

Session 3

# What is shared decision making and how do we do it?



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# Objectives

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- To gain knowledge about shared decision making in practice and the evidence for it
- To gain knowledge about the importance of eliciting patient preferences
- To develop knowledge about the challenges to shared decision making in practice

# What is shared decision making?

- Collaborative process that allows patients and providers to make health care decisions together, taking into account the best scientific evidence available, and the patient's values and preferences
- It honours the provider's expert knowledge and the patient's right to be fully informed of all care options and their potential harms and benefits
  - [www.informedmedicaldecisions.org](http://www.informedmedicaldecisions.org)

# Does it work?

- Cochrane review of 115 studies of decision aids
- Compared to usual care, they
  - Increased knowledge
  - Lowered decisional conflict related to feeling uninformed
  - Reduced proportions of people who were passive in decision making
  - Reduced proportions of people who were undecided
  - Increased satisfaction with provider communication
    - Stacey D et al. CDSR 2014;issue 1. CD001431

# Does it work?

- Reduced number of people choosing major elective invasive surgery in favour of more conservative options (such as elective hip, knee surgery)
- Reduced number of people who chose menopausal hormonal therapy, PSA testing
- Impact on other outcomes variable
- Length of consultation varies from 8 minutes shorter to 23 minutes longer

# Patient Decision Aids


[Français](#)

## Decision Aid Summary

<b>Title</b>	Alzheimer's disease: Should I take medicines?
<b>Health condition</b>	Alzheimer's Disease
<b>Type of decision aid</b>	Treatment
<b>Options included</b>	Treat Alzheimer's disease with medicines for as long as they are helpful. Don't take medicines. Try other ways to improve thinking and memory and to reduce confusion.
<b>Audience</b>	Those for whom symptoms interfere with daily living.
<b>Developer</b>	Healthwise
<b>Where was it developed?</b>	www.healthwise.org Healthwise US
<b>Year of last update or review</b>	2012
<b>Format</b>	Web, paper
<b>Language</b>	English
<b>How to obtain</b>	The decision aid is publicly available for free from a number of websites, the URL for a version for professional evaluation is listed. Versions localized for Canada may also be available. <a href="#">Available here.</a>
<b>The assessment (based on <a href="#">IPDAS</a>) of this decision aid indicates that it meets:</b>	
<div><div style="width: 90.9%;"></div></div>	<a href="#">10 out of 11 of the content criteria</a>
<div><div style="width: 77.8%;"></div></div>	<a href="#">7 out of 9 of the development process criteria</a>
<div><div style="width: 50.0%;"></div></div>	<a href="#">1 out of 2 of the effectiveness criteria</a>

# Patient Decision Aids

[Français](#)

## Welcome

Patient decision aids are tools that help people become involved in decision making by making explicit the decision that needs to be made, providing information about the options and outcomes, and by clarifying personal values. They are designed to complement, rather than replace, counseling from a health practitioner.

### How can I find decision aids?

- [A to Z Inventory](#) allows you to search for decision aids on particular health topics.
- [Ottawa Personal/Family Decision Guides](#) can be used for any health or social decision.
- [Decision Aid Library Inventory \(DALI\)](#) allows developers to enter information about their decision aids for inclusion in our inventories.

### Where are the online tutorials?

- The [Ottawa Decision Support Tutorial \(ODST\)](#) to help practitioners develop knowledge in shared decision making (SDM) and decision support.
- The [Ottawa Patient Decision Aid Development eTraining \(ODAT\)](#) to help people create a patient decision aid using the Ottawa development process.
- The [Implementation Toolkit](#) provides tools and training for incorporating decision support in practice centres.

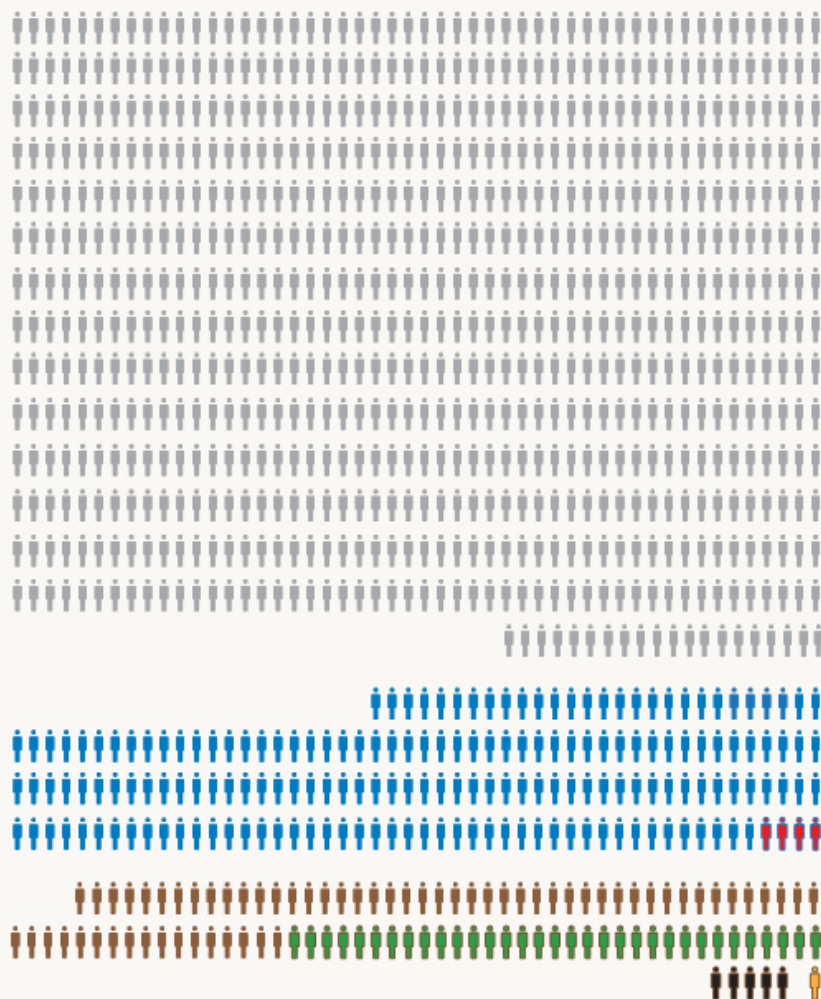
### What's the evidence?

- An international research group updates the [systematic review of trials of patient decision aids](#) for treatment or screening decisions using Cochrane review methods.
- The [International Patient Decision Aid Standards \(IPDAS\) Collaboration](#) established a set of internationally approved criteria for determining the quality of patient decision aids.
- Report on [The Ottawa Decision Support Framework: Update, Gaps and Research Priorities](#).
- Several [evaluation measures](#) (e.g. Decisional Conflict Scale, Decisional Needs Assessment in Populations) are available.

## PUBLICATIONS

Book  
Reviews (1979–2006)  
Abstracts (1979–2006)

age 55–69 years, screened over a 13-year period, and with a PSA screening threshold of 3.0 ng/ml



- 720 men will have a negative PSA test.
- 178 men with a positive PSA in whom follow-up testing does not identify prostate cancer.
  - 4 of these 178 will experience biopsy complications such as infection and bleeding severe enough to require hospitalization.
- 102 men will be diagnosed with prostate cancer.
  - 33 of these 102 prostate cancers would not have caused illness or death. Because of uncertainty about whether their cancer will progress, most men will choose treatment and may experience complications of treatment.

## + Additional documents

Infographic



Products and services



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# Prostate cancer screening: Should you get a PSA test?

**Making the decision to have a PSA test depends on a variety of factors. Here are some tips that can help you make a good decision.**

By Mayo Clinic Staff

Cancer screening tests — including the prostate-specific antigen (PSA) test to look for signs of prostate cancer — can be a good idea.



Prostate gland

Prostate cancer screening can help identify cancer early on, when treatment is most effective. And a normal PSA test, combined with a digital rectal exam, can help reassure you that it's unlikely you have prostate cancer.

But getting a PSA test for prostate cancer may not be necessary for some men, especially men 70 and older.

Professional organizations vary in their recommendations about who should — and who shouldn't — get a PSA screening test. While some have definitive guidelines, others leave the decision up to men and their doctors. Organizations that do recommend PSA screening generally encourage the test in men between the ages of 40 and 70, and in men with an increased risk of prostate cancer.

Ultimately, whether you have a PSA test is something you should

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Mayo Clinic is a not-for-profit organization.

## What is PSA?

Prostate-specific antigen (PSA) is a protein produced by both cancerous (malignant) and noncancerous (benign) prostate tissue. PSA helps liquefy the semen. A small amount of PSA normally enters the bloodstream.

Prostate cancer cells usually make more PSA than do benign cells, causing PSA levels in your blood to rise. But PSA levels can also be elevated in men with enlarged or inflamed prostate glands. Therefore, determining what a high PSA score means can be complicated.

Besides the PSA number itself, your doctor will consider a number of other factors to evaluate your PSA scores:

- Your age
- The size of your prostate gland
- How quickly your PSA levels are changing
- Whether you're taking medications that affect PSA measurements, such as finasteride (Propecia, Proscar), dutasteride (Avodart) and even some herbal supplements

## When elevated PSA isn't cancer

While high PSA levels can be a sign of prostate cancer, a number of conditions other than prostate cancer can cause PSA levels to rise. These other conditions could cause what's known as a "false-positive" — meaning a result that falsely indicates you might have prostate cancer when you don't.

Conditions that could lead to an elevated PSA level in men who don't have prostate cancer include:

- Benign prostate enlargement (benign prostatic hyperplasia)

# Exercise

- <http://www.decision.chaire.fmed.ulaval.ca/en/tool-box/shared-decision-making-video/#c510>
- What are the challenges to SDM?

# Barriers to their use

- Integration into workflow
- Largely created for patients with higher health literacy, English/French speaking
- Can be costly to produce and implement
- Focused on a specific decision – what about people who have multiple conditions to consider?
- 'freshness' of the decision aids