



Shared Decision Making / Patient Decision Aids Demonstration Project Meeting Materials August 7, 2007

1. What we are talking about

- ◆ **Patient decision aids** - tools to help patients participate in their health decisions when the patient has a preference-sensitive health care condition - there is more than one medically reasonable option to diagnose or treat a health problem and each option has different outcomes and features that individual patients will value differently
- ◆ **Shared decision making** - process utilizing patient decision aids to select the best choice for the patient by matching which features matter most to a person with the option that includes these features

2. Authorizing Legislation - E2SSB 5930 (Chapter 259, Laws of 2007)

- ◆ **Section 1** - HCA / DSHS five-year reimbursement plan includes patient preference care
- ◆ **Section 2** - HCA implementation of a shared decision making project
- ◆ **Section 3** - Amends the patient informed consent statutes

3. Project Assumptions

- ◆ Compliance with the legislation is mandatory and the legislature intends that HCA utilize public/private collaborative efforts to implement the demonstration project
- ◆ The project timeline is flexible – e.g. it does not require HCA submit a report and does not designate a specific start or end date
- ◆ The legislation does not require the demonstration project to focus on or comply with the statutory changes to the informed consent laws
- ◆ The legislation provides substantial flexibility for the agency to scale the demonstration project within available resources

4. Project Objectives

The demonstration project is intended to collect data that will inform the following questions:

- ◆ Does the use of shared decision making increase outcomes in accordance with patient values and reduce variation in care?
- ◆ What are the most appropriate conditions (preference sensitive)?
- ◆ What are the criteria for a high quality shared decision making process and quality patient decision aid?
- ◆ What are the costs and savings in implementing shared decision making? Do these vary with approaches?
- ◆ What are the barriers to long term use by clinicians?

In completing the demonstration and reporting on these questions, HCA objectives would be to:

- ◆ Increase the extent to which patients make genuinely informed, preference-based treatment decisions (legislative intent)
- ◆ Promote public/private collaborative efforts to broaden the development, certification, use, and evaluation of patient decision aids (legislative intent)
- ◆ Evaluate patient and health care provider satisfaction with using shared decision processes and patient decision aids for making treatment decisions for preference-sensitive health conditions in concordance with the patient's values (legislative project directive)
- ◆ Examine the extent to which shared decision making and patient decision aids should be incorporated into state purchased health care purchasing and provider reimbursement strategies (agency and 5 year plan legislative directive)
- ◆ Produce evidence of value to the scientific research community about shared decision making (agency)

5. Project Deliverables and Timeline

- | | |
|--|--------------------------|
| ◆ Identification of HCA resources | July - August 2007 |
| ◆ Stakeholder Input | August – September 2007 |
| ◆ Develop Demonstration Criteria | July – October 2007 |
| ◆ Selection of Demonstration sites (first round) | November – December 2007 |
| ◆ Project evaluation and information dissemination | Beginning January 2008 |

6. Shared Decision Making Collaboration Deliverables and Timeline

- | | |
|---|---------------------------|
| ◆ Identification of HCA resources | August – December 2007 |
| ◆ Implement public-private collaborative efforts | August – December 2007 |
| ◆ Explore options for soliciting grants and funding | September – December 2007 |

7. Project Criteria – See Attachment

Project Contacts:

Dennis Martin, Project Manager
Leah Hole-Curry, Project Sponsor

(360) 923-2831
(360) 923-2748

Dennis.Martin@HCA.WA.GOV
Leah.Hole-Curry@HCA.WA.GOV

Draft Demonstration Project Criteria

Practice Site

1. Multi-specialty group practice sites in Washington / Other practice sites may be selected*
2. Provide state purchased health care as defined in RCW 41.05.011(2)
3. Incorporate one or more patient decision aids for one or more areas of preference-sensitive care
4. Provide ongoing training and support of involved practitioners and practice teams
5. Provide the necessary supportive health information technology*
6. Evaluate impact of the use of shared decision making process / patient decision aids
7. Provide data to the Health Care Authority
8. Bear the cost of participation in the demonstration project
9. Should HCA acquire resources to provide patient decision aid grants to participating practice sites, describe how your site would utilize grant funds to participate in the demonstration project *

Patient Decision Aids

1. Written, audio-visual, or online tool
2. Meet definition of a preference sensitive condition
3. High rate of unwarranted variation in the selection of treatment options*
4. Preference-sensitive care involving elective surgery*
5. Patient decision aid requirements – options range from demonstrating that the decision aid provides a balanced presentation of the condition and treatment options, benefits, and harms to a specific demonstration that the aid meets each element in the International Patient Decision Aids Standards (IPDAS) Collaboration's Patient Decision Aid Checklist at http://ipdas.ohri.ca/IPDAS_checklist.pdf
6. Organization that created the decision aid and date the tool was developed / last modified
7. Organization(s) that have certified the decision aid - documentation and date of certification*

Shared Decision Making Process

1. The patient is provided the time necessary to review and understand the materials
2. Participating practitioners are trained in the use of the decision aid and are committed to objectively implementing a shared decision making process
3. The practitioner discusses with the patient or representative the appropriate information
4. The patient shares with the practitioner relevant personal information as might make one treatment or side effect more or less tolerable than others
5. A course of action is selected by the patient and practitioner that best reflects the patient's values

Evaluation and Data

1. Describe process used to evaluate the impact and effectiveness of each patient decision aid and decision making process in the demonstration project
2. Cost Data:
 - ◆ Utilization of preference-sensitive health care service options
 - ◆ The costs for those services selected
 - ◆ The costs of incorporating the shared decision making process (implementation / ongoing)
3. Survey information:
 - ◆ Patient understanding of the treatment options presented
 - ◆ Concordance between patient values and the care received
 - ◆ Patient satisfaction with the patient decision aid
 - ◆ Practitioner satisfaction with the patient decision aid
 - ◆ Patient satisfaction with the shared decision-making process
 - ◆ Practitioner satisfaction with the shared decision-making process
4. Describe barriers identified and approaches to address the barriers

* Preferred or optional criteria