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Unwarranted Variations in care

“NO DECISION ABOUT ME, WITHOUT ME”
HARVEY PICKER, PICKER INSTITUTE
OBJECTIVES

1. Identify and understand the Shared Decision Making Model as applied to clinical practice

2. Recognize the benefits and challenges when implementing SDM throughout the patient’s life cycle (birth to end-of-life)

3. Describe the impact of shared decision making in the context of providers and two elderly patients seeking care at the end of life
Landscape

Supreme Court

Affordable, effective commerce

Patient Protection and Affordable Care Act (ACA)
Impact

Better care

Healthy people and communities

Affordable care
NATIONAL QUALITY STRATEGY

1. Improve patient, family and caregiver experience
   - Quality
   - Safety
   - Access across settings

2. In partnership with patients, families and caregivers- and using a shared decision-making process- develop culturally sensitive and understandable care plans.

3. Enable patients and their families and caregivers to navigate, coordinate and manage their care appropriately and effectively.
UNWARRANTED VARIATIONS

Wide variation
- Safe
- Effective
- Affordable

- Unwarranted Variations in Care
  - Supply Sensitive
  - Preference Sensitive

- CHF
- HIV
- Dementia
- Knee or hip osteoarthritis
- Preventive screenings: breast, prostate, cervical
Balance both clinical guidelines and family preferences.
SHARED DECISION MAKING MODEL

Kim
• 1983
• Collaborative Decision Making

Hamilton
• 1995
• Therapeutic Partnership

Elwyn
• 2012
• Shared Decision Making
SDM MODEL

Deliberation

Initial Preferences → Informed Preferences

Choice Talk → Option Talk → Decision Talk

Decisions

Decision Support Brief as well as Extensive

EVIDENCE
Research
Mortality risk
Optimal
NICE guidelines
Guidelines.gov

PRACTICE
Lack of guidance to implement SDM\textsuperscript{25} “gray zone” (Kon)
Facultative rather than directive
Lack of communication

ACCOUNTABILITY
NQF endorsed measures
Joint Commission
Hospital compare
DUALISM
DISEASE VS PERSON FOCUS

Person centered

Access
Appropriate
Effective

Cultural humility
Values Based
Seamless

Understandable
Information sharing
CAPTURING VALUES

Correct question
- Perception
- Awareness

Realities

Patterns
- Directives
- Emergence
- Validation
LEARNING FROM THE PAST
IMPROVING THE FUTURE

Birth → Payer “choice” → Death
LIFE-COURSE

Birth plan

Values
Needs
Culture

Death plan

Values
Needs
Culture
“Hospitals can also treat people inappropriately because staff do not recognize that the person is dying”

(Committee on Public Accounts, 2009)

GAPS

COMMUNICATION AND ACCOUNTABILITY

- 70% prefer to die at home, 70% die in a facility
- 80% say that if seriously ill, they would want to talk to their doctor about end-of-life care, though 7% reported having a conversation. 60% report acknowledgement of their goals
- 40% part of decision making team
- Wide variation in informed consent (20%-80%)
BARRIERS

INFRASTRUCTURE

TOOLS TO COMMUNICATE CLINICAL HISTORY, PREFERENCES, PROGNOSIS, VALUES
BARRIERS

INFRASTRUCTURE
ENVIRONMENT OF CARE, APPROPRIATE USE,
THE CULTURE OF MEDICINE

“developing an awareness of one’s own existence, sensations, thoughts and environment without letting it have an undue influence on those from other backgrounds; .... accepting and respecting cultural differences; adapting care to be congruent with the client’s culture”

(Flowers, 2004)
ACTION: NURSING, TOOLS, ACCOUNTABILITY

NURSING
LEADERSHIP
COLLABORATION
PRACTICE IMPROVEMENT
ACTION: NURSING, TOOLS, ACCOUNTABILITY

- Interprofessional Teamwork
- EHRs
- Decision Aids
- Mobile Apps
ACTION: NURSING, TOOLS, ACCOUNTABILITY

- **Tools**
  - Cultural Awareness Assessment Tool
  - Interprofessional Teamwork
  - Technocratic holistic spectrum

- **Patient Centered Care Improvement Guide (2008)**
  - Planetree.org

- **Liverpool Care Pathway**

- **Decision Aids**
  - Cochrane (treatment or screening decisions)
  - Decrease hip and knee surgery and cost
  - Breast and prostate cancers
  - National Maternity Care
  - Caringinfo.org/stateaddownload/

**AHRQ 10 Questions you should know**

1. What is the test for?
2. How many times have you done this procedure?
3. When will I get the results?
4. Why do I need this treatment?
5. Are there any alternatives?
6. What are the possible complications?
7. Which hospital is best for my needs?
8. How do you spell the name of that drug?
9. Are there any side effects?
10. Will this medicine interact with medicines that I’m already taking?
ACTION: NURSING, TOOLS, ACCOUNTABILITY

- SDM Resources
- Ottawa Personal Decision Guide (OPDG)
- International Patient Decision Aids Standards (IPDAS) Collaboration
- Mayo Clinic SDM National Resource Center
- MAGIC Program
- Shared Decision Making Resource Centre
ACTION: NURSING, TOOLS, ACCOUNTABILITY

National Quality Forum Endorsed Measures

- NQF 0469: Elective Delivery (Joint Commission)
- NQF 0480: Exclusive Breast Milk Feeding (Joint Commission)
- NQF 1626: Patients admitted to the ICU who have care preferences documented (RAND) NQF palliative care endorsement summary
- NQF 1641: Hospice and palliative care- treatment preferences: percentage of patients with chart documentation of preferences for life sustaining TX
Family-Centered Shared Decision Making

Effective Communication
- values
- prognosis
- goals

Effective Access
- Shared decision making
- Accountability

transformation
MJ CASE STUDY

SYSTEMS ROOT CASE
LC CASE STUDY
SYSTEMS ROOT CAUSE
LESSONS LEARNED

- Family-Centered life course approach

- Systems level failure and systems level solutions
  - DNP opportunity
  - DNP/PhD collaborations
  - INTERPROFESSIONAL education
REFERENCES


2. Triple Aim IHI http://www.ihi.org/offerings/Initiatives/TripleAim/Pages/default.aspx

3. Triple Aim IOM http://www.iom.edu/~media/Files/Activity%20Files/Quality/VSRT/Core%20Metrics%20Workshop/Core%20Metrics_1 pager_13Mar12.pdf

4. Intent of moving from FFS to VBP


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11. Frosch, D., Moulton, B., Wexler, R., Holmes-Rovner, M., Volk, R., & Levin, C. (2011). Shared decision making in the United States: policy and implementation activity on multiple fronts,


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