Shared Decision Making
and Minimally Disruptive Medicine

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Minimally Disruptive Medicine
Effective Care that Fits
Rochester MN, September 29, 2016


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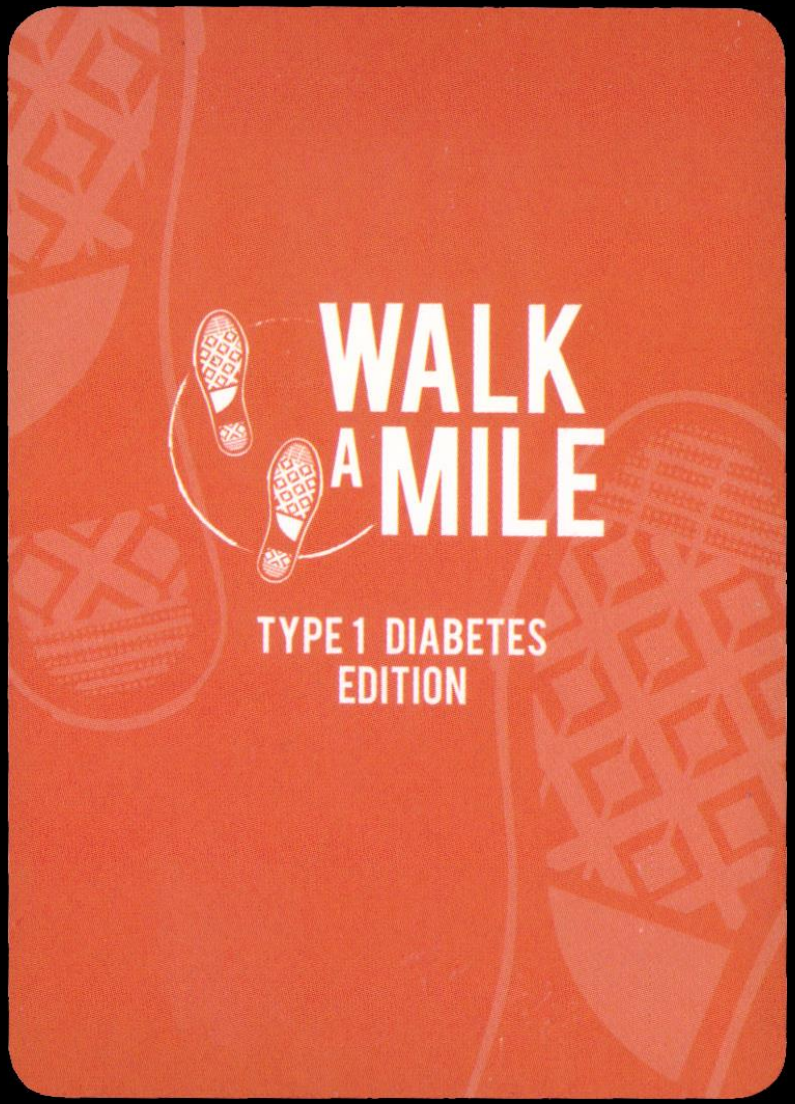

It is bedtime for the kids and you have gathered them for a story. The words on the page get fuzzy and your glucose monitor is alerting you to low blood sugar, but the kids are nestled in your lap. You don't want to scare them.

What do you do?

How do you balance parenting and self-care in this moment?

WALKAMILECARDS.com #WAMt1d 29

MAYO CLINIC

What's best for me and my family ?

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What's best for me

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SDM as one means in approaching
What's Best for the Patient

How do we approach what's best?

4 Statin Benefit Groups

- Clinical ASCVD*
- LDL-C ≥190 mg/dL, Age ≥21 years
- Primary prevention – Diabetes: Age 40-75 years, LDL-C 70-189 mg/dL
- Primary prevention - No Diabetes†: ≥7.5%‡ 10-year ASCVD risk, Age 40-75 years, LDL-C 70-189 mg/dL

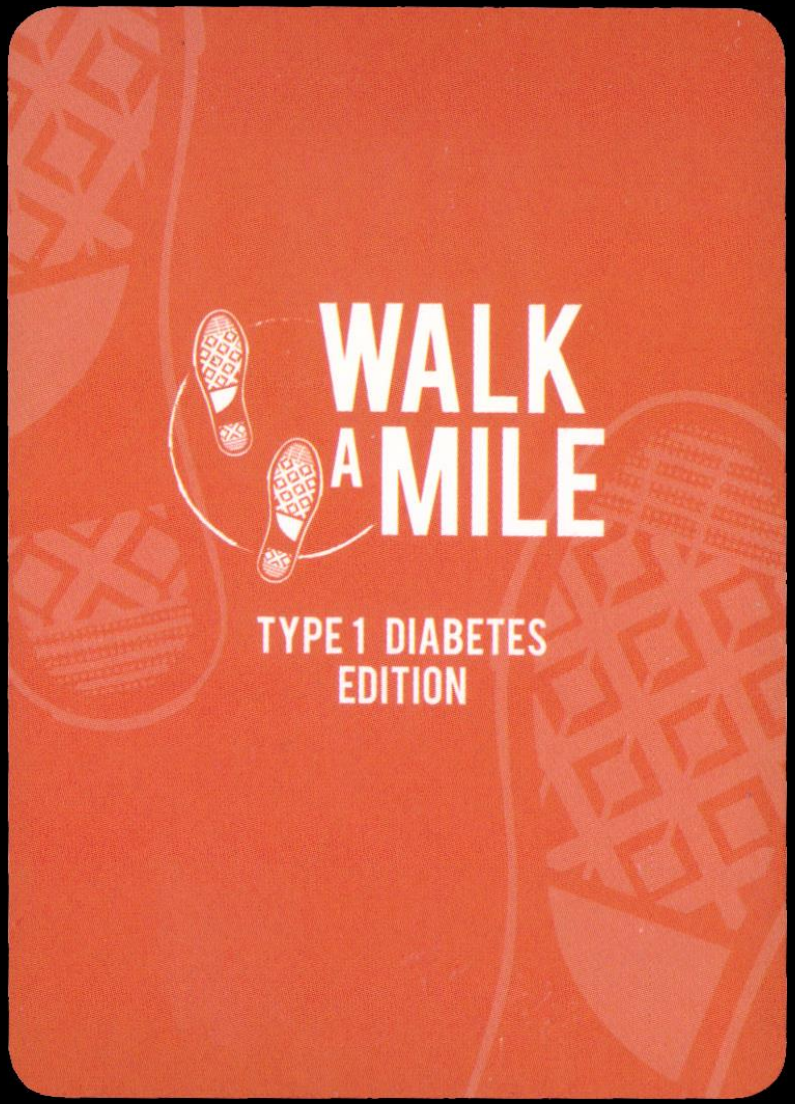
*Atherosclerotic cardiovascular disease
†Requires risk discussion between clinician and patient before statin initiation
‡Statin therapy may be considered if risk decision is uncertain after use of ASCVD risk calculator

Helping Cardiovascular Professionals Learn. Advance. Heal.

American Heart Association.


Maria Luisa ≠ People
like
Maria Luisa


Information
Choice



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How do we approach what's best?

Talk with the person and find agreement on what's best for them

Work through the situation to fashion action makes intellectual, practical, and emotional sense

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How do we approach what's best?

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How do we approach what's best?

Conversation

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Talk with the Person

Conversation

Work through the Human Situation

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Talk with the person

People speaking to what matters to them

Creating & maintaining a relationship in which this is possible

So that two parties with diverse interests can agree on next steps

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Yes - usually 30 minutes before breakfast

- Two parties coming to an agreement
- To secure agreement the patient is encouraged to speak to what matters to her
  - -Weight Change, Daily Routine
  - -*"I'd rather just pills"*
- Clinician also speaks to what matters to him
  - *"The other thing to consider is that sometimes that can give you low blood sugar so we are going to ask you to monitor a little more often than what you are doing right now but otherwise that would be ok"*

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Talk with the person

People speaking to what matters to them

Creating & maintaining a relationship in which this is possible

So that two parties with diverse interests can agree on next steps

Work through the situation

Developing an environment for problem finding and resolution

Together thinking, talking & feeling through a troubled situation

To test and demonstrate that a course of action makes sense

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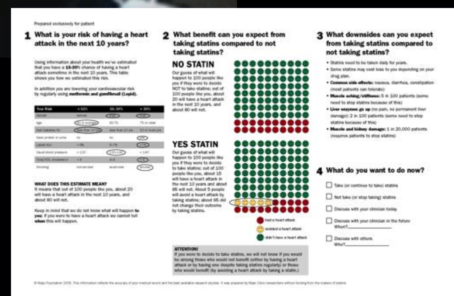

Prepared exclusively for patient

1 What is your risk of having a heart attack in the next 10 years?

Using information about your health we've estimated that you have a **15-30%** chance of having a heart attack sometime in the next 10 years. This table shows you how we estimated this risk.

In addition you are lowering your cardiovascular risk by regularly using **metformin and gemfibrozil (Lopid).**

Your Risk	< 15%	15-30%	> 30%
Gender	[illegible]	[illegible]	[illegible]
Age	[illegible]	[illegible]	75 or older
Had diabetes for	[illegible]	[illegible]	[illegible]
Have protein in urine	[illegible]	[illegible]	[illegible]
Latest A1c	[illegible]	[illegible]	[illegible]
Usual blood pressure	< 120	[illegible]	> 140
Total/HDL cholesterol	[illegible]	[illegible]	[illegible]
Smoking	[illegible]	[illegible]	[illegible]

WHAT DOES THIS ESTIMATE MEAN?
It means that out of 100 people like you, about 20 will have a heart attack in the next 10 years, and about 80 will not.

Keep in mind that we do not know what will happen **to you**. If you were to have a heart attack we cannot tell **when** this will happen.

2 What benefit can you expect from taking statins compared to not taking statins?

NO STATIN
Our guess of what will happen to 100 people like you if they were to decide NOT to take statins: out of 100 people like you, about 20 will have a heart attack in the next 10 years, and about 80 will not.

YES STATIN
Our guess of what will happen to 100 people like you if they were to decide to take statins: out of 100 people like you, about 15 will have a heart attack in the next 10 years and about 85 will not. About 5 people will avoid a heart attack by taking statins; about 95 did not change their outcome by taking statins.

ATTENTION!
If you were to decide to take statins, we will not know if you would be among those who would not benefit (either by having a heart attack or by having one despite taking statins regularly) or those who would benefit (by avoiding a heart attack by taking a statin.)

3 What downsides can you expect from taking statins compared to not taking statins?

- Statins need to be taken daily for years.
- Some statins may cost less to you depending on your drug plan.
- **Common side effects:** nausea, diarrhea, constipation (most patients can tolerate)
- **Muscle aching/stiffness:** 5 in 100 patients (some need to stop statins because of this)
- **Liver enzymes go up** (no pain, no permanent liver damage): 2 in 100 patients (some need to stop statins because of this)
- **Muscle and kidney damage:** 1 in 20,000 patients (requires patients to stop statins)

4 What do you want to do now?

- ☐ Take (or continue to take) statins
- ☐ Not take (or stop taking) statins
- ☐ Discuss with your clinician today
- ☐ Discuss with your clinician in the future When?________
- ☐ Discuss with others Who?________

What is the <u>situation</u> that demands <u>action</u>?

What is the <u>action</u> the <u>situation</u> demands?

JafiriNaimi N, Hargraves I, et al. Design Issues 2015; 31: 91-104

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Problem

Hypotheses

Experimental Medium

Conclusion

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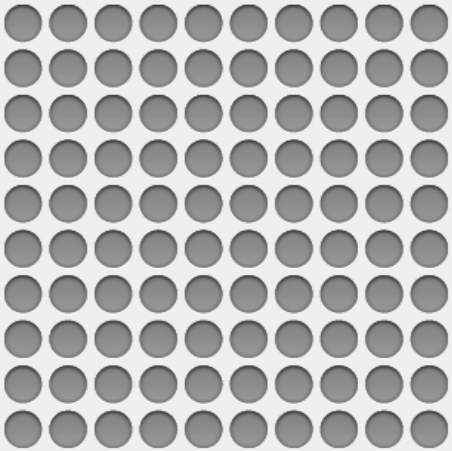
MAYO CLINIC Treating your Barrett's Esophagus Low-Grade Dysplasia
Decision Aid



Treating your **Barrett's Esophagus Low-Grade Dysplasia** Decision Aid

This tool will help you and your doctor discuss how to treat your Barrett's Esophagus

Let's get started

Caution: This application is for use exclusively during the clinical encounter with your clinician

Credits & Contacts

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- Thinking, talking, and feeling through a troubling situation
- Options are hypotheses. Conversation is where they're tested
- What's best is humanly demonstrated
- Care that does justice to the human situation

Talk with the Person

Conversation

Work through the Human Situation

MAYO CLINIC

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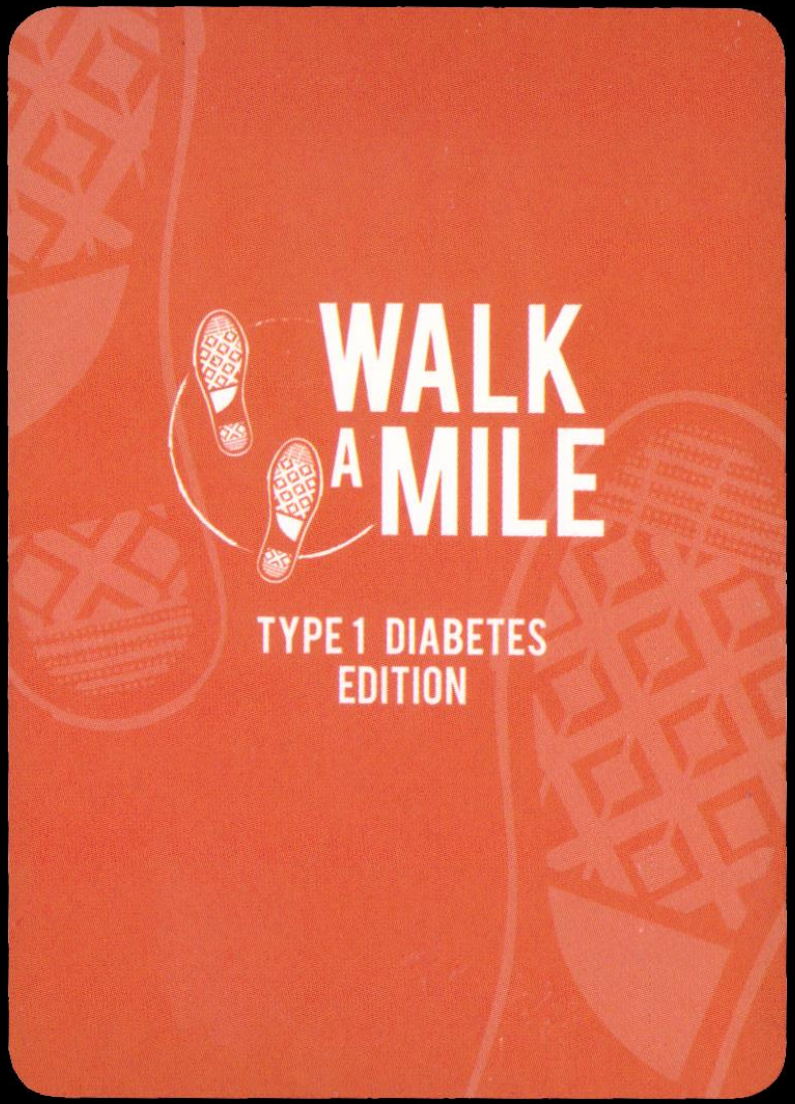

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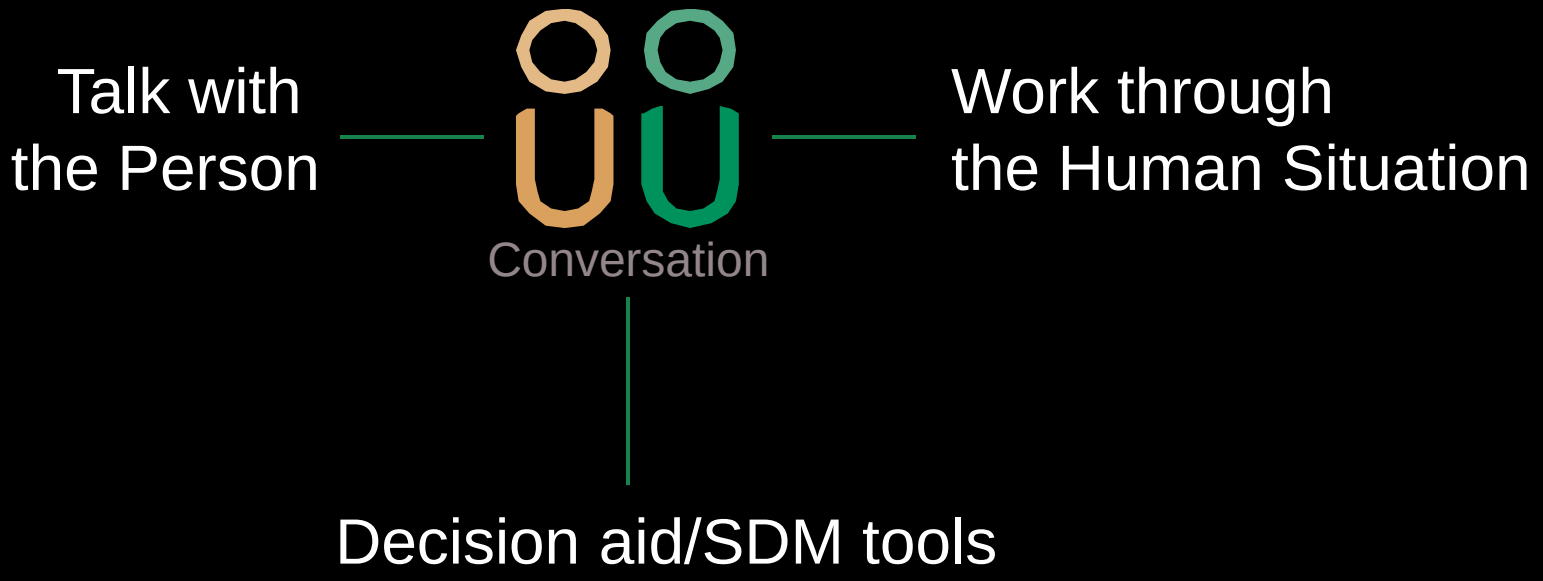
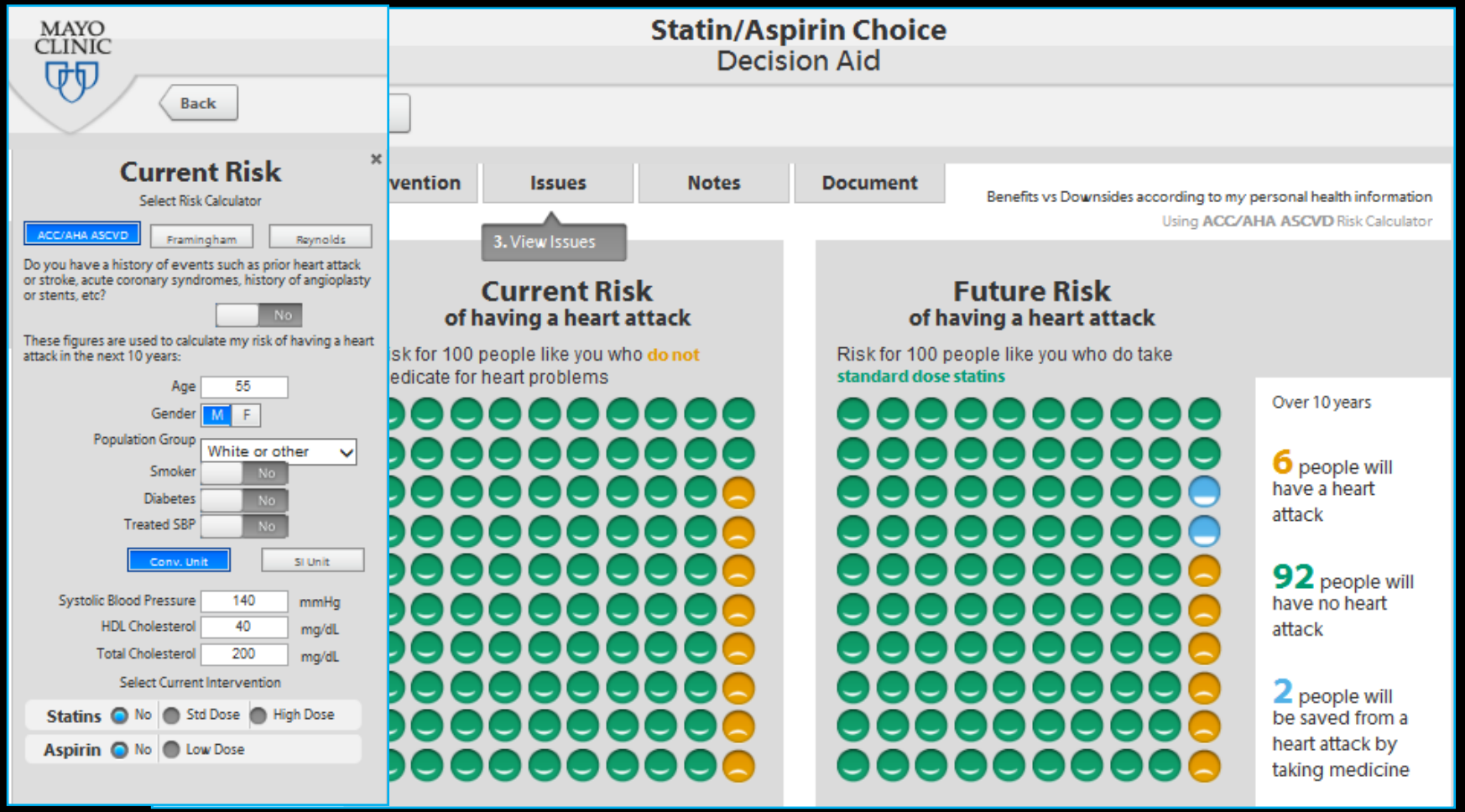
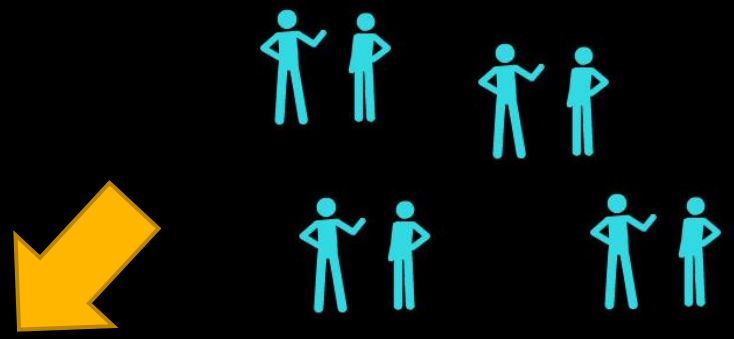

Talk with
the Person
Work through
the Human Situation
Conversation
Decision aid/SDM tools

Web

Statin Choice



OBSERVATION
ENCOUNTERS



LDL

"Must do" guidelines

QI targets = metabolic goals.

Achieve these goals = technical decisions

Statins

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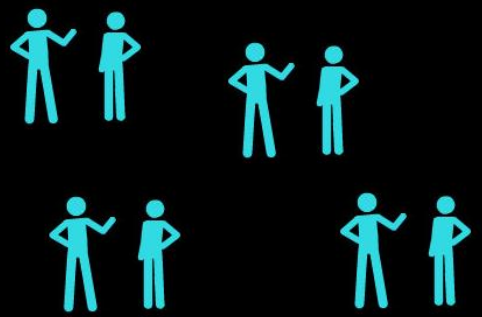
EVIDENCE SYNTHESIS

OBSERVATION ENCOUNTERS



PROTOTYPING

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DM2 patients seen in primary care

R

Allocation concealment / blinding to hypothesis / ITT

Decision aid

Knowledge
Conversation
Decision
Satisfaction
Choice

3 mo
Adherence

Usual care

Knowledge
Conversation
Decision
Satisfaction
Choice

3 mo
Adherence

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Compared to usual care,
patients using the decision aid were
22 times more likely
to have an accurate sense of their baseline risk and risk reduction with statins.

70% fewer statin Rx in low risk (<10%) group

3-fold increase in self-reported adherence

Weymiller et al. Arch Intern Med 2007

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2015 ACC/AHA Focused Update of Secondary Prevention Performance Measures

Requires SDM (e.g., using Statin Choice decision aid) to improve:

% at-risk patients 18-75 with who were offered moderate- to high-intensity statins.

Drozda JP et al. JACC 2015

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Million Hearts Campaign

Multiagency project, led by CMS

Randomized trial of 720 practices

Payment based on magnitude of reduction in practice-wide risk (calculated including Medicare patients with estimated 10y risk >30%)

Must be accomplished using shared decision making (e.g., using an electronic decision aid) and statins.

http://innovation.cms.gov/initiatives/million-hearts-CVDRRM

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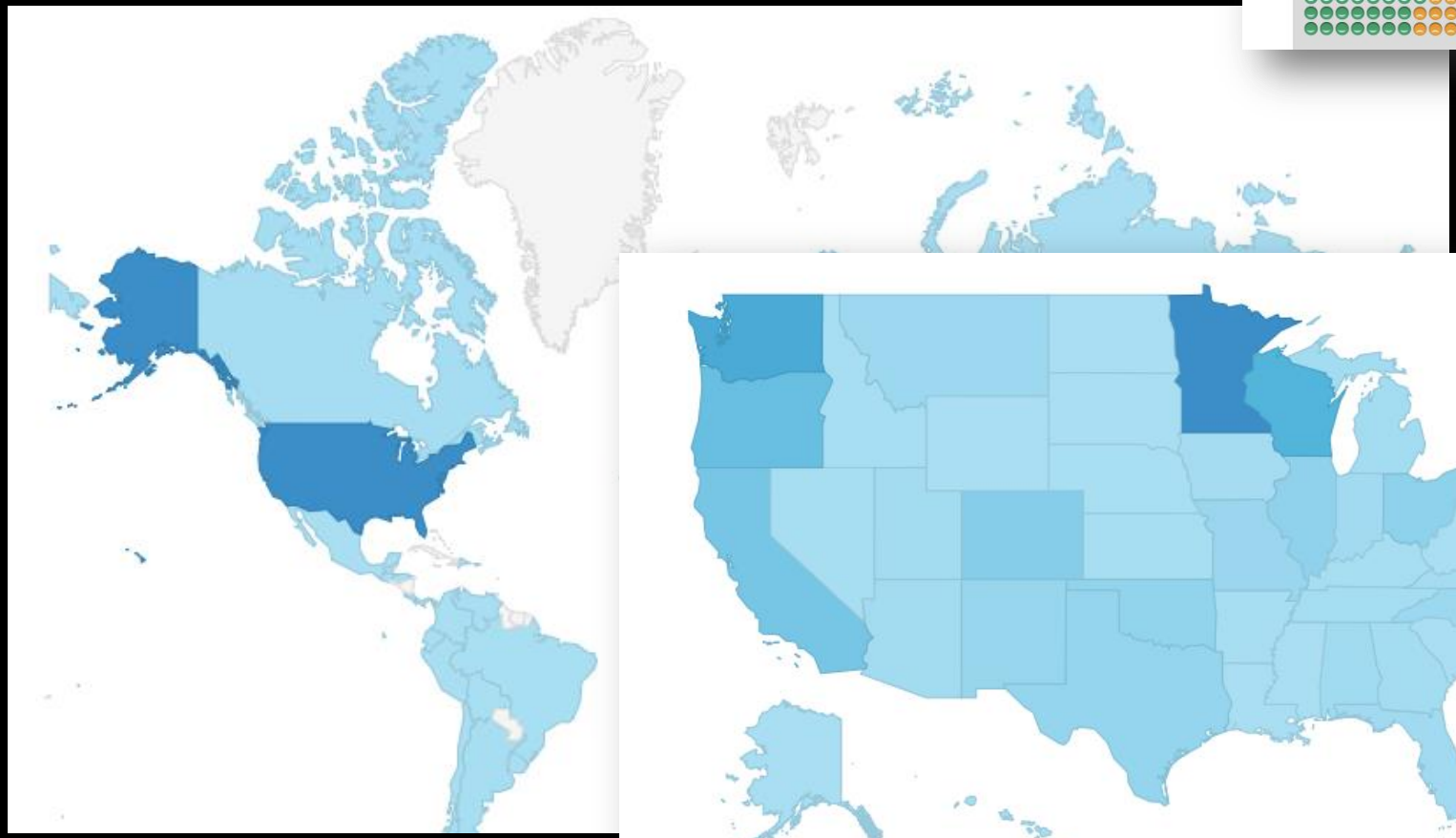
Adoption

12,000/month



Google Analytics

Risk communication tools

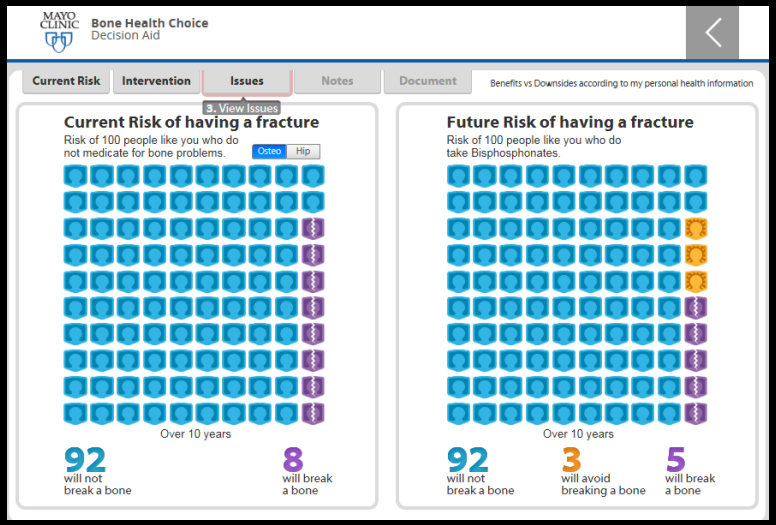
Statin Choice (primary care)

Chest pain Choice (emergency)

Osteoporosis Choice (primary care)

PCI Choice (cardiology)

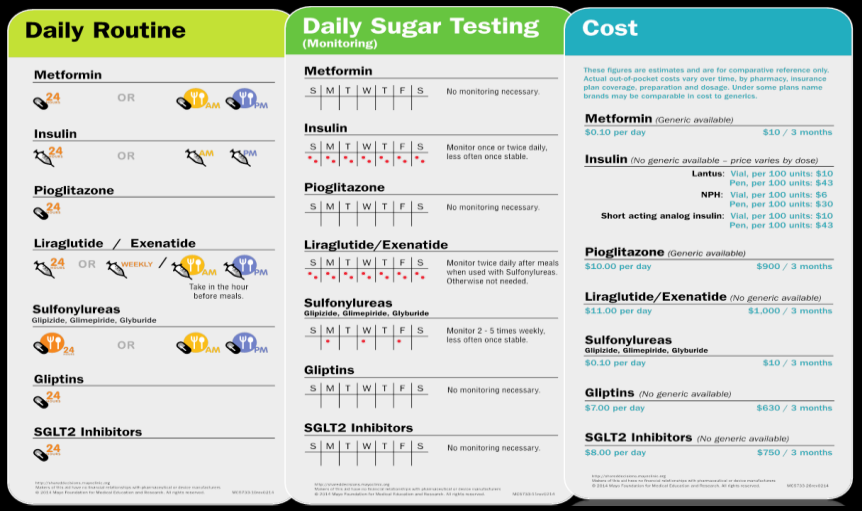
AMI Choice (hospital)



Issue cards

DM2 Med Choice

Depression Choice



Issue/Risk

Atrial fibrillation

Thyroid Cancer

Barrett's esophagus

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Anticoagulation Choice
Decision Aid

Medical Situation | Risk of Stroke | **Anticoagulation** | Issues

CHA_2DS_2-VASC **4**
HAS-BLED **1**

Over the next year

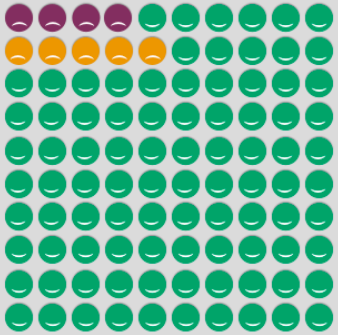
4 people will have a fatal or disabling stroke

5 people will have a non-disabling stroke

91 people will have no stroke

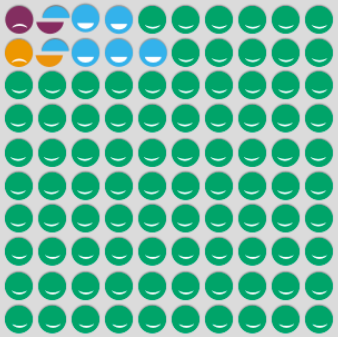
Current Risk
of Stroke without Anticoagulation

In 100 people like you who **are not** taking an anticoagulant



Future Risk
of Stroke with Anticoagulation

In 100 people like you who **are** taking an anticoagulant



Over the next year

fewer than **2** people will have a fatal or disabling stroke

fewer than **2** people will have a non-disabling stroke

97 people will have no stroke

6 people will avoid a stroke by taking anticoagulation

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Anticoagulation Choice
Decision Aid

Medical Situation | Risk of Stroke | Anticoagulation | **Issues**

CHA_2DS_2-VASC **4**
HAS-BLED **1**

- **Work, Home & Fun Activities**
- **Anticoagulation Routine**
- **Risk of Serious Bleeding**
- **Cost**
- **Diet & Medication Interactions**

Cost

The cost to you of each medication will depend on your insurance plan.

The figures below provide a comparison of average costs without insurance.

Warfarin — $545 per year
Costs include the medication and blood tests.

Direct Anticoagulants — $2,930 per year
- Apixaban *Eliquis*
- Dabigatran *Pradaxa 110mg, 150mg*
- Edoxaban *Lixiana*
- Rivaroxaban *Xarelto*

Anticoagulation Routine

Warfarin requires committing to regular blood tests.

There is no testing required with a Direct Anticoagulant.

Warfarin
Once daily — Regular blood tests

? Am I available to do the regular blood tests that Warfarin requires? Work / travel / family demands? Transportation?

Direct Anticoagulants
- Apixaban *Eliquis* — AM, PM
- Dabigatran *Pradaxa 110mg, 150mg* — AM, PM
- Edoxaban *Lixiana* — Once daily
- Rivaroxaban *Xarelto* — Once daily

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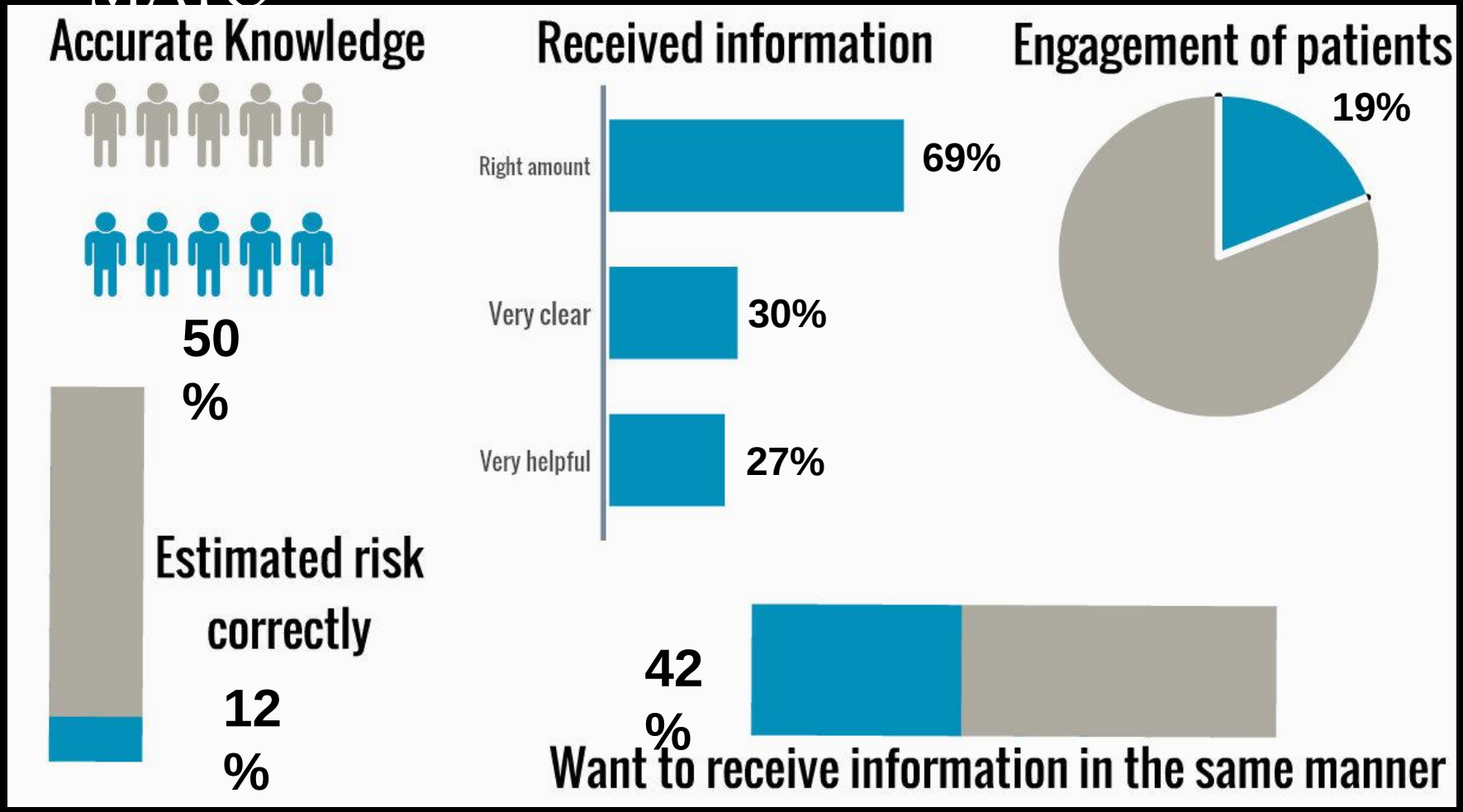
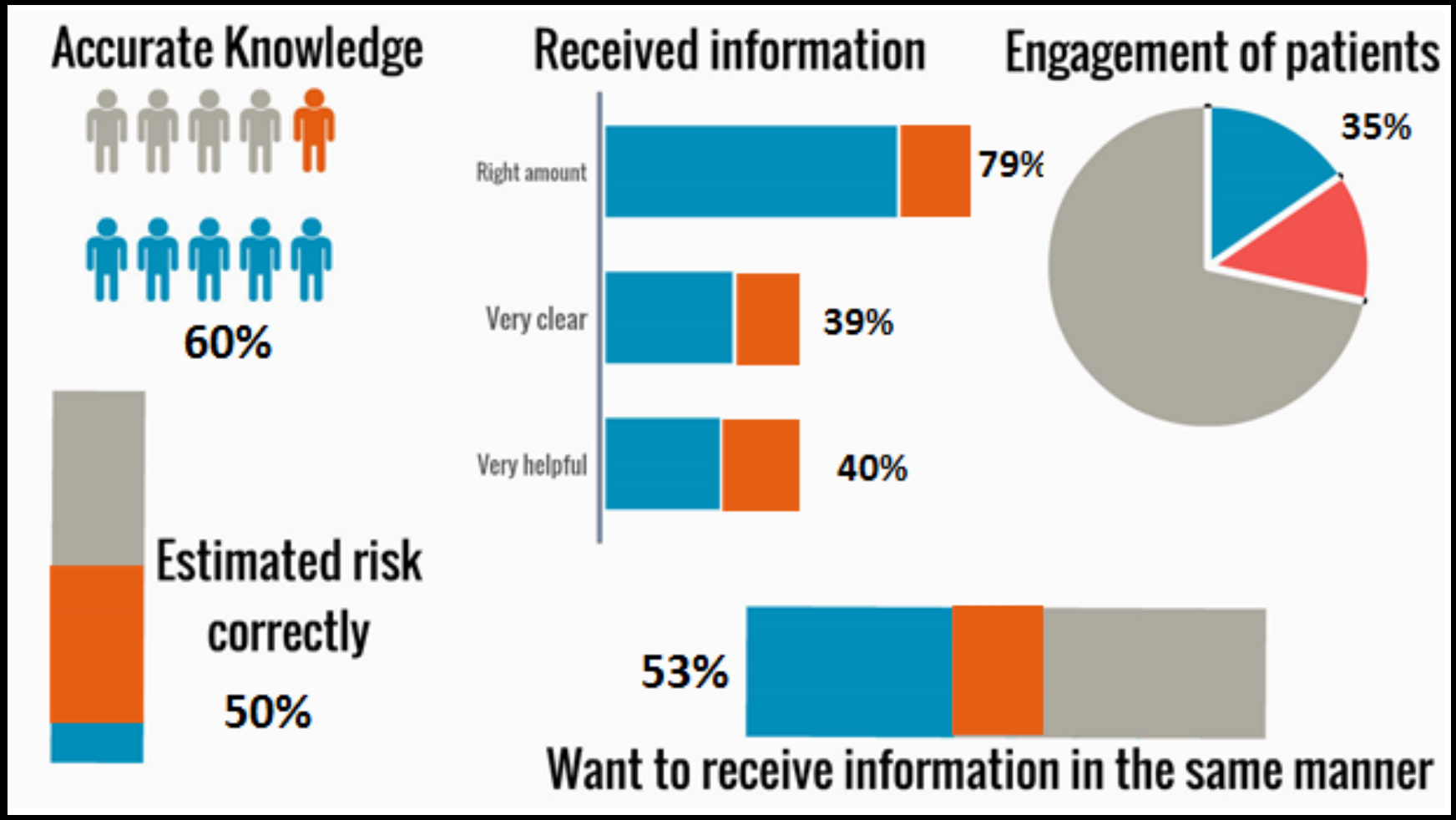

Accurate Knowledge
50 %
Estimated risk correctly
12 %
Received information
Right amount
69%
Very clear
30%
Very helpful
27%
Engagement of patients
19%
42 %
Want to receive information in the same manner


Accurate Knowledge
60%
Estimated risk correctly
50%
Received information
Right amount
79%
Very clear
39%
Very helpful
40%
Engagement of patients
35%
53%
Want to receive information in the same manner

Summary of Mayo experience

Age: 40-92 (avg 65)

Primary care, ED, hospital, specialty care

Adds ~3 minutes to consultation

58% fidelity without training

Effects on SDM are similar in vulnerable populations

Variable effect on clinical outcomes, cost

Wyatt et al. Implement Sci 2014; 9: 26
Coylewright et al CCQO 2014, 7: 360-7

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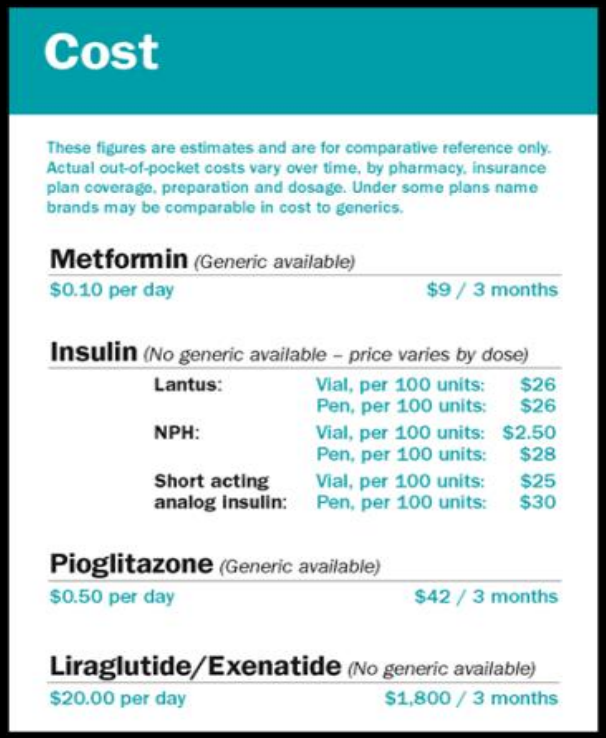
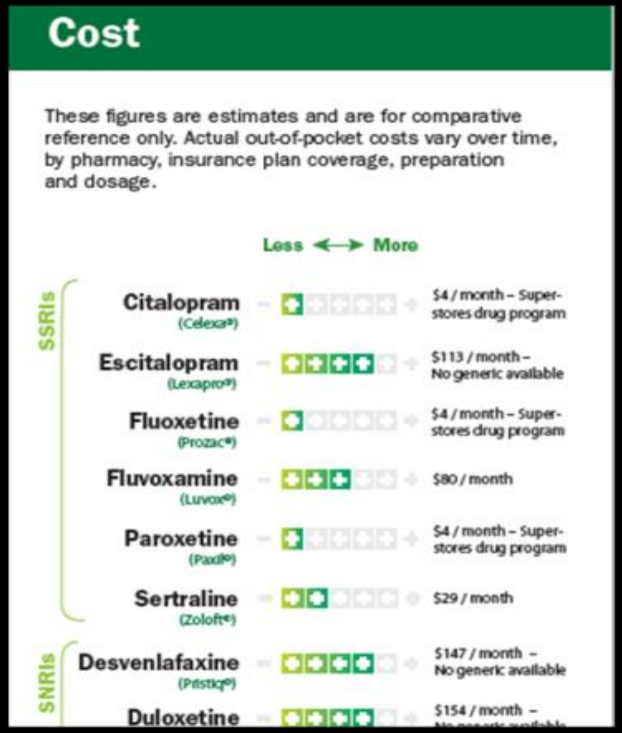
74-90% clinicians want to use tools again

A fourth of clinicians report ever discussing costs with patients



Discussion of cost 3-fold



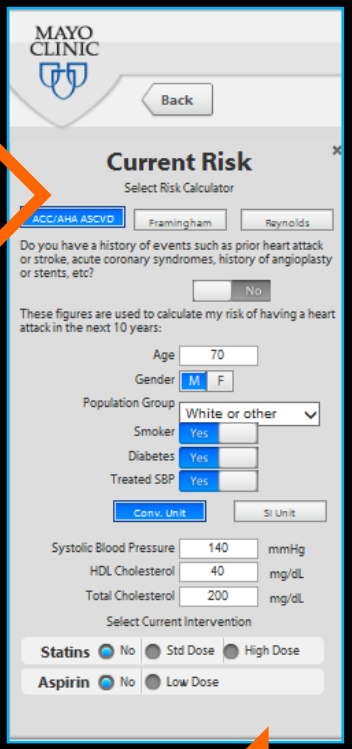
Discussion of cost 4-fold

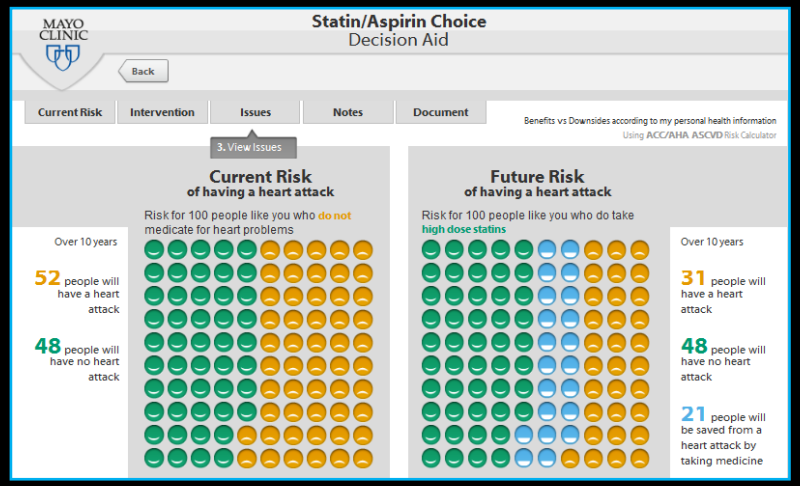
1 in 5 patients cost was the most important issue in choosing a medication

Implementing DAs

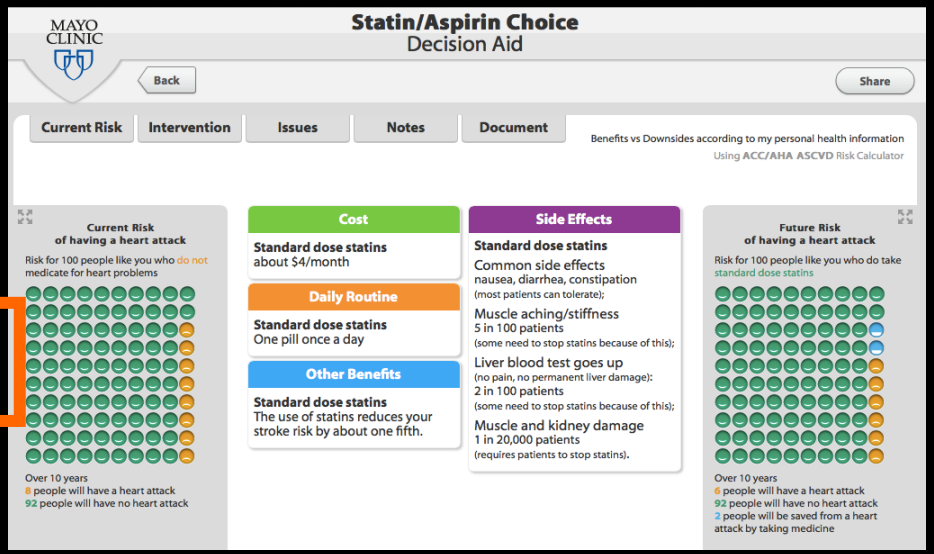
EMR Link

Web





EMR Documentation



http://statindecisionaid.mayoclinic.org

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EMR Documentation

- I have used a decision aid to share decision making with the patient about interventions to reduce the risk of coronary events. We estimated the patient's 10-year of atherosclerotic events at 8% and discussed how this risk could be reduced with the use of statins to 6%. After considering the patient's unique circumstances and the pros and cons of the alternatives, we have decided to...

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For clinicians

- Evidence based information
- Risk calculators
- Graphic representation of benefit and harms
- Help prioritize a situation (chronic pts): which is the most emerging problem?
- Facilitate identification of patient's values and preferences
- Get to know your patients better

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Music instrument won’t play/create music itself just as a decision aid by its own won’t create a bond or care for patients.

Wonderful music without any instruments.

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