

# Shared Decision Making – The Cure to Many Ills

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37 percent of physicians believe that patients want the doctor to make the decisions regarding their medical treatment (with minimal input from the patient), but only 7 percent of patients selected this as the role they wanted doctors to have.



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# Overview

- Defining the present gaps in asthma care:
  - Communication skills
  - How to make a treatment plan.
- Using SDM in asthma care leads to measurable improvements in:
  - Adherence
  - Quality of life
  - Health care literacy
  - Asthma emergency visits



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# Learning Objectives

- Identify patient preferences for their asthma treatment.
- Teach effective communication skills for providers and patients to agree on a proper asthma treatment plan.
- Define patient's ability to adhere to a treatment plan as well as presenting all appropriate asthma treatments and therapies.



# Addressing the Gaps

- The lack of patient preferences in their asthma treatment provided by their health care team.

Let's define a real-world case scenario.



# Addressing the Gaps

- The need to involve patients within their treatment decisions to improve adherence to asthma therapy.

Why would they want that?  
How would it help?



# Addressing the Gaps

- The disproportionate impact of asthma in racial and ethnic low-income populations.

Can you think of an example?



# Addressing the Gaps

- Improve asthma literacy by improving providers communication skills and eliciting patient preferences.

What does this look like?



# Reasons for these Gaps

- Health care teams do not presently involve or elicit patient preferences.

**What do they do?**

**What do you wish they'd do?**

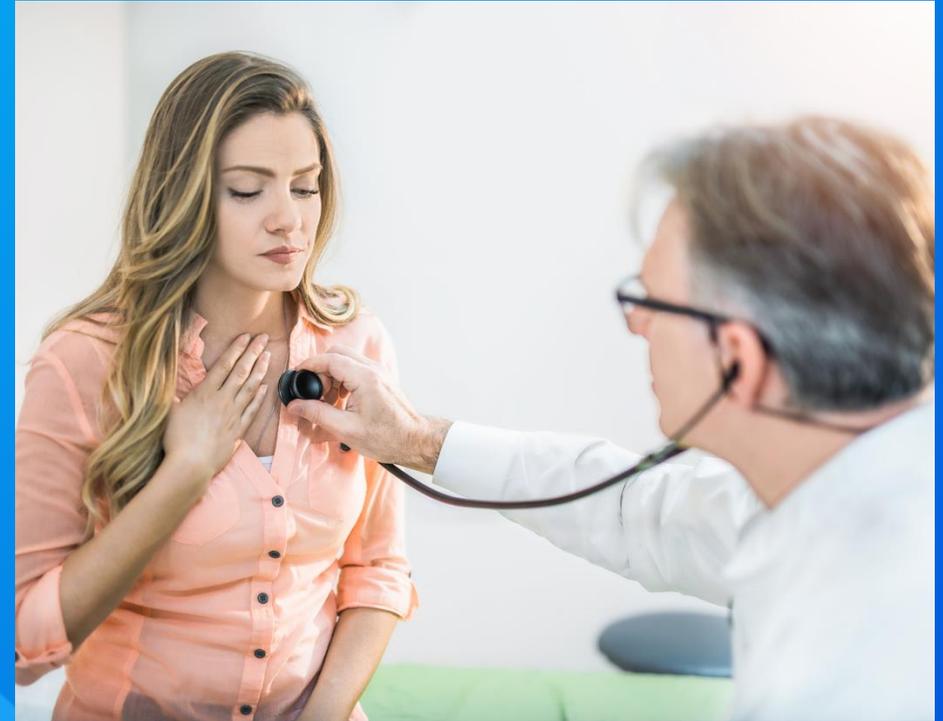


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# Reasons for these Gaps

- Limited access to health care and culturally sensitive asthma education materials.

**Can you give example?  
What would be on your wish list?**



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# Reasons for these Gaps

- Health care providers assume that patients are not interested or able to make their own decisions on their treatment.

**What do you think?  
Are patients interested?**



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# Reasons for these Gaps

- Health care providers are not trained and do not have the proper tools to communicate effectively with patients.

**Were you trained?  
How can we train HCP?**



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# Bridging the Gap: Preferences

- Empowering providers to elicit patient preferences and patients to contribute their preferences to the provider about their asthma care.
- What qualities make an empowered patient?
  - 1. \_\_\_\_\_
  - 2. \_\_\_\_\_
  - 3. \_\_\_\_\_

# Bridging the Gap: Literacy

- To improve patient asthma literacy by providing them shared decision-making (SDM) tools.
- How do you provide this?
  - 1. \_\_\_\_\_
  - 2. \_\_\_\_\_

# Bridging the Gap: Communication

- To improve communications between patients and providers when establishing an asthma treatment plan.
- What elements are needed? (time to speak with patient, translators? Written check lists?)
  - 1. \_\_\_\_\_
  - 2. \_\_\_\_\_

# Bridging the Gap: Tools

- Encourage providers to create and submit their own SDM tools for improved asthma care.
- How to encourage providers? Where do they submit this?
  - 1. \_\_\_\_\_
  - 2. \_\_\_\_\_

# Positive Patient Outcomes

- Patients who engaged in shared decision-making were more knowledgeable about their condition.
  - 71% satisfied compared to 35% unengaged patients
  - Higher quality of life after 6 months
- Patients who made informed decisions were also less likely to regret their treatment choices
  - 5% compared to 15% of unengaged patients

# Positive Patient Outcomes

- Patients that make their own healthcare decisions reflect:
  - Better health outcomes
  - Decreased anxiety
  - Quicker recovery
  - Increased compliance with treatment
- The use of decision aids reflect:
  - Reduced number of passive patient treatments
  - Increased adherence and knowledge
  - Accurate perception of risk
  - Reduced conflict

# Positive Patient Outcomes

- Informed individuals make cost-effective and less invasive choices for preference-sensitive conditions.
- Providing more options through decision aids does not necessarily increase costs.
- Menorrhagia study showed decision aids reduced costs by \$725 to \$1,185 compared to the control group.
- Study on hip and knee replacements demonstrated decision aids led to 38% fewer surgeries and cost savings of 12-21% over six months.
- Decision aids resulted in up to 20% of patients opting for less invasive surgical options and conservative treatment.

# Summary

"Shared decision making is a process in which clinicians and patients work together to make treatment decisions in a way that balances clinical evidence on risks and expected outcomes with patient preferences and values. Researchers find enormous gaps between what patients want and what doctors think they want. Shared decision making can address this communication gap, improve outcomes and increase patient and physician satisfaction. It is a key component of person-centered healthcare and should become the standard of care"



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# Sources

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