

## **Creating a Framework for Shared Decision Making (SDM)**

Engaging patients in decisions about their care increases their involvement and satisfaction. Shared Decision Making (SDM) is one method to engage patients. While SDM is not a new concept, it is gaining attention as a natural way to increase patient centeredness while improving the quality and lowering the cost of care.

Many excellent decision aids exist and are readily available. Most of them are procedure or condition-specific, and, as a consequence, the focus of SDM training programs typically centers on a specific tool. This approach is effective on a limited basis, but this narrow focus precludes a wider application of SDM concepts and, potentially, the actualization of greater benefits.

### **ICSI's Work**

In an effort to explore whether SDM can be normalized into usual care, ICSI secured a Robert Wood Johnson Foundation grant to investigate increasing the use of SDM in palliative care. ICSI first formed a collaborative of stakeholders including patients, providers, health plans, and employers. It identified these broad goals for the SDM initiative:

- Increase patient-centered care by listening to and honoring patients' and families' preferences and values
- Increase the amount of information sharing with patients and families, and engage them by using SDM in care decisions
- Collaborate with patients and families to create tools and methods to achieve these aims

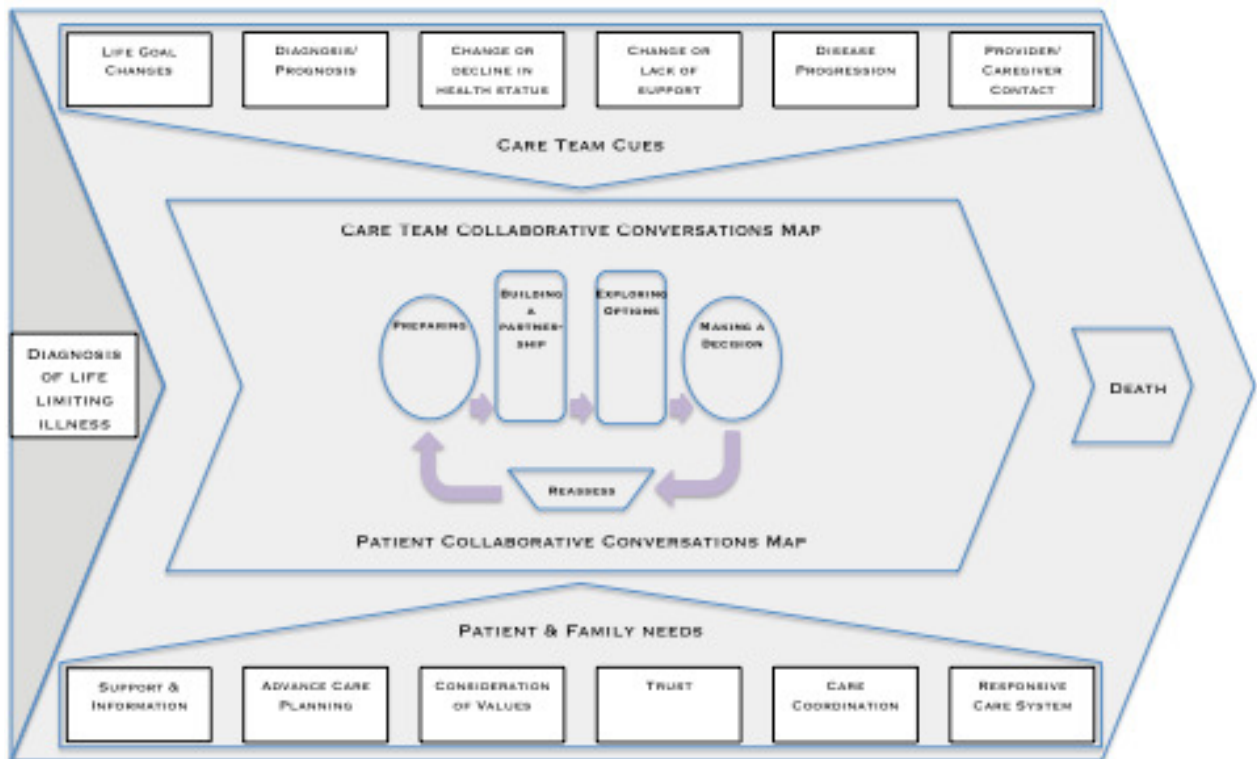
The collaborative conducted a gap analysis comparing the current state of palliative care decision-making to the ideal state. The current state was determined to be chaotic and lacking in patient involvement. The use of decision aids in palliative care was similarly examined. Members of the collaborative observed that although many good decision aids are available, they are not being used.

### **Tools to Overcome Barriers**

According to the collaborative's members, it is extremely difficult to establish an environment where decision aids can be used most advantageously. Both providers and patients attested that significant barriers exist to having open and honest conversations around circumstances involving a life-limiting illness and palliative care. The collaborative's proposed solution was to devise methods and tools for overcoming the barriers to engage in conversations where providers and patients are partners in making care decisions.

The first tool developed helps identify SDM opportunities from the time of diagnosis of a life-limiting illness throughout the disease’s progression. This tool depicts cues to the care team for opportune SDM situations and the attendant needs for the patient and family.

Figure One



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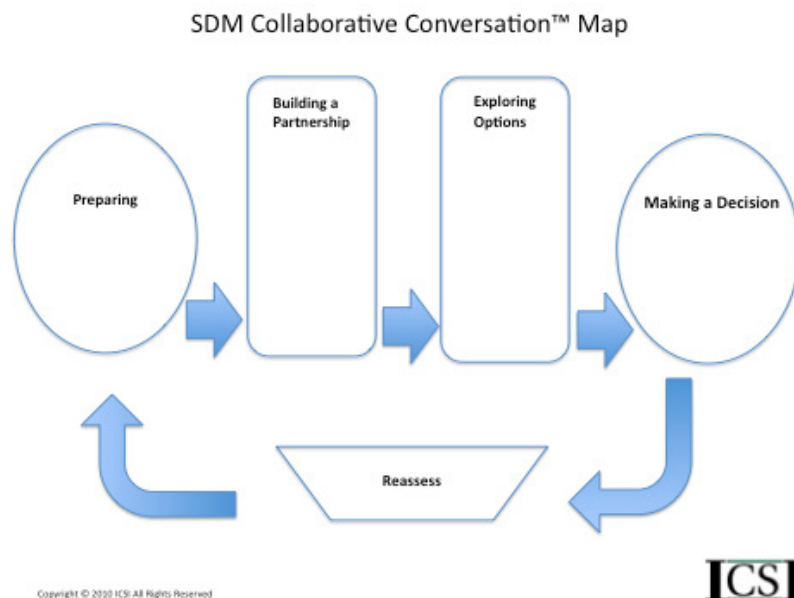
Next, the collaborative addressed how to catalyze the adaptive work required for transitioning from the common practice of avoiding conversations to a culture of encouraging conversations. ICSI introduced various approaches to five pilot sites for testing. The pilots endorsed “conversation mapping” as the most useful approach because it provides a framework for the behavioral approach. Conversation mapping provides a structure to guide both the provider and the patient through the shared decision-making process.

This guide facilitates the conversation process by creating a clinical workflow of the steps in the process. It helps providers:

- Prepare for the conversation
- Take steps to build a partnership with the patient and family
- Explore options most consistent with patient and family's preferences and values
- Use decision aids and share knowledge
- Reassess the decision as circumstances change

This tool, called the SDM Collaborative Conversation™ Map, provides a tangible framework for this philosophical approach.

Figure Two



In addition to functioning as a clinical workflow, pilot care teams can use the Collaborative Conversation Map to capture their most effective approaches and phraseology. This helps individual care teams:

- Leverage each other's expertise
- Coalesce their approaches
- Communicate with the patient more consistently
- Communicate with other areas of the organization more effectively

Since the patient and family are partners in this approach, they can use the Collaborative Conversation Map to help plan their part of the conversation and decision-making process. To ensure the patient centeredness of these models the ICSI Patient Advisory Council reviewed and refined these tools on three occasions.

These models and tools were then tested in pilots to explore shared decision making in palliative care. Five pilots ranging from ambulatory oncology to in-patient palliative care used these tools and methods to accomplish these aims:

- Increase patient centeredness
- Incorporate shared decision making into usual care
- Strengthen the team identity through an inter-professional approach
- Spread this best practice to other areas of the organization

ICSI conducted several on-site training sessions at each pilot site. This training focused on reinforcing the behaviors required for partnering with the patient on care decisions, and practicing these behaviors until they become an integrated part of usual care. By incorporating this philosophy into normal care, the potential benefits of using the Collaborative Conversation Map can be increased while decreasing the tendency to revert to a more rote format when pressed by competing priorities.

### **Outcomes**

The pilot care teams reported these outcomes:

- Increased team cohesiveness
- Heightened interest by members of other disciplines in the process
- Increased patient and family engagement
- Enhanced the ability to engage in conversations leading to shared decisions about care related to life limiting illness.

### **Conclusion**

Despite the simplicity of the tool, it is proving to be extremely powerful in normalizing SDM into usual care. The potential for this approach is largely untapped and is believed to exist across the entire care continuum. Training in this approach together with the use of the tools described here will greatly facilitate realization of this model's potential.