

TRANSFORMATION CENTER

Oregon Health Authority



Patient Decision Support Tools

CCO Quality and Health Outcomes Meeting

May 11, 2015



CENTER for EVIDENCE-BASED POLICY
Oregon Health & Science University

OUTLINE

- Defining patient decision support
- Project history & purpose
- Project plan & timeline
- Emerging themes from the needs assessment
- Decision support as a core metric
- Brief overview of the evidence
- Categories of content for the Medical Director's Guide
- Opportunities for collaboration

PATIENT ENGAGEMENT for PREFERENCE SENSITIVE CARE DECISIONS

- Conditions for which multiple, legitimate treatment options exist
- Patient preferences & values, with clinician expertise, should help inform treatment decision
- Can involve significant trade-offs (e.g., small risk of death for improved function)



SHARED DECISION MAKING



“A collaborative process that allows patients and their providers to make health care decisions together, taking into account the best scientific evidence available, as well as the patient’s values and preferences.”

– Informed Medical Decisions Foundation

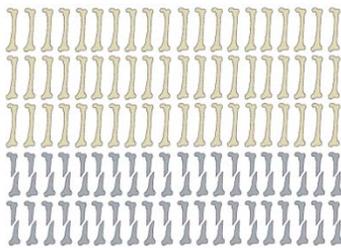
DECISION AIDS

- Provide evidence-based information about:
 - Screening, diagnosis & treatment options
 - Benefits & harms
 - What is known & what is uncertain
 - Role of patient preference
 - Relative risks of various outcomes

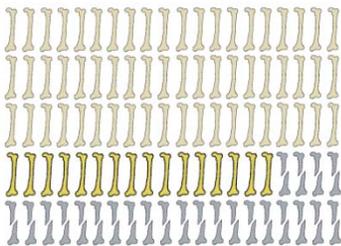


Benefits

Without Medication
40 in 100 have a fracture within the 10 years. 60 will not.



With Medication
24 in 100 have a fracture within the 10 years. 76 will not. 16 have avoided a fracture because of the medication.



Drawbacks

This medication must be taken

- Once a week
- On an empty stomach in the morning
- With 8 oz of water
- While upright (sitting or standing for 30 min)
- 30 minutes before eating

Possible Harms

Abdominal Problems

About 1 in 4 people will have heartburn, nausea, or belly pain. However, it may not be from the medication. If the medication is the cause, the problem will go away if you stop taking it.

Osteonecrosis of the Jaw

Fewer than 1 in 100,000 will have bone sores of the jaw that may need surgery.

Out of Pocket Cost

with insurance \$30 | without insurance \$70-90

What would you like to do?

MINIMALLY DISRUPTIVE MEDICINE



- Accounts for patient capacity to incorporate medical care into their lives
- Exceeding patient capacity can lead to non-adherence & poor outcomes
- Presents medical care options in relation to the patient's lived experience

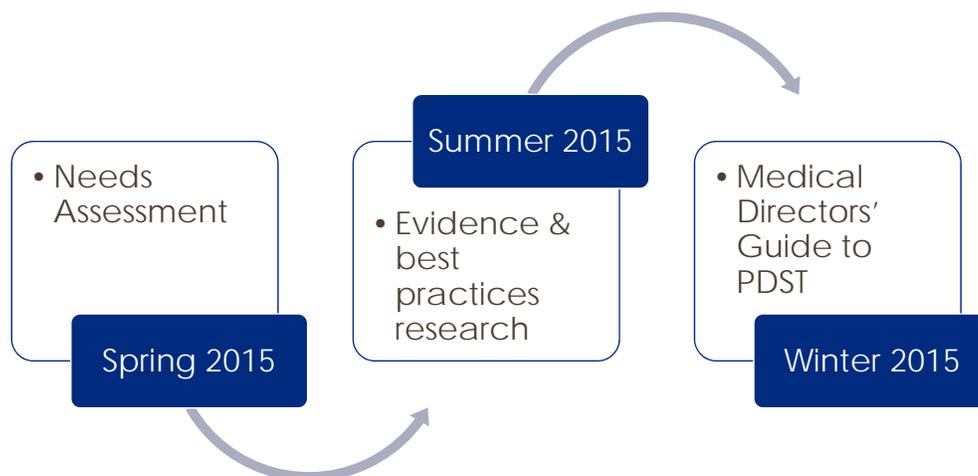
MINIMALLY DISRUPTIVE MEDICINE



PROJECT HISTORY & PURPOSE

- Oregon SIM grant
- Collaboration with HERC & Transformation Center
- How can CCOs support & encourage their use

PROJECT PLAN & TIMELINE



NEEDS ASSESSMENT

- 20-30 stakeholder interviews:
 - CCO Medical Directors
 - Private payer Medical Directors
 - Primary care & behavioral health practices
 - Community Advisory Council members
 - Self-insured organizations

EMERGING THEMES

- Clinician and community education and buy-in
- Identifying high quality tools that are realistic for use at the practice level
- Time, workflow, and reimbursement issues
- Importance of team-based care in using PDSTs
- Engaged patients are a prerequisite
- Provider or clinic champions
- Need for consistent expectations across payers

Decision Support as a Core Metric

- Institute of Medicine **Committee on Core Metrics for Better Health at Lower Cost** recently outlined 15 measures, including:
 - “Care match with patient goals—measure of the extent to which patient and family goals have been ascertained, discussed, and embedded in the care process.”
- Performance measurement of this sort is expected to become increasingly common under Medicare payment reforms included in HR 2 (Medicare Access and CHIP Reauthorization Act of 2015)

EVIDENCE OVERVIEW

Decision aids for people facing health treatment or screening decisions (Review)

Stacey D, Légaré F, Col NF, Bennett CL, Barry MJ, Eden KB, Holmes-Rovner M, Llewellyn-Thomas H, Lyddiatt A, Thomson R, Trevena L, Wu JHC



**THE COCHRANE
COLLABORATION®**

- Updated June 2012 & published January 2014
- 115 RCTs with 34,444 patients
- Outcomes:
 - “Choice-made” attributes
 - Decision process attributes
 - Health & health-systems effects

EVIDENCE OVERVIEW

Exposure to a decision aid was associated with:

- Increased knowledge of condition & treatment options
- More accurate risk perceptions
- Higher rates of values-congruent decisions
- Lower rates of decisional conflict or indecision
- Improved perceptions of provider-patient communication and patient satisfaction
- Fewer people choosing elective invasive surgery (RR 0.79, 95% CI 0.68 – 0.93)
- Fewer people choosing PSA screening (RR 0.87, 95% CI 0.77 – 0.98)
- Fewer people choosing menopausal HRT (RR 0.73, 95% CI 0.55 – 0.98)

OUTLINE of the MEDICAL DIRECTOR'S GUIDE

- Conceptual Models & Types of Tools
- Evidence Review & Best Practices
- Identifying & Assessing PDSTs
- Implementing & Evaluating PDST Projects in Practices & Communities
- Opportunities for Collaboration & Future Directions

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Questions and Comments?

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