SHARED DECISION MAKING
What is it and why is it different in serious illness?

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Learning Outcomes

1. Explore the current national definitions and recommendations for shared decision-making (SDM) as a standard of care for all patients
2. Examine what is unique about the decision-making process for individuals living with serious illness
3. Describe the approach required for clinicians to support person-centered decision making for individuals living with serious illness
Knowing and Honoring Preferences and Decisions

Care that is respectful of and responsive to individual patient preferences, needs, and values, ensuring that patient values guide all clinical decisions

Person-Centered and Family-Oriented Care

Advance Care Planning
Preparing for future healthcare decisions

Person-Centered Decision Making

Shared Decision Making in Serious Illness
Making current healthcare decisions
**Desired Outcome of Person-Centered Decision Making**

*To know and honor individuals’ well-informed preferences and decisions by...*

- Creating an effective process to plan for future decisions
- Making plans available to treating health professionals
- Assuring plans are incorporated into current medical decisions

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**Informed vs. Shared Decision Making**
National Quality Partners SDM Action Team

- National call to action
- All individuals and organizations in healthcare
- Embrace and integrate shared decision making into clinical practice as a standard of person-centered care

Definition: Shared Decision Making

SDM is a process in which clinicians and patients work together to make decisions that align with what matters most to patients. To be effective, this process requires

- **Unbiased** evidence about alternatives – including no intervention – and risks/benefits of each;
- Expertise in **communication**, tailoring evidence for individuals; and
- **Patient values**, goals, informed preferences, and concerns which may include treatment burdens.
**Shared Decision Making in Serious Illness**

**Why Should SDM Be Different In Serious Illness?**

- Receive care in ambulatory settings with physicians unfamiliar with patient’s history
- Receive episodic care for acute care exacerbations
- Visit multiple specialty clinics
- Primary care often serves as the interpreter for the specialty consult visit
- Ambiguity about who is responsible for having SDMSI conversations

Why SDM in Serious Illness Needs To Be Different

- Patients unaware of their options
- Patients weigh various risk factors differently
- Physician bias, decision-making style
- Emotion and knowledge overload
- Living well is different for each patient


Shared Decision Making in Serious Illness

How Should SDM Be Different In Serious Illness?
### The RC Difference: SDM In Serious Illness

#### Common Approach to SDM
- First, identify all options.
- Present options for intervention to patient.
  - FAQs
  - Risk: Benefit statistics
- Work with patient to make a treatment decision.

#### RC SDMSI Approach
- First, identify and understand patient’s priorities and goals for care.
- Present options consistent with patient’s goals.
- Frame “benefits and burdens” in context of patient’s views of unacceptable outcomes.
- Explore non-intervention as a viable option.

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### Outcomes of Shared Decision-Making

- Patient’s knowledge is increased.
- Patient’s confidence in decision is increased.
- Patient is more actively involved and engaged
- Improved experience of care
- In many circumstances, individuals lean toward more conservative treatment options.
- More likely to receive care consistent with their values, goals and preferences

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(National Quality Partners™ Action Brief, October 2017)
“Although talk about person-centered care is ubiquitous in modern healthcare, one of the greatest challenges of turning the rhetoric into reality continues to be routinely engaging patients in decision making.”

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