

Slide 1: Supporting Shared Decisions When Clinical Evidence is Low

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Slide 2: Overview

- Brief overview of Shared Decision Making (SDM)
- SDM in Situations With Low Evidence
 - Sources of Uncertainty
- Recommendations for Managing Uncertainty
- Areas to Explore in Future Research
- Discussion/Questions

Slide 3: Preference-Sensitive Decisions

Preference-Sensitive Decisions:

- BCS vs. mastectomy for average risk patients with early stage breast cancer
- Diabetes medication options
- Options for managing osteoarthritis
- Colorectal Cancer Screening Options

Slide 4: Preference-Sensitive Decisions

Decisions With Low Evidence:

- BCS vs. mastectomy for patients with unknown family history/unknown BC risk
- Chemotherapy decisions for older adults or adults with multiple comorbidities
- Colorectal Cancer Screening Options for patients over age 70 or with < 10 year LE

Slide 5: Sources of Uncertainty

- Stochastic Uncertainty
- Ambiguity
- Informational Uncertainty

Slide 6: Ambiguity

Evidence:

- Surgery for weight loss: efficacious in patients with BMI ≥ 40 ; unclear for BMI < 40
- Peri-operative mortality rates & adverse events might be worse in some settings.

Patient:

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>)

- BMI = 35
- 68 years old
- Smoker
- Comorbidities
- Rural setting

Slide 7: Ambiguity

USPSTF:

- Decision to start regular, biennial mammography < age 50 should be an individual one (incorporating patient preferences and context).
- Recommends against breast self-exam (BSE).

American Cancer Society:

- Yearly mammograms starting at age 40, for as long as woman is in good health.
- BSE is an option starting at age 20.

Slide 8: Informational Uncertainty

- Unavailable evidence (studies not yet conducted)
- Unknown risk factors
- Unclear pattern of symptoms

Slide 9: Example: Exploring Family History

Pt: Well I'm thinking...that I should have been asking a lot of questions a long time ago.

MD: Is that something you didn't talk with your parents about?

Pt: Not a whole lot...I feel I should have now that I'm the age that I am. Cause when you're young...you don't think about all these things until as you get older you think, I wish I had asked this, you wish you would have done this.

Slide 10: General Conversational Recommendations

- Describe options and uncertainty (general terms)
- Focus less on quantitative risks and benefits at first
- Withhold information if it is not helpful to the decision (guided by the patient & clinical judgment)

Slide 11: General Conversational Recommendations (2)

- Discuss contextual factors affecting implementation
- Collaborative conversations vs. structured exercises

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>)

- Discuss how to engage other clinicians (especially for those with comorbidities)

Slide 12: General Conversational Recommendations (3)

- Discuss how to determine whether there is any benefit from treatment due to uncertainty
- Discuss when to revisit the decision

Slide 13: General Conversational Recommendations

diagram illustrating the interactions between and among “shared understanding” and “managing uncertainty” and their related components:

- Physician’s Cognitive and Communicative capacity
- Active Patient Participation
- Patient-Centered Communication
- Patient’s Cognitive and Communicative Capacity

Slide 14: Recommendations by Source of Uncertainty

- Stochastic Uncertainty
- Frequencies (or percentages) Pictographs

Example: MD discussing BP medication

About 2 out of 100 patients who take this medication will develop low blood pressure. We don’t know who those 2 people will be.

What not to do:

2 out of 10 patients who take this medication could develop low blood pressure. And one of those people is probably YOU!

Slide 15: Recommendations by Source of Uncertainty

- Ambiguity
- Limited evidence about communicating ambiguity
- Starting point: acknowledge ambiguity, and let the patient guide amount of detail

Slide 16: Example

Example: MD is discussing ambiguity about a cholesterol med.

MD: This pill was tested in 2 studies with mixed results. In the first study, 86 out of 100 people who took the pill lowered their cholesterol. In the second study, 46 out of 100 people who took the pill lowered their cholesterol.

Pt: Hmm...well is there any harm in trying to see if it works for me?

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<http://www.effectivehealthcare.ahrq.gov/index.cfm>

MD: (*discusses side effects*)...but you can try it, and we can meet again in 1 month to see how things are going.

Pt: That sounds like a good plan.

Slide 17: What not to do

MD: we can't be sure until we biopsy, but I can tell you that a lot of women have these cell changes.

Pt: How many is "a lot?" out of 10?

MD: I hate to talk numbers. Plenty of women...probably not out of 10, but I wouldn't worry.

Slide 18: Recommendations by Source of Uncertainty

- Informational Uncertainty
 - Discuss information that could be addressable (e.g. gathering family history data)
 - Discuss what might be irreducible (e.g. multiple chronic conditions)

Slide 19: Recommendations for the Use of Patient Decision Aids

- Existing decision aids might not be applicable
- Generic decision aids might be more helpful
- Targeted or tailored decision aids for patients for whom evidence is less certain could also work

Slide 20: Generic Decision Aids

[Image of chart for use by a patient. The chart is titled, "What's important for me?" It has blanks where a patient can fill in the following information: name, date, and completes text boxes for what's important about each option, and notes.]

Slide 21: Generic Decision Aids

Ottawa Personal Decision Guide (OPDG)

1. Clarify the Decision
2. Explore the Decision (Options, Benefits, Risks, Uncertainty)
3. Identify Decision Making Needs (Information, Support, Values)
4. Plan Next Steps Based on Needs

Slide 22: Tailored or Targeted Decision Aids

Decisions Involving Cancer Prevention in the Elderly (DICE):

Source: Eisenberg Center Conference Series 2011, Differing Levels of Clinical Evidence: Exploring Communication Challenges in Shared Decisionmaking, Effective Health Care Program Web site

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- Describes risks, benefits, uncertainty for a group for whom evidence is limited (individuals > 7 years)
- Helps Individuals Weigh Contextual Factors

Slide 23: Avenues for Future Research

- Identifying the “right” amount of information about uncertainty
 - Does quantitative information help?
 - Does this vary by patient characteristics?
 - Does this vary by decision type (e.g. high-stakes decisions or prevention decisions)?

Slide 24: Avenues for Future Research

- Who manages the decisions when there are multiple treating clinicians?
- How can patient decision aids help?
 - What type(s) of decision aids work best?
- How do we measure or quantify effective management of uncertainty?
 - Can we include it as a marker of decision quality?