Shared decision making and patient safety

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Content

• What is shared decision making (SDM)?
• Why is SDM needed?
• SDM and Safety – the example of medicines optimisation?
• Exercise/Discussion
What percentage of patients say they were involved as much as they wanted to be in decisions about their health care?

A. 10%
B. 30%
C. 50%
D. 75%
E. 85%
Are patients involved?

Patients who would like more involvement in decisions about their care (source: NHS Inpatient Surveys 2002 - 2011)

2013 = 44%
What proportion of people with diabetes have developed a care plan with their healthcare professional, which has been decided by discussing their individual needs with them to set targets?

A. 30%
B. 40%
C. 50%
D. 60%
E. 70%
Have you developed a care plan with your healthcare professional, which has been decided by discussing your individual needs with them to set targets?

Yes 39.0%

No 61.0%

The percentage of adults with diabetes diagnosed for more than a year, who report that they have had at least one diabetes checkup in the last 12 months.

The percentage of adults with diabetes who have had a checkup who report that they ‘almost always’...

- ... discuss ideas about the best way to manage their diabetes at their checkup
- ... agree a plan to manage their condition over the next 12 months at their checkup
- ... discuss their goals in caring for their diabetes at their checkup
Percentage of structured education offered or attended to newly diagnosed patients with diabetes by CCG

Source: National Diabetes Audit 2011-2012 (HSCIC)
What proportion of people with severe arthritis (appropriate for surgery), said that definitely wouldn’t want joint replacement?

A. 20%
B. 30%
C. 40%
D. 50%
What proportion of people with severe arthritis (appropriate for surgery), said that definitely wouldn’t want joint replacement?

a) 20%
b) 30%
c) 40%
d) 50%

Hawker et al. (2001): Working with people's prior perceptions, and informed by a standardised script read by a researcher, half of patients with painful disabling hip or knee symptoms were unwilling to consider joint replacement.
What proportion of people making decisions about their healthcare answered more than one question correct in a brief knowledge test?

A. 20%
B. 40%
C. 50%
D. 70%
E. 90%
What proportion of people making decisions about their healthcare answered more than one question correct in a brief knowledge test?

a) 20%
b) 40%
c) 50%
d) 70%
e) 90%

Foundation for Informed Medical Decision Making: Experts identified 4-5 issues they felt people should know well when making particular decisions and gave a knowledge questionnaire after decision made.
What proportion of people take their treatments as prescribed?

A. 35%
B. 50%
C. 65%
D. 80%
What proportion of people take their treatments as prescribed?

a) 35%
b) 50%
c) 65%
d) 80%

Multiple sources.
DARTS Study group – only 35% of people on more than one medication for diabetes cashed in sufficient prescriptions for full daily coverage.
Healthcare professionals are responsible for supporting patients to make decisions that the patient feels are best for them, even if the professional disagrees.

1. Completely disagree
2. 
3. 
4. 
5. 
6. 
7. 
8. 
9. 
10. Completely agree
Doctors shouldn’t offer their opinion on which treatment might be best for a patient.

1. Completely disagree
2. 
3. 
4. 
5. 
6. 
7. 
8. 
9. 
10. Completely agree
What is shared decision making (SDM)?
Paternalistic

Shared Decision Making

Informed Choice
Paternalistic ↔ Shared Decision Making ↔ Informed Choice
Models of clinical decision making in the consultation

SDM is an approach where clinicians and patients make decisions together using the best available evidence. (Elwyn et al. BMJ 2010)

Paternalistic  Shared Decision Making  Informed Choice

Patient well informed (Knowledge)

Knows what’s important to them (Values elicited)

Decision consistent with values
Examples of preference – sensitive decisions

- Breast conserving therapy or mastectomy for early breast cancer
- Repeat c-section or trial of labour after previous c-section
- Watchful waiting or surgery for benign prostatic hypertrophy
- Statins or diet and exercise to reduce CVD risk
- Diet and weight loss or medication in diabetes
Sharing Expertise

**Clinician**
- Diagnosis
- Disease aetiology
- Prognosis
- Treatment options
- Outcome probabilities

**Patient**
- Experience of illness
- Social circumstances
- Attitude to risk
- Values
- Preferences
The Clinical Decision Problem

Patients: unaware of treatment or management options and outcomes

Clinicians: unaware of patients’ circumstances and preferences

Poor decision quality
SDM is part of much wider person centred care
“Shall I have a knee replacement?”

“Shall I have a prostate operation?”

“Shall I take a statin tablet for the rest of my life?”

“Should I use insulin or an alternative?”

“I would like to lose weight”

“I would like to eat/smoke/drink less”
Involving people in their care

- Hours with HCP: 4 hours in a year
- Self-management: 8756 hours in a year
Systematic review of links between patient experience and clinical safety and effectiveness

• 55 studies
• Consistent positive associations between patient experience
  – Patient safety and clinical effectiveness.
  – Self-rated and objectively measured health outcomes
  – Adherence to recommended clinical practice and medication
  – Preventive care (such as health-promoting behaviour, use of screening services and immunisation)
  – Resource use (such as hospitalisation, length of stay and primary-care visits).

• Some evidence of association between patient experience and technical quality of care and adverse events.

Why is shared decision making needed?
Variation in knee replacement activity
### Practice variation: unwarranted and warranted sources

*With thanks to Al Mulley*

<table>
<thead>
<tr>
<th>Unwarranted</th>
<th>Warranted</th>
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<tbody>
<tr>
<td>• Variable access to resources and expertise</td>
<td>• Clinical differences among patients</td>
</tr>
<tr>
<td>• Insufficient research</td>
<td>• Variable risk attitudes</td>
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<tr>
<td>• Unfounded enthusiasm</td>
<td>• Variable preferences among health outcomes</td>
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<tr>
<td>• Over-learning; selective inattention</td>
<td>• Variable willingness to make time trade-offs</td>
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<tr>
<td>• Faulty interpretation</td>
<td>• Variable tolerance for decision responsibility</td>
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<td>• Poor information flow</td>
<td>• Variable coping styles</td>
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<tr>
<td>• Poor communication</td>
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<td>• Role confusion</td>
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↓ Knowledge-Based  

↑ Patient-Centered
SDM – why should we do it?

Cochrane Review of Patient Decision Aids (O’Connor et al 2014):

- Improve knowledge
- More accurate risk perceptions
- Feeling better informed and clear about values
- More active involvement
- Fewer undecided after PDA
- More patients achieving decisions that were informed and consistent with their values
- Reduced rates of: major elective invasive surgery in favour of conservative options; PSA screening; menopausal hormones

Improves adherence to medication (Joosten, 2008 and more)

Better outcomes in supported self-management (SSM)/long term care

“No decisions in the face of avoidable ignorance”

Reduce unwarranted variation
Choosing Wisely in the UK: the Academy of Medical Royal Colleges’ initiative to reduce the harms of too much medicine

A Malhotra and colleagues explain how and why a US initiative to get doctors to stop using interventions with no benefit is being brought to the UK

A Malhotra consultant clinical associate¹, D Maughan Royal College of Psychiatrists sustainability fellow², J Ansell advanced trainee in general surgery³, R Lehman senior research fellow⁴, A Henderson chief executive¹, M Gray director⁵, T Stephenson former chair¹, S Bailey chair¹
SDM as a legal requirement

JUDGMENT

Montgomery (Appellant) v Lanarkshire Health Board (Respondent) (Scotland)

before

Lord Neuberger, President
Lady Hale, Deputy President
Lord Kerr
Lord Clarke
Lord Wilson
Lord Reed
Lord Hodge

LETTERS

NEW UK LAW ON CONSENT

Openness and honesty in gaining fully informed consent will benefit both patients and doctors

Stephen N Bolsin specialist anaesthetist
Geelong Hospital, Geelong, Vic, Australia

Godlee is right to highlight the need for patients to be properly informed at the time they give consent to treatment.2 The Bolam principle, which was enunciated as advice to a jury in 1957 has been considerably eroded.1

Doctors should not cherry pick what information to give patients, court rules

Clare Dyer
The BMJ

Doctors should no longer decide what information a patient should be given before agreeing to treatment, the UK Supreme Court has ruled in a historic judgment.4

But the Supreme Court justices said that shoulder dystocia was a major obstetric emergency and the contrast with the tiny risks to the baby and mother from an elective caesarean was “stark.”
An example of SDM and safety – medicines optimisation
Data

• Systematic review – quality of medication use in primary care (2009)
  – 2.9 to 5.2% not “cashed” (from UK data from 1990s)

• Antidepressants in primary care (Netherlands, 2009)
  – Of 965, 41 (4.2%) didn’t fill prescription and 229 (23.7%) filled only a single prescription.

Examples

• RCT of poorly controlled asthma (612 adults)
  – Cf clinician decision making vs SDM
  – better controller and long acting beta-antagonist adherence
  – better clinical outcomes
    • QoL, health care use, rescue medication use, asthma control, lung function.

• Shared understanding increases adherence in schizophrenia (OR 5.82)

Wilson, Strub at al. Shared treatment decision making improves adherence and outcomes in poorly controlled asthma. Am J Respir Crit Care Med 2010;181:566-77
McCabe, Healey et al. Shared understanding in psychiatrist-patient communication: association with treatment adherence in schizophrenia. PEC 2013;93:73-9
Interventions to improve safe and effective medicines use by consumers: an overview of systematic reviews (Review)

2014

• 75 systematic reviews
• Generally effective
  – Medicines self management and self monitoring
• Promising
  – Simplified dosing regimes
  – Pharmacists in medicines management (e.g. medicines reviews and care plans)
• Some positive effects (esp adherence)
  – Education delivered with self management skills training; information and counselling together; education/information as part of pharmacist delivered package
EXERCISE

How can SDM contribute to patient safety?
Resources
Resources

- MAGIC programme (SDM Implementation Programme funded by the Health Foundation) – http://www.health.org.uk/areas-of-work/programmes/shared-decision-making/

- Health Foundation patient-centred care resource centre – http://personcentredcare.health.org.uk/

- Decision aids (links to several different sources) http://www.patient.co.uk/decision-aids

- Brilliant evidence-based medicine and SDM YouTube clips from Dr James McCormack http://www.youtube.com/user/jmccorma1234/videos