EAPM

Patient centred care: Shared Decision Making: a relevant model in psychosomatics?

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Patient preferences

- USA: top-priority keeping the breast
  - surgeon: 72%
  - patient: 7%
Pros:
- Live longer
- Higher quality of life
- Lower risk on disease
- Delay of symptoms

Cons:
- Short term side-effects
- Long term side-effects
- Treatment burden
treatment option
Preference sensitive decision

- Treatment option 1
- Treatment option 2
Content

• State-of-the-art defining and measuring SDM
• Challenges in implementation in clinical practice
• SDM in complex care
• Key messages
Definition -> Patient-centred care

- Respect, autonomy, dignity
- Accessible, confidential, continuity of care, holistic, emotional supportive
- Care is responsive to patient preferences, needs, and values, ensuring that patient values guide all clinical decisions

IOM, WHO, Picker Institute, Berwick, Mead, etc
## Definition -> communication models

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## Definition -> communication models

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Definition ->

Glyn Elwyn BMJ 2017: “Shared decision making is a process in which decisions are made in a collaborative way, where trustworthy information is provided in accessible formats about a set of options, typically in situations where the concerns, personal circumstances, and contexts of patients and their families play a major role in decisions.”
A Model for Shared Decision Making

Choice
There is a dilemma

Options
What are my options?

Preference of the patient

Decision
Integrate

Elwyn G. Pat Educ Couns 2013
Stiggelbout A et al. Pat Educ Couns 2015
Measuring Shared Decision Making

- Knowledge Preference
- Choice talk Preference talk
- Decision talk
- Knowledge Preference Decision taken
- Perceived SDM Decisional Conflict
- Adherence Regret Decisional conflict
- Clinical outcomes

- pre-contact consultation short-term long-term
## Measuring Shared Decision Making

### Decisional Conflict Scale

- **16 items**, score **0 - 100**
  - **Low** <25
  - **Some** 25 - 37.5
  - **High** >37.5

- **227 Dutch patients specialist mental health care**

- **O’Connor AM. Ottawa Hospital 1993**
- **Met M et al. Soc Psych Psych Epid 2018**

### B. Considering the option you prefer, please answer the following questions:

<table>
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<tr>
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<th>Strongly Agree</th>
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Measuring Shared Decision Making

Option 5

- 5 items, score 0-100
- Review 33 studies mixed settings
  - Mean score 23 (SD 14)
- Primary care:
  - 50 new consultations 2007: > 14 (SD 6)
  - 50 new consultations 2015: > 23 (SD 12)

Elwyn G et al. Pat Educ Counsel 2013
Couet N et al. Health Expect 2013
Meijers MC et al. Fam Pract 2018
Measuring SDM Q9

Nine statements related to the decision-making in your consultation are listed below. For each statement please indicate how much you agree or disagree.

1. My doctor made clear that a decision needs to be made.
   - completely disagree
   - strongly disagree
   - somewhat disagree
   - somewhat agree
   - strongly agree
   - completely agree

2. My doctor wanted to know exactly how I want to be involved in making the decision.
   - completely disagree
   - strongly disagree
   - somewhat disagree
   - somewhat agree
   - strongly agree
   - completely agree

3. My doctor told me that there are different options for treating my medical condition.
   - completely disagree
   - strongly disagree
   - somewhat disagree
   - somewhat agree
   - strongly agree
   - completely agree

4. My doctor precisely explained the advantages and disadvantages of the treatment options.
   - completely disagree
   - strongly disagree
   - somewhat disagree
   - somewhat agree
   - strongly agree
   - completely agree

5. My doctor helped me understand all the information.
   - completely disagree
   - strongly disagree
   - somewhat disagree
   - somewhat agree
   - strongly agree
   - completely agree

6. My doctor asked me which treatment option I prefer.
   - completely disagree
   - strongly disagree
   - somewhat disagree
   - somewhat agree
   - strongly agree
   - completely agree

7. My doctor and I thoroughly weighed the different treatment options.
   - completely disagree
   - strongly disagree
   - somewhat disagree
   - somewhat agree
   - strongly agree
   - completely agree

8. My doctor and I selected a treatment option together.
   - completely disagree
   - strongly disagree
   - somewhat disagree
   - somewhat agree
   - strongly agree
   - completely agree

9. My doctor and I reached an agreement on how to proceed.
   - completely disagree
   - strongly disagree
   - somewhat disagree
   - somewhat agree
   - strongly agree
   - completely agree

Kriston L et al. Pat Educ Counsel 2010
Measuring Shared Decision Making

- Multidimensional concept
- Difficult to grasp
- Difficult to measure
  - Therefore ‘easy’ to acknowledge
Content

- State-of-the-art defining and measuring SDM
- Challenges in implementation in clinical practice
- SDM in complex care
- Key messages
Dutch patients’ attitudes

Samen Beslissen met de zorgverlener over welke zorg het beste past

Rapport meldactie, augustus 2017

Behoefte aan Samen Beslissen met de zorgverlener (totaal n=7884)

- 94% Heeft er behoefte aan
- 67% Altijd behoefte aan
- 27% Soms behoefte aan
- 85% Omdat het over mijn lijf en leven gaat

Patiënten federatie NL Meldactie 2017
Evidence: Patient decision aids

- Knowledge (options, pros cons)
- Involvement in decision
- Preference => decision
- Invasive treatments
- Health =
- Quality of Life
- Anxiety =
Available Patient Decision Aids

https://decisionaid.ohri.ca/

- Obsessive-Compulsive Disorder
- Panic Disorder
- Sleep disorders
Implementation; state of the art?

- N=257 USA patients
- N=47 urologists, 4 hospitals
- Patient decision aid: 2 options
- Patient preference not integrated in decision talk

Scherr K et al. Med Dec Making 2017
Implementation: consultation-directed tools
Implementation Patient DAs and guidelines

Developing quality criteria for patient-directed knowledge tools related to clinical practice guidelines. A development and consensus study

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Nanne Bos MSc, PhD | Ton Drenthen MSc, PhD | Ingrid Maas MSc, PhD
Sonja Kersten MSc | Uriëll Malanda MSc, PhD | Sander van der Scheur MSc
Heleen Post LLM | Anouk Knops MSc, PhD

Reshaping recommendations in guidelines

- The decision to start biennial screening mammography before the age of 50 yrs should be an individual one and take into account the patient’s values regarding specific benefits and harms.

- Routine screening mammography in women aged 40-49 is NOT recommended.

- For women 40-49 who still opt for screening:
  - Prescribe the patient decision aid
  - Refer to the mamma care nurse for coaching
  - With final decision making in a follow-up visit
Gap between theory and practice

1. “We do it already / I’m aware of my patients preferences / These side-effects are not that bad”
2. “My patients don’t want it / … are not competent for SDM / …. will come forward with important issues”
3. “We don’t have the right tools”
4. “We have too many other demands and priorities”
5. “We can not measure it”

Mulley A et al. BMJ 2012
Joseph-Williams et al, BMJ 2017
Blumenthal J et al. Pat Educ Counsel 2017
Pieterse A et al. Pat Educ Counsel 2011
Savelberg W. BMC Med Inform Dec Making 2017
Hoffman T. JAMA 2015 + Hoffman T. JAMA 2017
Challenges

• Unconsciously incompetent

“Clinicians may believe they are practising SDM when they tell the patient: ‘It’s you the patient who decides’, without understanding that SDM is a process of helping patients identify what is important to them and facilitating decision making together.”

Dahl Steffensen K et al. J Oncology Practice 2018;14:229-235.
Savelberg W et al. Eur J Oncol Nursing 2019
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SDM in complex care

**Goal talk**
Patient's values towards QoL problems

**Choice talk**
Dilemma about treatment option(s)

**Option talk**
Pros and cons per option

**Preference talk**
Patient’s values towards options

**Decision talk**
Integrate patient and provider values

**Action Planning**
Translate decision into concrete actions

*Classic, curative approach of SDM*

*Care approach; merging goal setting model and SDM model*
Disstress in patients with chronic disease

- Primary care RCT n=264 patients
- 19 nurses in intervention arm
- Trained to diagnose distress
- Patients’ readiness to receive psychosocial care during nurse-led routine diabetes care

Van Dijk- de Vries A et al. BMJ Open 2015
Van Dijk-de Vries A. Int J Nursing Studies 2016
Support goal talk in complex situations

WHO Int. Classification of Functioning, Disability and Health

S Lenzen et al. BMC Health Serv Res 2018
Shared problem analysis ‘counseling in dialogue’
Building relationship ‘heartsink’ patients

- **REBELS** model
  - **Recognise** the problem in patient’s behaviour
  - Exhibit **Empathy**, expressing understanding of fear
  - Establish reasonable and secure **Boundaries**
  - **Emphasize** the welfare of patients
  - Utilize **Language** to motivate participation
  - Emphasize **Solutions** instead of problems

- Such models focus exclusively on patients -> focus on care providers’ awareness of and meta-communication of quality of the relationship

- “**Masterclass**”: Recognise the struggle of patient AND caregiver + Retrieve common values leading to **shared goals**
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Key message: Flexibility

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constant threat of overload:
- information overload
- cognitive overload
- expectation overload
- affective overload

Lehman R. JAMA Intern Med 2017
Key message: Value elicitation

- Recent difficult decision:
  - Arrange mortgage new housing
  - Rebuilding: finding a contractor
  - Medical decision
  - .......

- How did it go? Feeling of control? Having the overview?
- Did you dare to express your feeling of ....?
Key message: Value elicitation

• Elicit values -> ask patients about ‘goals’
  □ 1999: 75% gen internists -> interruption after 23 sec
  □ 2005: 63% gen internists -> interruption after 16 sec
  □ 2019: 36% clinicians in SDM contacts -> interruption after 11 sec


Key message: shared understanding

“Shared decision making implies that we have reached agreement about what kind of help people who come to us are seeking and what we have to offer. But the essential part of the process — eliciting an understanding of the goals and preferences of the individual patient—is too often omitted or hurried through, so that clinicians can start offering their own views about the diagnosis and treatment options on offer.”

Lehman R. JAMA Intern Med 2017
Maskrey N. JAMA Intern Med 2017
Key message: The devil is in het third year

Mohammadreza H et al. Acad med 2009