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## Frequently Asked Questions on certifying Patient Decision Aids in Washington State

Consumer engagement empowers people to share in decision-making when it comes to their own health and the health of their families. Healthier Washington focuses on improving health care quality by creating opportunities for health care providers to learn skills and access high quality tools to more actively engage patients and their families in the decision-making process.

Certification plays a significant role in assuring the quality of decision aids used by consumers, providers and payers. Washington State's leadership, in creating a process to certify patient decision aids (PDAs) provides a model that other states and organizations can adopt.

Working with numerous stakeholders and experts in the field, and building off the work of the Informed Patient Decision Aids Standards Collaborative (IPDAS), HCA developed a process to certify PDAs. The following list of responses was prepared from questions raised during [an informational webinar](#) for PDA developers.

**1. What is the possibility of a non-priority Patient Decision Aid (PDA) being reviewed in this first round?**

During the first round decision aid certifications, HCA has asked only for PDAs that address maternity health. The HCA will open up additional submission periods within the year and will most likely accept non-priority PDAs at that time. Priority review will however be given to PDAs that address the topical priority.

**2. When will the next priority areas be announced and what might those be?**

Following the recommendations of the Dr. Robert Bree Collaborative, the 2017 priority areas will be joint replacement and spine care. In 2018, the priority areas will be cardiac care and end of life care.

**3. What are the incentives for decision aid producers to pursue state certification?**

As a major purchaser of healthcare, HCA can play a leading role in promoting the use of high quality decision aids as part of shared decision making. Once a PDA has been certified, information will be posted on the HCA website. As we spread the use of shared decision making, including the use of certified decision aids through our Healthier Washington initiative, we will promote available tools through the website. The enhanced liability protections that are activated in part by PDA certification makes the use of certified decision aids more important within practice.

**4. What is the developer fee for the certification process?**

Washington State law enables and requires HCA to charge for PDA review and certification. The agency intends to keep the costs as low as possible. HCA is considering whether to waive fees for decision aids that are available to the public without charge. While HCA is assessing costs and refining the review process, there is no fee for the first round of reviews.

**5. Does field testing include focus groups or is it only in clinical situations or some other situation?**

Currently, there are no specific requirements for how developers test decision aids with users. What we are asking for is that the developers explain to us how it has been tested with end users. Our suggestion is to allow for patient/user testing or focus groups done within the development of the PDA or afterwards (up to discretion of developer) and documentation of how that feedback was incorporated into the PDA.

**6. Will HCA examine the process behind how decision aid developers found the literature (search strategies/terms/databases used, etc.) or will HCA look at the literature itself (articles, documents, consensus statements, guidelines) that was chosen to create the decision aid (or both)?**

HCA is interested in knowing what evidence was used to develop the PDA and will be more focused on the literature itself. However, any information that you feel is important to share beyond what we are asking for is always welcome.