


Shared decision making

▶ Intervention in brief

<p>System wide:</p>	<p>Shared decision making is a collaborative communication technique used to ensure the values and preferences of patients and their caregivers are sufficiently incorporated into the care plan. The goal is to close the trust gap between patients and providers, particularly the historically marginalized and/or those making impactful clinical decisions (e.g., advance care planning).</p>
<p>Strength of evidence</p>	<p> Extensive research supports the impact of shared decision making, although data is mostly associated with stakeholder satisfaction and quality and clinical outcomes. The evidence behind the intervention's impact on cost and utilization is limited.</p>
<p>Impact</p>	<ul style="list-style-type: none"> • Decreased cost: Not demonstrated • Decreased utilization: 7 percentage point decreased ED use; 11-16 percentage point decreased imaging; 28.6% decreased asthma-related health care use • Improved quality, clinical outcomes: 0.4 point increased score on a knowledge test; 3.4 percentage point increased lung functioning; 2x greater odds of reporting no asthma control problems; 8-21 percentage point increased controller adherence; improved patient outcomes in 43% of studies; associated with improved affective-cognitive patient outcomes (54% of outcomes), behavioral (37% of outcomes), and health (25% of outcomes); 1.21 standardized mean difference improved knowledge as a percent of questions correctly answered; -1.20 standardized mean difference reduced decisional conflict on the Decisional Conflict Scale • Increased access: Not demonstrated • Improved stakeholder satisfaction: 11 percentage point increased satisfaction with clinicians' explanations; 0.4 increased asthma-related quality of life on the Mini Asthma Quality of Life Questionnaire; 0.37 standardized mean difference improved satisfaction
<p>How to succeed</p>	<p>To execute shared decision making effectively:</p> <ul style="list-style-type: none"> • Educate staff on the difference between traditional paternalistic care and shared decision making processes • Identify potential stumbling blocks or push back (e.g., perceived time constraints) and map them to solutions (e.g., prioritize shared decision making with more vulnerable populations) • Designate staff roles in the process to improve inter-team coordination and lessen the time burden (e.g., social worker identifies non-clinical needs that may interfere with decisions, front desk staff facilitate necessary administrative work) • Ensure staff use shared decision making within the context of a long-term, trusting, patient-centered relationship, rather than a one-off conversation <p>To learn more about developing an evidence-based approach, download the Patient Decision Aid Toolkit here. Then check out slides 14-17 of Partnering with Patients on Care Plan Next Steps here, part of the How to Engage Patients 101 webconference series here.</p>

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▶ Demonstrated impact

Literature review summary

Title: Engaging Patients in Health Care Decisions in the Emergency Department Through Shared Decision-Making: A Systematic Review

Publication: Academic Emergency Medicine

Date: 2012

Type: Systematic review

Study population: Adults or children (and their surrogates) presenting to the ED

Major findings: Decision support interventions, including decision aids or support to explain risks and benefits of treatment options, resulted in:

- Reduced ED use within seven days (4% vs. 11%)
- Reduced negative thoracic imaging tests that imparted more than 5 mSv¹ radiation (9% vs. 20%) and cardiac stress testing (75% vs. 91%)
- Improved knowledge of the risks of radiation exposure (3.6 vs. 4.0 of seven questions correct)
- Increased satisfaction of clinicians' explanations (49% vs. 38% were "very satisfied")

Source: Full article [here](#).

Title: Shared Treatment Decision Making Improves Adherence and Outcomes in Poorly Controlled Asthma

Publication: American Journal of Respiratory and Critical Care Medicine

Date: 2010

Type: Randomized controlled trial

Study population: 612 adults with poorly controlled asthma randomized to a shared decision making model, a clinical decision making model, or to usual care

Major findings:

- Reduced asthma-related health care use (1.0/year) compared with usual care (1.4/year)
- Improved lung function (76.5% adjusted mean perfect predicted FEV₁²) compared with usual care (73.1%)
- Greater odds of reporting no asthma control problems compared to the usual care group (2x)
- Improved controller adherence (continuous medication acquisition of 0.67) compared with clinical decision making (0.59) and usual care (0.46)
- Improved asthma-related quality of life (5.5 on the Mini Asthma Quality of Life Questionnaire) compared with usual care (5.1)

Source: Full article [here](#).

Title: Where is the Evidence? A Systematic Review of Shared Decision Making and Patient Outcomes

Publication: Medical Decision Making

Date: 2016

Type: Systematic review

Study population: Patients across 39 studies in 41 publications, including cross-sectional studies, prospective surveys, and secondary analyses of randomized controlled trials

Major findings:

- Improved patient outcomes in 43% of studies (patient-reported, observer-rated, and clinician-reported interventions)
- Associated with improved affective-cognitive patient outcomes (54% of outcomes), behavioral (37% of outcomes), and health (25% of outcomes)

Source: Full article [here](#).

1) Millisievert.
2) Forced Expiratory Volume.

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Title: Shared Decision Making in Pediatrics: A Systematic Review and Meta-Analysis

Publication: Academic Pediatrics

Date: 2015

Type: Systematic review and meta-analysis

Study population: Pediatric and adult patients across 54 interventions

Major findings: Involving patients and/or caregivers/surrogates in medical decision making with clinicians:

- Improved knowledge (standardized mean difference 1.21) as a percent of questions correctly answered
- Reduced decisional conflict (standardized mean difference -1.20) on the Decisional Conflict Scale
- Improved satisfaction (standardized mean difference 0.37) across a range of non-standardized scales

Source: Full article [here](#).

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Appendix

- Flynn D, et al., “Engaging Patients in Health Care Decisions in the Emergency Department Through Shared Decision-Making: A Systematic Review,” *Academic Emergency Medicine*, 19, no. 8 (2012), <https://onlinelibrary.wiley.com/doi/full/10.1111/j.1553-2712.2012.01414.x>.
- Wilson S, et al., “Shared Treatment Decision Making Improves Adherence and Outcomes in Poorly Controlled Asthma,” *American Journal of Respiratory and Critical Care Medicine*, 181, no. 6 (2010), <https://www.atsjournals.org/doi/full/10.1164/rccm.200906-0907OC>.
- Shay L, et al., “Where is the Evidence? A Systematic Review of Shared Decision Making and Patient Outcomes,” *Medical Decision Making*, 35, no. 1 (2015), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4270851/>.
- Wyatt K, et al., “Shared Decision Making in Pediatrics: A Systematic Review and Meta-Analysis,” *Academic Pediatrics*, 15, no. 6 (2015), [https://www.academicpedsjnl.net/article/S1876-2859\(15\)00082-0/fulltext](https://www.academicpedsjnl.net/article/S1876-2859(15)00082-0/fulltext).