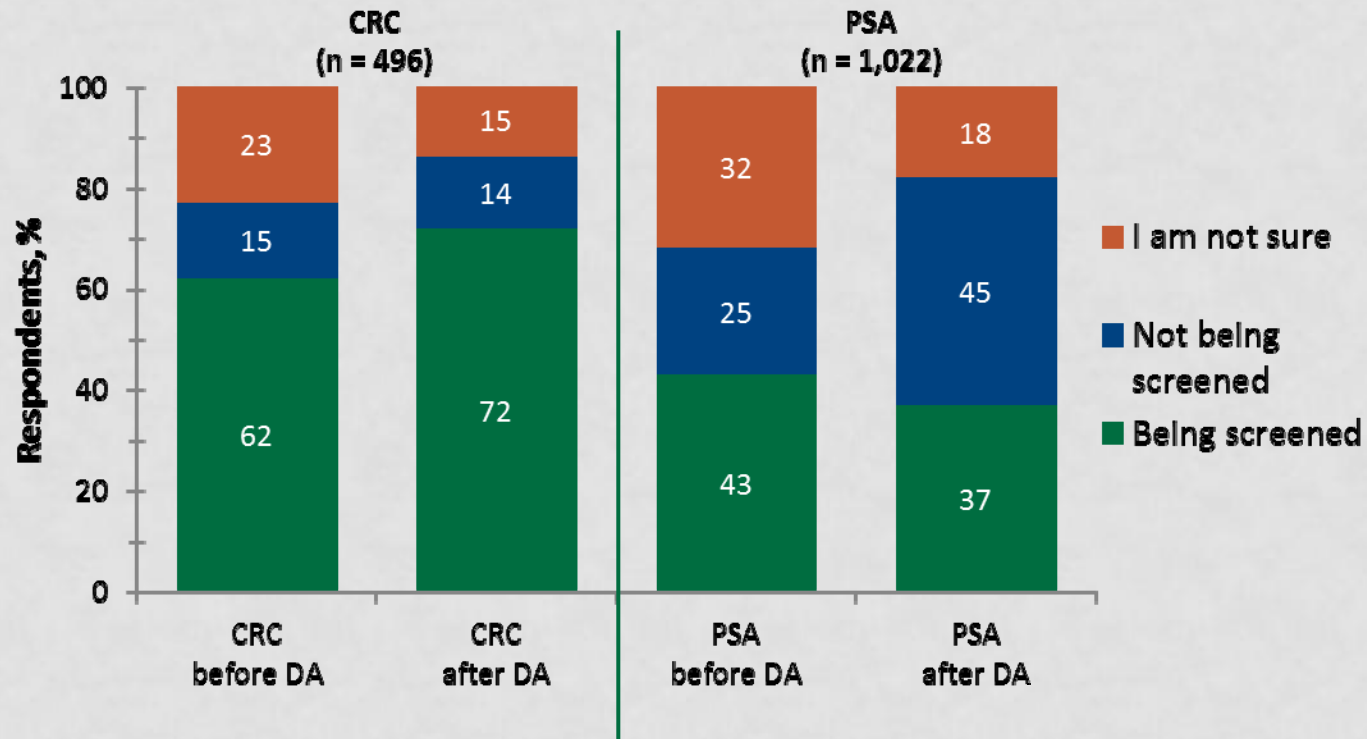
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*Includes only respondents who answered the question both before and after



PATIENT LEANINGS AROUND SCREENING DECISIONS DEPENDED ON THE TEST

Question: "At this time, what are you leaning toward doing?"*



THANK YOU!

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