Shared decision making, quality & safety

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Research

- Major gaps in people’s understanding of their treatment options
- People wish to be more involved with decisions about care
- Patient preferences often poorly understood by doctors
- Risk communication often not managed well
- Decisions tend to be driven by doctors & favour intervention
- Better informed patients often choose different treatments
Separations for knee arthroscopy by Medicare Local, age-and sex standardised number per 100,000 population
Unwarranted variation in care

- **Underuse of effective care**
  - e.g. prophylaxis for VTE

- **Overuse of supply sensitive care**
  - e.g. overuse of acute care because of lack of community services for chronic disease

- **Misuse of preference sensitive care**
  - e.g. failure to accurately communicate risks & benefits of alternative treatments & failure to base the choice of treatment on the patients values & preferences

The Dartmouth Atlas of Health Care
Beyond “boutique” implementation

- Scaleable interventions to change consumer & clinician behaviour?
- Drivers of change?
  - Health system
  - Education system
- Costs & benefits of implementing shared decision making?
- Best ways to routinely measure practice?