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Inside the encounter: Shared Decision Making in prostate cancer treatment decisions

AUA Quality Improvement Summit

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“Informed Decision Making: Assessment of the Quality of Physician Communication about Prostate Cancer Diagnosis and Treatment.”

Holmes-Rovner M, Montgomery JS, Rovner DR, Scherer LD, Whitfield J, Kahn VC, Merkle EC, Ubel PA, Fagerlin A. *Med Decis Making.* 2015 Nov;35(8):999-1009.

No conflicts of interest to disclose

Guiding patient decisions

- What's different about diagnosing what patients want?
  - Elicit patient priorities for outcomes
  - Identify the decision that maximizes the chance of getting the patient's most valued outcome(s)
  - Check patient's understanding: Does the "rational" choice feel right to patient and clinician?
  - Implement the shared decision

How to do SDM*

- Choice talk
- Options talk
- Preference/decision talk

NOT:

- ”If it feels hard or is a toss-up, let the patient decide”
- Physician leads the discussion
- Guiding choice requires different skills

*Elwyn et al, J Gen Intern Med 2012 Oct 27(10):1361–7

Not: you decide

- "I'm not sure what the right answer is for you, so why don't you decide"

vs

- "This is a really hard decision because we aren't sure what will happen if you choose option x; let me show you how I think about this, and you can tell me whether it fits with what's important to you."

Terri Fried, Shared Decision Making — Finding the Sweet Spot, NEJM 374;2, Jan 14, 2016

- “I’m recommending option x because it provides better outcomes than option y”

vs

- “Let me tell you about the pros and cons of options x and y and how they may match your priorities.”

Note on Preferences

Research shows that preferences are formed as people think through the data.

- People do not come with well formed preferences, waiting for you to ask for them.
- Help them think it through. You can do it without knowing every exact probability.

”What I hear you saying makes me think X is the right choice based on your goals and worries”. That is real support and physician led SDM.

Results*

Benefits to patient

- Informed decisions
- Consistent with patient values
- Priorities honored in decision implemented

Results

Benefits to Clinician

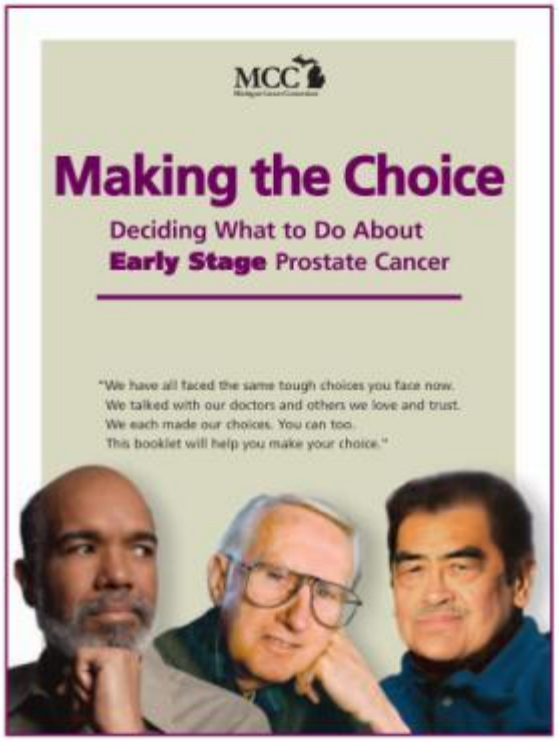
- SDM is quickly becoming the standard of care, especially in prostate cancer screening and treatment
- Meet and exceed emerging quality criteria
- Increase in patient satisfaction increases patient loyalty and decreases malpractice claims

Trial of 2 DAs: Fagerlin, PI

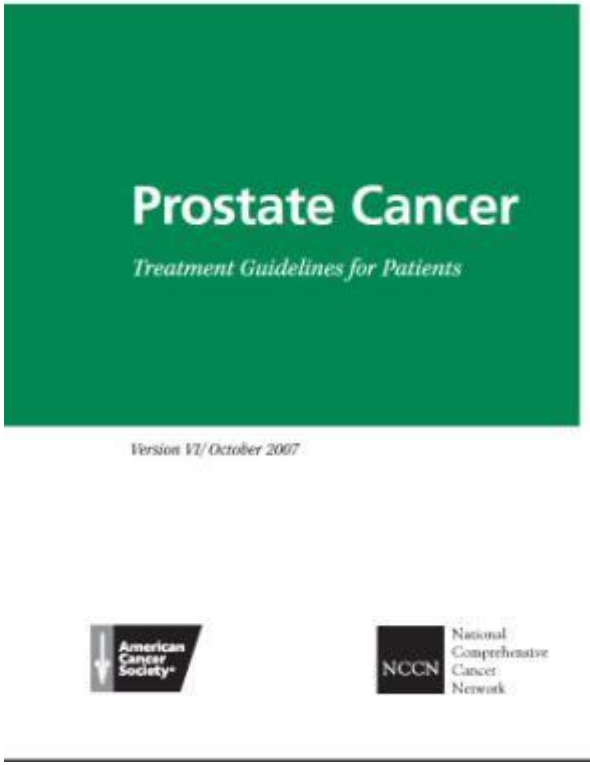
- Is a simpler decision aid more effective than a higher literacy decision aid for men with clinically localized prostate cancer?
- What is the physician role in patients' treatment decisions about PCA
  - Quality of patient-physician communication
    - Survey data
    - Audio recordings
  - Role of physician recommendations

Decision Aids

Michigan Cancer Consortium



National Comprehensive Cancer Network



Data Collection Sites

- Ann Arbor VA
- Durham VA
- Pittsburgh VA
- San Francisco VA

Data Collection Time Points

- Time 1: Recruitment @ biopsy
  - 66% response rate
  - Decision Aid given to all study patients
- Time 2: Diagnosis visit (when patients learn they have cancer for the first time)
  - 31% eligible for Time 2&3 (clinically localized PCA only)
  - 87% response rate
  - Encounters audio taped (n=252)
- Time 3: Phone interview 7-10 days following diagnosis
  - 71% response rate

Physician behavior

- Transcript analysis, audio-recorded encounters
- Analytic approach is Informed Decision Making (IDM), C Braddock et al.

Braddock CH, III et al, *Informed decision making in outpatient practice: time to get back to basics.*

JAMA. 1999;282(24):2313–20.

IDM scoring

1. Patient's role in decision making
2. Impact of the decision on the patient's daily life (context of decision),
3. Nature of the decision or clinical issue
4. Treatment choices
5. Risks and benefits surrounding alternatives
6. Uncertainties regarding alternatives
7. Physician assessment of the patient's understanding
8. Physician assessment of the patient's desire for input from trusted others
9. Physician solicitation and exploration of the patient's preference.

Coding Scheme

- The IDM scoring system: 9 elements with each element scored at level 0,1, 2
  - Zero = absent or worse than nothing
  - One = basic, some missing information
  - Two = complete
  - Possible score per transcript = ***0-18***
- Coding
  - Each transcript coded independently by 2 coders; discrepancies resolved by consensus

Results

Physician characteristics

- n=45, 10 yrs post-graduation
- Age = 33 years (SD = 7.2)
- 20% female; 34% nonwhite

Encounters

- 6 per physician (SD = 4.3)
- Length = 22:53 (SD = 10:21)

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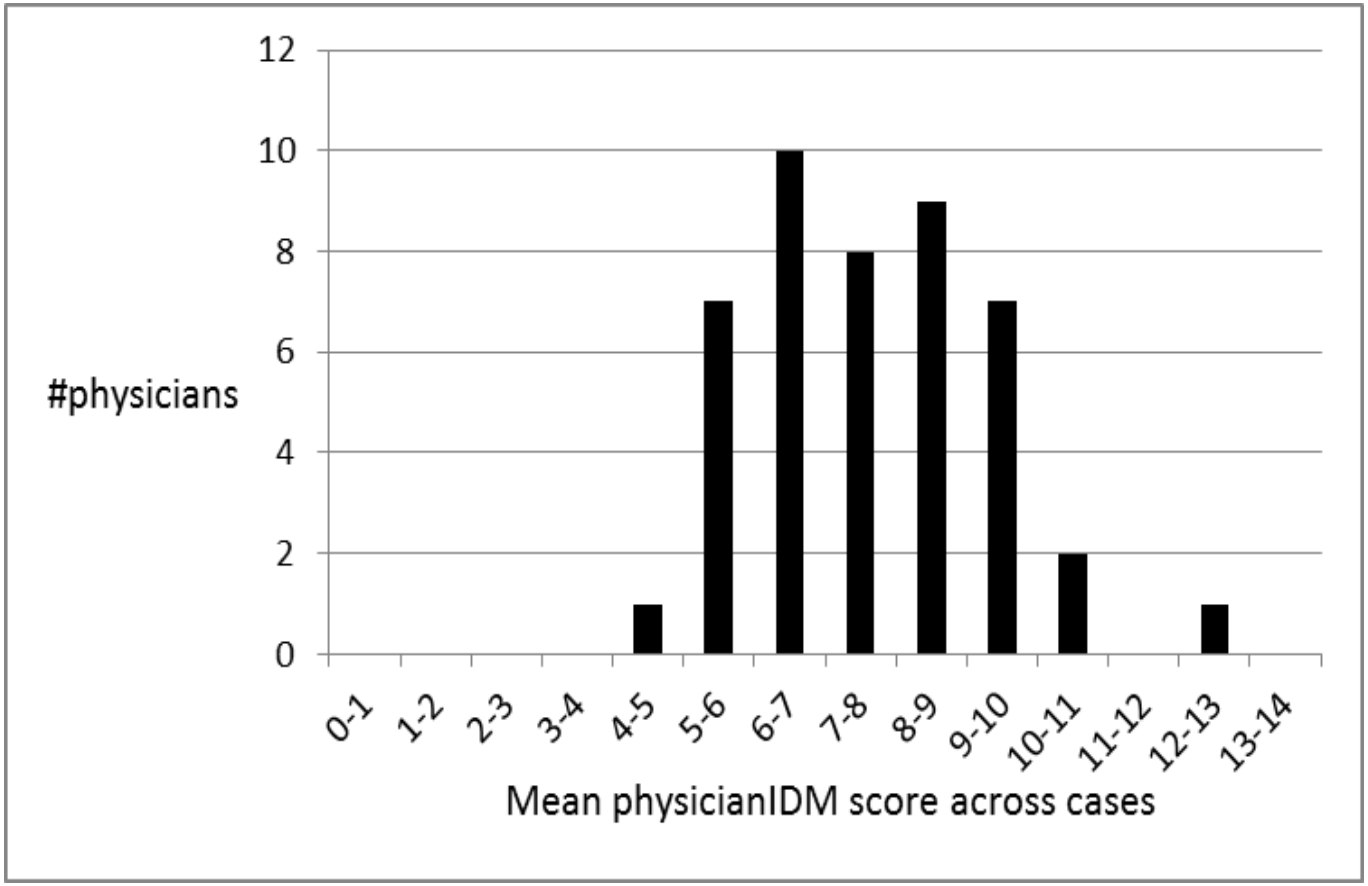
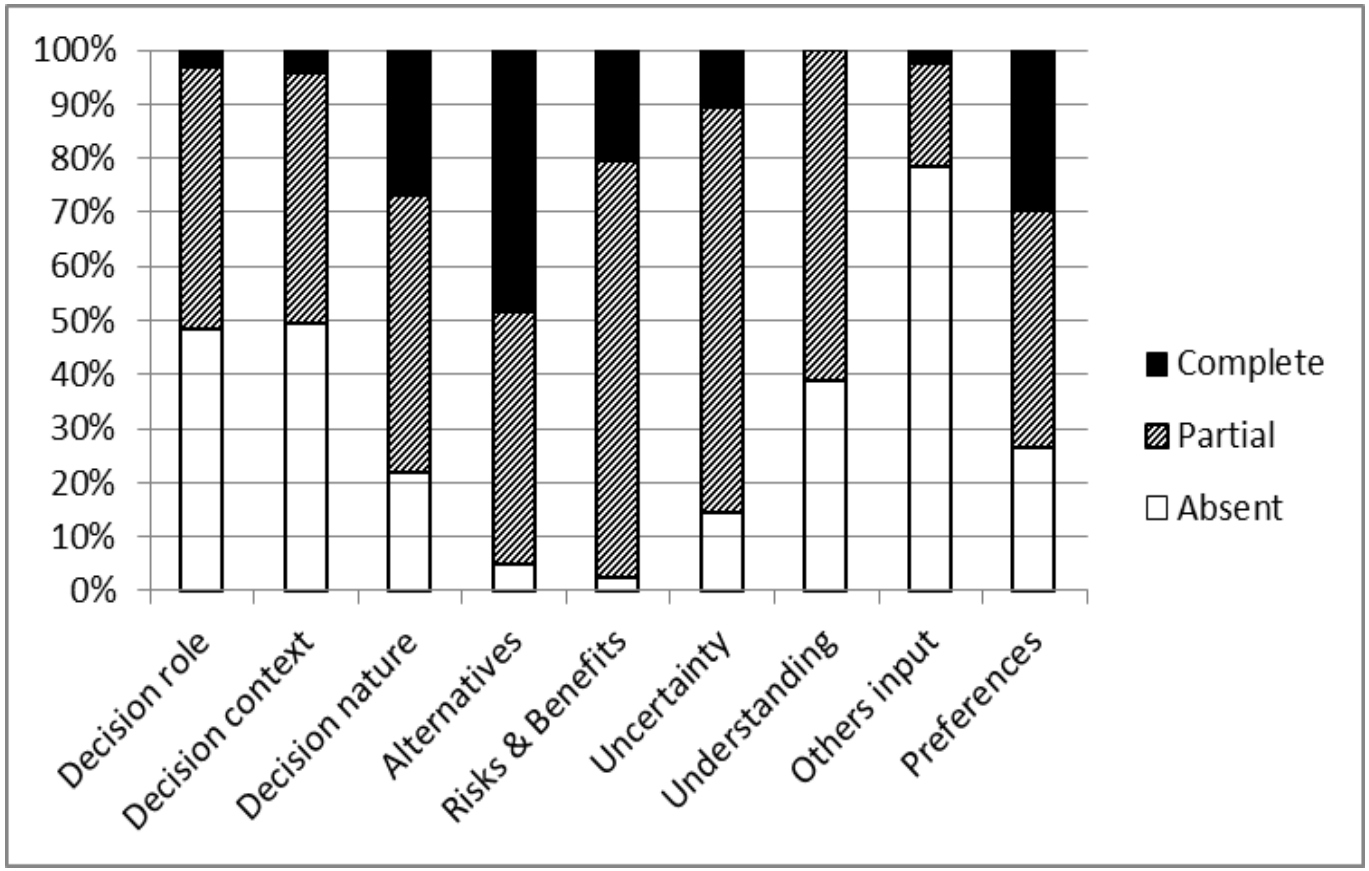
Patient Characteristics

	Biopsy sample (n=974)	**Recording sample (n=252)**	
Age	M=63, SD=6.01	M=***63***, SD=6.01	
Race Caucasian African American Other	 747 (77%) 207 (21%) 20 (02%)	 185 (73%) 67 ***(27%)*** 0 (00%)	
Education < high school high school grad/trade some college/Assoc. BA+	 48 (05%) 338 (35%) 411 (42%) 172 (18%)	 ***5 (02%)*** ***79 (31%)*** 116 (46%) 52 (21%)	
Marital Status Married/partner Divorced/separated Widowed Single	 529 (55%) 320 (33%) 44 (04%) 75 (08%)	 ***131 (52%)*** 94 (37%) 7 (03%) 20 (08%)	

Distribution of IDM scores by physician (n=45)



Level of Informing by IDM Element

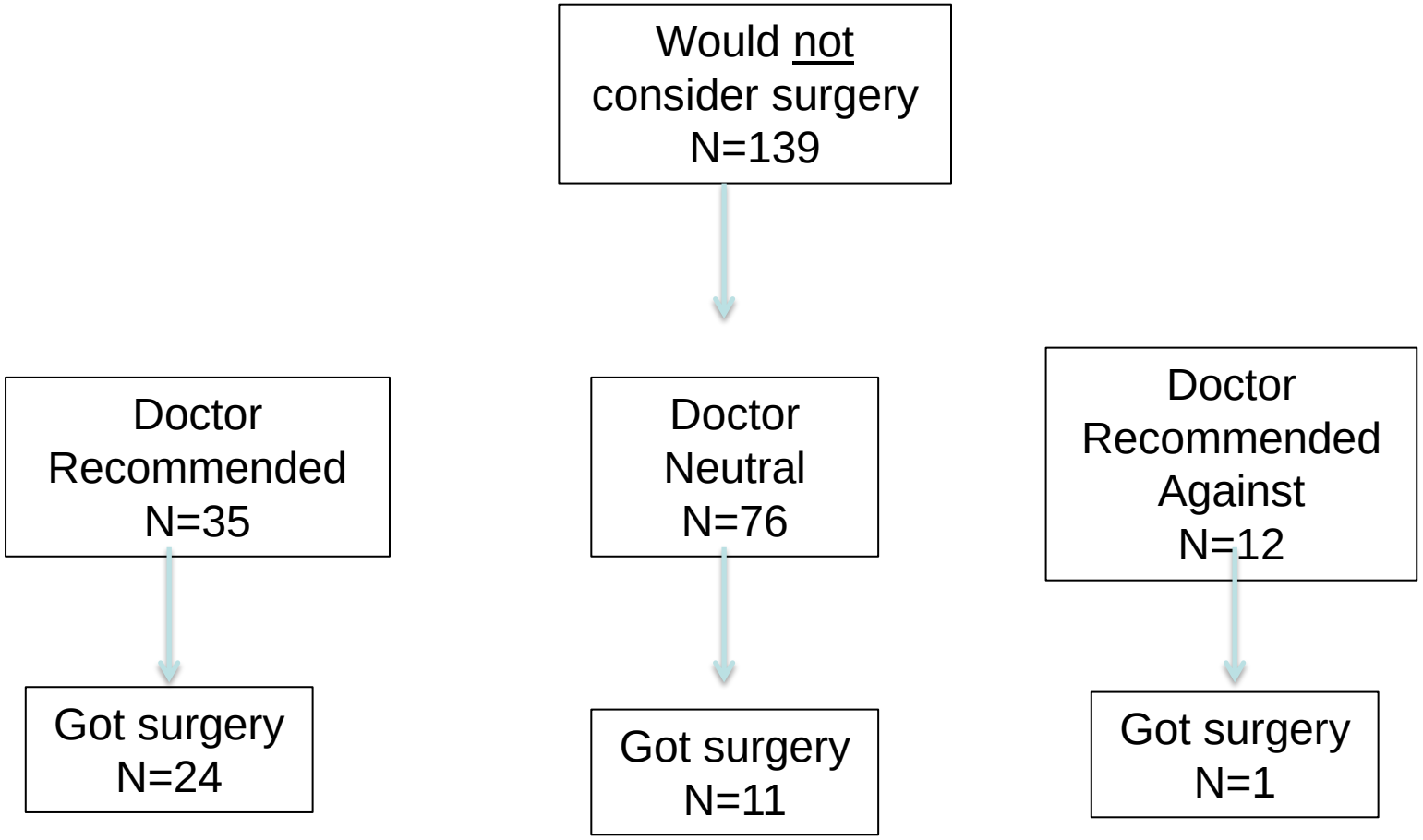


- *Complete* IDM score in core SDM elements (options, benefits/risks, preferences) only 7.5% of cases.
- Options scored as *partial*; n=91
  - One case: mind made up for surgery
  - 90 cases: list options, remove WW from consideration
    - 77 cases = Gleason 7
    - 13 cases = Gleason 6
- Transcript excerpts

Relationship to Rx received

- WW = 47%, surgery = 32%, radiation = 20%
- IDM score was correlated with WW (b = 1.1, p = .04).
- The model estimates: IDM score 1 standard deviation > mean = 7% > odds of the patient receiving WW vs encounter with IDM at mean.
- Correlation between encounter time and IDM score was modest: 0.237 (p = .01).

SURGERY



Recap

Offering choice is not necessarily SDM

- Describing options is a start
- Eliciting patient priorities for outcomes (values clarification) is necessary
- Complex decisions with uncertain benefits are the ones where patients need the most help from the physician.