

The **SHARE** Approach

Achieving Patient-Centered Care with Shared Decisionmaking: A Brief for Administrators and Practice Leaders

Workshop Curriculum: Tool 9



The SHARE Approach is a 1-day training program developed by the Agency for Healthcare Research and Quality (AHRQ) to help health care professionals work with patients to make the best possible health care decisions. It supports shared decisionmaking through the use of patient-centered outcomes research (PCOR).



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Effective Health Care Program

Achieving Patient-Centered Care with Shared Decisionmaking

This document is designed to help you understand how using patient-centered outcomes research (PCOR) in shared decisionmaking can help your practice:

- › Improve patient experience of care, quality, and satisfaction;
- › Improve health outcomes;
- › Lower costs; and,
- › Become recognized as a patient-centered medical home (PCMH) or accountable care organization (ACO).

This brief also highlights and encourages the use of evidence-based decision support tools and resources—PCOR tools—made available by the Agency for Healthcare Research and Quality (AHRQ).

What is shared decisionmaking?

Shared decisionmaking occurs when a health care provider and a patient (including their family members or caregivers) work together to make a health care decision that is best for the patient.

The optimal decision takes into account evidence-based information about available options, the provider’s knowledge and experience, and the patient’s values and preferences.

What will implementing shared decisionmaking involve?

Instituting shared decisionmaking in your organization requires your leadership. Staff may need to be trained in what shared decisionmaking is and how to implement it. There may also be changes in staff assignments, workflow, and resources that will need your guidance and approval.

AHRQ provides free, accredited training, ongoing support, and evidence-based resources to support your investment in shared decisionmaking as your organization transitions to patient-centered care.

Aligned with the Triple Aim

Shared decisionmaking can help your organization or practice meet the three aims of the U.S. Department of Health and Human Services National Quality Strategy¹ and the Institute for Healthcare Improvement’s Triple Aim² Initiative.

“AHRQ’s summaries are, without exception, the single most important empowerment tool consumers have for evaluating what the scientific literature says are the best treatment options,” says Bruce A. Boissonnault, President and CEO of Niagara Health Quality Coalition. “This information represents the most enlightened way to help patients make the best decisions about their care.”

“Implementing shared decisionmaking will help organizations in their efforts to achieve the Triple Aim of better care, better health, and lower costs,” according to Health Affairs.³

Shared Decisionmaking Improves Patient Experience of Care

Numerous studies have shown that shared decisionmaking improves patients’ satisfaction with, and involvement in, their health care.⁴

Using decision aids and other tools to encourage shared decisionmaking also helps patients feel more engaged in decisions and increases satisfaction with care.

A 2014 systematic review⁵ comprised of 115 controlled studies involving 34,444 participants reported that providing patients with decision aids regarding their health treatment or screening decisions:

- › Improves patient knowledge regarding their options.
- › Reduces patients’ decisional conflict.
- › Increases patients’ active role in decisionmaking.
- › Improves accurate risk perceptions of possible benefits and harms among patients.
- › Increases the likelihood that patients’ choices are more consistent with their informed values.
- › Enhances communication between patients and their clinicians.

In another systematic review of 11 randomized controlled trials, shared decisionmaking with the use of patient decision aids was observed to improve patient satisfaction and reduce the prevalence of invasive procedures when patients were educated on all the treatment options available to them.

For a number of conditions, patients are less likely to opt for invasive procedures when fully informed about the risks and benefits of the various options.⁶



Shared Decisionmaking Improves Adherence and Outcomes

There is emerging evidence that supporting people to share in decisionmaking can improve health outcomes and the extent to which patients adhere to their treatment.

For example, a randomized trial involving patients with poorly controlled asthma found that patients who were engaged in shared decisionmaking demonstrated greater adherence to their treatment and achieved better clinical outcomes such as quality of life, symptom control, and lung function over a 2-year period.⁷

Another study that surveyed 212 people with diabetes found that patients who participated in shared decisionmaking with their physicians reported better self-monitoring and improved blood pressure results.⁸

Still another randomized trial among mental health patients found that patient involvement in decisions reduced symptoms of depression over an 18-month period.⁹

Further research is needed, and is currently underway, to achieve a better understanding about the impact of shared decisionmaking on health outcomes. Few studies are able to follow patients for a sufficiently long period to firmly identify longer-term outcomes; instead, effects of shared decisionmaking on symptoms are often emphasized. This can bias the findings. However, a randomized trial conducted in the Netherlands that addressed shared decisionmaking for women at high risk of developing breast cancer found that it had no effect in the short term but was associated in the long term with better general health and less depression.¹⁰

Shared Decisionmaking Lowers Costs

In a 2008 report prepared for the Commonwealth Fund,¹¹ researchers estimated that, with the implementation of shared decisionmaking for 11 preference-sensitive procedures, the savings to national health spending would be approximately \$3.8 billion over 5 years and \$9.2 billion over 10 years.

The selected procedures and interventions considered in this analysis, included:

- › Antithrombotic therapy for stroke prevention in atrial fibrillation
- › Colorectal cancer screening
- › Coronary revascularization for angina
- › Lumbar spine surgery for lower back pain
- › Mastectomy for early breast cancer
- › Mechanical ventilation for chronic obstructive pulmonary disease
- › Medication treatment of hypertension
- › Prostate cancer screening
- › Prostatectomy for benign prostatic hypertrophy
- › Treatments for menorrhagia
- › Tube feeding in dementia patients

The use of patient decision aids in shared decisionmaking for preference-sensitive conditions has been shown to reduce patients' selection of major elective invasive surgery in favor of more conservative treatment options.^{5,6}



Shared Decisionmaking Helps You Meet National Certification Requirements

If your organization is seeking to become recognized as a patient-centered medical home (PCMH) or accountable care organization (ACO), incorporating shared decisionmaking into your clinical practice can help you achieve your goal.

Major organizations, including the National Committee for Quality Assurance (NCQA), the Accreditation Association for Ambulatory Health Care (AAAHC), and the Joint Commission, have included standards related to shared decisionmaking in their recognition and certification requirements. See the Resources section for links to these requirements.

National Health Care Legislation

The 2010 Patient Protection and Affordable Care Act (ACA) and other health-related legislation provide incentives to health care providers to use shared decisionmaking to facilitate patient-centered care.

For example, the ACA established ACOs as a new model of care delivery.

- As an ACO, providers can continue to receive traditional Medicare fee-for-service payments under Parts A and B, and be eligible for additional payments if they meet specified quality and savings requirements, including having a process in place for communicating clinical knowledge or evidence-based medicine to beneficiaries in a way that is understandable to them.

This process should allow for beneficiary engagement and shared decisionmaking that takes into account the beneficiaries' unique needs, preferences, values, and priorities.

State Health Care Legislation

In addition to Federal legislation, eight States (as of 2013) have included shared decisionmaking in legislation or are considering including shared decisionmaking into law.

For example, in 2007, Washington State passed legislation on informed consent that established shared decisionmaking and the use of certified patient decision aids as prima facie evidence of patients' informed consent.

In 2010, Minnesota incorporated shared decisionmaking into health care home certification standards, while Massachusetts passed legislation to establish ACOs to reduce costs, improve quality of care, and promote patient-centered care. Massachusetts included shared decisionmaking as one of its key criteria for ACO-establishment.

AHRQ Resources Support Use of PCOR in Shared Decisionmaking

AHRQ is a Federal Agency that works to produce and disseminate evidence to make health care safer, higher quality, more accessible, equitable, and affordable.

AHRQ's Effective Health Care (EHC) Program

The EHC Program produces a wide variety of resources based on findings from PCOR, sometimes referred to as comparative effectiveness research (CER). AHRQ's PCOR resources compare the available evidence on the effectiveness, benefits, and harms of different treatments and interventions for specific health care conditions.

EHC Program Resources for Patients

› Consumer Research Summaries

There are over 50 plain-language print and online summaries on treatments for chronic conditions ranging from Type 2 diabetes to hypertension to depression. These summaries are available in English and Spanish. <http://www.effectivehealthcare.ahrq.gov/index.cfm/research-summaries-for-consumers-clinicians-and-policymakers/>

› Patient Decision Aids

These are online, interactive tools designed to help patients with certain clinical conditions think about what is important to them when talking with their clinician about treatment options. <http://www.effectivehealthcare.ahrq.gov/index.cfm/tools-and-resources/patient-decision-aids/>

EHC Program Resources for Clinicians

› Clinician Research Summaries

There are over 50 print and online summaries on treatments for chronic conditions ranging from Type 2 diabetes to hypertension to depression. These resources provide the clinical bottom line and identify gaps in knowledge and what to discuss with your patients. <http://www.effectivehealthcare.ahrq.gov/index.cfm/research-summaries-for-consumers-clinicians-and-policymakers/>

› CME/CE Modules, Faculty Slides, Webcasts, and Other Resources

<http://www.effectivehealthcare.ahrq.gov/index.cfm/tools-and-resources/cmece-activities/>



AHRQ's Shared Decisionmaking Resources

Among the resources on the AHRQ Web site is the AHRQ **Shared Decisionmaking Toolkit** (www.ahrq.gov/shareddecisionmaking). This resource provides access to a collection of new tools and accredited trainings to support health care professionals' implementation of PCOR in shared decisionmaking. These tools include guides to AHRQ's PCOR materials, shared decisionmaking, and enhanced patient-provider communication.

- **Putting Shared Decisionmaking into Practice: A User's Guide for Clinical Teams (Tool 8)** provides strategies for introducing shared decisionmaking in your organization and taking it to scale.

AHRQ's SHARE Approach Workshop

AHRQ also provides accredited training on shared decisionmaking through its SHARE Approach workshop. This FREE, one-day train-the-trainer workshop is designed to provide basic information on implementing shared decisionmaking in practice, specific communication skills, dialogue with patients, and how to find resources and educational materials to augment use of evidence-based practice with shared decisionmaking in real life clinic settings.

The SHARE Approach workshop is offered multiple times a year across the country to train health professionals and practice leaders who in turn train others in their local health care settings and institutions.

For more information on AHRQ's SHARE Approach workshop training and shared decisionmaking toolkit, visit www.ahrq.gov/shareddecisionmaking.

AHRQ also provides ongoing support—through a Web-based learning network and accredited Web conferences—for workshop participants as they strive to introduce and support shared decisionmaking in their own organizations.





Other Resources

U.S. Preventive Services Task Force (USPSTF) rigorously evaluates clinical research in order to assess the merits of preventive measures, including screening tests, counseling, immunizations, and preventive medications. It provides consumer fact sheets for many of the evidence-based recommendations it provides to clinicians.

<http://www.uspreventiveservicestaskforce.org/uspsttopics.htm>.

Decision Aid Library Inventory (DALI) is a searchable database of publicly available, evidence-based patient decision aids. <http://decisionaid.ohri.ca/index.html>.

Approved Standards and Elements of Performance for The Joint Commission Primary Care Medical Home Option may be found at http://www.jointcommission.org/assets/1/18/Primary_Care_Home_Posting_Report_20110519.pdf.

The National Committee for Quality Assurance Patient-Centered Medical Home Recognition Program is described at <http://www.ncqa.org/Programs/Recognition/PatientCenteredMedicalHomePCMH.aspx>.

Accreditation Association for Ambulatory Health Care's Medical Home certification program is explained at <http://www.aaahc.org/accreditation/primary-care-medical-home/>.

This tool is to be used in conjunction with the Agency for Healthcare Research and Quality's SHARE Approach workshop. To learn more about the workshop, visit www.ahrq.gov/shareddecisionmaking.



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