Appendix F: Things to Anticipate, Barriers (including Cost), Troubleshooting, and Recommendations

Providers

-Providers already believe they are doing shared decision-making (SDM)

Providers sometimes conflate informed consent with shared decision-making. They are very familiar with the informed consent process which is why it is very important to help them distinguish the differences between informed consent and shared decision-making.

-Coordination of shared decision-making

Providers often state that multiple members of the team work together in the shared decision-making process. All providers working with a patient need to work towards assuring that all elements of SDM are being completed.

Providers often state that shared decision-making occurs over multiple clinical encounters. SDM should be incorporated into each patient-preference treatment choice discussion.

-Decide what constitutes a patient preference sensitive clinical decision in your clinical practice

Opinions will often differ as to what constitutes a preference-sensitive decision in a particular clinical setting. A definition should be agreed upon prior to implementing SDM and revisited as needed. It is always best to complete SDM in the clinical encounter when in doubt if the treatments under discussion are considered preference-sensitive.

-Rigid or entrenched systems at both individual and beauracratic levels.

System change is a complicated and ongoing process requiring an ongoing commitment from all elements of the system. Leadership, providers, and patients all have deeply established beliefs on how the system should perform. Implementing a SDM process requires change at all levels of the system.

-Established Provider communication patterns

Providers have developed their own personal styles and preferences for how they communicate with patients. Implementing a SDM process must take into consideration that engaging providers in a process of changing their patterns of communication will take training and time.

-Sharing Decision vs. Provider Clinical Judgment

SDM is a paradigm shift from a paternal view of treatment where a provider "knows what treatment is best" for a patient to one that is collaborative and requires engagement of the patient in the decision-making process. SDM engages the patient and the provider in a shared dialogue to ascertain what the patient understands to be the best course of action. This requires shifts in thinking and practice for both the provider and the patient in the clinical encounter.

Patients

-Activating patient and health Literacy

Patients are being asked to take a more active role in their healthcare. They may be concerned or anxious about their conditions and feel like they want their physicians to take the lead in decision-making. Activating and educating patients will be an ongoing process in a SDM implementation model. Assuring patients have access to, and support in the use of, patient activation materials and decision aids is critical for successful SDM implementation. Making plans for evaluating patient's participation in SDM is also important.

Time Constraints

-Training/Implementation

Clinicians operate under severe time constraints. Making time for clinicians to participate in SDM training will enhance participation and smooth implementation. There is also a need to allocate for ongoing follow-up training and assessment to assure SDM is "taking hold" during ongoing clinical encounters.

-Clinical Encounters

There are concerns that SDM will add time to the clinical encounter. Our experience, and other research shows, that SDM can be incorporated into the clinical encounter without a significant increase in the time of the clinical encounter

Costs

-Training/Implementation

Resources must be allocated for the time, staffing and materials involved in the training and implementation process.

-Decision Aids

There are costs associated with internally developing or externally purchasing decision aids. See Appendix G for a list of decision aids available for free and for purchase. There are also distribution costs associated with mailing. Online decision aids can alleviate some of these costs, though internet access may be of concern for some patients.

-Patient Activation Brochure

A patient activation brochure is included in this packet. (Appendix D) There will be costs with production of the brochure. Other costs will vary depending on how the healthcare setting already distributes materials to their patients.

Turnover/New Hires

-Providers and other staff

As a practice setting grows or replacement staff is hired a system must be in place to train new staff. Having a designated SDM trainer(s) will provide a consistent resource for this process.

-Residents/Fellows/Medical Students

Finding time for SDM training in crowded curricula is challenging.

Use/Distribution of Training Aids and Decision Aids

-Training Aids

A system should be developed to make sure providers are using their SDM Reminder Pocket Cards (Appendix B) throughout the training. The trainer should also have extra cards available to share with providers as needed.

The SDM Cue Poster (Appendix C) should be placed in all areas where it can help facilitate SDM. This might require multiple meetings with various location stakeholders.

-Decision Aids

Patients must have access to decision aids with enough time prior to the clinical encounter to review the aid. Depending on types of aid chosen this will require providers to develop a system to get physical decision aids mailed or delivered to patients prior to visits. If the aids are online then the provider needs to notify patient and assure they have access.

The provider and/or staff can also be a crucial component in disseminating aids. Oftentimes this will be the most cost effective and expedient method as a diagnosis that requires a patient

preference-sensitive decision might not be known until during or at the completion of the clinical encounter.