

## Promoting shared decision making

# Choosing Wisely

Choosing Wisely is an international campaign that promotes a culture where low value and inappropriate clinical interventions are avoided, and patients and health professionals have well-informed conversations about treatment options, leading to better decisions and outcomes. Just because tests and treatments are available does not mean we should use them all the time. Some tests, treatments and procedures have side effects – some cause harm. Choosing Wisely Aotearoa New Zealand supports reducing unnecessary tests, treatment and procedures in healthcare.

# What is shared decision making?

Shared decision making is a process where a health care professional and consumer work together to make a health care decision, based on clinical evidence and the consumer's informed preferences.

It explicitly acknowledges that that there is usually more than one way to treat a problem (including the 'no treatment' option) and that people may require help to weigh up the benefits and harms of the options in order to determine the best choice for them.

This includes decisions about:

- Diagnostic and screening tests
- Medications and surgical treatments
- Advance care plans and end-of-life decisions

## Why is shared decision making important?

## There is good evidence that shared decision making benefits patients, improving the quality and appropriateness of clinical decision making<sup>1</sup>.

People who are informed and involved in decisions about their health report greater satisfaction with their care. Under the New Zealand Code of Health and Disability Services Consumers' Rights<sup>2</sup>, all people have the right to be told things in a way that they understand, and the right to make choices about their care.

Shared decision making is also one strategy to help reduce unnecessary tests and treatments. Patients and clinicians typically overestimate the benefits of interventions and underestimate their harms<sup>3</sup>. People who are informed often make more conservative, less costly choices about treatment, because they have a more realistic appreciation of the likely benefits and risks of treatment<sup>4,5</sup>.

Evidence tells us that patients can understand information about risks and benefits, and most want to be involved in decisions. Despite misconceptions, shared decision making does not make a consultation longer<sup>3</sup>.



In addition to reducing overtreatment, shared decision making can help address health inequities by ensuring people get more of the care that they do need. Undertreatment remains a major source of health inequities in New Zealand. We know that Māori receive fewer tests, prescriptions and referrals than other ethnic groups and subsequently, less treatment. Pacific people, and other groups of low socioeconomic status, are also less likely to receive the health care that they need. Not enough is known about inequities in unnecessary care in New Zealand, but international evidence suggests that many disadvantaged groups experience a double-burden of inappropriate overtreatment and undertreatment.

# But don't health professionals do this already?

## Many health professionals think they are doing shared decision making already, yet evidence reveals this isn't the case<sup>3</sup>. Shared decision making is more than just having a conversation.

It is also not about leaving the consumer on their own to interpret information and make decisions. Shared decision making involves explaining the evidence of risk and benefits for each option and exploring the consumer's preferences and what matters most to them.

Māori whānau are consistently and significantly less likely to get answers that they can understand when they had important questions to ask, and they were less likely to have had their condition adequately explained to them or feel that doctors or nurses listened to what they had to say<sup>6</sup>. The improvement of shared decision making for Māori requires health professionals to focus on barriers and facilitators to open communication, and to be able to work with patient values and preferences.

## How to practice shared decision making

# Shared decision making requires strong two-way communication and recognition of each other's expertise and perspectives.

While shared decision making should be tailored to each person and their situation, it usually involves the following steps<sup>7</sup>:

- Explain the problem and invite the person to be involved in the decision-making process.
- Explore what matters to the person, what their values, beliefs, goals and preferences are
- Explain the options and the benefits and harms of each, including the likelihood that these benefits or harms will occur.
- Discuss how each option fits with their values, preferences, beliefs and goals.
- Make sure you understand what the person is saying and answer any questions they may have.
- Continue to deliberate until you all agree on one option (people often move from an initial preference to an informed preference.



- Make a decision or agree to defer the decision
  - You may like to use a series of questions to guide the process<sup>3,7</sup>:
  - What will happen if we wait and watch?
  - What are the options?
  - What are the benefits and harms of these options?
  - How do the benefits and harms weigh up for you?
  - Do you have enough information to make a decision?



Many resources are available to support health care professionals and consumers in shared decision-making.

#### E-learning courses health professionals

1. Helping patients make informed decisions: Communicating risks and benefits

This is an open access version of the course developed by the Australian Commission for Safety and Quality in Healthcare to support clinicians develop and refine their skills in communicating effectively about the benefits and risks of treatment options with consumers. It is a 2-hour e-learning module.

#### 2. Communicating potential harms and benefits

These free e-learning courses have been produced by the Australian Commission on Safety & Quality in Healthcare, the Winton Centre for Risk & Evidence Communication and the Academy of Medical Royal Colleges in the UK. There are two versions available:

- <u>Perioperative version</u>: designed for surgeons, anaesthetists and other perioperative specialists to help them develop skills to communicate effectively with patients about the potential harms and benefits of treatment options.
- <u>Primary care version</u>: designed for health practitioners in primary care to help them develop skills for communicating effectively with patients about the potential harms and benefits of treatment options.
- 3. Serious illness conversation guide

The Serious Illness Conversation Guide is a tool that will support clinicians to have quality conversations with patients and their whānau. It was been developed by Ariadne Labs<sup>1</sup> and adapted for Aotearoa/New Zealand. It is a framework for best communication practices that clinicians are finding useful to structure and support shared decision-making in practice.

https://www.hqsc.govt.nz/our-programmes/advance-care-planning/projects/serious-illness-conversations/

#### Videos/podcasts on shared decision making

- 1. The Australian Commission for Safety and Quality in Healthcare has developed three short videos for clinicians on shared decision making:
  - An overview on shared decision making

<sup>&</sup>lt;sup>1</sup> Ariadne Labs is an American non profit organisation lead by Atul Gawande (author of Being Mortal). <u>https://www.ariadnelabs.org/areas-of-work/serious-illness-care/</u>



- Challenging myths about shared decision making in practice
- How to use patient decision aids and where to find them
- 2. <u>SDM MAGIC North Training</u> These videos, of consultations for 7 common clinical scenarios, are a training tool designed to help clinicians recognise the differences between every day consulting and shared decision-making consulting.
- 3. <u>Consent in surgery: supporting shared decision making</u> a series of 3 podcasts from the UK Royal College of Surgery that sets out the principles for working with patients through a process of supported decision-making.
- 4. Health Navigator New Zealand has <u>2 video interviews with Professor Victor Montori</u> explaining shared decision making and how to put it into practice.
- 5. Shared Decision Making Symposium: Developing tools and skills for clinical practice

The Australian Commission for Safety and Quality in Healthcare co-hosted a symposium on shared decision making with the University of Sydney's Centre for Medical Psychology and Evidence-Based Decision Making (CeMPED) in 2014. Videos from this event include:

- Welcome and Intro Dr Mary Foley, Secretary, NSW Health
- <u>Featured Speaker Professor Dawn Stacey (University of Ottawa): Developing shared</u> decision making tools for clinical practice
- <u>Shared Decision Making Tools for Clinical Practice & Panel Discussion: Associate Professor</u> Julie Leask (University of Sydney) and Mr Nasser Bin Dhim (University of Sydney)
- <u>Developing Skills for Shared Decision Making: Professor Glyn Elwyn (Foundation for</u> <u>Informed Medical Decisions, USA) and Associate Professor Angie Fagerlin (University of</u> <u>Michigan, USA)</u>
- <u>Shared Decision Making Skills in Clinical Practice & Panel Discussion: Associate Professor</u> <u>Tammy Hoffman (Bond University), Dr Heather Shepherd (University of Sydney) and</u> Associate Professor Kirsten McCaffery (University of Sydney)
- Panel Discussion on Implementation: Melissa Fox (Health Consumers QLD), Professor Dawn Stacey (University of Ottawa), Dr Heather Buchan (Australian Commission on Safety and Quality in Health Care)
- Annie Lau PhD, UNSW, Healthy.me: how patients and consumers use e-Health to engage with clinicians and health services (PDF 2MB)

#### Patient decision aids

- <u>Choosing Wisely New Zealand patient resources</u> developed for the New Zealand context to support consumers in asking questions about tests or treatments linked to specific Choosing Wisely recommendations
- 2. <u>Advance care planning</u> Advance care planning is the process of thinking about, talking about and planning for future health care and end-of-life care. It is about identifying what matters to a person including:
  - What is important to the person and gives their life meaning?
  - Are there any treatments or types of care that the person would or wouldn't want?
  - Who would the person want to make decisions on their behalf if they weren't able to?
  - If there was a choice, how and where would the person like to spend your last days? www.myacp.org.nz
- 3. <u>Decision support tools from the Australian Commission on Safety and Quality in Healthcare</u> The Commission has developed a number of decision support tools to be used by consumers, in consultation with their healthcare provider, on antibiotic use and osteoarthritis of the knee.



- 4. The <u>Ottawa Hospital Research Institute's</u> international inventory of decision aids contains upto-date and available decision aids that meet a <u>minimum set of criteria</u>.
- 5. A <u>Cochrane review</u> on patient decision aids provides an overview of the benefits that these types of tools can provide.
- 6. Global Inventory of Patient Decision Support Developers



- 7. <u>EBSCO Health Option Grid<sup>™</sup> patient decision aids</u> are brief, easy-to-read tools to help patients and healthcare professionals compare medical options.
- 8. The <u>criteria of the International Patient Decision Aid Standards (IPDAS)</u> can be used for assessing the quality of patient decision aids.
- 9. <u>Ask Share Know</u> an Australian GP network which tests new evidence and decision-making tools for common clinical issues, including scoring them against IPDAS criteria for quality decision aids.
- 10. <u>Ottawa Decision Support Tutorial (ODST)</u> is an online tutorial based on the Ottawa Decision Support Framework and designed to help health professionals further develop their knowledge and skills in providing decision support. Anyone may register and use the ODST for educational purposes at no cost without permission.
- 11. Video presentations by Professor Dawn Stacey:
  - Patient Decision Aids why, what, how, where?
  - Assuring the quality of patient decision aids the IPDAS story: 2003 2013
  - Implementing Patient Decision Aids in Clinical Practice
  - <u>Do patient decision aids reduce wait times and Increase Quality of decisions for patient</u> considering total joint arthroplasty? A Randomized Controlled Trial

#### Other resources to support shared decision making

- 1. Relative vs Absolute risk explanation tools:
  - <u>"Explaining Risk Reduction"</u> [website, with visual aids] from Dr Adam Stewart, a Canadian GP
  - Drugs & The Media: Relative vs Absolute Risk [video] from The Body of Evidence
  - <u>Mammogram Theatre: Lazris & Rifkin's Risk-Benefit Characterization Theater</u> [video] from Kaiser Permanente: a video that uses icons and the analogy of a theatre of 1000 people to help patients to learn about the risks and benefits of mammography with a realistic depiction of pros and cons.
- 2. <u>Number needed to treat (NNT) reviews</u> a handy overview of the NNTs for various treatment options in a wide range of medical areas.
- 3. The <u>Ottawa Personal Decision Guide</u> is a generic decision guide to support people to plan, track and share health-related or social decisions.
- 4. <u>The Preference Laboratory</u> creates and evaluates tools and measures to support collaboration and shared decision making between patients and clinicians. These tools and measures can be used by patients, clinicians, and organizations.
- 5. <u>Shared Decision Making (SDM) Made Easy</u> [PDF, 1 page]. A simple overview and approach to shared decision making, great cheat-sheet if you are just starting out; for health care providers to guide interactions with patients.
- 6. <u>The Empowered Patient Decision Support App</u> [website, generates PDF] 10 questions that help identify areas in which patients may need help and support when making health care decisions; the app produces a pdf report of areas where the patient feels confident and decisive and areas in which the patient may need information and guidance.



- 7. <u>B.R.A.I.N. decision aid</u> [PDF, 1 page] adapted from the International Childbirth Association by the Centre for Collaboration, Motivation, and Innovation: A generic decision aid that can be used for making any important medical choice
- 8. <u>Make your own</u> Shared Decision Making tools for NNT/NNH. An online tool that can help you create your own visual representation of risks/benefit likelihoods from data of yourchoosing.
- 9. Icon Array [website, generates web-embeddable or downloaded diagram] from The University of Michigan's <u>The Risk Science Center</u> and the <u>Center for Bioethics & Social</u> <u>Sciences in Medicine</u>, this is a comprehensive tool for building icon arrays that could be used for shared decision-making. They offer <u>basic</u> as well as <u>advanced</u> versions, or <u>sets of images</u> <u>that allow the display of 2 or 3 risks/benefits</u>. If you aren't sure how do get started, see <u>the examples</u>.
- 10. <u>The Instrument for Patient Capacity Assessment (ICAN)</u> [prototype, PDF, 2 pages] from Minimally Disruptive Medicine: a clinical encounter discussion aid that is designed to help patients and health professionals discuss areas of the patient's life and issues in treatment for context-centered care. It promotes consideration of the ways in which life, the pursuit of health, and healthcare interact. More info.

## References

<sup>1</sup>Stacey D et al. Decision aids for people facing health treatment or screening decisions. Cochrane Database of Systematic Reviews 2017, Issue 4. Art. No.: CD001431.

<sup>2</sup><u>https://www.hdc.org.nz/disability/the-code-and-your-rights/</u>

<sup>3</sup> Hoffmann, T.C. et al (2014), Shared decision making: what do clinicians need to know and why should they bother? Medical Journal of Australia, 201: 35-39. doi:<u>10.5694/mja14.00002</u>

<sup>4</sup> Mulley AT, Trimble C, Elwyn,G. (2012) Patients' preferences matter: stop the silent misdiagnosis. www.kingsfund.org.uk/publications/patients-preferences-matter

<sup>5</sup> McCaffery KJ et al. (2016) Walking the tightrope: communicating overdiagnosis in modern healthcare. BMJ. 2016;352:i348

<sup>6</sup> Health Quality & Safety Commission. Patient experience 2018. Available from: <u>https://www.hqsc.govt.nz/our-programmes/health-quality-evaluation/projects/patient-experience/</u>

<sup>7</sup> Consumer Enablement Guide <u>https://www.aci.health.nsw.gov.au/resources/chronic-care/consumer-</u>enablement/guide/how-to-support-enablement/shared-decision-making



## Contacts and resources

## Choosing Wisely contacts

- Dr Derek Sherwood: Clinical Chair | Council of Medical Colleges Email: enquiries@cmc.org.nz
- Sue Ineson: Choosing Wisely Facilitator | Council of Medical Colleges Email: <u>sue.ineson@cmc.org.nz</u> | Ph: + 64 6 3642225 | m: 021 608 039
- Lizzie Price: Media Advisor | Email:<u>lizzie.price@cmc.org.nz</u>

## New Zealand Choosing Wisely resources

- Starter kit for your Choosing Wisely campaign: an introduction to the Choosing Wisely concepts.
- **Developing Choosing Wisely Recommendations**: to assist Colleges, societies and other organisations to develop a list of recommendations for the Choosing Wisely campaign.
- Implementing Choosing Wisely principles in a service: this guide is aimed at service delivery organisations, wanting to implement a Choosing Wisely programme, including Departments in DHBs and services in primary care.
- **Measuring the impact of Choosing Wisely:** provides basic information and tools to help you develop and measure your Choosing Wisely interventions.
- How to write up your Choosing Wisely project: how to record your successful implementation of a Choosing Wisely recommendation.
- A Starter Kit for implementing Choosing Wisely in hospitals which has been prepared to assist smaller hospitals with the implementation of Choosing Wisely.
- Promoting shared decision making: for information and resources on shared decision making.
- Communicating risk, a guide for health professionals: for information on risk and how to explain risk to consumers.
- Behaviour change toolkit: options for the range of tools available to implement Choosing Wisely initiatives to change health professional behaviour.
- The High-Value Care Culture Survey (HVCCS) captures specific areas for targeted valueimprovement interventions and provides a pathway for health system managers to address the underlying culture within hospital divisions, practices, and training programmes.
- A synopsis of Choosing Wisely literature: this is a list of Choosing Wisely references arranged by year and alphabetically by author.
- A combined list of all choosing wisely recommendations: this is a list of all New Zealand Choosing Wisely recommendations on tests, treatments, and procedures health professionals should question, in one list for easy reference.



#### For more information:

- New Zealand <u>https://choosingwisely.org.nz/</u>
- Australia <u>https://www.choosingwisely.org.au/</u>
- Canada <u>https://choosingwiselycanada.org/</u>
- USA <u>https://www.choosingwisely.org/</u>
- UK -https://www.choosingwisely.co.uk/about-choosing-wisely-uk/

## Acknowledgements

Our thanks to the Choosing Wisely campaigns in USA, Canada and Australia for ideas and information which helped us develop our general Choosing Wisely resources.

And to Dr Belinda Loring Sue Ineson for the development of the New Zealand Choosing Wisely resources.

## Speakers' Group

Choosing Wisely has a list leading professional who can talk to groups about the campaign – contact the Choosing Wisely team if you need a speaker for your meeting or if you are willing to join our speakers' group.



## Thanks to our partner



consumer.





#### Sincere thanks to all our supporters



#### CHOOSING WISELY ADDEARDA WISELY ADDEARDA

















MEDICAL AND HEALTH SCIENCES



