Slide 1: Supporting Shared Decision Making When Clinical Evidence is Low

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Slide 2: Overview

- Ethical foundations of SDM
- Conceptual model for SDM, patient values, and evidence
- SDM in low evidence context
    - Creates "shared mind" regarding uncertainty
    - Closes knowledge gap between clinician and patient
    - Promotes patient empowerment
    - Promotes trust through transparency

Slide 3: Why we ought to be doing shared decision making
Ethical foundations

Slide 4: Origins of shared decision making
"The ethical foundation of informed consent can be traced to the promotion of two values: **personal well-being** and **self-determination....**

Ethically valid consent is a process of shared decision making based upon mutual respect and participation, not a ritual to be equated with reciting the contents of a form that details the risks of a particular treatment."

Slide 5: Patient-centered care

- Exploring both the disease and illness experience
- Understanding the whole person
- Finding common ground
- Enhancing the physician-patient relationship
- Incorporating prevention and health promotion
- Being realistic

Slide 6: SDM and quality of care
"Good quality means providing patients with appropriate services in a technically competent manner, with good communication, shared decision making, and with cultural sensitivity."

Slide 7: SDM in clinical practice
Empirical support

Source: Eisenberg Center Conference Series 2011, Differing Levels of Clinical Evidence: Exploring Communication Challenges in Shared Decisionmaking, Effective Health Care Program Web site (http://www.effectivehealthcare.ahrq.gov/index.cfm)

Slide 8: Cochrane Review of Decision Aids

- In 55 trials of decision aids addressing 23 different screening or treatment decisions, use has led to:
    - Greater knowledge
    - More accurate risk perceptions
    - Reduced decisional conflict
    - Greater participation in decision-making
    - Fewer people remaining undecided
    - Fewer patients choosing major surgery, PSA tests

Slide 9: A randomized trial of telephone care-management strategy

- RCT of usual care versus telephone coaches for >170,000 patients
- Coaching: SDM, self-care, and behavior change
- Enhanced support: $8 (3.6%) lower total costs;
- Cost of intervention: <$2 per member per month

Slide 10: SDM and practice variation

- Effective care
- Supply-sensitive care
- Preference-sensitive care

Slide 11: SDM – role of evidence, values, and preferences

Graph showing only the axes of the graph. The axes are labeled "value preferences on "Y-axis" and "evidence" on the X-axis. "SDM back surgery" is in the upper right quadrant.

Slide 12: Medical Decision Making Domains

Domain	Basic Decisions	Intermediate Decisions	Complex Decisions
Effect on patient	Minimal impact	Moderate impact	Extensive impact
Medical opinion	Consensus opinion	Wide support	Controversy
Nature of outcomes	Clear, singular outcome	Multiple, finite outcomes	Uncertain, various

Source: Eisenberg Center Conference Series 2011, Differing Levels of Clinical Evidence: Exploring Communication Challenges in Shared Decisionmaking, Effective Health Care Program Web site (http://www.effectivehealthcare.ahrq.gov/index.cfm)

			outcomes

Slide 13: Levels of SDM
This table has 4 columns and 3 rows. Colum headings: Decision Type; # of elements; What elements; Example. Row headings are Basic; intermediate; Complex.
Row 1 (Basic): 2, nature of decision, pt. role of pt. preference; routine lab test
Row 2 (Intermediate): 5; nature of decision, alternatives, pros/cons understanding; New medication.
Row3 (Complex): 2; all; surgery

Slide 14: SDM – role of evidence, values, and preferences
Graph showing only the axes of the graph. The axes are labeled "value preferences on "Y-axis" and "evidence" on the X-axis. "SDM back surgery" is in the upper right quadrant. "Basic SDM cholesterol screening" is in lower right quadrant.

Slide 15: SDM – role of evidence, values, and preferences
Graph showing only the axes of the graph. The axes are labeled "value preferences on "Y-axis" and "evidence" on the X-axis. "SDM back surgery" is in the upper right quadrant. "Basic SDM cholesterol screening" is in lower right quadrant. "Patient driven SDM EOL decisions" is in the upper left quadrant.

Slide 16: Importance of SDM in low evidence contexts

- Creates "shared mind" regarding uncertainty
- Closes knowledge gap
- Promotes patient empowerment
- Promotes trust through transparency

Slide 17: "Shared Mind"

- Uncertainty plagues medical practice
- Uncertainty has several components
    - Scientific/factual uncertainty
    - Practical uncertainty
    - Personal uncertainty
- SDM in low evidence situation can still reduce personal uncertainty

Slide 18: Evidence for "shared mind"

Source: Eisenberg Center Conference Series 2011, Differing Levels of Clinical Evidence: Exploring Communication Challenges in Shared Decisionmaking, Effective Health Care Program Web site (http://www.effectivehealthcare.ahrq.gov/index.cfm)

- Cochrane Review: *reduced decisional conflict*
- LeBlanc et al.
    - Analyzed personal uncertainty in 112 dyads of patients & physicians
    - Contrasted "actor" and "partner" effects
    - Level of uncertainty of partner increased as actor became more informed

Slide 19: Closing the knowledge gap
This graph contains 4 pairs of bars showing the relative differences in knowledge between patients and physicians for these items:

- High evidence; low patient knowledge. Physician score = 80; Patient score = 20
- High evidence; high knowledge: Physician score = 80; Patient score = 40
- Low evidence, low knowledge: Physician score 30; Patient score = 5
- Low evidence, high knowledge: Physician score = 30; Patient score 15

Slide 20: Promoting patient empowerment
A schematic progressing from left to right, in three sequences:

- Far left: What, Why, How, When, Who
- Middle: Sense of Control and Self-efficacy
- Far right: patient empowerment

Slide 21: Promoting trust through transparency

- The physician-patient relationship is characterized by blind trust or earned trust
    - Blind trust: the patient has unmet expectations or loses agency in the encounter
    - Earned trust: a more mature relationship in which the physician engages in trustworthy behaviors
        - Shared decision making
        - Patient-centered communication
- Transparent sharing of uncertain information is the goal

Slide 22: SDM – role of evidence, values, and preferences
Graph showing only the axes of the graph. The axes are labeled "value preferences on "Y-axis" and "evidence" on the X-axis. "SDM back surgery" is in the upper right quadrant. "Basic SDM cholesterol screening" is in lower right quadrant. "Patient driven SDM EOL decisions" is in the upper left quadrant. "SDM" is in the lower left quadrant.

Source: Eisenberg Center Conference Series 2011, Differing Levels of Clinical Evidence: Exploring Communication Challenges in Shared Decisionmaking, Effective Health Care Program Web site (http://www.effectivehealthcare.ahrq.gov/index.cfm)

Slide 23: Conclusion
In low evidence context, SDM is relevant because

- Strong ethical foundation
- Creates "shared mind" regarding uncertainty
- Closes knowledge gap between clinician and patient
- Promotes patient empowerment
- Promotes trust through transparency

Source: Eisenberg Center Conference Series 2011, Differing Levels of Clinical Evidence: Exploring Communication Challenges in Shared Decisionmaking, Effective Health Care Program Web site (http://www.effectivehealthcare.ahrq.gov/index.cfm)