The Minnesota SDM Collaborative Journey
Why do you care about SDM?
The Beginning

- November 4, 2008: Gathering of people from across the state who were interested in SDM
- Wanted to enhance effective shared decision making between patients and their clinicians
Members

- All volunteer effort
- People who realize that SDM is important to them
- 26 Organizations Representing:
  - Patients
  - Health Plans
  - Health Care Delivery Systems
  - Purchasers
  - State Government
  - Research Institutions
  - Quality Improvement Organizations
  - Professional Association
MNSDMC Charter

- Clearly define the goal, the aims and the desired outcomes
- Our strength is a proven track record of community wide quality improvement efforts
- Focus on decisions where patient preference plays an important role
- We will learn while doing
Goal

The goal of the Minnesota Shared Decision Making Collaborative is to enhance effective shared medical decision-making between patients and their clinicians by studying and implementing methods to assure that medical decisions are well-informed by best available evidence and consistent with patient preferences.
MNSDMC Aims

- Identify best practices for providing and implementing SDM, and measuring decision quality
- Implement and spread these best practices Minnesota-wide
- Improve clinician-patient decision making, and reduce or eliminate unwarranted variation in preference-sensitive care
- Create the Community Collaborative structure and process required to sustainably get the work done.
What have done so far

- Creation of workgroups
  - Charters and specific goals
- Assess the environment
- Connection of existing efforts
- Refining of the definition
- Provide educational opportunities
- Media outreach
- Policy recommendations
- Develop of measurement tools
- Creation of website
- Growing number of projects already happening
- Pilot project support
Statewide Project

- 6 to 8 pilot sites to start
- Multiple decisions
- Adoption of best-practices
- Measurement tools developed
- Preparing to educate the community
- Learn while doing
- Push and pull
What did we do in Stillwater?
Organizational Culture is a powerful force

- Changing the culture of an organization takes patience, persistence, passion and sense of proportion
Patient Centered Care

- We view this as a value that is central to our Vision and Mission
- Four things we did:
  - Leadership clearly communicated that it is important
  - Develop a culture that supports quality
  - Create a shared understanding of what Patient Centered Care means
  - Know 3 things
    - This will take time
    - We need to take a chance on it
    - We need good partners to learn

At Lakeview Health, in every action, by every member, with every person, patient-centered care is our core priority.
Leaders are signal generators who “reduce uncertainty and ambiguity about what is important and how to act.”

— Charles O’Reilly III
Graduate School of Business
Stanford University
Develop a Shared Meaning

- Ask everyone to come together to define what Patient Centered Care means
  - If we were truly patient centered what would it look like?
- Reach out to all groups
  - Board, Managers, Employees, Patients
- Workgroup synthesized the feedback and created the definition

Stillwater Medical Group
HealthPartners Family of Care
Reaction

- This resonates with us
- Gave the managers specific tools to work with employees to generate and work on specific action plans for improving both the organizational culture and a patient centered environment
- Creation of an situation where people feel the work will be useful
- Created the platform to make working on SDM easier
How do we approach shared decision making?

- Attitude
- Process
- Tools
Clinical Implementation Pearls

- It is a team effort
- Developing consistent processes
- Started small and built on success
- Carefully choose our tools
- Willing to do things differently
- Measure what we are doing
- Learn from others while doing the work
Clinical Implementation Pearls

- Important to **find the right moment** to offer support.
- We try to use the approach of a **warm handoff** where the patient feels we are there to support them all along the way.
- It takes **time** for patients to get comfortable with the information they need to know.
- We communicate to the patients that **we expect them to participate in the discussion** and encourage them to express their preferences and values.
The conditions we have chosen

Comparison - Variation in Shared Decision Making Models

- Prostate Cancer: 63%
- Enlarged Prostate (BPH): 99%
- Depression: 30%
- Uterine Fibroids: 75%
- Breast Cancer: 31%
Results

- Patients are more engaged in the decision process.
- Almost all of the patients feel it is important for us to offer this to other patients.
- Providers and team members find the process to be a helpful addition to their practice and not a burden.
- We know that we need to keep learning how to do this better.
Help them with the ride