Shared decision making; some UK initiatives

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Some United Kingdom initiatives

- NHS Right Care programme
- Health Foundation MAGIC programme
- University of Newcastle on Tyne research programme
The primary objective for Right Care is to maximise value:

- the value that the patient derives from their own care and treatment
- the value the whole population derives from the investment in their healthcare
Embedding SDM in routine NHS care

Three funded workstreams

- Tools to support shared decision making, & provision of decision coaching
- Creating a receptive culture
- Embedding shared decision making in NHS systems and processes
Shared decision making (SDM) is the conversation that happens between a patient and their health professional to reach a healthcare choice together. This conversation needs patients and professionals to understand what is important to the other person when choosing a treatment.

WHAT IS A DECISION AID?

Patient Decision Aids are specially designed information resources that help people make decisions about difficult healthcare options. They will help you to think about why one option is better for you than another. People’s views change over time depending on their experiences and who they talk to. Understanding what is important to you about your decision will help you choose the option that is best for you.

Learn more about shared decision making

DECISION SUPPORT - 0845 450 5851

Decision Support is a process for helping individuals to arrive at an evidence based choice regarding their treatment, where there is more than one option for treating their condition.
STROKE PREVENTION FOR ATRIAL FIBRILLATION OR ATRIAL FLUTTER

1. INTRODUCTION
   Overview of the decision, options and health problem.

2. COMPARE OPTIONS
   Information about all the options explained side-by-side.

3. MY VALUES
   Thinking about what matters to you about the decision.

4. MY TRADE-OFFS
   Weighing-up the pros and cons of the options to you.

5. MY DECISION
   Make a decision that is right for you at this time.

DECISION AID PROCESS EXPLAINED

REGISTRATION / LOGIN REQUIRED HERE TO SAVE YOUR PROGRESS

DECISION SUPPORT

Speak with a Health Coach at any point throughout your decision making process.

PRINT YOUR SUMMARY

MY DECISION
   Make a decision that is right for you at this time.

MY TRADE-OFFS
   Weighing-up the pros and cons of the options to you.

GO DIRECTLY FROM STEP 3 TO 5 IF YOU DON’T REQUIRE HELP IN WEIGHING UP THE PROS AND CONS FOR YOU
**EFFECT ON CHANCE OF HAVING A STROKE**

**Medicine (anticoagulants)**

People with atrial fibrillation can lower the chance of having a stroke by taking anticoagulants. The amount of change depends on the individual chance of stroke, measured by CHADS2 score. Someone with a CHADS2 score of 2 has about a **40 in 1,000** chance of having a stroke over the course of a year. Taking medicine can reduce this chance by **50%**.

**No treatment**

Choosing not to have a treatment means a person's chance of having a stroke is likely to stay the same or get higher. People with atrial fibrillation are given a CHADS2 score for their chance of having a stroke. This score gives a chance of having a stroke each year ranging from **19 in 1,000** to **182 in 1,000**. People with a score of 1 or higher are considered to need treatment with medicines.

**Surgery (left atrial appendage occlusion)**

People with atrial fibrillation may be able to reduce their chance of having a stroke by having surgery. This operation has not been used for long and we need to see more research before we can say for certain that it reduces the chance of having a stroke.

In one group of people with atrial fibrillation, left atrial appendage occlusion was as effective as warfarin in reducing the chance of stroke. [30]

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[30] More information...
Before making a decision it is important that you consider the consequences of each of the available options. Choosing how you feel about each of the statements below will help you think about how important these potential consequences are to you.

I am willing to wait and see what happens to my condition

- Disagree strongly
- Disagree somewhat
- Agree somewhat
- Agree strongly

The most important thing to me is to have a treatment that has the best chance of preventing a stroke

- Disagree strongly
- Disagree somewhat
- Agree somewhat
- Agree strongly
I am unwilling to spend much time in hospital or having treatment

If you decide not to have treatment, you are likely to be advised to see your GP about once a year, to have your condition monitored. You won't need to spend time having treatment.

If you choose surgery, you will usually spend a day or two in hospital and have several check-ups for 12 months afterwards. You will also need to take aspirin for the rest of your life.

If you take anticoagulant medicine, you will need to take tablets once or twice a day for the rest of your life. If you take warfarin you will need to have your blood tested on a regular basis. You may need to attend a clinic to have this done, or you may be able to self-monitor at home.

I am unwilling to have a treatment that has a chance of side effects or complications

Deciding not to have treatment will not cause any side effects or complications.

Because anticoagulants slow the rate at which blood clots form, they can cause bleeding problems. Mostly, these bleeding problems are minor, such as nosebleeds or bleeding gums. Some bleeding problems are serious, such as bleeding in the brain or bleeding in the stomach or bowel.

There is also a chance of serious complications with left atrial appendage occlusion surgery. These can include bleeding, blood clots,
Here are some things you can do now

- I'd like to read the information again
- I'd like to go away and think about it
- Speak to the decision support team

Many people like to go back through this Decision Aid again now that they understand how the treatment consequences might affect their lives. You can revisit the decision aid again or log-out and come back to it before making an appointment with your doctor.

Your doctor will have information from test results and your medical history. Given what you know now, you can decide together which option is best for you based on your views and medical history.

- Step 1 - Introduction
- Step 2 - Compare Options
- Step 3 - My Views
- Step 4 - My Trade-offs

PRINT SUMMARY
MAGIC: Shared decision making

In brief

Listen to an NHS Institute webinar on MAGIC by Richard Thomson and Glyn Elwyn, and view the slides.

View the webinar
Three questions that patients can ask to improve the quality of information physicians give about treatment options: A cross-over trial

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ABSTRACT

Objective: To test the effect of three questions (what are my options? what are the benefits and harms? and how likely are these?), on information provided by physicians about treatment options.

Methods: We used a cross-over trial using two unannounced standardized patients (SPs) simulating a presentation of mild-moderate depression. One SP was assigned the intervention role (asking the questions), the other the control role. An intervention and control SP visited each physician, order allocated randomly. The study was conducted in family practices in Sydney, Australia, during 2008–09. Data were obtained from consultation audio-recordings. Information about treatment options and patient involvement were analyzed using the Assessing Communication about Evidence and Patient Preferences (ACEPP) tool and the OPTION tool.

Results: Thirty-six SP visits were completed (18 intervention, 18 control). Scores were higher in the intervention group (mean ACEPP score 19.3 vs. 16.8, p < 0.01; difference 2.5 ± 3.9%).
Shared Decision Making

Other questions I would like to ask during my consultation:

1. 
2. 
3. 
4. 
5. 

Working with the Right Care Shared Decision Making programme to promote Shared Decision Making between patients and professionals.

Ask 3 Questions

What are my options?
What are the pros and cons of each option for me?
How do I get support to help me make a decision that is right for me?

What are the pros and cons of each option for me?

How do I get support to help me make a decision that is right for me?

Remember, you can bring someone else with you to your appointment, such as a relative, carer or friend.

Your health, Your decision

These resources have been adapted with kind permission from the MAGIC Programme, supported by the Health Foundation

http://www.advancingqualityalliance.nhs.uk/SDM/
Exit interviews: Ask 3 Questions

1. How long did you spend in waiting area? (minutes)
2. Did you notice that you had a wait?
3. Did you receive an Ask 3 Questions flyer with your appointment letter?
4. Were you encouraged to take a flyer by the reception staff?
5. During your visit, did you see the Ask 3 Questions poster?

**Audiovisual materials**

- Patient doing something else (e.g., reading, using phone) whilst in waiting area
- Patient interacting with other people in waiting area
- Patient cannot see display due to positioning
- Patient cannot see display due to lack of visual aid
- Patient prefers not to watch
- Other

*Note: Please enter one of the following codes:*
Decision Making and Organisation of Care

Leads: Richard Thomson & Cath Exley

Decision Making and Organisation of Care (DMOC) is a multidisciplinary research theme which brings together social and behavioural science and clinical expertise to conduct applied health research. DMOC incorporates three research strands:

- Health experiences and interactions
- Professional practice and organisation of care
- Shared decision making

Our work spans a diverse range of clinical specialities and utilises a range of research methods and methodologies, employing rigorous single and multi-method qualitative and quantitative research, as well as strategically employing surveys, interactional analysis and systematic reviews.

Aims: