WORKSHOP: ENCOUNTER VS PATIENT DECISION AIDS

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EVIDENCE ON DECISION AIDS
Cochrane Review “Decision aids for people facing health treatment or screening decisions”. 2017

- 105 RCT of decision aids versus usual care/other interventions
- 31,043 participants in total
Compared to usual care in a wide variety of contexts, decision aids decrease:

- Feeling uninformed (decisional conflict or unclear about personal values)
- Proportion of patients who remain undecided
Compared to usual care in a wide variety of contexts, decision aids increase:

- Patient knowledge
- Patient involvement in decision making
- Proportion of patients with accurate risk perceptions
- Congruency between informed values and care choices
- Effective patient-clinician communication
- More satisfied with their decision, the decision-making process, and/or the preparation for decision-making compared to usual care

Compared to usual care in a wide variety of contexts, decision aids are uncertain on:

- The effect of decision aids on adherence to treatments

- Patient-clinician communication, some authors are concerned about the potential negative influence that decision aids may have on the relational aspects of the decision-making process

- Cost

- Length of consultation
PATIENT DECISION AIDS (PDA) & ENCOUNTER DECISION AIDS (EDA)
PDA
WHAT ARE THEY?
PDA EXAMPLES

PDA EXAMPLES

What are patient decision aids?
Patient decision aids are tools designed to help people participate in decision making about health care options. They provide information on the options and help patients clarify and Communicate their personal values and preferences. Typically, patient decision aids are used to help individuals make informed choices about their health care.

Why patient decision aids?

The aim of patient decision aids is to improve the quality of decisions. Decision quality is the extent to which patients choose effective and consistent values. The features of options that patients value may include the health status that might be affected by the decision, their attitudes towards the chances associated with the recommended options, their willingness to make trade-offs over time and other issues relevant to the decision, including beliefs about the acceptability of particular health care options.

IPDAS Versions & Use

The criteria of the International Patient Decision Aid Standards (IPDAS) can be used for assessing the quality of patient decision aids. Below are several different ways the IPDAS criteria are used and approved translated versions. For translation to other languages, please refer to the IPDAS Translation Approval Process.

1. Apply the IPDAS criteria to a patient decision aid. The 3 different IPDAS versions are:
   - Original IPDAS checklist (74 items)
Patient Decision Aids

Decision Aid Library Inventory (DALI)

Developers can login to the Decision Aid Library Inventory (DALI) system to enter and manage the information about their decision aids.

To be included in the A to Z Inventory decision aids must:

- satisfy the definition of a patient decision aid;
- Patient decision aids are interventions designed to help people make specific, deliberative choices. They make explicit the decision, providing information on the options and outcomes that are relevant to a patient's health status, and clarify personal values. They are intended as adjuncts to counseling.
- report the date when last updated that is usually not more than 5 years old
- provide references to scientific evidence used
- be publicly available

The Complete Inventory

An abbreviated version of the inventory in Excel format so searchable by developer, health topic or other included criteria.

Download the Complete Inventory (Excel file)
EDA
WHAT ARE THEY?

Decision support tools designed to facilitate collaboration between patients and clinicians in clinical encounters.
Figure 3a. Forest plot comparing knowledge scores for patients who used an encounter patient decision aid versus controls.
The impact of decision aids used during clinical encounters on clinician outcomes and consultation length: A systematic review

Claudia Caroline Dobier1,2, Manuel Sanchez2, Michael R Gionfriddo3, Neri A Alvarez-Villalobos2,4, Naykky Singh Ospina2,5, Gabriela Spencer-Bonilla2, Bjorg Thorsteinsdottir1,6, Raed Benkhadra1, Patricia J Ervin7, Colin P West8,9, Juan P Brito2, Mohammad Hassan Murad1, and Victor M Montori2
Positive effects of decision aids:

Knowledge of risks and benefits

Values and preferences

Accurate risk perception

Active participation in decision making
BARRIERS

1. Time constraints
2. Training on how to use DA
3. Patient characteristics and content
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BARRIERS

1. Time constraints
2. Training on how to use DA
3. Patient’s characteristics and content
ROLE PLAY

SOURCE: https://www.escuelasuperioraeronautica.com/role-plays/la-entrevista-trabajo-auxiliares-vuelo/tcp
We will be simulating a conversation between a patient and a clinician during a clinical encounter in the heart rhythm clinic.

This is a **71-year-old male** with newly diagnosed atrial fibrillation (A Fib). He is an otherwise healthy patient (no history of high blood pressure, heart failure, stroke, vascular disease, or diabetes). This patient has a **low risk of stroke** (CHA2DS2-VASC score of 1).

Clinical guidelines recommend that anticoagulation should be considered. His treatment decision should be based on the patient’s values and preferences.

You will be part of a group of 3-4 people. You can choose to be either the patient, the clinician, or the observer (1-2 people). You will be assigned either a PDA or an EDA.

Consider what you have learned about PDAs and EDAs for your role.
1. Create groups (1 minute)
2. Assign PDA or EDA for each group (2 minutes)
3. Let each group navigate their assigned tool (7 minutes)
   PDA: https://afibdecision.org/?studyId=0000
   EDA: https://afibdecisionclinician.org/?studyId=0000
4. Start simulation activity (15 minutes)
5. Observers of each group share their experience with the group (12 minutes)
6. Open discussion with the whole group (2 minutes)
7. Conclusion (1 min)
PRACTICAL IMPLICATIONS

Evidence shows that these tools have positive impacts, but the real question is how do we incorporate them into practice?

How can EDAs and PDAs be implemented as a routine in clinical practice? How do decision aids fit in your clinical practice?

SOURCE: https://www.rsm.ac.uk/events/ophthalmology/2021-22/opq50/
TAKE AWAY MESSAGES

Several conditions may be necessary for successful implementation, including:

- Good quality decision aids that meet the needs of the patient
- Clinicians willing to use decision aids in their practice
- Effective systems for implementing decision aids
- Proactively seek to practice SDM.

The use of decision aids will not occur without adequate attention to implementation barriers and careful design of effective strategies for introducing and maintaining their use in routine clinical practice.
THANK YOU

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