

MaineHealth

Implementing a Shared Decision Making Program in Primary Care Practices

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Shared Decision Making Defined

A Shared Decision Making (SDM) process results in medical decisions that are:

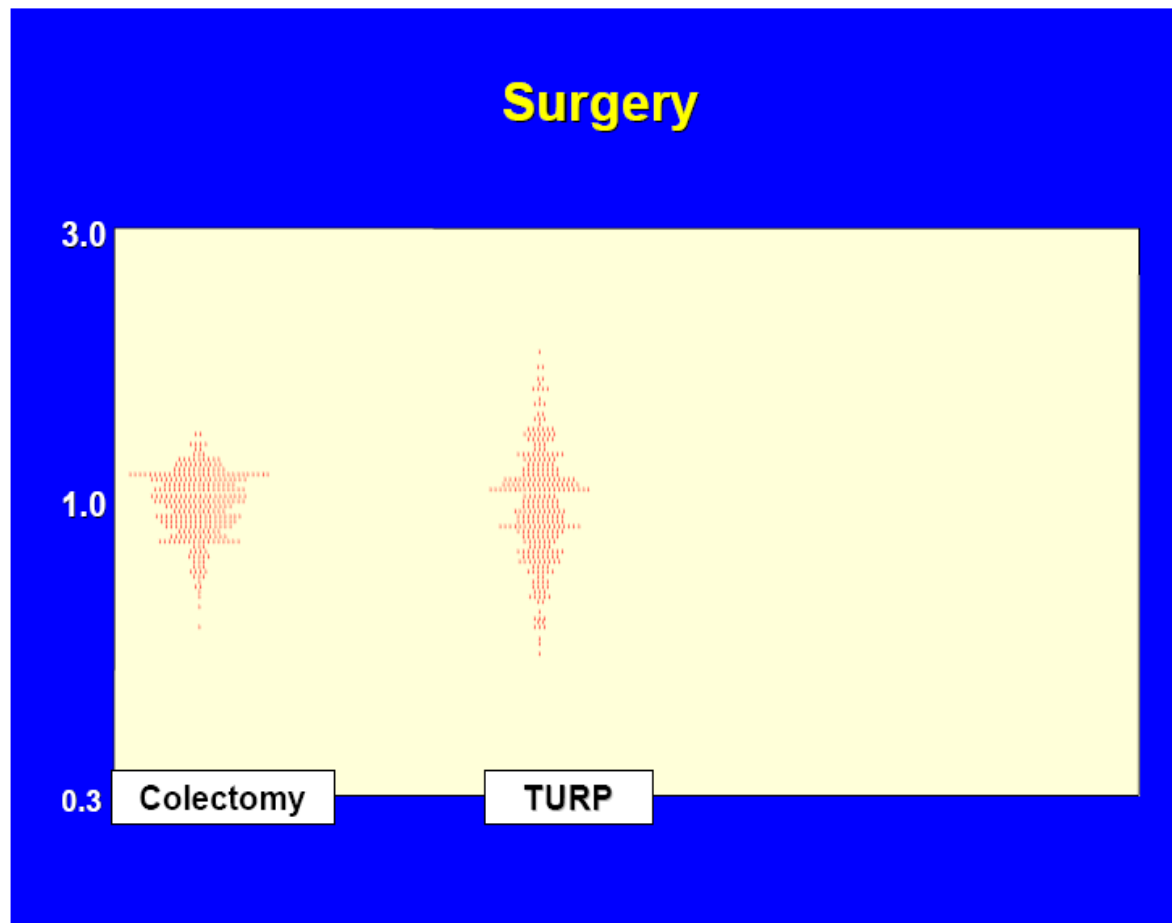
- (1) Shared by doctors and patients;*
- (2) Informed by the best evidence available about alternative treatments; and*
- (3) Weighted according to the specific needs, preferences and values of the patient.*

(adapted from Légaré et al., 2006).

SDM Background

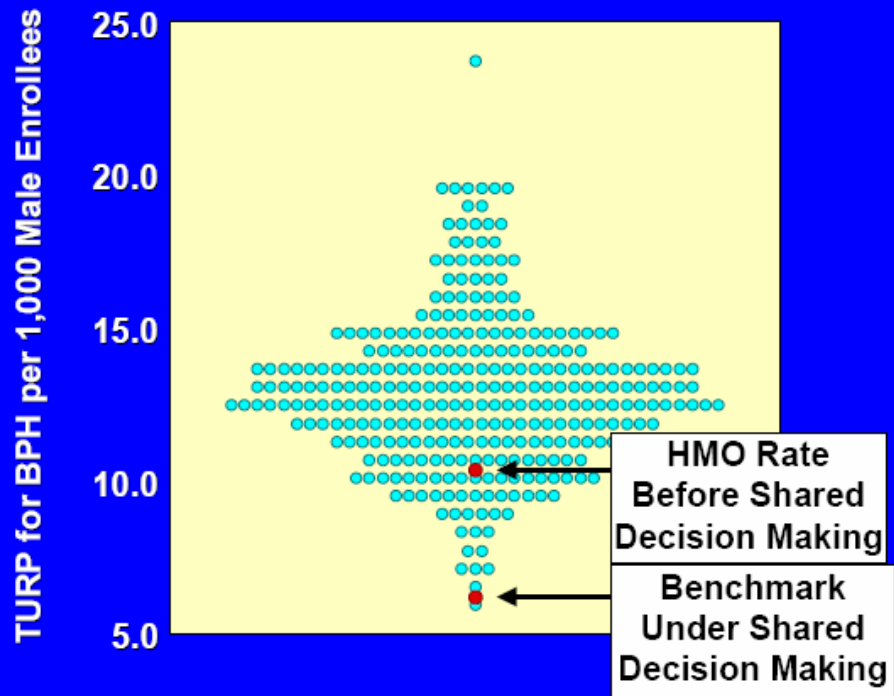
- Dartmouth: Preference-sensitive conditions
 - Small area variation attributable to physician preferences
- SDM balances patient and physician preferences to minimize variation
 - Foundation for Informed Medical Decision Making (FIMDM)
 - Partnership with Health Dialog: Development of Decision Aids (DAs)
 - Describe benefits, harms, and risks re: each treatment or test for selected conditions
 - Decisions based on patient's preferences and values

TURP: A Preference-Sensitive Condition



TURP and Shared Decision Making

**TURP for BPH Among Hospital Referral Regions (1992-93)
Compared to Shared Decision Making Benchmark in Two
Staff Model HMOs**



SDM “Trigger Tapes” from Dartmouth

- PSA Testing: three dramatizations

http://www.dhmc.org/webpage.cfm?site_id=2&org_id=844&morg_id=0&sec_id=0&gsec_id=43607&item_id=50290

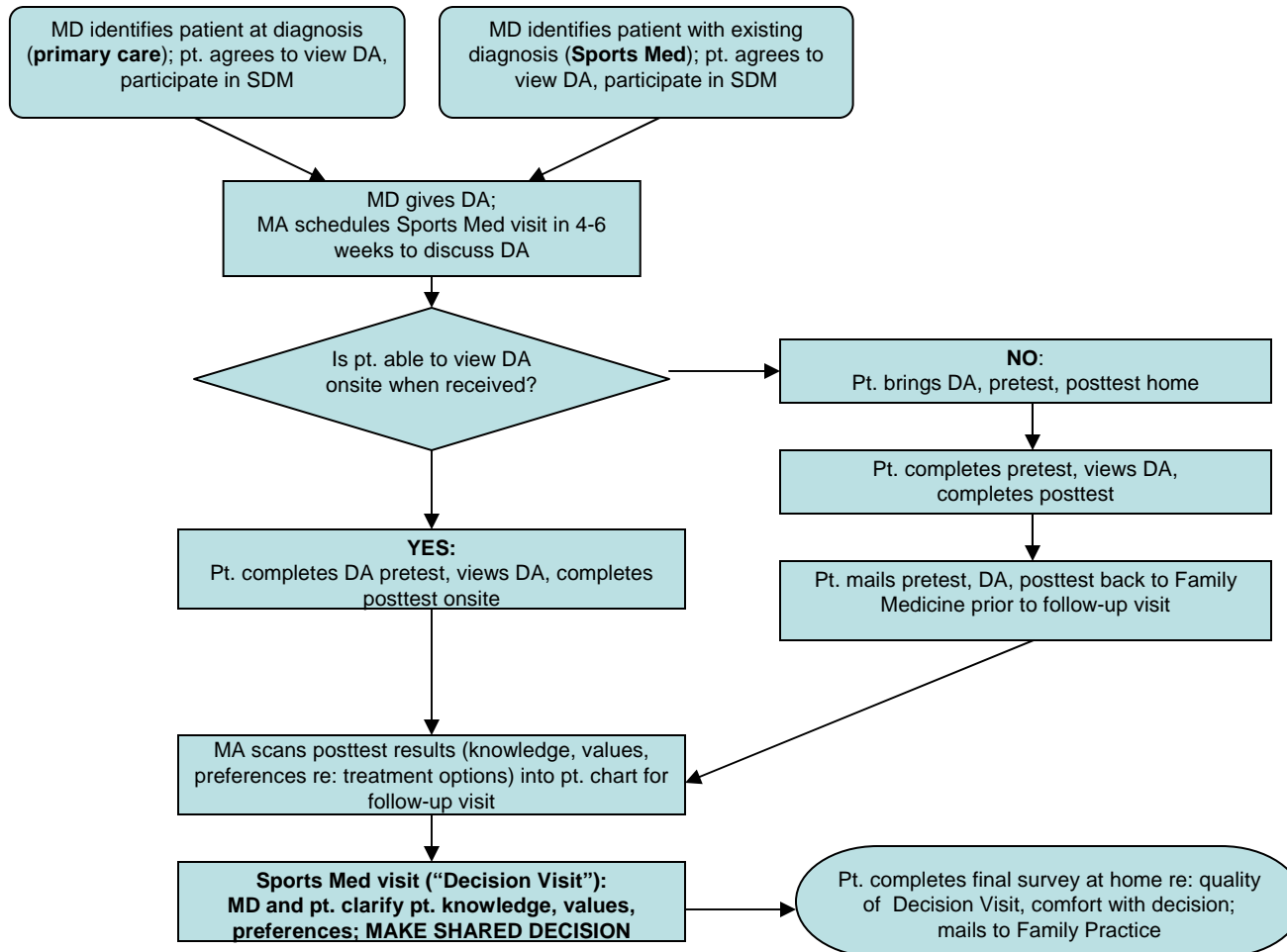
SDM Indications

- Clinical equipoise: no “best treatment”
 - Breast CA: mastectomy vs. lumpectomy + radiation
 - Prostate CA: Radical prostatectomy vs. localized surgery + radiation
 - Other preference-sensitive conditions: BPH, joint replacement, acute low back pain, depression
- Management of Chronic Conditions
 - CHD, diabetes: choices re: diet, exercise, smoking, misc. medications all effective
- Screening tests for which there are multiple reasonable options or for which evidence of benefit vs. risk is mixed
 - PSA, Colorectal CA

SDM at MaineHealth, 2009-2010

- Demonstration project grant from FIMDM
 - Grant integrates Decision Aids (DAs) for selected conditions into routine practice
 - DVD/booklet; viewing time 25-45 minutes
- Three-six practices in Year One; seven DAs
 - Joint replacement, CHD, DM, depression, CLBP, CRC screening
 - Four chosen to date
 - Practice develops DA-based workflow for each 1-2 condition(s) selected

A Chronic Low Back Pain Workflow



The CLBP Decision Visit

- Physician and patient discuss:
 - Patient *knowledge* re: efficacy/benefits/harms of each option
 - Patient *values, preferences*

Lifestyle	Medication	Other non-surgery	Surgery
Activity/exercise Deep breathing, relaxation, meditation, yoga	Acetaminophen, NSAIDS, narcotics, muscle relaxants Steroid injections	Biofeedback, manipulation, massage, acupuncture, ultrasound, TENS, traction, braces, rehab/functional restoration, cognitive behavioral therapy	Spinal fusion

SDM at MaineHealth, cont.

- Three SDM “Mini-collaboratives” each grant year for practices to share lessons learned
 - How do patients respond to DAs? To surveys?
 - What do survey and process data tell us?
 - How do clinicians feel about SDM interactions?

SDM at MaineHealth, cont.

Year Two: 2010-2011 (pending ongoing FIMDM funding)

- Planned transition to web-based DAs and surveys
- Recruit additional primary care practices
- Practices to expand range of DAs used
- Increasing collaboration between primary care and specialist practices
- *Research goal: does SDM alter prior treatment patterns?*

Questions/Discussion

