



Module 4: Putting Shared Decision Making Into Practice

Module Goal/Aim

The goal of this module is for participants to understand the follow-up steps needed to obtain leadership buy-in of shared decision making and to select and implement a shared decision-making approach.

Module Learning Objectives

At the conclusion of this activity, the participant will learn and be able to explain or describe:

- Why it is important to engage the entire medical practice
- Roles that different team members can play to implement shared decision making at your practice
- The steps required for implementing shared decision making and the use of patient-centered outcomes research (PCOR)
- Current incentives for adopting shared decision making and PCOR decision materials

Timing

This module will take 90 minutes to present (**NOTE TO INSTRUCTOR:** Specific breakdown of times allotted for discussion/activity will appear within the module).

Learning methodology checklist

- ☐ Large group discussion
- ☐ Small group activity
- ☐ PowerPoint slide presentation

Materials checklist

- ☐ LCD projector and laptop
- ☐ Flip chart (with tape or sticky band) or a whiteboard
- ☐ Markers
- ☐ Module 4 Participant Guide (see details below)

Instructor Preparation

Two weeks before training

- ☐ Photocopy Module 4 materials and assemble into Module 4 Participant Guide workbooks for each participant. Include:
 - ☐ The Module 4 PowerPoint slide set (3 slides per page)
 - ☐ **Tool 8: Putting Shared Decision Making Into Practice: A User's Guide for Clinical Teams**
 - ☐ **Tool 9: Achieving Patient-Centered Care With Shared Decision Making: A Brief for Administrators and Practice Leaders**
 - ☐ **Action Planning Template** (located at the back of Module 4 in your Trainer's Guide.)

On the day of training

- ☐ Have the SHARE Approach screen saver showing on your computer to share with participants as they come into the classroom.
- ☐ Have the **Module 4: Putting Shared Decision Making Into Practice** PowerPoint file open and minimized on the computer.
- ☐ Arrange tables to facilitate small group work, or be prepared for participants to move to smaller groups.

NOTE TO INSTRUCTORS: Some the slides included in this module may need to be modified to fit your individual training sessions, and depending on the audience you are training. This module is written largely for individuals who will be training others to train others. If your audience will not be training others on shared decision making, some slides may be skipped or modified to reflect your own unique training circumstances.

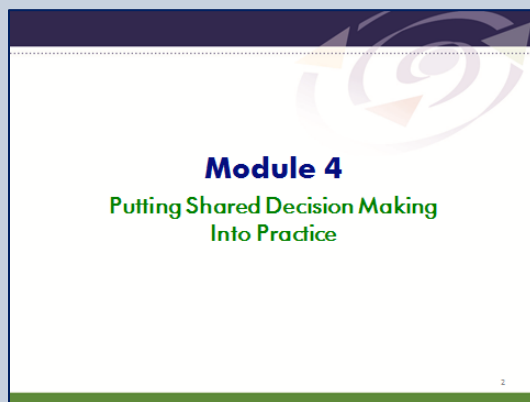
Module 4
INTRODUCTION
(3 minutes)

Slide 1



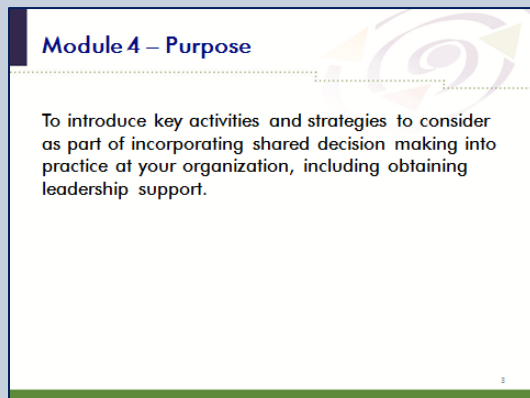
DO: Open PowerPoint **Module 4: Putting Shared Decision Making into Practice.**

Slide 2



SAY: Module 4 is titled, “Putting Shared Decision Making Into Practice.”

Slide 3



SAY: The purpose of this module is to introduce key activities to consider as you incorporate shared decision making into practice at your organization. We’ll also explore the important role of leadership buy-in.

Slide 4

Module 4 – Learning objectives

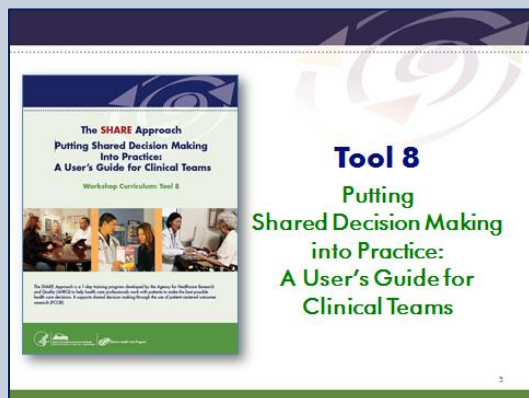
At the conclusion of this activity, the participant will be able to:

- ▶ Explain why it is important to engage the entire medical practice.
- ▶ Explain roles that different team members can play in implementing shared decision making in practice.
- ▶ Describe the steps required for implementing shared decision making and the use of patient-centered outcomes research (PCOR).
- ▶ Identify current incentives for adopting shared decision making and PCOR decision materials in practice.

SAY: By the end of this module, you will be able to:

- Explain why engaging the entire medical practice is important to incorporating a system-wide shared decision-making approach.
- Explain roles that different team members can play to implement shared decision making at your practice.
- Describe the steps required for implementing shared decision making, and list the steps for using patient-centered outcomes research, known as PCOR.
- Identify current incentives for adopting shared decision making and PCOR decision materials in practice.

Slide 5



DO: Hold up **Tool 8, User's Guide.**

SAY: AHRQ has developed a tool to help you begin to change your work culture to integrate shared decision making. Please refer to Tool 8 at the back of Module 4 in your Participant Workbook. This tool is titled, **Putting Shared Decision Making Into Practice: A User's Guide for Clinical Teams.**

This user's guide outlines a number of "how to" strategies for starting, maintaining, and evaluating a shared decision-making program in clinical practice settings of all sizes.

Slide 6

Key activities for implementing shared decision making in practice

1. Get leadership buy-in.
2. Develop an implementation team.
3. Select an approach that is tailored to your practice.
4. Provide training and ongoing support to all staff.
5. Start small, then take it to scale.
6. Create a physical setting for shared decision making.
7. Create a library of evidence-based educational resources and decision aids.
8. Streamline shared decision-making work processes into day-to-day operations.
9. Evaluate the ongoing implementation of shared decision making.

Implementing shared decision making requires a coordinated plan.

Refer to page 3 of Tool 8.

SAY: If you refer to page 3 of Tool 8, you will see a list of nine “key activities” outlined on the upper half of the page.

DO: Show slide 5 listing all nine key activities.

SAY: Implementing shared decision making and the use of PCOR and other decision support resources into your practice will require leadership buy-in and a coordinated plan to make it work. These key activities are some of the things you are going to want to address as you begin this process. During this module, we are going to go over each of these. Please also note that in Tool 8, you will see brief examples of how other organizations have addressed these activities.

GETTING LEADERSHIP BUY-IN AND BENEFITS OF IMPLEMENTING SHARED DECISION-MAKING PRACTICES (20 minutes)

Slide 7

**Key Activity 1
Getting Leadership Buy-in**

SAY: So let’s concentrate on the first key activity in the implementation process: **Getting leadership buy-in.**

Slide 8

Leadership buy-in is important

- ▶ Shared decision making may require changes in staff assignments, resource allocations, and workflow.
- ▶ These kinds of changes need to be authorized by your organization's leaders.

SAY: As you might expect, obtaining leadership commitment is necessary because shared decision making may require changes in staff assignments, the allocation of resources, and in workflow that affect everyone. These changes need to be authorized by your organization's leaders.

GROUP DISCUSSION

Slide 9

Leadership buy-in?

- Who already has leadership buy-in?
- Asked to come to training by leadership
- Who had to do the persuading?

ASK: Let's have a show of hands regarding those who already have buy-in from administration to implement shared decision making.

How many of you were asked by your administrator or supervisor to attend this training?

ASK: Now, how many of you needed to persuade your administrator and clinical leaders that this training and incorporating shared decision making into your organization's culture were good ideas?

SAY: Let's hear from a few people who had to do the "convincing." What did you say to your administration to persuade them to support you coming here today? What steps did you take?

DO: Select 2 to 3 participants to respond.

ASK: Now for those people who were sent by their leadership team, how did your leadership approach you? What, if anything, did they say they'd like you to do once you were trained?

DO: Select 2 to 3 participants to respond.

SAY: Thank you for sharing your insights.

Slide 10



SAY: Let's briefly look at Tool 9, the **Administrator's Brief**.

DO: Hold up **Tool 9, the Administrator's Brief**.

SAY: This tool is also located at the back of Module 4 in your Workbook. Tool 9 is titled, **Achieving Patient-Centered Care With Shared Decision Making: A Brief for Administrators and Practice Leaders**. The brief was developed by AHRQ to serve as a resource that you can share with your senior leadership to help them understand the benefits of implementing shared decision making and the use of PCOR resources in practice.

Slide 11

The Administrators Brief

- Briefly outlines what implementing PCOR resources via shared decision making involves, and the benefits of doing so.

Shared decision making is aligned with the three aims of the U.S. Department of Health and Human Services' National Quality Strategy – **better care, better health, and lower costs.**

SAY: This tool briefly describes what implementing PCOR resources through shared decision making in your practice will involve, along with the benefits that have been demonstrated by others who have implemented this approach to patient care in practice.

Shared decision making is aligned well with the three aims of the U.S. Department of Health and Human Services' National Quality Strategy of better care, better outcomes, and lower costs.

Slide 12

The Administrators Brief

- Share this tool with your workshop participants to highlight the benefits for implementing shared decision making at your organization.

SAY: When you go back to your organization to train, share this tool with your workshop participants to highlight the benefits for implementing shared decision making at your organization.

The next three slides outline the benefits of shared decision making that are described further in Tool 9.

Slide 13

Better care¹⁻²

Shared decision making improves patients' experience of care.

Patients find they:

- ▶ Improve their knowledge of the options.
- ▶ Have more accurate expectations of possible benefits and harms.
- ▶ Have less decisional conflict.
- ▶ Reach choices that are more consistent with their values.
- ▶ Participate more in decision making.



Complete references are listed on the last two slides.

13

SAY: As we discussed in Module 1, shared decision making improves patients' experience of care, or more simply, patient satisfaction. When patients use evidence-based decision aids in treatment, they improve their knowledge of the options, and they have more accurate expectations of possible benefits and harms, and less decisional conflict.

They also reach choices that are more consistent with their values, and they participate more in decision making.

Slide 14

Better health²⁻⁶

Patients engaged in shared decision making show:

- ▶ **Improved health outcomes** (e.g., improved quality of life, better symptom control, improved self-management, and reduced symptoms of depression).
- ▶ Improved treatment adherence.

14

SAY: Evidence is also emerging regarding the impact of shared decision making on patient outcomes. Studies have shown that both health outcomes and treatment adherence are improved for patients when they are engaged in their decision making.

Slide 15

Lowers cost⁵⁻⁷

Shared decision making can lower costs.

- ▶ Patients are more likely to select conservative treatment options over elective invasive procedures when they understand the potential benefits and harms.^{5,6}
- ▶ Shared decision making for 11 preference-sensitive conditions/procedures is estimated to result in national cost savings of \$9.2 billion over 10 years.⁷



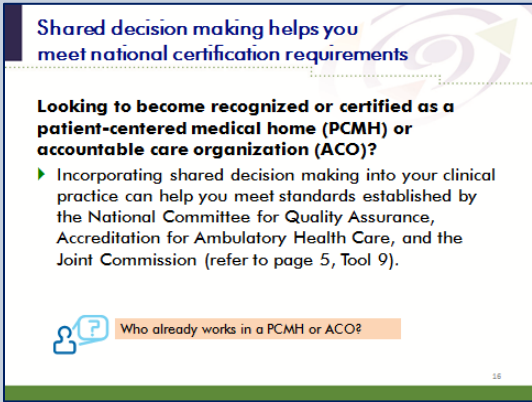

Refer to page 3, Tool 9 for list of conditions/procedures

Preference-sensitive conditions are those in which legitimate treatment options exist, each with its own trade-offs.

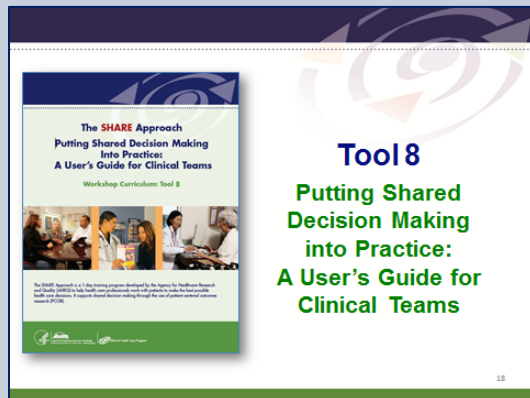
15

SAY: Shared decision making can also lower costs in some instances, particularly for preference sensitive conditions that involve elective invasive procedures. When patients are more aware of the potential harms and benefits, they are more likely to select conservative treatments options.

Another study shows that using shared decision making for 11 preference-sensitive conditions or procedures would result in a national cost savings of \$9.2 billion over 10 years. These conditions and procedures are listed on page 3 of Tool 9, the **Administrator's Brief**. They include things like prostate cancer screening and medication

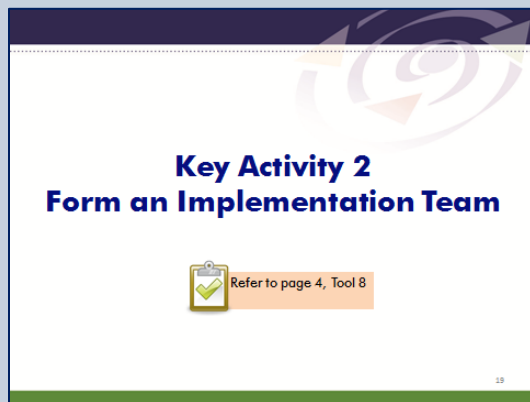
	treatment of hypertension.
<p>Slide 16</p>  <p>Shared decision making helps you meet national certification requirements</p> <p>Looking to become recognized or certified as a patient-centered medical home (PCMH) or accountable care organization (ACO)?</p> <ul style="list-style-type: none"> ▶ Incorporating shared decision making into your clinical practice can help you meet standards established by the National Committee for Quality Assurance, Accreditation for Ambulatory Health Care, and the Joint Commission (refer to page 5, Tool 9). <p>Who already works in a PCMH or ACO?</p>	<p>SAY: Shared decision making can also help your organization meet national certification requirements. For instance, having processes in place for engaging patients in their decision making, and using PCOR or other decision support resources, is a key component of meeting the requirements of being recognized as a patient-centered medical home or being accredited as an Accountable Care Organization.</p> <p>You can find out more about this on page 5 in Tool 9, along with other National and State health care legislation related to shared decision making.</p> <p>ASK: Is there anyone here who works in a patient-centered medical home or an Accountable Care Organization?</p> <p>DO: If any participants raise their hand, ask them how they go about meeting these requirements. Allow 1-2 individuals to respond.</p>
<p>Slide 17</p>  <p>Once you are back on the job</p> <ul style="list-style-type: none"> ▶ Share the Administrator's Brief with your leadership and staff to sustain interest. ▶ Remind that it only takes one or two people to champion the cause. <p>Do you know anyone who could be a good champion? Perhaps yourself?</p>	<p>SAY: Sharing Tool 9 with your administrators and staff, and outlining these benefits, can help you and your organization stay focused.</p> <p>Remember, another important aspect of getting leadership buy-in and sustaining interest throughout the organization in shared decision making is finding a champion on staff—the person who is going to keep pushing everyone forward, including administrators. Could you be that person?</p>
<p>KEY ACTIVITIES FOR PUTTING SHARED DECISION MAKING INTO PRACTICE</p> <p>(15 Minutes)</p>	

Slide 18



DO: Refer participants back to **Tool 8, Putting Shared Decision Making Into Practice.**

Slide 19



SAY: So let's go back to Tool 8, page 4.

Slide 20



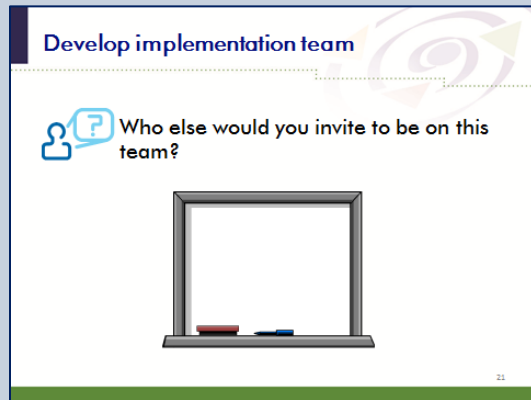
SAY: Once you have leadership buy-in, it's time to form an in-house implementation team that can develop a plan and put it into action.

We already talked about the roles different team members may play in shared decision making in Module 1. Let's look again at some possible team members you might want to invite on to your implementation team:

- Clinical providers
- Health educators
- Administrators
- Front desk staff

GROUP DISCUSSION (5 minutes)

Slide 21



ASK: Who else would you invite in your organization?

DO: Write on flip chart or white board.

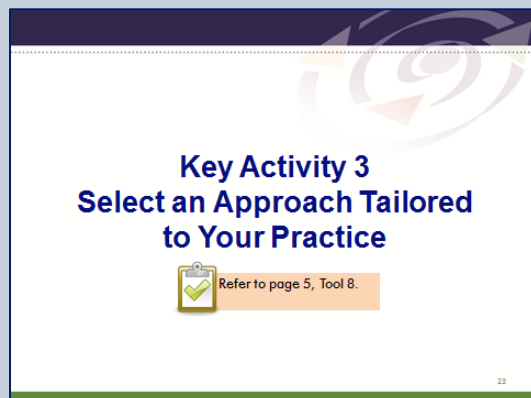
Slide 22



SAY: Here are some of the responsibilities of the implementation team:

- Develop an implementation plan.
- Review patient support materials, and select the ones most relevant to your practice.
- Train providers and other staff.
- Continue to provide coaching—it takes a lot of practice and feedback to change one's comfortable behaviors.
- Monitor ongoing adoption.

Slide 23



SAY: No two clinics or practices are the same.

Your team needs to adopt an approach to implementation that makes sense for your practice.

Slide 24

Start with one or two conditions

- ▶ Identify one or two **high-priority** health conditions in which you will implement shared decision making.
- ▶ What criteria will you use?
- ▶ Add more conditions once everyone is familiar with shared decision making.



SAY: First, decide which health conditions you want to address through shared decision making. It's best to start small with just one or two conditions to give everyone an opportunity to become familiar with the process of shared decision making, rather than trying to do it all at once. Also keep in mind that your approach might vary for different conditions.

ASK: What kind of criteria do you think might make sense in selecting high-priority health conditions for shared decision making?

Slide 25

Decide who does what

- ▶ Planning team designates roles and responsibilities for each shared decision-making team member.



Who will be involved and what will their roles be?



SAY: Once you have identified one or two conditions to start with, your implementation planning team needs to decide who is going to do what.

Will the provider spend time with the patient reviewing decision aids, or should that be the job of the nurse, the health educator, or a coach?

Decide who will be involved and what their roles will be.

Slide 26

Use supporting materials

- ▶ Identify evidence-based patient decision materials to support the shared decision-making process for selected health conditions.
- ▶ AHRQ offers free and easy-to-navigate decision aids and consumer research summaries.



Refer to pages 10-15 of Tool 8 for listing of resources.



SAY: Once you have identified the health conditions you plan to address initially, your team will need to identify evidence-based patient decision materials about those conditions.

We discussed AHRQ's free resources in Module 2, and they are listed again on pages 10-15 of this tool. Refer to these pages to find information about other places to search for free, high-quality decision aids.

Slide 27

Decide when to introduce decision aids

- ▶ Choose optimal point in decision-making process to introduce decision aids.
 - Time of diagnosis? Or afterward?
 - Part of the office visit? Or mailed in advance?
- ▶ Do staff members review with patient, or does the patient call with questions?
- ▶ Set a standard operating procedure.



Refer to page 5, Tool 8 for examples.

27

SAY: Decide when in the treatment process you want to introduce patients to a decision aid. Is this at the time of diagnosis? Afterward? Part of an office visit? Should the decision aid be mailed to the patient's home in preparation for an office visit? Should the clinician personally review the information in the decision aid with the patient?

Or should the patient simply be encouraged to call the office with questions? Whatever you decide, you need a standard operating procedure to use, so that everyone involved knows what to expect, and what they're to do.

Slide 28

Address concerns about time constraints

- ▶ Be proactive. Discuss time concerns during training and during implementation.
- ▶ Reassure staff that shared decision making should not take more time than what they were used to doing.



Studies have found that clinicians can implement shared decision making without increasing the length of the consultation time.⁸⁻¹⁰

Recall the SHARE Approach video? Share it with your colleagues.

28

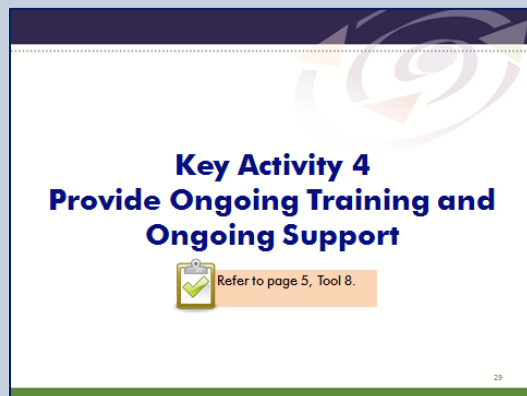
SAY: Address time concerns proactively during training and during implementation.

Time is often regarded as the biggest barrier to implementing shared decision making. So understandably, staff may say that shared decision making is going to take too much time when they already have too much to do. It does take time to adjust to a new way of doing things, and change is always uncomfortable.

But if it is done right, shared decision making should take no more time than what you are doing now.

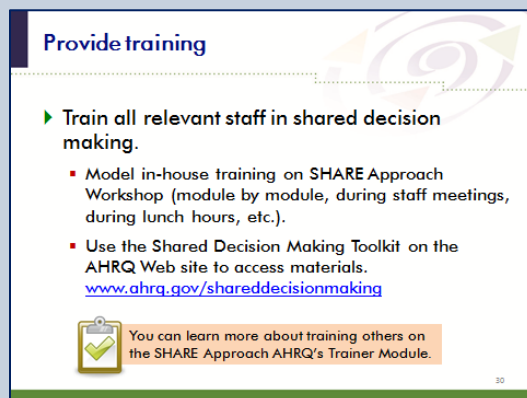
In fact, a number of studies show that clinicians can implement shared decision making without increasing the length of the consultation time. Consider showing your colleagues the video we viewed in Module 1 to show them the difference.

Slide 29



SAY: Training is a critical component for implementing shared decision making. You need to train all staff so that everyone knows what's expected.

Slide 30



SAY: Model your in-house training on this **SHARE Approach Workshop**. As you've seen, it's divided into modules. You don't have to schedule an all-day training to get the job done.

You can train staff one module at a time, such as at a staff meeting. AHRQ's SHARE Approach Trainer Module provides a listing of materials needed to provide training to others on the SHARE Approach. You can also access training materials and tools from the Shared Decision Making Toolkit on the AHRQ Web site at www.ahrq.gov/shareddecisionmaking.

NOTE TO INSTRUCTOR: You may need to modify the language on this slide to describe your own approach to providing training at your practice site, particularly if you are not offering the Training Module.

Slide 31

Provide regular feedback and ongoing support

- ▶ Provide ongoing training, feedback and coaching. **One training is not enough to institutionalize shared decision making.**
- ▶ Some ongoing training strategies might include:
 - Video/audio recording patient/provider interactions while practicing shared decision making.
 - Shadowing trainees and providing feedback.

31

SAY: You should provide ongoing training and feedback to staff as they begin implementing shared decision making.

A one-time training is not enough to institutionalize shared decision making in your practice. Providers and others need to try shared decision making with patients, and then receive feedback on how they're doing and how they could improve.

One way to offer staff feedback is to tape record the patient-provider interaction (with the patient's permission, of course). Then have the provider listen to the audiotape or videotape to determine what went well, how engaged the patient seemed, and areas that need improvement.

You might also try shadowing trainees and offering feedback. Find what works for your organization.

Slide 32

Provide regular feedback and ongoing support

- ▶ Use available AHRQ training support, including a learning network and Web conferences.



Learn more about ongoing support offered by AHRQ at www.ahrq.gov/shareddecisionmaking.




32

SAY: You can also take advantage of the SHARE Approach training support from AHRQ, including accredited Web conferences and a learning network where you can learn from others' experiences. You can learn more about these activities on AHRQ's Web site at www.ahrq.gov/shareddecisionmaking.

GROUP DISCUSSION (10 minutes)

Slide 33

Discussion



What are your thoughts about training others when you return home?

What challenges do you foresee?

Are there creative ways to address these challenges?

33


ASK: Based on what you've seen and heard so far, what are you thinking about training when you return home? What challenges do you foresee?

Are there creative ways to address these challenges?

NOTE TO INSTRUCTOR: This slide may not be relevant in your training if the individuals you are training will not be training others. Simply skip this slide if it is not relevant or remove it from your slide deck.

Slide 34

Key Activity 5
Start Small, Then Take To Scale



Refer to page 7, Tool 8.


34

SAY: Start off small, and then implement shared decision making on a wider scale. Earlier, we talked about starting with just one or two health conditions as you first implement shared decision making at your practice. This is the same idea.

Slide 35

Start small, and take to scale

- ▶ Pilot shared decision making in one department or for one or two health conditions.
- ▶ Gather needed resources.
- ▶ Test your approach to see what works and what does not.
- ▶ Revise approach, as needed.
- ▶ Expand to additional departments or health conditions.



Where do you think the best place to start is in your own practice?

35

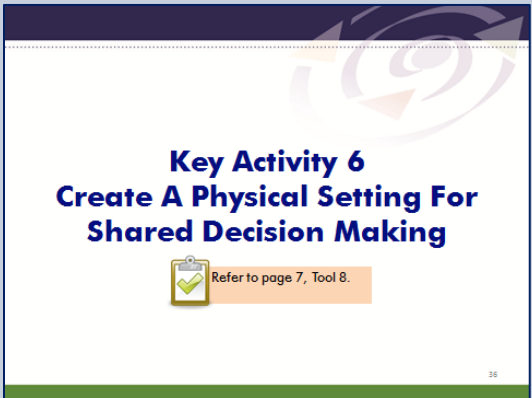
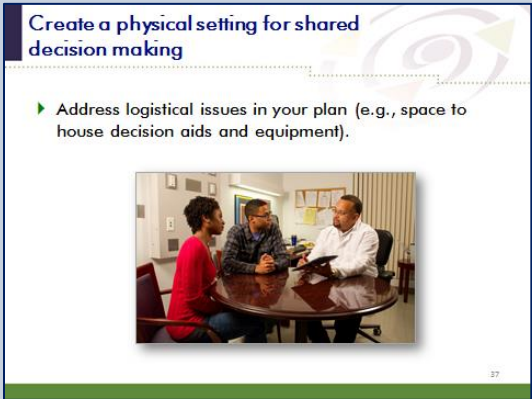
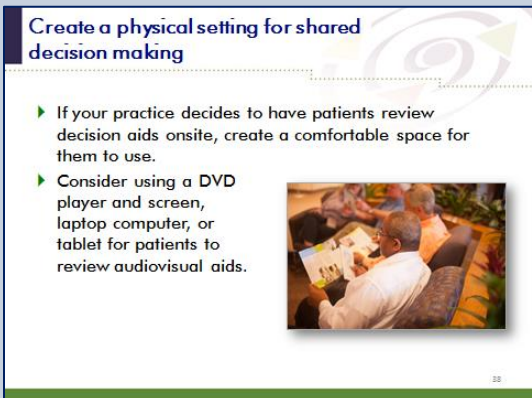
SAY: Pilot your approach in one department or for one health condition.

Gather the patient decision resources that you will need.

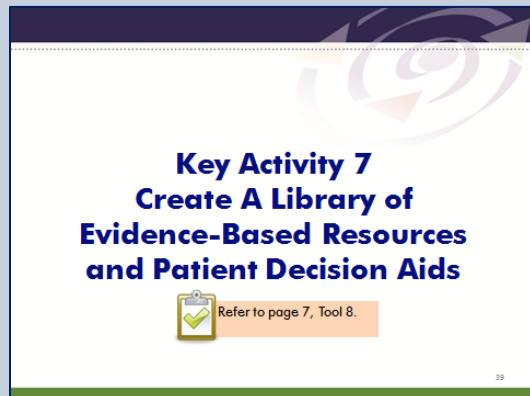
Test your approach to see what works and what doesn't.

Gather feedback from staff as you go, and revise your approach as needed.


Once you have a solid approach to implement shared decision making in the pilot, then expand the process to additional departments or health

	<p>conditions.</p> <p>ASK: Where do you think the best place to start is in your own practices?</p>
<p>Slide 36</p> 	<p>SAY: You will also need to consider creating a physical setting for shared decision making.</p>
<p>Slide 37</p> 	<p>SAY: Depending on how your practice decides to implement shared decision making, you may need to address practical, logistical issues in your shared decision-making plan.</p>
<p>Slide 38</p> 	<p>SAY: If you are sharing decision aids with patients in the office, you may need to create a comfortable space for them to use.</p> <p>You may need additional office or meeting space for health educators or coaches to meet with patients. If you decide to use video or computer-based decision aids, you may need to set up a video player and earphones in a private area in the office for patients to use.</p>

Slide 39



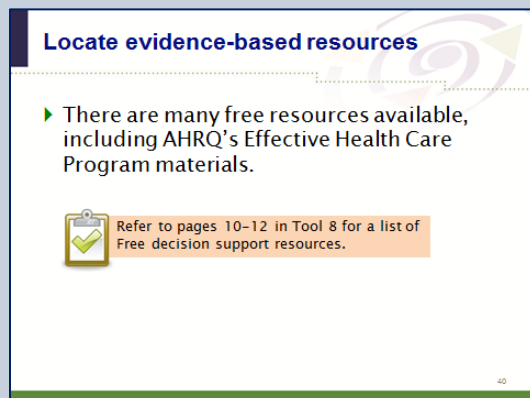
Key Activity 7
Create A Library of
Evidence-Based Resources
and Patient Decision Aids

 Refer to page 7, Tool 8.

39


SAY: You may also want to consider creating a library of decision aids and educational materials.

Slide 40



Locate evidence-based resources

- ▶ There are many free resources available, including AHRQ's Effective Health Care Program materials.

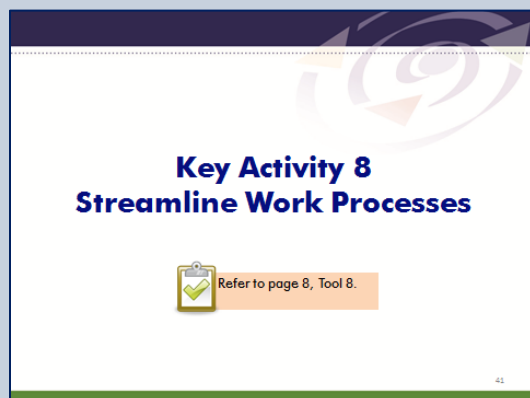
 Refer to pages 10-12 in Tool 8 for a list of Free decision support resources.

40


SAY: Take a look at the **Decision Support Resources** in Tool 8, beginning on page 10. These are places where you can search for evidence-based resources for your library.

Collect the ones pertinent to the health conditions that you plan to address, and review them carefully with your providers to ensure they are comfortable with the content of each resource before adopting it. And don't forget AHRQ's growing library of free, online resources that you learned about this morning.

Slide 41



Key Activity 8
Streamline Work Processes

 Refer to page 8, Tool 8.

41

SAY: Streamline work processes wherever possible to make shared decision making workable in your environment.

Slide 42

Streamline shared decision-making work processes

- ▶ Use existing workflow processes, such as electronic health records, to integrate decision aids.



SAY: The more closely you tie shared decision making into your standard work processes, the easier it is to implement shared decision making, because it's no longer an add-on, it's just the way business is done. For example, you may find that diagnosis of a particular condition in the patient's electronic health record could initiate a process for sending that patient a decision aid as part of a shared decision-making approach.

Slide 43

Key Activity 9 Conduct Ongoing Evaluation



Refer to page 9, Tool 8.

SAY: Last but not least, you should evaluate the processes and the impact of your implementation efforts.

Slide 44

Conduct ongoing evaluation

- ▶ Evaluation helps you fine-tune the use of shared decision making in your practice.
- ▶ Consider formal evaluation using validated instruments.



Refer to page 14 of Tool 8 for a list of evaluation resources and tools.



SAY: Evaluation will allow you to fine-tune the practice of shared decision making in your unique practice setting.

There is an emerging body of work centered on evaluating shared decision making, including validated instruments. You'll find a list of some of these resources on page 14 of Tool 8.

Slide 45

Conduct ongoing evaluation

► Informal evaluation → formal evaluation

- Gather feedback on what works and what needs improvement.
- Share success stories (e.g., meetings, email, newsletters).



SAY: But at first, you may want to adopt a more informal approach.

Once shared decision making becomes institutionalized in your practice, you can consider a more rigorous evaluation.

Start by gathering feedback on what's working and what's not. We already noted on slide 31 that providing regular feedback along the way helps to fine-tune your processes and keep staff motivated. Another way to do this is to share success stories.

You can share success during meetings, through email notices or other means. These serve as reminders of the value of implementing shared decision making.

This is also a good way to keep shared decision making at the forefront of everyone's mind until it becomes second nature.

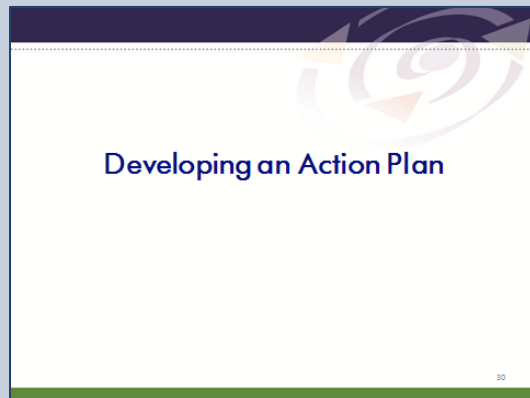
Slide 46

Questions and Answers

ASK: Do you have any questions about implementing shared decision making?

**GROUP ACTIVITY: DEVELOPING
AN ACTION PLAN IN TEAMS
(20 minutes)**

Slide 47

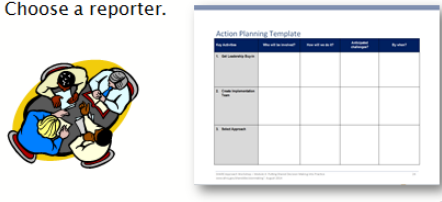


SAY: Now we are going to develop an action plan for how you want to introduce shared decision making back at your home institution. Refer to pages 3-9 in Tool 8, the **User's Guide**, for more in-depth information on the nine key activities we just discussed.

Slide 48

Instructions

- ▶ Work in teams to develop an action plan for implementing shared decision making in your organization for 20 minutes.
- ▶ Choose a reporter.



The illustration shows a group of four people in a meeting, with one person standing and pointing at a screen. Next to them is a table titled "Action Planning Template" with columns for "Activities", "Responsible", "Start/End", "Priority", and "Status". The table has several rows for planning activities.

DO: Organize participants into small groups of 6 people. Refer participants to the **Action Planning Template** in their Workbook.

SAY: You're going to work in teams to develop an action plan for 20 minutes. Each person will use the **Action Planning Template** for his or her own organization, discussing each step with others in the group. Before you start, choose a reporter who will share what you did with the rest of us.

GROUP SHARING (15 minutes)

Slide 49

Debrief

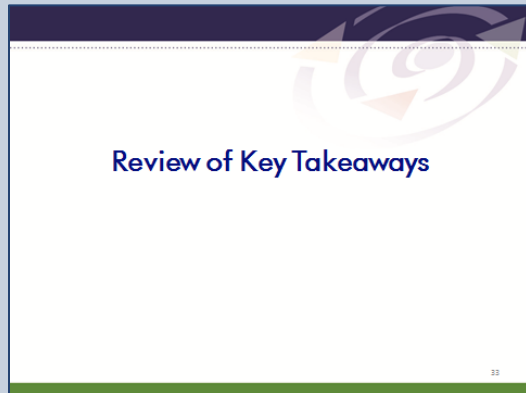
- ▶ Report to entire group on key issues you encountered in developing an action plan.

DO: Each reporter should spend 3 minutes sharing what your **Action Planning Team** did and the issues, if any, that you encountered.

REVIEW

(2 minutes)

Slide 50



SAY: We've reviewed the key activities you'll want to address as you look to tailor a shared decision-making program at your site.

Slide 51

Key Takeaways

- ▶ Get leadership buy-in if you don't already have it. Share Tool 9 with your colleagues and senior leaders so they understand the benefits of shared decision making.
- ▶ Your implementation team can include a variety of members of your organization (e.g., clinical staff, administrators, front desk staff, etc.). Be sure to have one or two champions.

51

SAY: So let's go over some of the key takeaways from this module.


Get leadership buy-in if you don't already have it. Share Tool 9 with your colleagues and senior leaders so they understand the benefits of shared decision making.

Your implementation team can include a variety of members of your organization (e.g., clinical staff, administrators, front desk staff, etc.). Be sure to have one or two champions.

Slide 52

Key Takeaways

- ▶ Implementation of shared decision making involves a number of activities. Start by developing an implementation plan. Who does what, when, and how?
- ▶ Choose an approach that works for your setting.
- ▶ Start small and then scale as you get experience.
- ▶ Evaluate your efforts and share feedback with the entire team.



Remember that change takes time.
Refer to Tools 8 and 9 often as you take steps to help your organization adopt shared decision making

52

SAY: Implementing shared decision making involves a number of activities. Start by developing an implementation plan. Who does what, when, and how?

Choose an approach that works for your setting. Start small and then scale as you gain experience. Evaluate your efforts and share feedback with the entire team.

Remember that change takes time. Refer to Tools 8 and 9 often as you take steps to help your organization adopt shared decision making into practice.

Slide 53

Citations

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Slide 54

Citations

6. Da Silva D. Evidence: Helping people share decisions. A review of evidence considering whether shared decision making is worthwhile. 2012 June. London, England: Health Foundation.
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Action Planning Template

Key Activities	Who will be involved?	How will we do it?	Anticipated challenges?	By when?
1. Get Leadership Buy-in				
2. Create Implementation Team				
3. Select Approach				

Key Activities	Who will be involved?	How will we do it?	Anticipated challenges?	By when?
4. Provide Training				
5. Select Pilot (Start small, then take it to scale)				
6. Gather and Evaluate Resources				

Key Activities	Who will be involved?	How will we do it?	Anticipated challenges?	By when?
7. Create a Physical Space				
8. Monitor and Evaluate (NOTE: Key Activity 8, Streamlining the Work Processes, can be evaluated AFTER shared decision making has been instituted for a period of time at your organization.)				