MAKING THE CASE FOR CERTIFIED PATIENT DECISION AIDS: LESSONS FROM WASHINGTON STATE

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What is Shared Decision Making?

A process in which clinicians and patients **work together** to make decisions and select tests, treatments and care plans based on **clinical evidence** that balances risks and expected outcomes with **patient preferences and values**.


The faces of shared decision making

Case #1
- Sue
- 65 year old female
- Diagnosed with CVD
- Decision: to have/or not have LVAD
The importance of choice

Choices in healthcare

- Healthcare plans
  - Benefits
  - Cost
- Healthcare providers
  - Location
  - Type
- Treatment options
  - Benefits vs risks
- Advanced care planning
  - What are my options
  - How do they align with my personal preferences and values
Patients make a surprisingly large number of decisions related to their healthcare every year:

- 82% of adults over the age of 40 have made a medical decision in the past two years
- 54% of these adults have faced two or more of these types of decisions

With permission from Ben Moulton, JD, MPH, Founder and CEO, Informed Consulting, LLC
“The National Survey of Medical Decisions (the DECISIONS Study)”. Brian Zikmund Fisher, PhD, University of Michigan; Funded by the Foundation for Informed Medical Decision Making

Patients don’t know what they don’t know

- When asked about 9 major medical decisions
  - Patients on average knew less than ½ of the critical information
- Why does it matter?
  - 1/3 of medical decisions have two or more treatment options
  - There is no “right” course of action
  - The patient must be fully informed and decide with their physician

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Consumer Attitudes towards SDM


Why is SDM important?

- Honors patient personal choices
- Reduces variation
- Patient safety
- Supports informed consent
- Is a key component of patient-centered care
Definition of Patient-Centered Care

“Providing care that is respectful of, and responsive to, individual patient preferences, needs and values, and ensuring that patient values guide all clinical decisions.”

Institute of Medicine (IOM)

Patient-centered care is about people

Case #2
• Mary
• 98 year old female
• Diagnosed with dementia
• Suffered stroke
Picker’s 8 principles of patient-centered care

- Respect for Patients’ Preferences
- Coordination & Integration of Care
- Information & Education
- Physical Comfort
- Emotional Support
- Continuity & Transition
- Involvement of Family & Friends
- Access to Care

Patient decision aid (PDA)

- A tool used by providers in shared decision making to engage patients in decisions that affect their health care by providing them with information they need to make an informed choice
- PDAs come in many forms:
  - A written document
  - A link to an interactive website
  - Videos
  - Visual aids
PDAs support SDM

Shared decision making

• Increased knowledge of options
• More accurate risk perceptions
• Lower conflict about decisions
• Choices that are more consistent with values
• Greater participation in decision making
• Fewer patients choosing major surgery

*Stacey et al. Decision aids for people facing health treatment or screening decisions (Review). Cochrane Database of Syst Rev 2014;CD001431

“A systematic review of effectiveness of decision aids to assist older patients at the end of life” March 2017
Closer to home

<table>
<thead>
<tr>
<th>EXHIBIT 1</th>
<th>Group Health Patient Satisfaction Survey Results On Decision Aids</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Please rate how well the decision aid:</strong></td>
<td>Excellent/very good</td>
</tr>
<tr>
<td>Helped you understand your health condition</td>
<td>1,428</td>
</tr>
<tr>
<td>Helped you understand the treatment choices for your health condition</td>
<td>1,573</td>
</tr>
<tr>
<td>Helped you understand what is most important to you when thinking about treatment choices for your health condition</td>
<td>1,500</td>
</tr>
<tr>
<td>Helped you prepare to talk with your health care provider about treatment choices for your health condition</td>
<td>1,528</td>
</tr>
</tbody>
</table>

Source: Group Health Research Institute. Notes: Raw data from 2,223 survey participants, out of 12,263 surveys mailed with decision aids from January 2009 to April 2011. Data provided by Group Health Research Institute and on file with authors. *Positive rating means excellent, very good, or good.

National SDM Initiatives

- 1980s: Presidential commission to promote national adoption of SDM*
- 2010: Section 3506 ACA: Program to Facilitate Shared Decision Making
- 2015: First CMS Medicare benefit for SDM
- 2016: NQF National Certification Criteria
- 2018: NCQA Health Plan Accreditation Guidelines
- 2018: NQF SDM Playbook

History of SDM in Washington

- In the early 2000s, Jack Wennberg presented to leaders in Washington on clinical variation across regions of the state
- Response was legislation to support SDM, with goal of reducing variation without restricting choice
- Goal was appropriate utilization based on patient preferences, rather than decreased utilization
  - Evidence suggests SDM decreases overutilization, but helps correct underutilization

Washington is Prioritizing SDM

- Shared decision making (SDM) is a key component of patient-centered health care
- It is recognized in many Washington policy initiatives, and afforded special status in Washington law
SDM Legislation in Washington
RCW 7.70.060

E2SSB 5930 (2007 - “Blue Ribbon Bill”)
• Multi-provider SDM Collaborative
• Informed Consent liability protections for SDM using certified patient
decision aids

ESHB 1311 (2011 - Bree Collaborative)
• Established Robert Bree Collaborative, focused on unwarranted variation
and evidence based improvement strategies

ESHB 2318 (2012 - Decision Aid Certification)
• State Health Care Authority medical director may certify or recognize
certifying entities meeting specified criteria

Why certify?

• As PDAs become more widely used, standards become critical
• Ensures quality
  – Accuracy and appropriateness of information
  – Supports patient in exploring values
• Minimizes bias
• Addresses conflicts of interest
• In Washington, enhanced liability protections are activated in part by PDA certification
Health Care Authority role in SDM

- Certification of Patient Decision Aids
- Leverage our role as purchaser (1.8M Medicaid lives, 200K PEB) to support clinicians in the use of SDM and PDAs
- Providing training and support to clinicians
- Convening statewide discussion around spread and sustainability

Patient decision aid certification process

- Developed in 2015 in collaboration with local and national experts and stakeholders
- Development supported with funding from the Gordon and Betty Moore Foundation

Shared decision making

A key component of Healthier Washington is consumer engagement: Empowering people to share in the decision-making when it comes to their own health and the health of their families.
The Certification Criteria

- Based on standards established by the International Patient Decision Aids Standards Collaboration (IPDAS)
- Aimed at ensuring accurate, unbiased, up to date, understandable information
- Addresses values/preferences clarification
- The criteria may be adjusted over time

For a full list of criteria go to: https://www.hca.wa.gov/assets/program/2017-pda-criteria.pdf

Review process

- Full review panel
  - Review/score application, PDA, supporting document against certification criteria
- Evidence-based Practice Center
  - Review/score PDA and evidence table against current science
- Chief Medical Officer
  - Reviews full application, PDA, and evidence considering input from panel and SMEs for final determination
Review and certification process

Keeping current

- Certification generally effective for 2 years
- Developers are expected to update their decision aids and supporting documents
- PDA may be considered for re-review at any time:
  - As a result of developer updates; or
  - At the discretion of the medical director
Current certified PDAs

- 2016: Maternity Care
  - Certified 5 PDAs
- 2017: Total Joint Replacement and Spine Care
  - Certified 7 PDAs
- 2017 - 2018: End of Life Care
  - Certified 24 PDAs
- Fall 2018 Cardiac Care

Lessons learned

- “Adequately met”
- Balance
- Bias
- Consistency
- Capacity
- Time
Updated criteria to address health literacy

Added patient & health equity rep

Continue to refine and streamline process

Additional training, i.e., values clarification and addressing bias

Expanded scoring parameters

Evolution of review & certification process

Beyond certification – translating research into practice

• Accountable Care Program SDM initiative
• Bundled contracting arrangements
• Clinician training through online skills course
• Convening statewide discussion around spread and sustainability
Implementation of SDM into practice

- PDA and SDM around trial of labor after cesarean
- 3 sites, each with variations
  - Paper vs. electronic aid vs. group class
  - Varying degrees of EMR incorporation
  - MD-identified candidates vs. MA/RN
  - Varying baseline VBAC rates
- Steps included: Clinician training, PDA selection, workflow development, EMR changes, maintenance/monitoring

Results

<table>
<thead>
<tr>
<th>Successes</th>
<th>Challenges</th>
</tr>
</thead>
<tbody>
<tr>
<td>High VBAC rates and high satisfaction among participating patients</td>
<td>Time</td>
</tr>
<tr>
<td></td>
<td>o Heavy workload of clinicians</td>
</tr>
<tr>
<td></td>
<td>o Training</td>
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<tr>
<td>Provider openness to VBAC increased uptake</td>
<td>Cost of PDAs</td>
</tr>
<tr>
<td>High provider engagement (but also frustration)</td>
<td>Assumptions about SDM</td>
</tr>
<tr>
<td>Overall satisfaction with provider training</td>
<td>Implementation into EHR is complex</td>
</tr>
<tr>
<td>Group class approach</td>
<td>Lack of high quality PDAs</td>
</tr>
<tr>
<td>Recognition that SDM can be incorporated into other areas to support Women’s Health</td>
<td></td>
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Lessons Learned

- Clinical champions/leadership buy in a must
- Focused training for clinicians and staff on quality shared decision making
- Check assumptions up front
- Availability of high quality PDAs
- Timing is important!
- Incentives are necessary

Value to participating organizations

- Quality training for providers and staff
- PDAs helped guide balanced, evidence-based SDM discussions
- Value for patient in understanding the evidence and pros/cons for the various options available
- Process helped elicit patient values and support informed decisions
Vision for the future in Washington State

• Spread SDM/use of certified PDAs
• Reduce variation in healthcare
• Measure quality and impact of implementation
• Encourage submissions of different types
• Engage patients in their decisions that impact their health

Questions?

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