

Slide 1: DuBenske/Interactive Communication: Osheroff Responses

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Slide 2: Revisit 5-Rights – with ‘Interactive Twist’

- Channel=interactive health communication system
- Individuals=clinicians, patients, caregivers
- Workflow/thoughtflow (*all* individuals above)
- Formats (consider interactivity)
- Information
 - Synergies between this *Channel* and AHRQ content/objectives?
 - Paper focuses on IHCS for cancer, but lessons are broader
 - Mortality benefit very intriguing...

Slide 3: Stretch Beyond ‘Reference Paradigm’

“a new identity as a patient is established; complicated treatment decisions are presented; ... physical, emotional and spiritual challenges emerge.”

“For patients to be fully engaged in health decision making, they need to interact with fully engaged clinicians”

- Help put evidence into action (QOL enhancers) rather than just ‘conveying’ information
- Facilitate shared decision making: *“inform and connect”*

Slide 4: Right Work (Process/Thought)-Flow Opportunities

Inform, Deliberate, Decide, Implement, Evaluate.

- Refined framework for support: shared process
 - Consider patient/caregiver/clinician
- Right information/tools for each step
- ‘IHCS should be integrated with EMRs’
- How can AHRQ evidence be brought to bear against each of these steps?

Slide 5: Right Information Opportunities

- Support patient’s understanding of complex diseases and treatments (based on flow)

“Caregiving responsibilities include monitoring symptoms, dealing with unpleasant side effects, and providing emotional and instrumental support to the cancer

patient. Caregivers also play an important role in information gathering and sharing, and the decision-making process.”

- Evidence-based tools to support these processes?

Slide 6: More on Nature of Right Information

“Yet despite these potential positive aspects of accessing health information, to some the information is overwhelming, increases awareness of conflicting cancer information, and can raise doubt about the right course of cancer treatment.”

- Keep team focused and on same page
 - How can communication/decisions be facilitated with best evidence and authoritative recommendations
 - Bridge to format; e.g. decision tools/templates w/evidence links

Slide 7: Right Intervention Type

- CHESS provides algorithms, decision rules, feedback/prompts
 - Synergies with Ebell paper, e.g. preventive services calculator
- Health Status Assessment (documentation tool)
 - Links to pertinent information (intervention chaining)
- Clinician Report
 - Documentation tool + relevant info for clinician + alert
 - AHRQ info can define key variables, change expectations, etc.

Slide 8: Do CDS *with*, not *to*...

“it is critical that such systems are designed around the needs of those they plan to serve, offering functionality that clearly fulfills the need.”

- Needs assessment: interviews (critical incident), surveys, prototyping...
- Opportunities to enhance Eisenberg Center’s understanding of end-user needs regarding interactive tools, and others?
- Mortality benefit: further research into ‘what works’?