Shared Decision Making Toolkit

This toolkit is designed to provide resources for providers in the MidSouth Practice Transformation. Shared Decision Making is a way of practice that encourages your patients and their families to be actively involved in care plans and follow through, increases patient satisfaction, decreases provider frustration and contributes to more efficient overall care.

Shared Decision Making can help get to the bottom of why some patients are “non-compliant” or indifferent when it comes to their health and self-management. It can increase your patients’ knowledge of their conditions and the skills required for disease management. It can help you better understand the context of your patients’ lives and potential barriers and enablers to their care.

This toolkit provides an overview of the steps in Shared Decision Making, explores key skills to improve provider-patient communication, and introduces resources that can aid in the process. Training your staff and providers in Shared Decision Making will improve patient and family engagement and help you meet TCPI requirements.

<table>
<thead>
<tr>
<th>Problems</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-compliance</td>
</tr>
<tr>
<td>Low patient engagement</td>
</tr>
<tr>
<td>Frustration</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Incorporate Shared Decision Making</th>
</tr>
</thead>
<tbody>
<tr>
<td>Invite patients to engage</td>
</tr>
<tr>
<td>Learn from each other</td>
</tr>
<tr>
<td>Make decisions that meet patient needs</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Movement toward practice transformation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fullfill TCPI Milestone 4</td>
</tr>
<tr>
<td>Increase patient and family engagement</td>
</tr>
<tr>
<td>Increase satisfaction and outcomes</td>
</tr>
</tbody>
</table>
# TABLE OF CONTENTS

Understanding Shared Decision Making ........................................................................................................... 3
A What does Shared Decision Making Look Like in Practice? .................................................................................. 6
   The SHARE Approach ....................................................................................................................................... 8
   The Three Step Approach .................................................................................................................................. 12
B Important building-block skills .......................................................................................................................... 13
   Teach Back ......................................................................................................................................................... 13
   Motivational Interviewing ............................................................................................................................... 14
   Health Literacy .................................................................................................................................................. 15
C Using Decision Aids .......................................................................................................................................... 16
   Which patients should receive decision aids? ....................................................................................................... 16
   General tools and aids for shared decision making .............................................................................................. 16
   Condition specific tools and aids for shared decision making ............................................................................. 20
   Decision Aids for Pediatric Practices ................................................................................................................ 25
D Documenting TCPI Shared Decision Making Metrics ...................................................................................... 26
E Video Example .................................................................................................................................................... 31
F Additional Resources ........................................................................................................................................ 32
   Key Steps of using decision aids to perform shared decision making ................................................................. 33
   Additional decision aids for use/purchase ........................................................................................................... 34
   Existing toolkits in greater depth ......................................................................................................................... 35
   Training and Technical Assistance ..................................................................................................................... 36
   Research on Improved Clinical Outcomes through Shared Decision Making ..................................................... 37
Understanding Shared Decision Making

• How is Shared Decision Making different from standard practice?
• What are the goals and benefits?
What is Shared Decision Making and how is it different from standard practice?

Shared Decision Making (SDM) is a collaboration to reach a health care decision that balances the preferences of the patient and the expertise of the provider. SDM moves beyond informed consent and values patient input. SDM takes into consideration a patient’s culture, language, religion, economic status and other social determinants of health.  

Shared decision making:  
- Respects the autonomy and self-determination of the patient  
- Incorporates health education  
- Helps build patient-provider communication and improve relationships  
- Improves patient and provider satisfaction  
- Can help reduce healthcare costs

Patients are more likely to be engaged in their care and follow through on care plans because they will:  
- Better understand their conditions  
- Understand pros and cons / risks and benefits of their treatment options  
- Be prepared to have informed discussions with their providers  
- Take ownership of decisions

Shared Decision Making can be applied:  
- For specific conditions, especially for preference-sensitive procedures where there is more than one acceptable option (e.g. colorectal cancer screening)  
- For one time decisions (e.g. whether to have surgery)  
- When options need to be prioritized  
- With decisions that will impact patients differently (e.g. treatment side effects)

1 Stiles L. Shared Decision Making. Presented at MidSouth Practice Transformation 2017 Summit; May 5, 2017; Nashville, TN.  
Connie Davis with the Centre for Collaboration, Motivation and Innovation discusses shared decision making and motivational interviewing.

---

What does Shared Decision Making Look Like in Practice?

- How to get started with SDM
- Steps or approaches to SDM
  - SHARE Approach
  - Three-Step Approach
  - Using Decisional Aids
Prior to the integration of SDM, all staff and administrators need to support the underlying rationale that *all patients possess the capacity, ability, and desire to play an active role in their healthcare decisions.*

Providers who have direct patient contact and assist patients in disease management, care planning or discharge planning are ideal candidates be trained in SDM. This may include physicians, nursing staff, care coordinators, social workers, physician assistants, medical assistants and other frontline workers.

Some patients may not have actively participated in decision making processes before or may not think of themselves as an expert. Therefore, it is equally important to get the patient on board with this approach. The tools below offer some tips.

**Steps to Shared Decision Making**

There is not just one way to practice shared decision making. Each conversation with patients will be different, but there are some basic guidelines you can follow.
The SHARE Approach

The SHARE Approach offers a detailed framework to guide patient-provider conversation. The following short video and diagram introduces the five steps, followed by in-depth description, examples and a provider checklist.

Dr. Ashley Hildebrand, St. John Health System discusses using the SHARE Approach (4 min)

---


<table>
<thead>
<tr>
<th>Step</th>
<th>Purpose</th>
<th>Conversation Starters</th>
</tr>
</thead>
</table>
| Seek the patient’s participation | Communicate that a choice exists and invite your patient to participate in the process.  
- Summarize the health problem and decision to be made  
- Ask the patient to participate and stress the importance of their involvement  
- Include family or caregivers, if the patient desires | “Now that we have identified the problem, it’s time for us to think about what to do next.”  
“I want to go over all the treatment options and how they differ so we can find a path that works for you.”  
“I’m happy to share my views and help you reach a good decision, but before I do, would you like more details about your options?” |
| Help the patient explore and compare treatment options | Discuss options, assess what the patient already knows, explain risks and benefits of each opinion, and offer decision aids (if using). This is a critically important step that can help develop a trusting patient-provider relationship.  
- Explain options in plain language- avoid medical jargon  
- Point out clear differences between options  
- Explain trade-offs between options and how it would impact the patient (e.g. cost and time requirements)  
- Communicate numbers in a simple way: avoid complicated risk measurement (e.g. risk ratios) and vague descriptions (e.g. “low risk”); instead, provide estimated easy to understand numbers (e.g. 1 in 100 people experienced x)  
- Use decision aids where appropriate and available; either before, during, or after the patient’s visit  
- Make sure the patient understands his/her options by using the teach back method by having patients explain in their own words their options  
- Be aware of decision conflict. You may need to provide additional information if the patient verbalizes uncertainty, seems distressed or preoccupied, wavers between choices or delays making a decision. | “What have you heard or read about [condition]?”  
“Let me list the options before we go into more detail about each of them.”  
“These options may have different effects, so I want to describe the possibilities for you.”  
“The treatments are not always effective for everyone, and the chances of having side effects will be different for each person.”  
“For introducing decision aids, “I have some booklets I want to give you that provide some information about your condition and treatment options. You can take them home and look them over to help in your decision making process.”  
“These online resources will help you compare the benefits and risks of your treatment options. Let’s discuss them at our next visit.”  
“Could you tell me your understanding of the treatment choices I’ve presented to you?” |
| Assess the patient’s values and preferences | Learn what matters the most to the patient by assessing their values and preferences.  
- Ask open-ended questions  
- Encourage the patient to think about how treatments will impact their daily life  
- Listen actively to the patient and use nonverbal cues to express your interest  
- Show empathy when the patient discusses their problems  
- Acknowledge the patient’s values by paraphrasing | “As you think about your options, what is the most important to you? When you think about the possible risks, what matters the most to you?”  
“Which potential side effect worries you the most?”  
“Is there anything that may get in the way of doing this?” |
**Reach a decision with the patient**

Come to a mutually agreed upon decision with the patient. This may take extra time if the patient needs to think about the options more or discuss options with family or friends.
- Ask if the patient is ready to make a decision
- Ask if the patient wants additional information or decision aids (if using)
- Ask if the patient needs more time and schedule another appointment if needed
- Confirm the decision
- Verify next steps and schedule follow up appointments

“*It is okay to take more time to think about your choices. Would you like more time or are you ready to decide? What treatment do you think is best for you?*”

“What additional questions do you have that can help you reach a decision?”

“We can meet again next week. In the meantime, here is some information you can read and think about.”

“Are there other people you want to talk to about this decision?”

**Evaluate the patient’s decisions**

Follow up with the patient after decisions to see how they are doing and if the decision needs to be revisited (if applicable).
- Make plans to review decisions to determine if changes are needed
- Monitor how decision is implemented
- Address barriers to implementing decision (e.g. referrals to community-based resources if needed)

“*Let’s plan to review this decision next [appropriate timeframe].*”

“If you do not feel like things are improving, please schedule a follow up visit so we can plan a different approach.”

“Here is a list of places in the community you can get *x*. Let’s talk about whether you’ve been able to access this service at our next appointment.”
Clinicians can use this AHRQ checklist to ensure they are practicing the SHARE Approach.

Step 1: Seek your patient’s participation
- I invited my patient to participate in the decision making process
- I explained the importance of my patient’s role in the decision making process
- I discussed the essential issues about my patient’s condition

Step 2: Help your patient explore and compare treatment options
- I presented all of the reasonable treatment/intervention options to my patient
- I discussed the risks and benefits of each option with my patient
- I asked my patient to review relevant decision tools (booklets/videos/Web sites)
- I asked my patient to teach back what was discussed
- My patient demonstrated an understanding of the options

Step 3: Assess your patient’s values and preferences
- I encouraged my patient to talk about what matters most to him or her
- I listened to my patient and asked open-ended questions
- I asked my patient how his or her decision might impact their daily life
- I acknowledged and agreed with my patient on what matters most to him or her

Step 4: Reach a decision with your patient
- I asked my patient what options he or she preferred
- I asked my patient if he or she needed additional information or wanted to consult others before making a decision
- My patient and I agreed on the decision

Step 5: Evaluate your patient’s decision
- My patient and I made plans to review their decision in the future
- I worked with my patient to help them manage barriers to implementing their decision
### The Three Step Approach\(^7,8\)

The three step process provides a shorter, similar framework to the SHARE Approach.

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Choice Talk</td>
<td>The “choice talk” step is a planning stage in which the patient learns of their reasonable and available options. The provider should inquire as to what the patient already knows and focus on their initial preferences. Explain that a decision must be made. Point out similarities and differences. Invite the patient to participate to the extent they desire.</td>
</tr>
<tr>
<td>2. Options Talk</td>
<td>During “options talk,” the patient and provider discuss in greater detail the potential benefits, harms and probability of each option. Identify pros and cons for each option and invite the patient to summarize their understanding.</td>
</tr>
<tr>
<td>3. Decision Talk</td>
<td>“Decision talk” focuses on patient preferences. The provider should ask what the patient thinks of the potential benefits and harms and what matters most to them. Ask if they are ready to make a decision, but acknowledge they may need more time to think or to talk with family or friends.</td>
</tr>
</tbody>
</table>

Support deliberation: Throughout the steps, use decisional aids where appropriate (and if available, see below) and teach-back to ensure patient understanding. Focus on patient reactions to gauge where they may need more information, where they have strong opinions or where they may seem confused.

---


Important building-block skills

Using teach back and motivational interviewing and being aware of patients’ health literacy skills are important building blocks that will further encourage and enhance shared decision making.

Teach Back

Teach back is a simple technique that clinicians and any staff members that come into contact with patients can incorporate into conversations to ensure the patient has a clear understanding of what was discussed. After being given information about their choices or instructions regarding the decisions that are made, the clinician or staff person should ask the patient to use their own words to describe what was communicated. Describing what was taught in their own words ensures that the clinician clearly conveyed the information and demonstrates whether the patient has a clear understanding. If the patient struggles to do this, or describes inaccurate information, it cues the clinician that they need to describe the information differently.⁹

Who should use teach back? Any staff that explains information to patients, such as:

- Medication instructions
- Home care instructions
- Care planning or discharge planning
- How to use medical equipment or devices
- Scheduling follow up appointments and additional care

In addition to the clinicians, nurses, social workers, medical assistants, health educators, and even front desk staff are likely to perform these duties.

For more information and to help document how your practice is doing with Teach Back, see:

- Teach Back Quick Guide, for clinicians and staff
- Conviction and Confidence Scale, for clinicians and staff before and after using Teach-Back
- Are You Using Teach-Back, anonymous survey for practice staff to complete
- A Patient’s Guide to Teach-Back, for patients and families
- Always Use Teach-Back! Toolkit

Motivational Interviewing

Motivational Interviewing (MI) is a collaborative conversational approach that providers can use with patients to explore their interest and barriers to behavior change. MI centers the patient’s motivation and commitment to change and explores areas of resistance, ambivalence and personal or social pressures. It is the provider’s responsibility to see the patient as an expert who has the ability to change, to create a non-judgmental space and to avoid projecting their own opinions, interpretation or directions.10

Four Principles of MI11

<table>
<thead>
<tr>
<th>Principle</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Express empathy</td>
<td>The goal here is to build rapport with the patient. It is important to listen and acknowledge with the patient that any ambivalence to change is normal.</td>
</tr>
<tr>
<td>Develop discrepancy</td>
<td>The goal here is for the patient to come to see the discrepancy between their goals and current behavior. The patient needs to be the one that expresses a desire to change, and the pros and cons of the behavior should be discussed.</td>
</tr>
<tr>
<td>Roll with resistance</td>
<td>The goal here is to respect patient autonomy. It is critical that the provider does not impose their own arguments or perspectives.</td>
</tr>
<tr>
<td>Support self-efficacy</td>
<td>The goal here is to communicate to the patient that they are capable of change and that the provider’s role is to support them in achieving their goals.</td>
</tr>
</tbody>
</table>

Key Skills for providers: OARS11

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Open-ended questions</td>
<td>“What are the negative consequences you have experienced due to your weight?” or “Why is reducing your alcohol use important?”</td>
</tr>
<tr>
<td>Affirm and support</td>
<td>Listen for the patient’s strengths and reflect those back. “You were able to lose weight before because of your determination. This will help you quit smoking, too.”</td>
</tr>
<tr>
<td>Reflective listening</td>
<td>Use similar language of the patient to echo their key points</td>
</tr>
<tr>
<td>Summarizing</td>
<td>Summarize throughout the encounter the patient’s goals, struggles, strengths and opportunities. This may help reinforce commitment to change and strengthen rapport.</td>
</tr>
</tbody>
</table>

Tools to help the patient think about their choices:
- Decision Balance worksheet for patients
- Readiness Ruler for patients

---

Tools for providers:
- Am I Doing this Right? Pocket Card checklist for providers
- Free online course for providers: Tour of Motivational Interviewing
- Motivational Interviewing Toolkit
- Additional MI resources

Health Literacy

Health literacy is the “degree to which an individual has the capacity to obtain, communicate, process and understand basic health information and services to make appropriate health decisions.”

A patient’s health literacy impacts many aspects of their health and healthcare, such as the ability to read and follow medication instructions, schedule appointments, process information about their health conditions, and make informed decisions. You cannot tell a patient’s health literacy skills by looking, and it is common for patients to not tell the provider if they are confused. There are validated screenings you can implement in your practice to assess health literacy, but these are some suggestions to start:

- Use Universal Precautions: communicate clearly and in plain language (no medical jargon) with everyone.
- Confirm understanding with everyone—for example, use teach back
- Always ask the patient what questions they have
- Focus on a few key behaviors when explaining options
- Tips for education materials:
  - Use illustrations when possible
  - Use a lot of white space
  - Write at the 4th grade level
  - Write numbers in numeral form (e.g. 3 not three)

---

Using Decision Aids

Decision aids are tools that provide patients information about their conditions and treatment options. Aids provide objective and evidence-based information that is not intended to sway patients to make one decision over another, but to help them understand the options and think about what matters to them. The use of decision aids does NOT eliminate the need for patient-provider communication; rather, they will help prepare both parties to have a productive discussion.

Which patients should receive decision aids?
General aids to encourage SDM can be shared with all patients. If your practice decides to use condition-specific decision aids, we recommend starting here:

- **What is the most common condition you treat patients for that have preference-sensitive treatment options** (e.g. where more than one reasonable option exists, such as colorectal cancer screening)?

It may also help to answer these questions:

- What conditions or treatments do patients report the lowest patient satisfaction?
- What treatment plans have the lowest patient adherence?
- What are the costliest screenings or treatment options you provide?

Some decision aids can be given to patients before the appointment whereas others are more appropriate to share during the encounter. Consider the follow examples:  

1. **Provide decision aids BEFORE visit**: Decision aids for screenings (e.g. prostate cancer screening) can be shared with patients who meet **eligibility criteria** such as age and sex.
2. **Provide decision aids DURING visit**: For many conditions the treatment options may not be known until a diagnosis is made during the encounter (e.g. a patient who suffers chronic back pain but it is unknown if they suffer from a herniated disc or spinal stenosis before they come in).

For patients receiving general decision aids and for those that can be automated as in the case of the first example above, look for spots in the clinical workflow to integrate the giving of decision aids. For example, if patients receive appointment reminders in the mail prior to the visit date, include instructions for viewing a decision aid.  

General tools and aids for shared decision making

Patients can be given materials (informational brochures, videos, checklists, web links, posters etc.) to reinforce a provider’s invitation to SDM and provide education about their options. The following pages show examples of posters and handouts to raise awareness of SDM and generic decision tools that can be used for any health related decision.

---

Ask 3 Questions Campaign: Patient Facing Poster

Ask 3 Questions

Sometimes there will be choices to make about your healthcare. If you are asked to make a choice, make sure you get the answers to these 3 questions:

1. **What are my options?**
   - How likely are the benefits and risks of each option to occur?

2. **What are the possible benefits and risks?**

3. **Where can I find more information to help me decide?**
   - Learn about the benefits and risks of your treatment options:
   - Learn about questions to ask your provider: [http://www.ah...](http://www.ah...)

We want to know what’s important to you.
[www.cjddhcardiffandvalewales.wales.nhs.uk](http://www.cjddhcardiffandvalewales.wales.nhs.uk)

Know Your Options: Patient facing poster

**Know Your Options**

Three questions for your provider

1. **What are my treatment options?**
2. **What are the benefits and harms (risks)?**
3. **How can I find more information to help me decide?**

   - Learn about the benefits and risks of your treatment options:
   - Learn about questions to ask your provider: [http://www.ah...](http://www.ah...)

SHARE Approach: Provider facing poster

**SHARE Approach**

Essential Steps of Shared Decision Making

1. **Seek your patient’s values and preferences.**
2. **Help your patient explore new treatment options**
   - Share the benefits and harms (risks)
3. **Assess your patient’s values and preferences**
   - Share the benefits and harms (risks)
4. **Reach a decision with your patient:**
   - Work together on your decision with your doctor or nurse
5. **Evaluate your patient’s decision.**
   - Work together on your decision with your doctor or nurse
   

---

15 Cardiff & Vale University Health Board. Resources Ask Three Questions.

16 Consumer Reports. The Choosing Wisely Campaign.


Ottawa Person Decision Guide\textsuperscript{19} 
This two-page guide helps patients think about their knowledge, values, input and support of others when making a decision. It is especially helpful when they feel tension or uncertainty about options. A provider may walk through the questions with the patient, or the patient may complete it independently and bring it to their next appointment.

SURE Test

Once a decision is reached, the provider should ensure the patient feels confident. The SURE Test provides a simple way to verify the decision. This can be done during “decision talk” or Step 4 of the SHARE Approach previously described.

Yes = 1 point
No = 0 points

If the total score is less than 4, the patient may be experiencing significant conflict about the decision. In the event of conflict, the patient should take more time to think about their options, learn about the risks and benefits and their impact, and speak with others as they feel comfortable. The patient is not fully ready to make a decision if the score is less than 4.

<table>
<thead>
<tr>
<th>Sure of myself</th>
<th>Do you feel SURE about the best choice for you?</th>
<th>Yes (1)</th>
<th>No (0)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Understand information</td>
<td>Do you know the benefits and risks of each option?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Risk-benefit ratio</td>
<td>Are you clear about which benefits and risk matter most to you?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Encouragement</td>
<td>Do you have enough support and advice to make a choice?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

Condition specific tools and aids for shared decision making

Many decision aids are specific to particular conditions and their testing or treatments options. These decision aids are available in many formats, including print written materials, online written materials, pre-recorded videos or online videos or electronic interactive tools.

*Special considerations such as the patient’s preferred language, literacy skills or internet access and computer skills must be given when deciding the appropriateness of using decision aids.*

The following pages provide examples of medically validated decision aids. Some are freely available online whereas others are available for purchase. **If your practice is interested in obtaining condition-specific decision aids, there are many options once you identify the conditions and treatment of interest. These are used merely to serve as examples.**

**Written Materials (print or online)**

**Agency for Healthcare Research and Quality – Effective Health Care Program**

This resource has free online or downloadable patient decision aids on a variety of topics. They provide information about options, benefits and estimated risks, and ask the patient questions about their concerns and values. These aids can be reviewed by patients on their own. The follow page shows an example of a 4-page lung cancer screening decision aid.

---

What are the possible benefits and harms of lung cancer screening with LDCT?

**Benefits:**
- Greater chance of not dying from lung cancer
- Lower likelihood that you will die from lung cancer
- Lower likelihood that you will die from any cause
- Lower likelihood that you will have a cancer diagnosis
- Lower likelihood that you will need surgery or other medical treatment
- Lower likelihood that you will need to undergo any treatment

**Harms:**
- False alarms and unnecessary additional testing
- A false alarm happens when a person has a positive screening test but does not actually have lung cancer.
- A cancerous lesion is detected in a person who does not have lung cancer.
- A person who has a positive screening test is told that they have lung cancer when they do not.
- A screening test may be repeated too frequently or too often.
- The cost and inconvenience of screening may be high for some people.
- The benefits of screening may be outweighed by the harms.

**Calculating Your Risk:**

- If you have smoked, your risk of developing lung cancer is increased.
- If you have quit smoking, your risk of developing lung cancer decreases.
- If you have a history of lung cancer in your family, your risk of developing lung cancer is increased.

**Possible signs and symptoms of lung cancer:**
- A new cough or change in an old cough
- A change in sputum color
- A persistent cough that gets worse
- A change in voice
- A change in breathing pattern

**Calculating the risks:**

- If you have never smoked, your risk of developing lung cancer is low.
- If you have smoked, your risk of developing lung cancer is increased.
- If you have quit smoking, your risk of developing lung cancer decreases.

**Finding other things that are not lung cancer:**

- Screening can find heart disease or thickened tissue in the lungs from amyotrophic lateral sclerosis. Researchers do not know the possible benefits or harms of finding other things through lung cancer screening.

**What is different between screening and diagnostic testing:**

- Diagnostic testing is done when someone has symptoms of lung cancer or when a screening test finds something that looks like lung cancer.
- Diagnostic testing is done to definitively determine if the person does have lung cancer or not.

**What is important to you when deciding about screening for lung cancer:**

- Your own personal preferences and values.
- Your family history of lung cancer.
- Your general health.
- Your age and gender.
- Your lifestyle choices.

**What is the insurance coverage for lung cancer screening:**

- Most insurance plans cover lung cancer screening for people aged 50 to 75, with no out-of-pocket costs.
- Medicare pays for lung cancer screening with no out-of-pocket costs for people aged 70 to 79 if they meet the following criteria:
  - They must have a Batter Order from their health care professional (or doctor, nurse practitioner, or physician assistant).
  - Their health care professional must be a "lung cancer screening facility" as defined by Medicare.
  - They must have a history of smoking or have a family history of lung cancer.
  - They are currently smoking or have quit smoking within the past year.

**Information for consumers:**

- Understanding Lung Cancer.
- Lung Cancer Screening.
- Lung Cancer Consumer Guide.
- National Lung Health Education Program.
- National Lung Cancer Partnership.
- National Lung Cancer Partnership.
- National Lung Cancer Partnership.
- National Lung Cancer Partnership.
The Mayo Clinic provides downloadable decision aid cards for specific topics like depression treatment or diabetes medication choices. The cards are designed to address one common concern or detail per card.

Example of Depression Medication Choices (cards include: what you should know, weight change, sexual issues, sleep, cost, stopping approaches and additional considerations).

Storyboard of patient and provider discussing depression medication decision aid cards.

---

Combination Print & Videos
Health Dialog\textsuperscript{23} offers a library of 38 topic-specific decision aids available for purchase. The aids come with lengthy written components (may exceed 50+ pages) and a 5-minute accompanying video and poster. One decision aid and video costs $16.50 plus shipping and handling.

Example of Table of Contents and poster\textsuperscript{24} from Knee Osteoarthritis decision aid

\begin{table}[h]
\centering
\begin{tabular}{|l|l|}
\hline
\textbf{Contents} & \\
\hline
About This Booklet and Video & \\
- About Shared Decision Making Programs & 4 \\
- Is This Information for You? & 5 \\
\hline
What Is Knee Osteoarthritis? & 6 \\
\hline
Nonsurgical Treatment Choices & \\
- About Nonsurgical Treatments & 9 \\
- Lifestyle Changes & 10 \\
- Physical Therapy and Walking Aids & 12 \\
- Pain Medications & 13 \\
- Injections & 20 \\
- Complementary Health Approaches & 21 \\
- Simple Treatments That Might Help & 24 \\
\hline
Knee Surgery & \\
- Osteotomy, Partial Knee Replacement, Arthroscopic Surgery & 25 \\
- Total Knee Replacement & 27 \\
- Surgery Benefits and Risks & 28 \\
\hline
\end{tabular}
\end{table}


Interactive tools

**Option Grid**

The Option Grid is a free online tool for dozens of diseases and conditions. The patient or provider can download a one page table that summarizes treatment and screening options by commonly asked questions (i.e. treatment requirements, efficacy, risks and benefits). Patients can also answer questions online and rate how important each factor is to them, after which Option Grid will provide a customized report. See this [short video](http://optiongrid.org/option-grids/about-the-grids) for more information.

Example of Option Grid for depression treatment options

---

Decision Aids for Pediatric Practices

Many elements of SDM may commonly be practiced in the pediatric setting, since parents tend to be involved in decisions regarding their children’s care. However, there are still specific decision aid tools that can be utilized to further support the process.

Cincinnati Children’s

The Anderson Center at Cincinnati Children’s offers a number of decision aids specific to pediatric conditions, such as ADHD treatment, juvenile arthritis treatment, sleep apnea and others. These styles of these decision aids are similar to previous examples.

Example of ADHD for School-Aged Children—treatment option cards

---

Meeting the TCPI Shared Decision Making Goals

- TCPI Milestone 4
- Documenting SDM
- PDSA Cycles
TCPI Milestone 4

Milestone 4: Practice can demonstrate that it encourages patients and families to collaborate in goal setting, decision making, and self-management.

To achieve this milestone, a practice must demonstrate that it encourages patients and families to collaborate in goal setting, decision making, and self-management. This involves training your team as well as implementing processes to document when shared decision making takes place.

TCPI Change Tactics related to Shared Decision Making:

- Train staff in motivational interviewing approaches
- Create a shared care plan for every patient
- Use evidence-based decision aids to provide information about risks and benefits of care options in preference-sensitive conditions
- Routinely share test results, along with appropriate education about the implications of those results, with patients
- Engage patients, family and caregivers in developing a plan of care and prioritizing their goals for action, documented in the Electronic Health Record (EHR)
- Ensure patient leaves office with plan of care in hand

You will meet this milestone if you are using a tool to promote and teach shared decision making in order that patients (and their families according to patient preference) are authentically part of the care team. This may also include any of the change tactics listed above.  

---

Demonstrating and Documenting TCPI Change Tactics – Selected examples

Change Tactic:
- Create a shared care plan for every patient
- Engage patients, family and caregivers in developing a plan of care and prioritizing their goals for action, documented in the Electronic Health Record (EHR)

Paper option:
These change tactics can be met by documenting the patient’s involvement in decision making. The SURE tool (page 18 and below) can serve to document this. For example, the tool can be incorporated into a one-page form on which the patient writes a brief description of the care plan and what they agree to, answers the four SURE questions, and signs the bottom. This can be kept as part of the patient file and referred to during follow up appointments.

Electronic option:
In addition to using the SURE tool, at the end of a session providers can summarize the notes put into the EHR and invite the patient to add anything and co-sign.

Patient Name:
Date:
After talking with my doctor, we have agreed that I will (list the decisions you made about your treatment plans and health goals):

Please answer these questions about what you wrote above:

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes (1)</th>
<th>No (0)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sure of myself</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you feel SURE about the best choice for you?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Understand information</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you know the benefits and risks of each option?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Risk-benefit ratio</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are you clear about which benefits and risk matter most to you?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Encouragement</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you have enough support and advice to make a choice?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If you answered “NO” to any questions, let’s talk more about your concerns at your next visit.

Patient signature: ____________________________________________________
Change Tactic:

- Use evidence-based decision aids to provide information about risks and benefits of care options in preference-sensitive conditions

After identifying what decision aids will be used, develop a library and system for tracking which patients receive the aids and when they return them (if applicable). TCPI staff is available to assist practices in finding validated decision aids most applicable to your patients’ needs.

Additional Suggested Tactic:

- Capture patient feedback where possible

Does the practice already collect patient-reported data via satisfaction or experience surveys? If yes, can it incorporate questions to address SDM? If not, is it feasible to develop a short survey?

Questions you may consider including or adapting for patients to complete after the appointment:

1. Your provider asked what you thought was best when starting or stopping a prescription medicine.  
2. Your provider talked a lot about the reasons you might not want to take a medicine.  
3. Your provider talked a lot about the reasons you might want to take a medicine.  
4. In my consultation today, I was told that there was more than one choice for my care and treatment.  
5. In my consultation today, we talked about the pros and cons of each choice for my care and treatment.  
6. In my consultation today, I was asked what was important to me in making a decision on my care and treatment.  
7. In my consultation today, I was involved in decisions about my care and treatment.

29 The Health Foundation. Implementation of Shared Decision Making in Practice: Emerging learning from MAGIC, a UK implementation study.  
Plan-Do-Study-Act (PDSA) Cycles

Completing PDSA cycles can be helpful for documenting the process of change as you incorporate SDM into routine practice. Select any of the tools or strategies presented in this toolkit for the PDSA Cycle, such as motivational interviewing, teach-back, or use of decision aids.

Steps to PDSA Cycle:
1. **Plan**: Make a plan for the new tools or techniques you will try. Answer who, what, when, and where? What roles will people on the care team have? What do you expect the outcomes to be? What data will be collected, and who will collect it?
2. **Do**: Begin using the tool or technique on a small scale. Start with just a few patients focused on one condition. Document your experiences using the tools suggested in this toolkit, or adapt them to fit your workflow.
3. **Study**: Examine the results, as a team if possible. How do the outcomes compare to before you used the tool or technique? What was learned from this change?
4. **Act**: What modifications do you need to make? How can you institutionalize these types of changes in the practice? Prepare a plan for the next PDSA.

Example of PDSA Cycle for using Teach-Back

**Suggested starting point**: Start with the most common condition you treat patients for that has preference-sensitive treatment options (e.g. where more than one reasonable option exists, such as colorectal cancer screening)?

---

Video Example

Kate Makes a Shared Decision (6 min)³¹

---
Additional Resources

• Additional SDM resources
  o Key steps of using decision aids to perform shared decisions
  o Decision aids list
  o Existing toolkits
  o Research on improved clinical outcomes through SDM
Key Steps of using decision aids to perform shared decision making

1. **Decision opportunity identification**
   - Patient faces a medical decision
   - Patient and provider recognize that a decision opportunity exists
   - A decision aid that matches the decision opportunity is selected

2. **Decision aid use**
   - Decision aid given to patient, possibly with endorsement and instruction from provider
   - Patient uses the aid, and information exchange begins (or continues):
     - Patient learns medical facts pertinent to the decision opportunity
     - Decision aid elicits patient values and preferences

3. **Post-decision aid conversation**
   - Patient and provider have post-decision aid conversation:
     - Provider checks patient’s understanding of medical facts
     - Continued elicitation of patient values and preferences
     - Decision making logic may be checked
   - A shared decision is reached during or after conversation

4. **Health care delivery**
   - Patient receives health care consistent with the shared decision

---

Additional decision aids for use/purchase

1. Agency for Healthcare Research and Quality: Effective Health Care Program
2. Choosing Wisely
3. Dartmouth-Hitchcock Center for Shared Decision Making
4. Healthwise
5. Mayo Clinic Shared Decision Making National Resource Center
6. The Ottawa Hospital: Patient Decision Aids
7. Repository of various patient decision aids by topic
Existing toolkits in greater depth

1. Agency for Healthcare Research and Quality: Shared Decision Making Toolkit
2. Oregon Rural Practice-Based Research Network: Integrating Patient Decision Aids into Primary Care Practice, A toolkit to facilitate Shared Decision Making
3. Dartmouth-Hitchcock Center for Shared Decision Making: Decision Support Toolkit for Primary Care
4. Dartmouth-Hitchcock Center for Shared Decision Making: Decision Support Toolkit for Specialty Care
1. **American Association of Nurse Practitioners. Shared Decision Making: Giving Patients the Information and Choice** (75 minute pre-recorded webinar. Continuing education available to all PTNs. Contact: Tiffanie Depew, tdepew@nncc.us)

2. NRHI SAN. Using Motivational Interviewing and Shared Decision Making Tools to Facilitate Change (online webinar for all PTNs launching 7/27/17. Contact: sdonohue@nrhi.org)

3. **Dartmouth-Hitchcock Center for Shared Decision Making: Workshop for Physicians** (Self-learning module slide set)

4. **Agency for Healthcare Research and Quality. Implementation of Shared Decision Making with Low Health Literacy Patients** (88 minute pre-recorded webinar)
Research on Improved Clinical Outcomes through Shared Decision Making


2. The Health Foundation. Implementing shared decision making: Clinical teams’ experiences of implementing shared decision making as part of the MAGIC programme