



NATIONAL
QUALITY FORUM

National Standards for Patient Decision Aids: CSAC Meeting

July 13-14, 2016

NQF Project Team

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NQF Decision Aids Expert Panel

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- Maureen Corry, MPH*
- Glyn Elwyn, MD
- Jack Fowler, PhD
- Bud Hammes, PhD
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- Pat Mastors
- Ginny Meadows, RN
- Mary O'Connor, MD
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- Dawn Stacey, RN
- Bob Volk, PhD
- Bobbi Wager, MSN, RN
- Susan Wang, MD
- Pierre Yong, MD, MPH, MS
- Laura Pennington

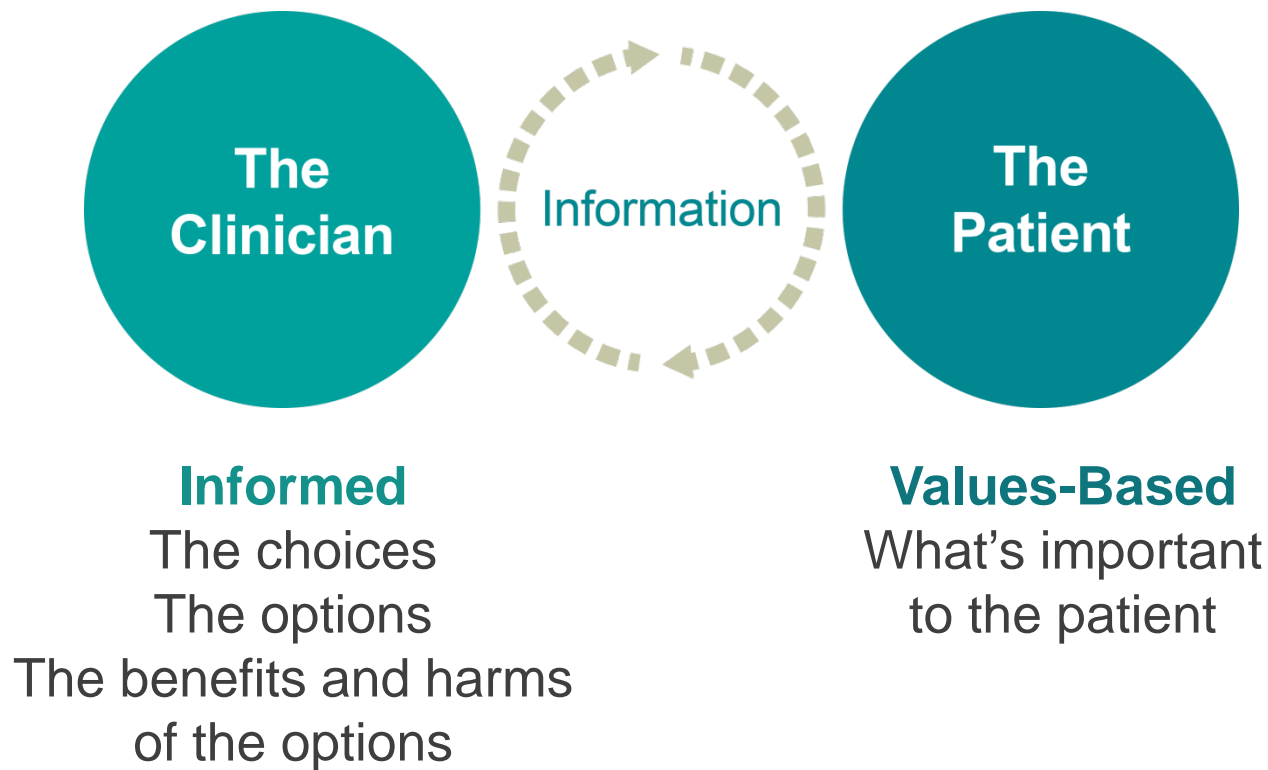
Note: Co-Chairs are marked with an asterisk

Objectives

- Importance of shared decisionmaking
- Project goals and objectives
- Project deliverables
- June 22-23 expert panel meeting

Shared Decision Making (SDM) is a Process

“The process of **interacting** with patients who **wish** to be involved in arriving at an **informed, values-based** choice among two or more medically reasonable alternatives”¹

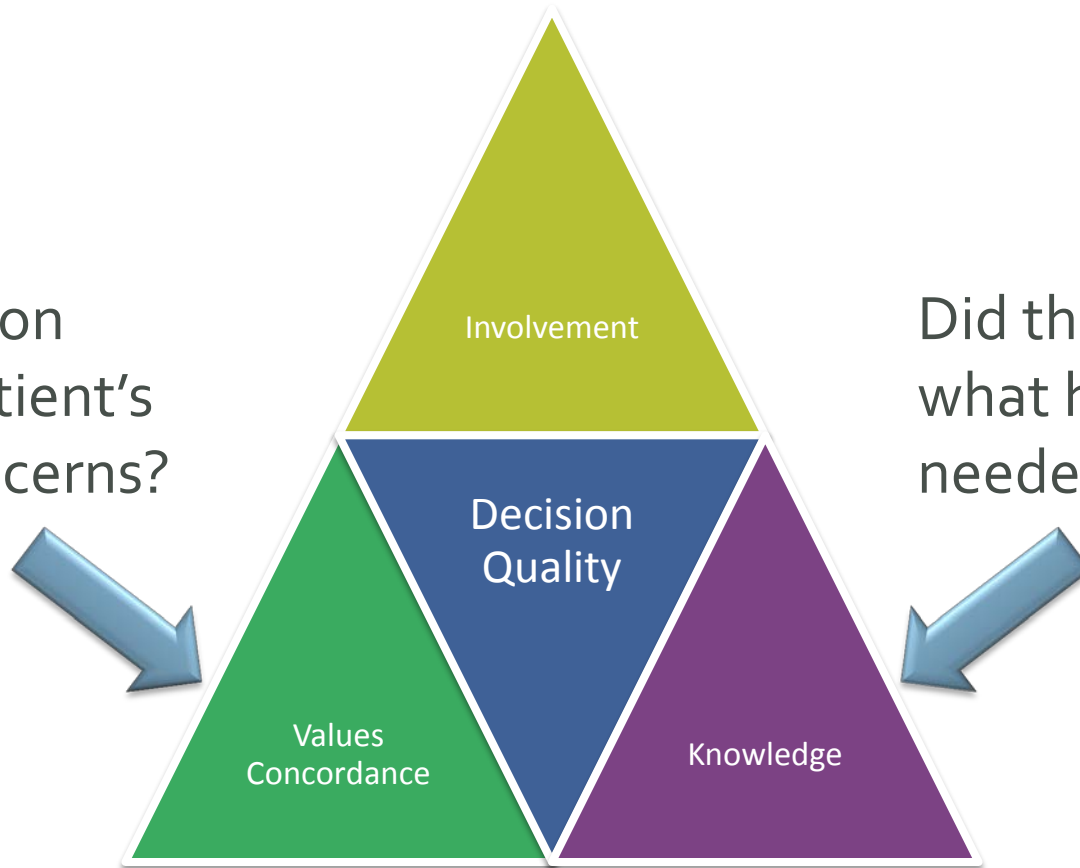


Did the patient know a decision was being made?

Did the patient know the pros and cons of the treatment options?

Did the provider elicit the patient's preferences?

Did the decision
reflect the patient's
goals and concerns?



Did the patient know
what he or she
needed to know?

Considerable Evidence of Impact

- In 130 trials addressing 23 different screening or treatment decisions, use has led to
 - **Greater knowledge**
 - **More accurate risk perceptions**
 - **Greater comfort with decisions**
 - **Greater participation in decision-making**
 - **Fewer people remaining undecided**
 - **Fewer patients choosing major surgery**



Health Policy Relating to SDM

SDM has become a standard part of the language of US health reform

- ▣ **Affordable Care Act**
- ▣ **Definition requirement for Medicare ACOs**
- ▣ **Requirement for Comprehensive Primary Care Initiatives**
- ▣ **State-based health care reform**
- ▣ **Meaningful use of HIT**
- ▣ **Informed Consent**
- ▣ **Professional societies, practice guidelines**



Project Overview

Project Objectives

NQF seeks to advance goal-based care by providing multi-stakeholder guidance on:

- National standards, criteria, and a process for the national certification of decision aids
- Approaches to measure the quality of decisionmaking, including appropriateness, effectiveness, and outcomes
- Development of measures that can assess the impact of shared decisionmaking, including the use of decision aids



Why do we need national standards?

- Current healthcare paradigm focuses on disease-specific interventions and outcomes rather than patients goals, values, and preferences
- More and more people taking an active role in making decisions about their care and many people turn to decision aids
- Great deal of variation in the quality of decision aids
- No national standards on the best resources for patients and their families
- There is a need to incentivize the use of decisions



Project Components

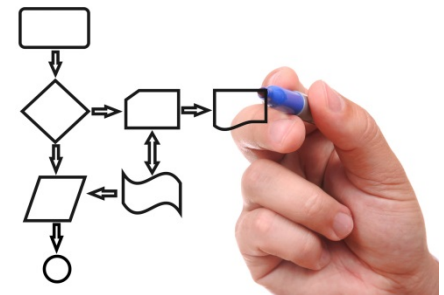
Funded under a grant from the Gordon and Betty Moore Foundation, this one-year project will entail:

1. Performing an environmental scan of measures in shared decisionmaking and decision quality
2. Commissioning a white paper on national standards
3. Developing a potential business model for NQF decision aid certification
4. Developing a final report comprised of the expert panel recommendations

June 22-23 In-Person Expert Panel Meeting

Dartmouth Decision Aids White Paper

- History and importance of decision aids
- Summary of certification efforts to date
- Proposed criteria and ideas for a certification process
- Challenges to certification
- Questions for the panel to consider



Proposed Criteria

- Screening Criteria
- Certifying Criteria
- Additional Screening/Testing Criteria
 - **Specific to screening and diagnostic testing decision aids**
- Quality Criteria
 - **Future**



Criteria Domains

- Information
- Probability statements
- Value/Preference clarification
- Decision guidance
- Tool development
- Evidence synthesis
- Disclosure of interests
- Plain language
- Evaluation



Proposed Certification Option

- **Certify individual patient decision aids as well as developer organizations:**
 - Developers actively maintaining five or fewer products for use by patients should have all their tools subject to certification
 - Developers actively maintaining six or more tools, the organization as a whole be subjected to a certification of its development process, and, in addition, a random sample (% to be determined) of the total available patient decision aids be subjected to certification.
 - » If all attain certification, the organization becomes a 'certified developer' for a predetermined amount of time

Environmental Scan Results

- Many studies that have demonstrated the effectiveness of shared decision making
- Measures to assess the quality of shared decision making are developing rapidly
- NQF identified 13 performance measures and 64 decisionmaking or decision aid instruments
 - **Out of the identified instruments:**
 - » 33 assessed decision antecedents
 - » 29 assessed decision outcomes
 - » 14 assess decisionmaking processes
- Out of the instruments identified only a small number have been psychometrically tested

Next Steps

- Expert panel web meeting #2
- Report detailing panel's recommendations
- Public comment period on the report



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