

# Shared Decision Making: A Standard of Care for All Patients



**A CALL TO ACTION** The National Quality Forum is issuing a national call to action for all individuals and organizations that provide, receive, pay for, and make policies for healthcare to embrace and integrate shared decision making into clinical practice as a standard of person-centered care.

## WHY IS SHARED DECISION MAKING IMPORTANT?

Personal decisions about healthcare are rarely straightforward. In many cases, individuals face choices about treatment options (including, at times, the option to forego treatment). More often than not, healthcare decisions are preference-sensitive, meaning that evidence does not clearly identify one treatment option as better than another, and a person's goals for care and their values and preferences for a particular set of outcomes should play a major role in their choices about which treatment option is best for them. Only by working in partnership can clinicians and patients identify patient values, goals, and preferences and make informed decisions about treatment and care. This model of two-way communication—known as shared decision making (SDM)—is critical to improving person-centered care. SDM has the potential to improve experience, engagement, and value for patients and become the standard for informed consent in healthcare.

## SHARED DECISION MAKING AS A STANDARD OF CARE FOR ALL PATIENTS

SDM can become a standard of care for all patients regardless of setting or diagnosis, but that can only happen when patients and families understand the importance of their input and engagement in healthcare decisions, and clinicians understand the importance of involving patients in decisions—and when both are supported in doing so. SDM is a process that can be adapted to meet the unique needs and challenges of each health system as well as each patient and family. Although the process itself may seem straightforward, real-life clinical encounters generally are not. With many quality and performance priorities, and an evolving payment and care delivery landscape, many healthcare organizations and clinicians face challenges and need simple guidance to integrate SDM into busy clinical workflows. In some cases, high-quality, unbiased, evidence-based patient decision aids may add value to the SDM process.

### WHAT IS SHARED DECISION MAKING?

**Shared decision making (SDM)** is a process of communication in which clinicians and patients work together to make optimal healthcare decisions that align with what matters most to patients. SDM requires three components:

- clear, accurate, and unbiased medical evidence about reasonable alternatives—including no intervention—and the risks and benefits of each;
- clinician expertise in communicating and tailoring that evidence for individual patients; and
- patient values, goals, informed preferences, and concerns, which may include treatment burdens.

### WHAT ARE PATIENT DECISION AIDS?

Patient decision aids are tools designed to help people better participate in healthcare decision making. These resources provide information on the risks, benefits, and burdens of options and help patients clarify and communicate their personal values on different features of the options. Patient decision aids do not advise people to choose one option over another, nor do they replace clinician consultation. Instead, these tools prepare patients to make informed decisions that align with their values, goals, and preferences with their clinicians.

*International Patient Decision Aids Standards (IPDAS) Collaboration, 2017*

These tools include but are not limited to printed booklets, videos, or web-based resources that help patients and their families and caregivers participate in decision making about healthcare options.<sup>1</sup>

## SHARED DECISION MAKING FUNDAMENTALS FOR HEALTHCARE ORGANIZATIONS

The National Quality Forum's *National Quality Partners™ (NQP) Playbook™: Shared Decision Making in Healthcare* provides essential guidance for healthcare organizations and clinicians across care settings. Developed with input from more than 20 experts and national stakeholders from the public and private sectors, the *NQP Playbook™* identifies six fundamentals to guide SDM in healthcare organizations:

**1 Promote leadership and culture:** Strong leadership is essential to the success of a healthcare organization's efforts to integrate SDM as a standard of care across the healthcare continuum. Support from leadership at all levels, including the board of directors, C-suite, and departmental and team leaders, encourages broad adoption of SDM as a core value of the organization. Embracing a culture in which leaders promote SDM as a cornerstone of care enables patients and clinicians to become equal members of the care team. Further, framing SDM as a part of informed consent, patient safety, patient rights and responsibilities and promoting SDM as a way to achieve personalized medicine can bolster person-centered culture change.

**2 Enhance patient education and engagement:** Healthcare organizations can engage and educate patients and families about what SDM means, why SDM is beneficial to them, what their role can be, and what to expect from clinicians and the system of care. Organizations can provide educational resources and coaching for patients, families, and caregivers about SDM, including how patients can make more informed decisions and how to identify their values, goals, and preferences. With appropriate support and time to absorb information, SDM is achievable for most people. This includes those with lower health literacy and/or health numeracy and families and caregivers for those individuals unable to make decisions on their own. Once patients understand their role and have access to high-quality resources, most are enthusiastic participants in becoming informed and involved in decisions about their care.

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## How does SDM improve patient engagement?

Patients who engage with their clinicians in SDM are more satisfied, more engaged in their care, and more likely to follow the treatment plan agreed upon, which can ultimately lead to improved health.

*Cochrane Database Systematic Review, 2017*

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**3 Provide healthcare team knowledge and training:** Healthcare organizations can educate members of the healthcare team about the benefits of SDM for both their work and their patients, encourage authentic conversations about patients' preferences and concerns, and emphasize the importance of understanding a patient's level of interest or ability to engage in SDM. Training can include coaching on communicating risks and benefits; eliciting patient values, goals, and preferences; using SDM tools such as decision aids; the role of families and caregivers in supporting SDM, and incorporating what matters most to patients into care decisions. Improved knowledge and skills can foster mutual respect and trust between patients and their healthcare teams. Healthcare team members should be key stakeholders in the planning and design of SDM programs, including the thoughtful redesign of patient care workflows to incorporate use of decision aids and SDM conversations, the selection of appropriate measures of success, and ongoing process improvement.

**4 Take concrete actions:** For SDM to succeed, healthcare organizations and teams must engage in SDM with all patients who wish to do so as a central part of care decisions about interventions, procedures, tests, treatments, clinical trials, and care settings. Healthcare organizations should strive to make it easy to do the right thing through technology and thoughtful workflow redesign that can reduce time constraints for the healthcare team. Identifying a designated member of the healthcare team to document patient decisions in a standardized way into the electronic health record, deliver decision aids when appropriate, and regularly update, review, and share the care plan throughout the patient's care can also support treatment consistent with those decisions. Successful implementation includes health information technology that integrates clinical and patient information and supports SDM and process improvement.

**5 Track, monitor, and report:** Mechanisms to track, monitor, and report clinician and healthcare team engagement in SDM can help healthcare organizations identify opportunities to improve SDM implementation and results. Standardized data collection and regular sharing of performance and patient experience and satisfaction data with organizational leadership, clinicians, patients, and the public can strengthen these efforts. Measurement may start small with process measures and progress to patient experience measures and outcome measures as the program matures. Systems can also track when and why patients choose not to engage in SDM. To inform the care decision making process, data collection and interpretation should add value and not unnecessarily burden healthcare teams.

**6 Establish accountability:** To establish accountability for the board of directors, C-suite, and department and team leaders, healthcare organizations should articulate clear expectations and establish incentives for engaging patients in SDM. Incorporating SDM measures into performance management systems can incentivize leaders to embrace SDM as a mechanism for improving person-centered outcomes and patient experience and delivering high-value, high-quality care.

The *NQP Playbook* includes implementation examples, potential barriers and suggested solutions, and sample tools and resources for each fundamental action area. Implementation examples—organized by basic, intermediate, and advanced—offer approaches based on anticipated level of resources and effort. The goal is for organizations to determine which approaches are best for them based on their own organizational context.

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## How does SDM improve patient experience?

SDM may alleviate symptoms of depression, including feelings of helplessness and hopelessness, and increased patient involvement in clinical decision making can enhance autonomy, empowerment, and self-efficacy.

*Int J Geriatr Psychiatry, 2010*

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## DRIVERS OF CHANGE

### High-Quality Patient Decision Aids

Patients and providers need to know that patient decision aids are high quality, evidence-based, and free from conflict of interest. Policymakers must ensure that tools designed to support SDM meet quality and ethical standards. Building on efforts by Washington State and the International Patient Decision Aids Standards (IPDAS) Collaboration, NQF convened an expert panel in 2016 to develop guidance on [National Standards for the Certification of Patient Decision Aids](#), which clinicians can use when selecting decision aids.

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### How does SDM enhance value for patients?

Early studies suggest that individuals who take a more active role in their healthcare decisions have a better understanding of their choices and are more likely to receive care consistent with their values, goals, and preferences. *JAMA, 2016*

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### Legal and Ethical Standards

SDM has the potential to become the standard for informed consent and to ensure that healthcare decisions reflect patients' goals and preferences for care. Early evidence suggests that clear documentation of informed patient decisions provides more medical and legal protection for physicians, especially with the use of decision aids.<sup>2</sup> The success of SDM supported by patient decision aids relies on the two-way process of communication between provider and patient, and requires more than a signature on an informed consent form. SDM may help to address variations in informed consent across states with regards to what information clinicians must provide to patients or to what extent they must discuss benefits and harms.<sup>3</sup>

### Accreditation and Certification

Accreditation and certification bodies can establish standards to assess the demonstration and documentation of SDM in a variety of healthcare settings and disciplines. Organizations that certify continuing education for clinicians can also play a stronger role in incorporating SDM into educational

programs, emphasizing that patient engagement through SDM can help to identify and achieve patients' healthcare goals.

## Payment

Payment is a strong incentive to stimulate change. While some employers and health plans currently pay for SDM, others could consider reimbursing for SDM and advancing the use of patient decision aids that meet the [National Standards for the Certification of Patient Decision Aids](#).

## Quality Measurement and Improvement

Performance measures serve as a key driver of quality improvement and accountability programs, including accreditation, certification, payment, and public reporting. Three NQF-endorsed performance measures support SDM for specific clinical conditions:

- Informed, Patient Centered (IPC) Hip and Knee Replacement Surgery (NQF [#2958](#))
- Shared Decision Making Process (NQF [#2962](#))
- Gains in Patient Activation (PAM) Scores at 12 Months (NQF [#2483](#))

Additional work is needed to identify and develop performance measures that assess the SDM outcomes that matter the most to patients, families, caregivers, and clinicians and that incorporate their voices.

- 1 Stacey D, Legare F, Lewis KB. Patient decision aids to engage adults in treatment of screening decisions. *JAMA*. 2017;318(7):657-658.
- 2 Barry MJ, Wescott PH, Reifler EJ, et al. Reactions of potential jurors to hypothetical malpractice suit: alleging failure to perform a prostate-specific antigen test. *J Law Med Ethics*. 2008;36(2):396-402.
- 3 Moulton B, Collins PA, Burns-Cox N, et al. From informed consent to informed request: do we need a new gold standard? *J R Soc Med*. 2013;106(10):391-394.

Download the *NQP Playbook* in the [NQF Store](#). Questions? Contact National Quality Partners at [nationalqualitypartners@qualityforum.org](mailto:nationalqualitypartners@qualityforum.org).

## 2017 NATIONAL QUALITY PARTNERS™ SHARED DECISION MAKING ACTION TEAM

NQF gratefully acknowledges the National Quality Partners Shared Decision Making Action Team members, and other key contributors, who served as technical consultants as NQF developed and produced the *NQP Action Brief* and *NQP Playbook: Shared Decision Making in Healthcare*.

*Please join the National Quality Forum and the National Quality Partners Shared Decision Making Action Team in making SDM a reality for everyone.*

- American Association for Physician Leadership
- American College of Obstetricians and Gynecologists
- American Urological Association
- Association of Rehabilitation Nurses
- Centers for Medicare & Medicaid Services\*
- Compassus
- Connecticut Center for Patient Safety
- Council of Medical Specialty Societies
- Genentech
- Homewatch CareGivers International, LLC
- Human Services Research Institute
- Hospice and Palliative Nurses Association
- Informed Medical Decisions Program at MGH
- National Alliance for Caregiving
- National Coalition for Cancer Survivorship
- National Partnership for Women & Families
- Patient and Family Centered Care Partners
- Planetree International
- University of Texas-MD Anderson Cancer Center
- Vizient, Inc.

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