

# Shared Decision Making

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# 2008 National Survey

## Lake Research Partners Study\*

- **402 primary care physicians participated – National sample**

**\*Commissioned by the Foundation for Informed Medical Decision Making (FIMDM)**

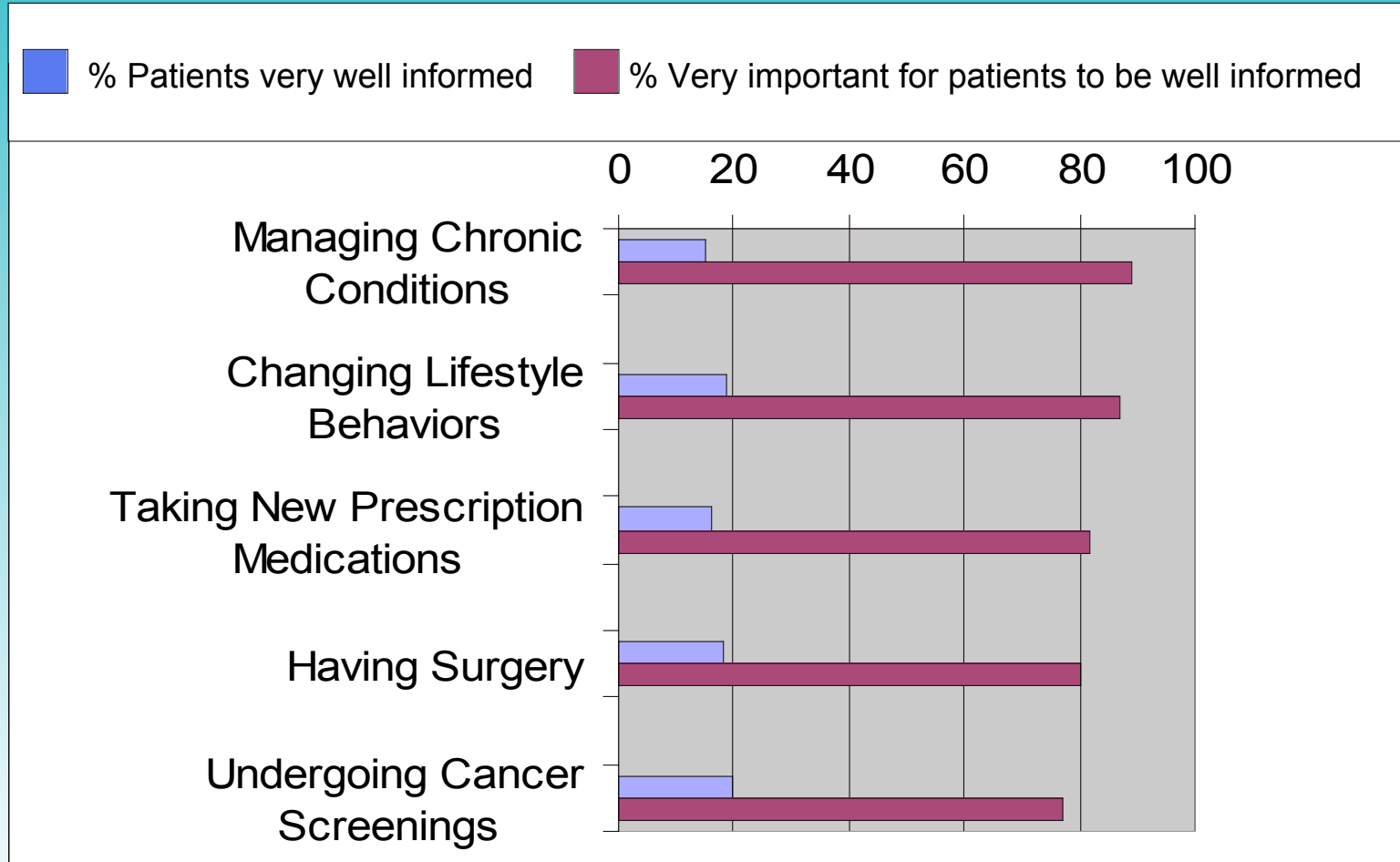
# Findings

## Top Concerns

- **Inadequate reimbursement (67%)**
- **Insufficient time (51%)**

# Patients Not Well Informed

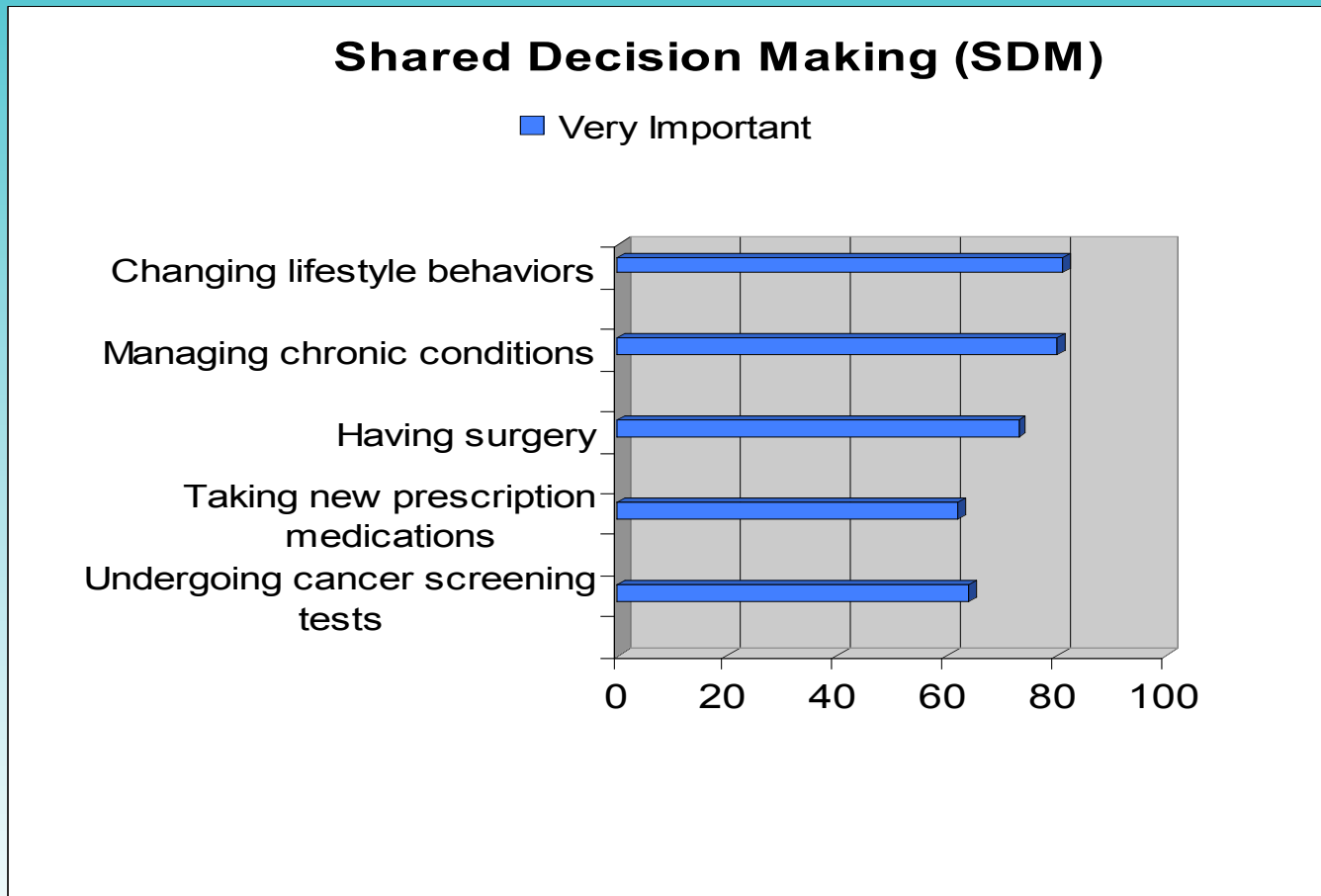
How well informed do you feel most of your patients are when making decisions about:



Medicaid patients much less likely to be informed

# Valued by Medical Condition

In your opinion, how important is a shared decision-making process in making decisions about:



# Results of SDM with Patients Endorsed by Survey Physicians

- Better self-management of chronic conditions (91%)
- Adherence to prescription medication (90%)

# Patients “Too Well” Informed

- Increases time with patients (75%)
- More tests and increased costs (63%)
- Where do patients receive information?

# Definition of Shared Decision Making

A joint process between a patient and doctor that engages the patient in medical decision-making.

In this process, the *doctor provides* the patient with *balanced information* about treatments options, and the doctor incorporates patient preferences and values into the medical plan. (Italics mine)

# Difficulty with the Definition

Missing two variables:

- (X) type of doctor - practice (team v. solo)
- (Y) type patient (passive, informed, activated)

X and Y interact

# Steve's Experience

Physician pressured for time		
Physician who can do "Warm Hand Offs"		
	Informed Patient	Activated Patient

Shared Decision Making Works Here

# A “Typical Regimen” for Managing Chronic Condition and Changing Lifestyle Behaviors

- Lose Weight
- Exercise
- Stop Smoking

# Outcome of Next Visit (for Three Red Quadrants)

- Patient's Point of View
  - Discouraged
  - Embarrassed
- Physician's Point of View
  - Resistance and non-compliance
  - Wasting my time
  - Anger and frustration

# Changing Red to Green

- Physician assesses readiness for change
- Motivational interviewing  
(Prochaska and DiClemente, 1982)
- Motivation for change occurs when people perceive a discrepancy between where they are and where they want to be  
(W.R. Miller, A. Zweben, C.C. Diclemente, and R.G. Rvchtarik, 1992)
- Goal: Get patients to decide for themselves

# Physician Needs to Know

- Patient is already demoralized
- How to recognize readiness for change
- Use of Health History Questionnaire

# Physician Needs to Manifest

- Empathy
- Non-judgmental attitude
- Hope

# Important Intervention

## Provide Hope

**There is no one right way to change**

- Express empathy
- Express optimism that a patient can change
- Support self-efficacy – Express belief that the patient can change
- Emphasize times when patient has done well

# Stages of Change

1. Denial
2. Contemplation
3. Preparation
4. Action
5. Maintenance

Relapse Starts the Process Again

# 1. Denial – Pre-Contemplation

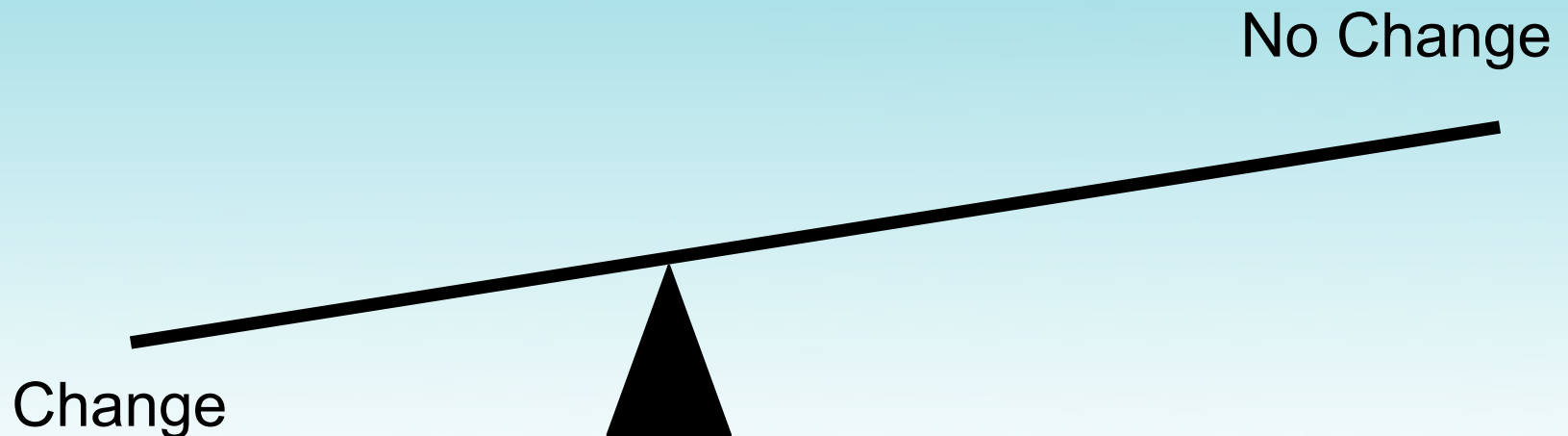
- Intervention – Raise doubt

Positive outcomes

Caused by behavior in question question

Difficulties

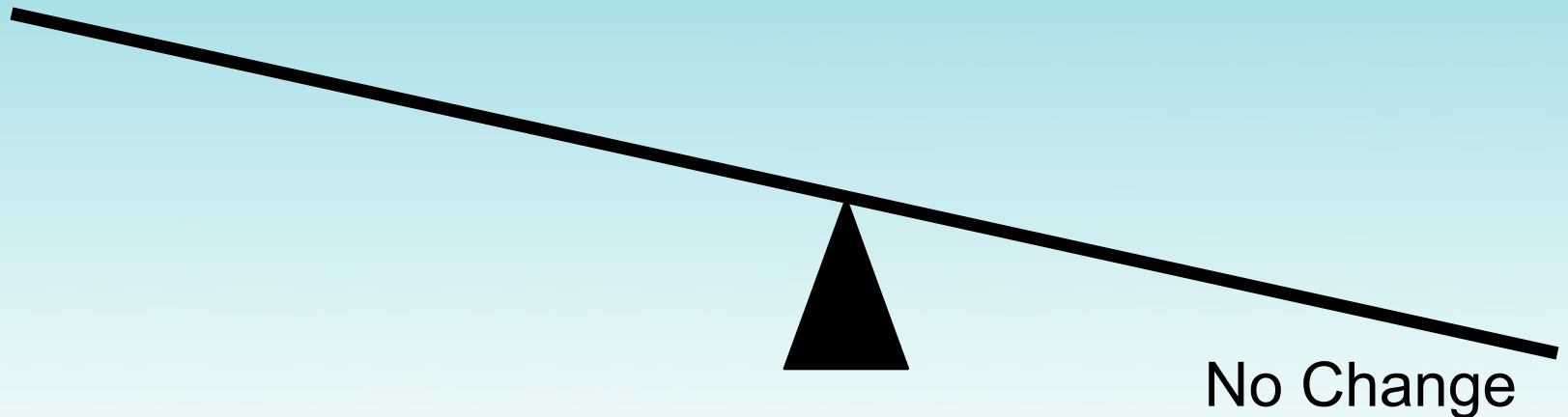
Caused by behavior in



## 2. Contemplation

- Intervention: Tip the balance
- Pros for change outweighs the cons

Change



# 3. Preparation

- Intervention: Negotiate alternatives
- Patient selects the best course of action

## 4. Action

# THE FUN PART

- Intervention: Assist Change
  - Identify additional resources
  - Chart target behaviors
  - Identify people who will support change

# 5.

# Maintenance

- Intervention: Debrief
  - Identify what is working
  - Reinforce new lifestyle

Benefits of  
change



Challenges caused  
by change

# Gift of Hope

## **Our Commitment to You**

We will help you identify ways to improve your quality of life using your goals and values.

# Bibliography

- Prochaska, JO, DiClemente, C.C. (Transtheoretical Therapy: Towards a More Integrative Model of Change, *Psychotherapy Theory, Research and Practice* 1982; 19: 276-288
- Miller, W.R. & Rollnick, S. (1991) *Motivational Interviewing: Preparing People to Change Addictive Behavior*, New York, Guilford Press. *A clinical research guide for therapists treating individuals with alcohol abuse and dependence*. Project MATCH Monograph Series, Vol. 2. Rockville MD: NIAAA.
- Deci, E.L., Ryan, R.M. (1985) Intrinsic Motivation and Self-determinants of Relapse: Implications for the Maintenance of Behavior Change. In Davidson, P. Davidson, S. (eds) (1980) *Behavioral medicine: Changing Health Lifestyles*, New York: Brunner/Mezel, Inc.; 410-452
- Stewart, M., Brown, J.G., (1995) *Patient-Centered Medicine: Transforming the Clinical Method*, Thousand Oaks, CA: Sage Publications

Web Sites:            For Practitioners - [MotivationalInterview.org](http://MotivationalInterview.org)  
                                 For Patients            - [MotivateHealthyHabits.com](http://MotivateHealthyHabits.com)



# Marillac Clinic

Bridging the healthcare gap

