

SIGN OF THE TIMES: PART II

Shared Decision Making: Decision Aid Tools to Build a Patient-Centered Medical Home

Leigh H. Simmons, MD, and Karen R. Sepucha, PhD

Drs. Simmons and Sepucha are faculty in the Health Decision Sciences Center at Massachusetts General Hospital.

On a recent afternoon in clinic, two of my patients made the following statements after we reviewed an online tool focused on cardiovascular disease risk reduction:

"Some people might look at those numbers and say 92 people still don't have a heart attack in the next 10 years, pill or no pill. But I look at these numbers and think, wow, four people were saved from a heart attack by taking the pill. I'm a father, with three kids in school. I need to be around for a long time. I'm ready to take a pill."

"Doc, I look at these numbers and think, I have to take a medicine every day for 10 years, and chances are either way, I'm probably not going to have a heart problem. You know how I feel about pills. It's not worth it to me!"

Two conversations in one clinic session. Two men with very similar cardiovascular risk profiles (approximately a 10-year atherosclerotic cardiovascular disease risk of 8%). Two very different opinions on taking a statin medicine for cardiovascular risk reduction. These conversations resulted in different care plans for each of these men who, on paper, look very similar but who have very different preferences for reducing cardiovascular risk. These two conversations were facilitated by a decision aid that clearly displayed the risk of a myocardial infarction in the next 10 years and the absolute risk reduction achieved by taking a statin medication. The patients readily ex-

pressed their opinions about adding a statin medicine to their regimen after walking through the decision aid. As my own practice has made the transition to a patient-centered medical home (PCMH) model, we've placed a high priority on ensuring that the care plans we develop incorporate patients' preferences and values. This task is made much easier by having decision aids available at the point of care.

The PCMH model that is being developed and promoted broadly in primary care practice has four cornerstones: primary care, patient-centered care, new-model practice, and payment reform.¹ A core component of patient-centered care is ensuring that patients and families are informed and involved in the decision-making process and that they receive treatments that meet their needs and goals. The process of achieving this goal has been termed "shared decision making."² Shared decision making is a much-discussed topic in research and policy circles but less so in the clinic. Many practice leaders and clinicians may be curious about how to implement shared decision making in routine clinical care and use this method to achieve patient-centered care goals.

A model for shared decision making in clinical practice, described as a sequence of "choice talk, option talk, and decision talk," was recently outlined by Elwyn and colleagues.³ This framework addresses the use of patient decision support tools, also known as decision aids. These tools come in several forms, including detailed video programs that patients can view be-

fore or after visits, web-based decision aids that can be accessed in the office visit or independently, and paper forms such as option grids that are designed for use during an office visit with clinicians. Many of these decision aids are readily available online for use by clinicians and patients. However, many aids have stayed in the research realm and have not yet reached broad implementation in routine practice.

At Massachusetts General Hospital, our Shared Decision Making Program (www.massgeneral.org/decisionsciences) supports our clinicians and patients to make better decisions about medical tests and treatments. Here we describe some tools, freely accessible online, that can be downloaded for use in the office visit. Below are some of the programs we have found most useful to our clinicians aiming to implement shared decision making in routine practice, particularly those hoping to improve conversations in the office visit to focus on shared decisions:

- 1. Choice Reports (<http://www.massgeneral.org/decisionsciences/>):** These short tools were developed by the authors at Massachusetts General Hospital. They are used to promote shared decision-making conversations around treatment of high cholesterol, high blood pressure, depression, and diabetes. A video demonstrating their use is available on the website.
- 2. Statin/Aspirin Choice Decision Aid (<http://statindecisionaid>).**

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mayoclinic.org/): This decision aid was developed by the Knowledge and Evaluation Research Unit, led by Victor Montori at the Mayo Clinic, and facilitates a discussion of cardiovascular risk tailored to the individual. Patients can view in graphic form the absolute benefit of adding a statin and/or aspirin to their regimen. The decision aid includes personalized documentation language that can be pasted into any electronic medical record and retained for later reference. This tool may be particularly useful for clinicians and patients for whom this clinical decision may need to be revisited in light of recently updated guidelines on statin use for cardiovascular risk reduction.

3. Option Grids (www.optiongrid.org):

These tools were developed by the Option Grid Collaborative, led by Glyn Elwyn on the Dartmouth Center for Health Care Delivery Science. These short tools are for

comparing treatment options that are designed to be printed and used in the office visit. Grids for 27 conditions are currently available (with additional grids available for use in Spanish), including carpal tunnel syndrome, prostate cancer treatment, and osteoarthritis. A video demonstrating their use is available on the website.

4. AHRQ Effective Health Care Program (<http://effectivehealthcare.ahrq.gov/index.cfm/tools-and-resources/patient-decision-aids/>):

This program was developed by the Agency for Healthcare Research and Quality and involves online interactive decision aids that prepare patients to discuss what is most important to them when they consult with their clinicians. Patients can review these decision aids in advance of a visit or be referred to the site after a consultation. Currently, the site offers decision aids on urinary incontinence, osteoporosis, and localized prostate cancer.

Ongoing areas for further study include the implementation of shared decision-making practice by the entire care team and expanding the use of decision aids beyond the doctor/patient encounter to include pre-visit preparation and non-visit based care. However, for a practice interested in trying out shared decision-making tools, the decision aids listed above are an excellent entry point to enhancing patient-centered care in routine practice.

References

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