



CHOC Children's Hospital *Best Evidence and Recommendations*

Shared Decision-making Strategies

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PICO: In the pediatric primary care setting, what are key strategies that promote shared decision-making to enhance patient experience, compliance, and satisfaction?

P (Population/problem): In the pediatric primary care setting

I (Intervention/issue): what are key strategies that promote shared decision-making

C (Comparison):

O (Outcome): to enhance patient experience, compliance, and satisfaction?

Background:

Shared decision-making is a key component of patient-centered care process in which clinicians and patients/families collaborate to make informed decisions about treatments. Using shared decision-making, individualized care plans are developed based on clinical evidence that balances risks and expected outcomes with patient/family preferences and values (Opal, 2017). This approach is founded on the belief that patients have a right to self-determination and, on an expectation that this partnership between the patient/family and healthcare team will improve adherence and optimize clinical outcome (Opal 2017). Trust and respect between providers and patients/families is foundational to its success. The clinicians' role in shared decision-making is to help patients become well-informed, develop personal preferences for available options, and provide professional guidance where appropriate (Elwyn et al, 2014). (Legare et al, 2014). Evidence suggests that when patient and families are engaged in decision-making, decisional conflict is reduced because the plan of care is more consistent with their informed values (Kon, 2010). Patient satisfaction is increased when clinician's partner with patients/families to provide compassionate and coordinated care that is consistent with their preferences, values, and needs (Shay & Lafata, 2015).

Primary care is an optimal place to target modifiable health behaviors that are linked to increased risk for morbidity and mortality. In the primary care setting, the first point of contact and interaction with the patient/family is crucial to establishing a collaborative patient and care provider relationship. Utilizing shared decision-making to tailor the visit is easier when the patient/family has a meaningful relationship with their healthcare team. The patient/family is with the care team for only a brief time. Making a connection with the patient/family and involving the patient/family in the decision is important in creating a trusting relationship. The goal is to deliver care that both meets and is right for the wishes of the patient/family.

Shared decision-making (SDM) is a key component of patient-centered care process in which clinicians and patients/families collaborate to make informed decisions about treatments. Using SDM, individualized care plans are developed based on clinical evidence that balances risks and expected outcomes with patient/family preferences and values (Opal, 2017). This approach is founded on the belief that patients have a right to self-determination and, on an expectation that this partnership between the patient/family and healthcare team will improve adherence and optimize clinical outcome (Opal,



2017). Trust and respect between providers and patients/families is foundational to its success. The clinicians' role in SDM is to help patients become well-informed, develop personal preferences for available options, and provide professional guidance where appropriate (Elwyn, et al, 2014; Legare, et al, 2014). Evidence suggests that when patient and families are engaged in decision-making, decisional conflict is reduced because the plan of care is more consistent with their informed values (Kon, 2010). Patient satisfaction is increased when clinicians partner with patients/families to provide compassionate and coordinated care that is consistent with their preferences, values, and needs (Shay & Lafata, 2015).

The purpose of this project was to validate that evidence supports the benefits of involving the patient in making informed decisions to help in setting goals and clarifying values. Shared decision-making encourages the patient/family to play a role in their medical decisions that affect their overall health.

Search Strategies and Databases Reviewed:

- Databases searched for this review included CINAHL, Cochrane, Google Scholar, and Medscape. Key search words: shared decision-making; motivational interviewing, patient centered, teach back. This search yielded 20 articles.
- Websites reviewed included the World Health Organization, Patient Centered Medical Home, American Nurse Today, American Academy of Pediatrics, New England Journal of Medicine, Journal of American Association of Nurse Practitioners, Annuals of Family Medicine, JAMA, AHRQ.

Synthesis of Evidence:

Evidence supports motivational interviewing as a successful strategy to weigh the pros and cons for change, build intrinsic motivation for change, and facilitate collaborative decision-making. This approach to shared decision-making builds patient-provider relationships based on respect for and curiosity about the patient as a person. Motivational interviewing can help ensure that health care decisions are made collaboratively, in a way that takes into account the patient's knowledge, values, and preferences (Barry, 2012). It provides a patient-centered communication framework to encourage collaboration and promote patient autonomy. Providing education for the care coordination team in the use of motivational interviewing when talking with the family/patient between visits enables clinicians to have a goal for counseling while acknowledging and exploring variation in individuals' commitment to and interest in changing their behavior. This strategy can help to bridge this gap and increase providers' ability to have input-seeking conversations, build strong relationships, and provide patient-centered care (Elwyn, et al., 2014).

Another key SDM strategy is the utilization of the teach-back method during discharge. Teach-back is a communication confirmation method used by healthcare providers to assess whether a patient understands what is being explained to them. Teach-back can help improve understanding and adherences, decrease call backs and cancelled appointment, and improve patient satisfaction and outcomes.). Teach-back is a self-management tool that closes the communication gap between clinician and patient/family and empowers accountability. For patients with chronic diseases, enhancing self-management skills is an essential part of health care (Xu, 2012).

Patient-centered care requires all team members to regard families and patients as partners in care. The patient/family must be involved in goal setting, decision-making, and self-management. Evidence shows that through the use of key strategies such as decision aides, motivational interviewing, and teach-back, patients/families will be more apt to engage in their care and be empowered to make choices. The overall patient experience, compliance with cares, and satisfaction has been documented to be enhanced through implementation of these evidence-based interventions.



- Benefits of shared decision-making include:
 - Creates more confidence in decisions (Legare, et al., 2014)
 - Supports more active patient involvement (Coulter, Parsons & Askham, 2008)
 - Reduces patient's decisional conflict (Shay & Lafata, 2015)
 - Increases patient satisfaction (Shay & Lafata, 2015)
 - Improves accurate risk perceptions of possible benefits and harms among patients (Opal, 2017)
 - Improves adherence and outcomes (Opal, 2017)
 - Increases likelihood that patients' choices are more consistent with their informed values (Kon, 2010)
 - Shared decision-making enhances knowledge gained by family and supports more active family/patient involvement (Coulter, et al, 2008).
 - Decisional conflict is reduced and patient satisfaction is increased when shared decision-making is utilized (Shay & Lafata, 2015).
 - Supports autonomy by building collaborative relationships (Legare, et al., 2014)
 - Enhances communication between patients and their clinicians (Opal, 2017)
- Key implementation strategies:
 - Motivational Interviewing: To support engagement in care, CHOC Primary Care practice clinicians may benefit from specialized training in motivational interviewing. Motivational Interview training builds effective quality improvement teams. Developing this skill can support patient/family engagement in their cares.
 - Teach-back: Implement the Agency for Healthcare Research and Quality (AHRQ) Teach-Back Training Module to educate key CHOC Primary Care practice clinicians on teach-back. This teach-back method allows staff to confirm that patients/families are able to follow specific instructions given at the time of discharge. Utilizing the AHRQ Teach-Back Observation Tool will assist in further building skills and confidence. The AHRQ Teach-Back Observation Tool guides evaluation and coaching and additional learning to establish consistent habits.

Practice Recommendations and Next Steps:

- Use the evidence to implement a multidisciplinary quality improvement project to implement shared decision-making strategies to reduce the no show rate, reduce canceled appointments, enhance compliance and increase patient satisfaction in the CHOC Primary Care practice
- Educate MA/LVN on teach-back to confirm patients/families ability to understand discharge instructions.
- Educate CHOC Primary Care practice licensed care coordination team on Motivational Interviewing to coach between visits for our complex patient population through discharge calls.
- Implement educational program and tools to implement these key shared decision-making strategies.
- Measure outcomes (no show rate, canceled appointments, compliance and patient satisfaction).
- Pilot the interventions for a 3-month period in one of the CHOC primary care practice settings.



- Audit for compliance and re-educate as needed.

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