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## Objectives

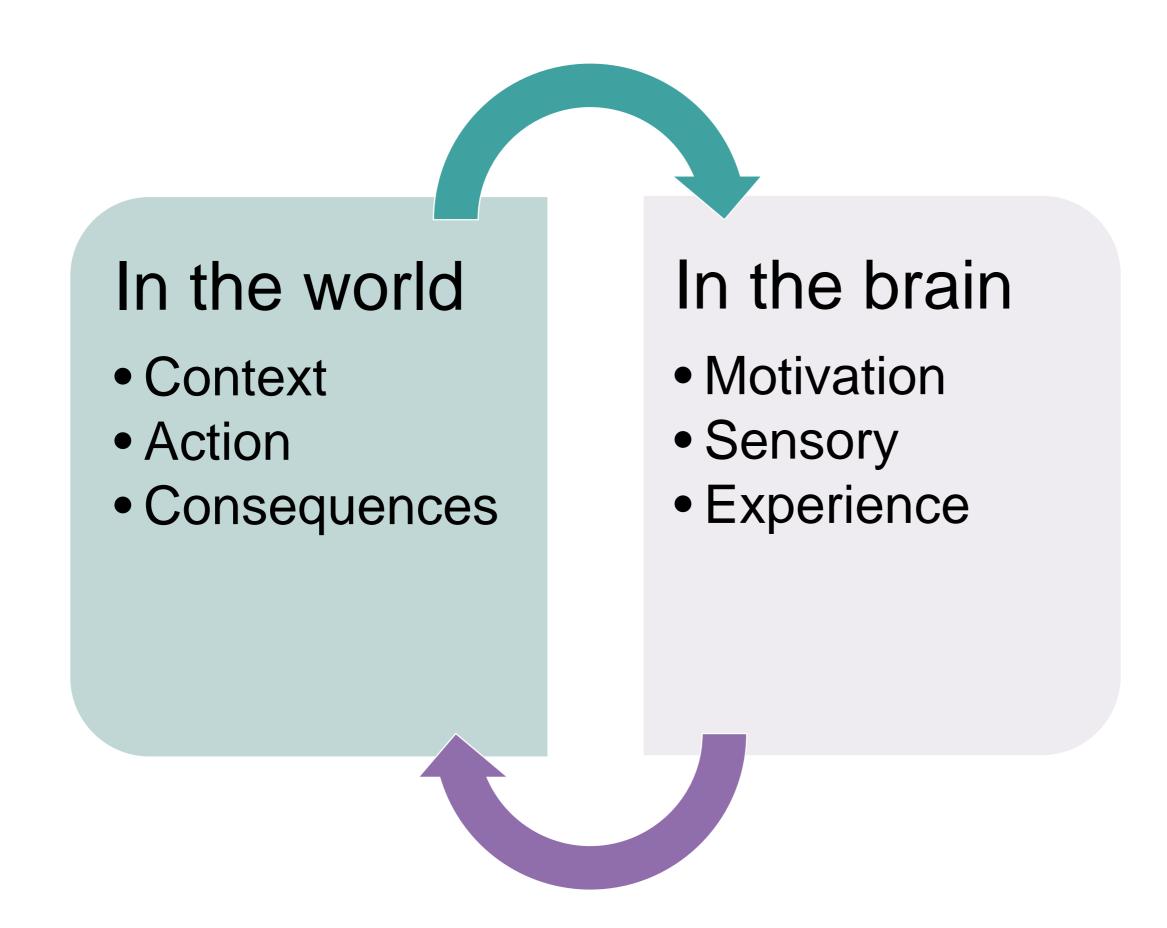
- Self-Reflection on Decision making
- Paradigms of Decision making
- Examples of Patient Engagement in Care
  - Shared Decision Making
  - Primary Care (Partnering with Patients)
- Call to Action
- Contributors
- Resources for the general public and medical community

## Self-Reflection: Decision Making

- What is a simple decision you made in the last 24 hours?
- What went into making that decision?
- What is the most difficult decision you made in the last year?
- What went into making that decision?



## Decision Making Paradigms



- Various fields
  - Neuroscience
  - Psychology
  - Economics
  - Statistics
  - Political science
  - Computer science

## The complexity of health care decision making

- Example 1: A 36-year-old woman has just been informed that she has breast cancer. She must decide whether to undergo a radical surgical intervention that is associated with a very good survival rate or a less appearance-altering operation that carries with a greater concomitant risk of mortality.
- Example 2: An HIV-positive patient, who had previously strictly adhered to a complex combination anti-retroviral treatment regimen and schedule, has decided to stop taking his medications for a short while because the side effects are adversely affecting his lifestyle.

## Patient Engagement

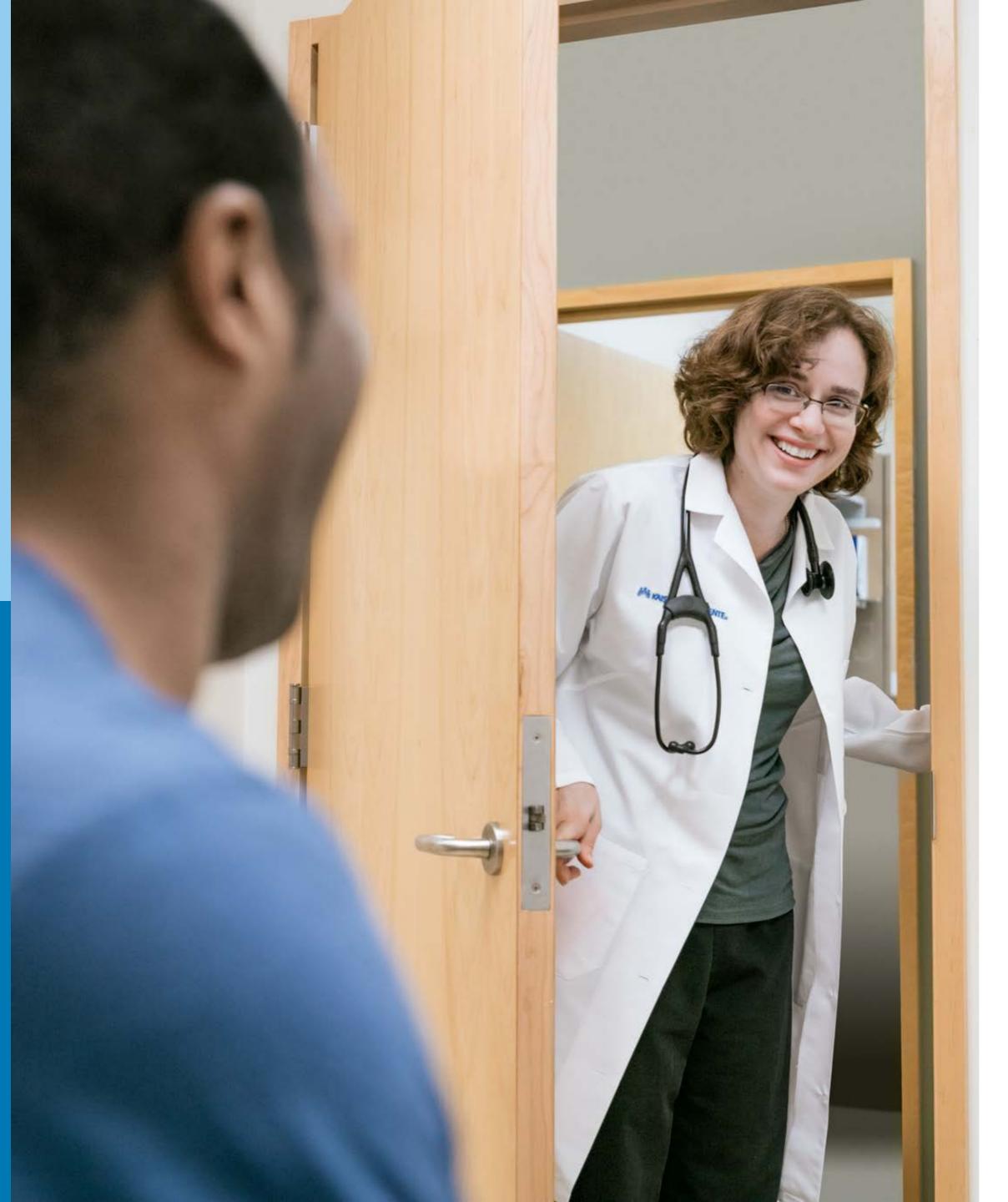
### **Goals:**

- Improve health literacy
- Improve clinical decision making
- Improve self care
- Improve patient safety

### **Outcomes of Interest:**

- Patients' knowledge
- Patients' experience
- Uses of services & costs
- Health behavior & status

Patel, VL, et. Al. Emerging paradigms in cognition of medical decision-making. 2002. https://www.sciencedirect.com/science/article/pii/S1532046402000096

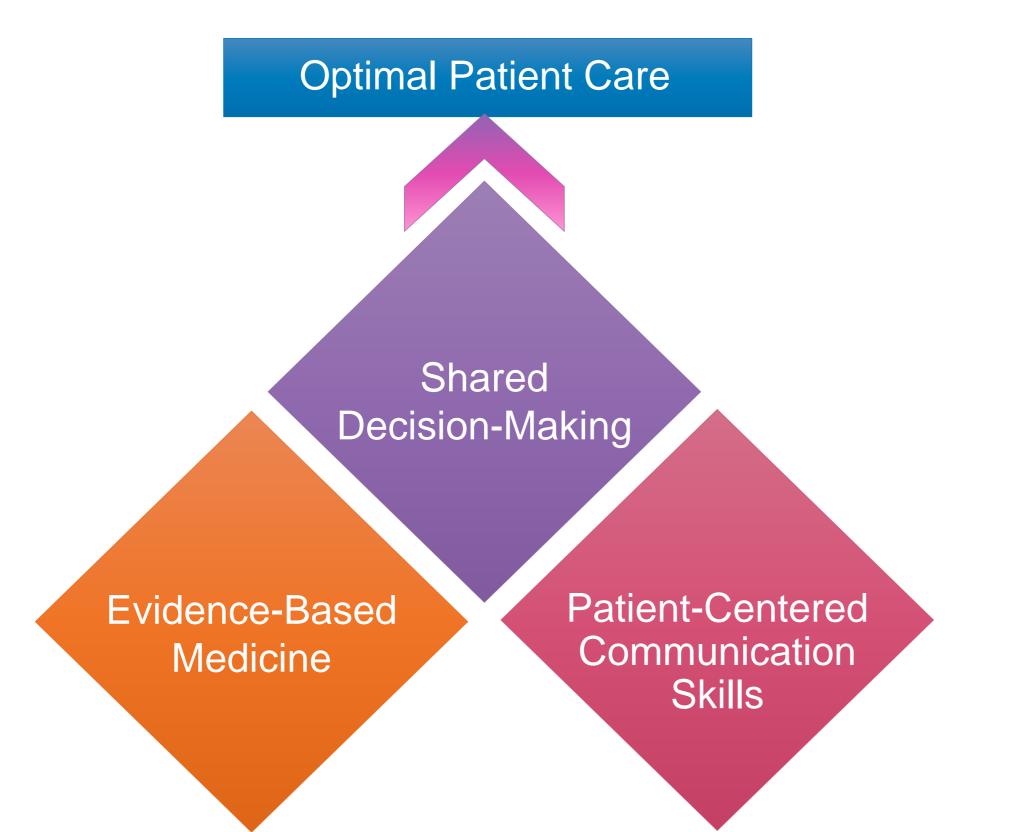


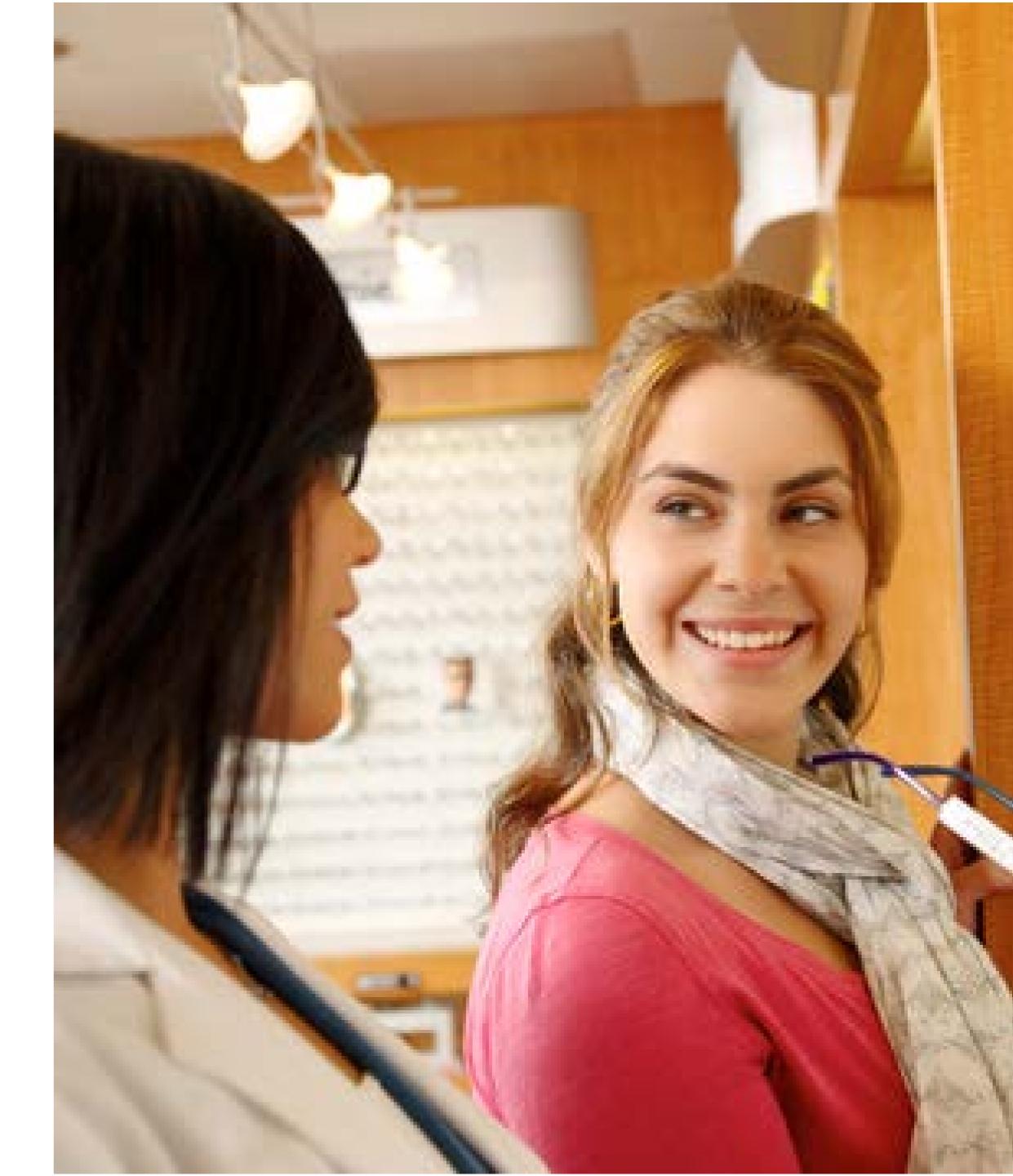
## Patient Engagement

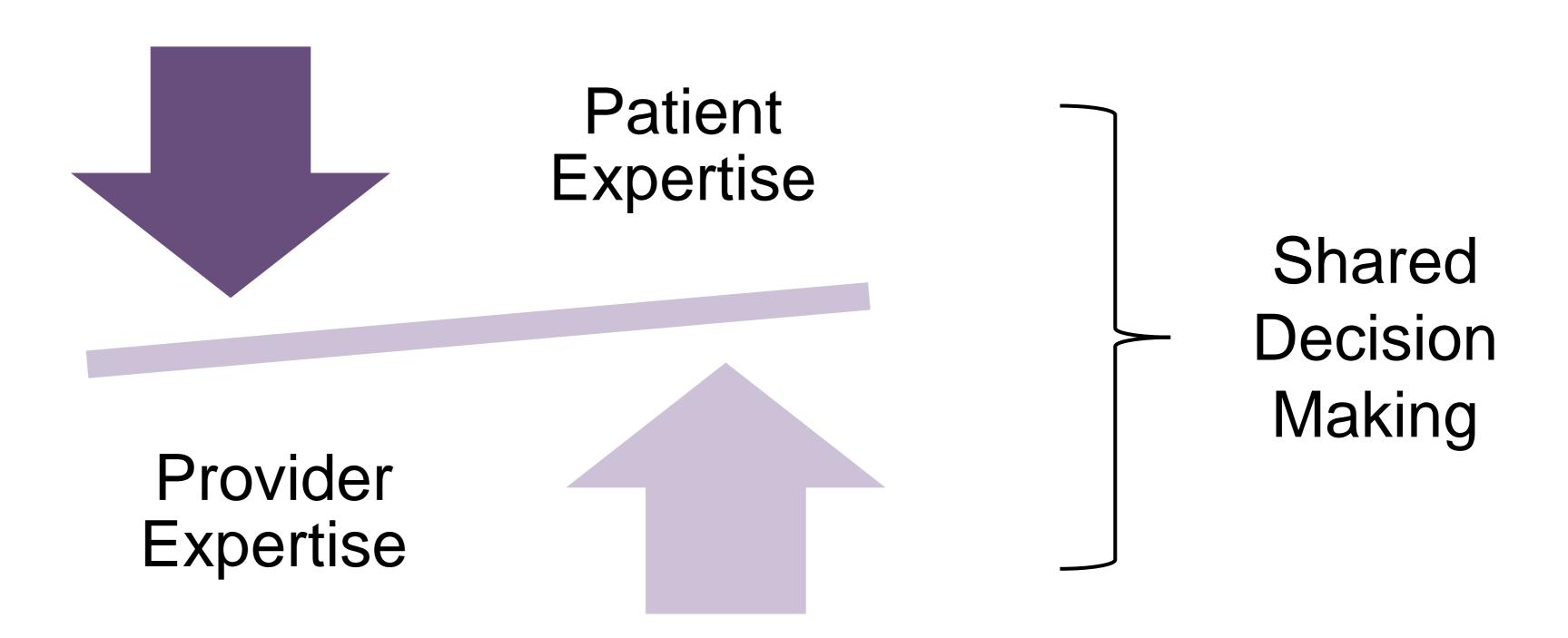
- Keys to communicating with patients
  - The 4 habits
  - The key is empathy, not information
  - When patients ask about a test/procedure
    - They simply want to know more.
  - Providers who do more listening and better communicating
    - order fewer tests/procedures and
    - get better patient satisfaction scores
  - Providers who do more listening and are better at communicating
    - get more personal satisfaction with their work

Patel, VL, et. Al. Emerging paradigms in cognition of medical decision-making. 2002. https://www.sciencedirect.com/science/article/pii/S1532046402000096

- Definition of shared decision making
- How we translate that into care
- For patients the optimum location is at the apex







2009: 5 specialties; 50,000 patients

Expanding available topics; expanding training to all clinicians

Reliable distribution of decision aids; training surgeons

Moving into Primary Care

**Published 2012** 

### Video Decision Aids • Uterine fibroids

- Hip osteoarthritis
- Knee osteoarthritis
- Spinal stenosis
- Herniated disc
- Benign ProstaticHyperplasia

- Abnormal uterine bleeding
- Early stage breast cancer
- Breast reconstruction
- Ductal carcinoma in situ

#### SHARED DECISION MAKING

By David Arterburn, Robert Wellman, Emily Westbrook, Carolyn Rutter, Tyler Ross, David McCulloch,

# Introducing Decision Aids At Group Health Was Linked To Sharply Lower Hip And Knee Surgery Rates And Costs

ABSTRACT Decision aids are evidence-based sources of health information that can help patients make informed treatment decisions. However, little is known about how decision aids affect health care use when they are implemented outside of randomized controlled clinical trials. We conducted an observational study to examine the associations between introducing decision aids for hip and knee osteoarthritis and rates of joint replacement surgery and costs in a large health system in Washington State. Consistent with prior randomized trials, our introduction of decision aids was associated with 26 percent fewer hip replacement surgeries, 38 percent fewer knee replacements, and 12–21 percent lower costs over six months. These findings support the concept that patient decision aids for some health conditions, for which treatment decisions are highly sensitive to both patients' and physicians' preferences, may reduce rates of elective surgery and lower costs.

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#### David Arterburn

(arterburn.d@ghc.org) is a general internist and associate investigator at Group Health Research Institute and an affiliate associate professor at the University of Washington, in

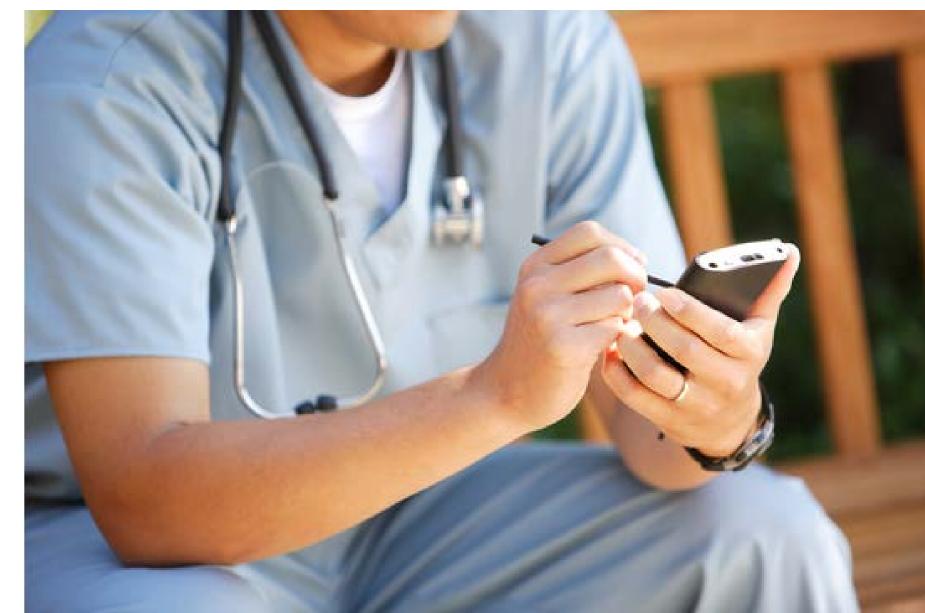
#### Robert Wellman is a biostatistician at Group Health Research Institute

Emily Westbrook is the manager of the Research Project Management Office at Group Health Research Institute.

Carolyn Rutter is a biostatistician and senior investigator at Group Health

- Recognize and support 2 complimentary approaches
  - Technical change
  - Adaptive cultural change
- Clinic Training
- Key learnings







## Case Study 2: Primary Care Patient Partnering

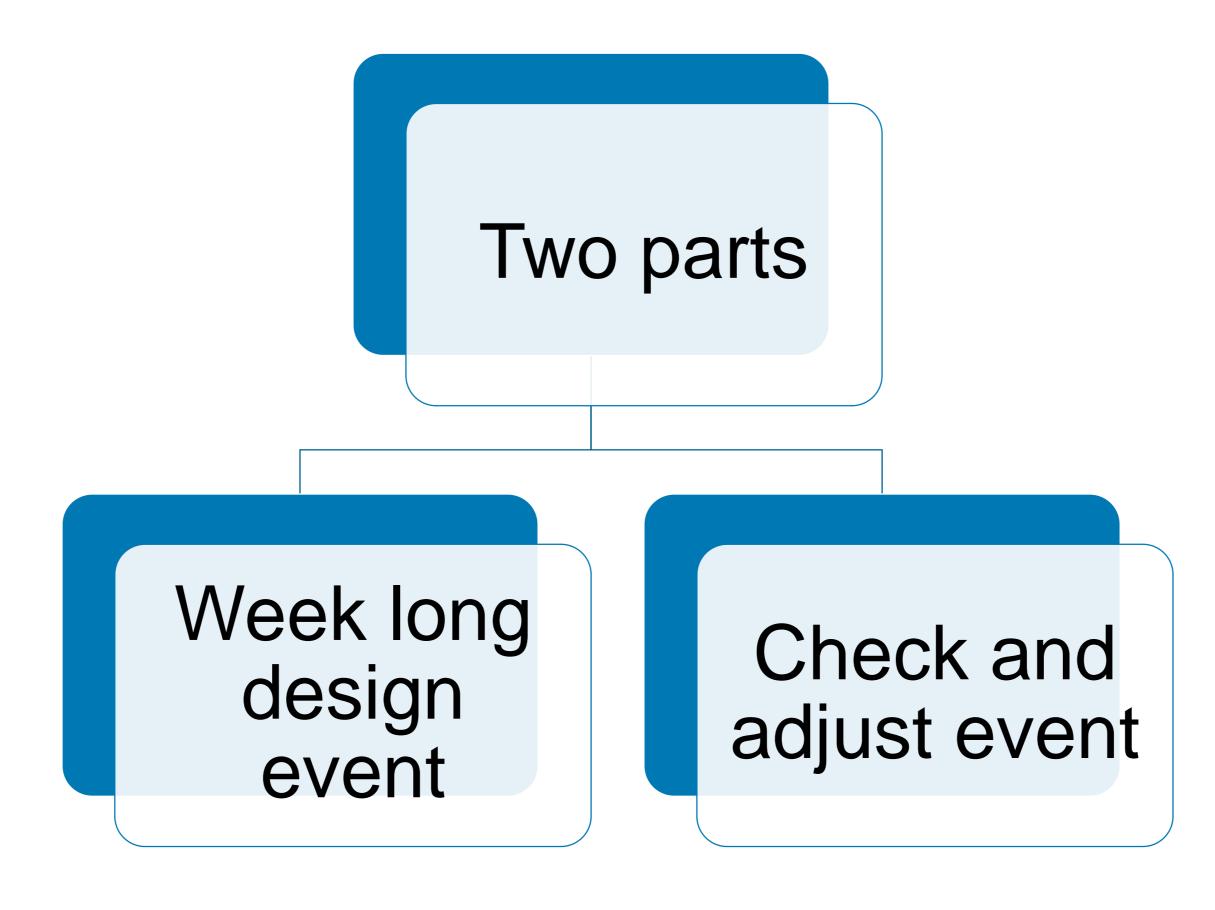
# Case Study 2: Primary Care Patient Partnering

- Patient engagement
- Gathering input
- Patients sitting on committees to make decisions
- Learning to Integrate Neighborhoods and Clinical Care (LINCC)
- Patient and front line providers are equals

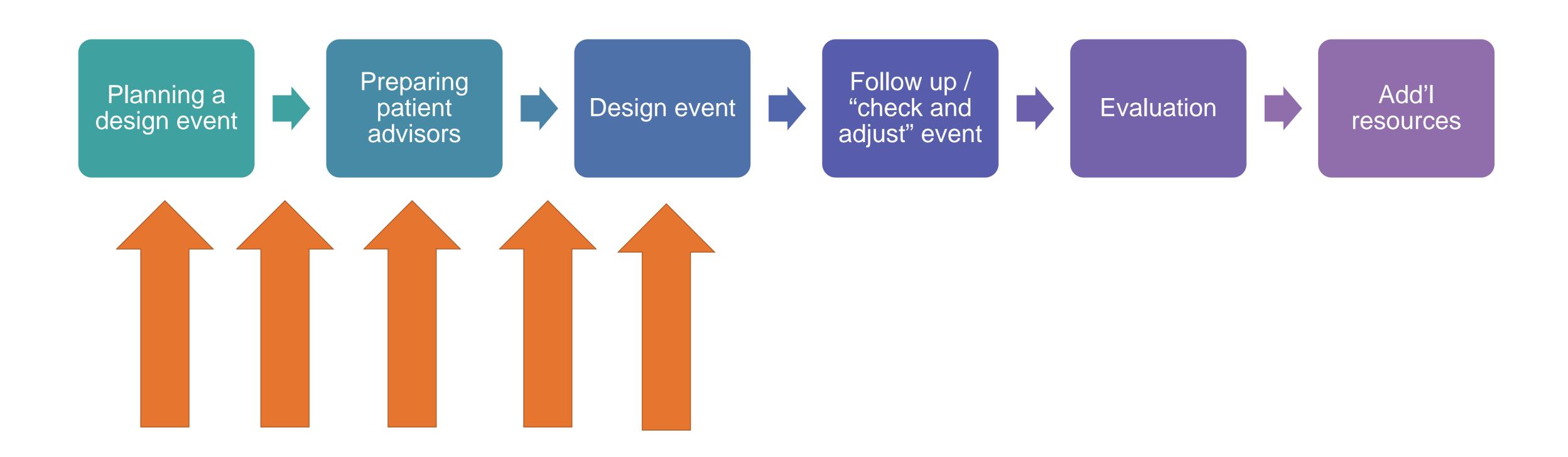


## Case Study 2: Primary Care Patient Partnering

Two clinics: patients (12) and staff members (11)



## Case Study 2: Primary Care Patient Partnering



# Case Study 2: Primary Care Patient Partnering

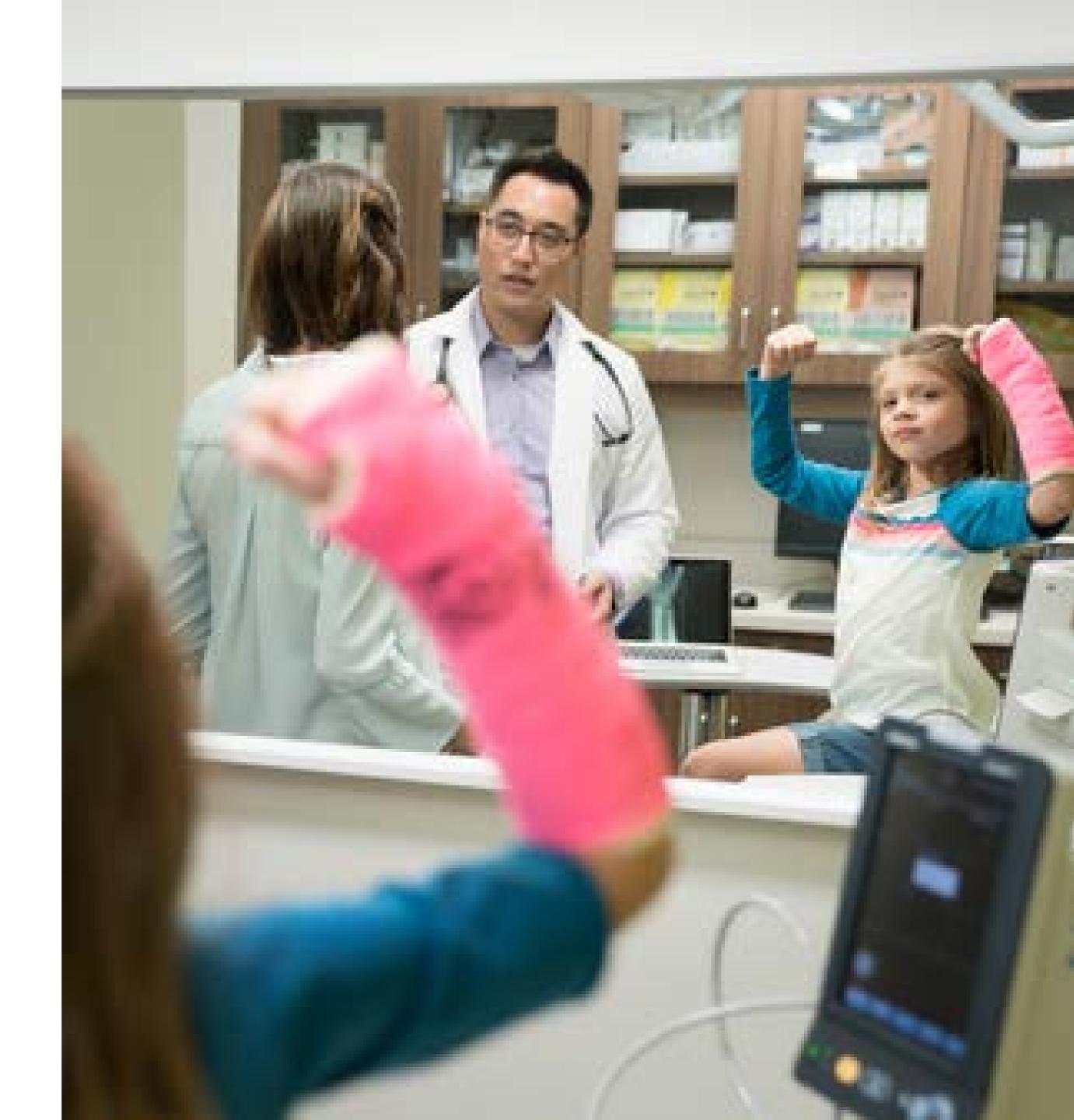
- Key Learnings
- The importance of:
  - Facilitator on hand
  - Orientation
- Ensure appropriate room usage
- Role play "Dos and Don'ts"



### Call to Action

### Call to Action

- Think about the patients you serve
- How will you integrate shared decision making in patient treatment at your facilities?
- Self-Reflection



## Contributors

- Clarissa Hsu, PhD
- Jaime Andrews
- Matt Handley

### Resources

- Online / Digital
- Organizations
- Available to the Public











