Informed Decision Making

Presented by UIC-CON
Objectives

- Develop an understanding of Informed Decision Making/Shared Decision Making (IDM/SDM): Definition, contexts, theories, other factors
- Gain an awareness of challenges to achieving effective IDM
- Identify Patient Rights
- Gain knowledge of information resources
- Develop understanding of competencies suggested for more effective IDM for both physicians and patients
Informed decision-making comes from a long tradition of guessing and then blaming others for inadequate results. ~Scott Adams

Human decision-making is complex. On our own, our tendency to yield to short-term temptations, and even to addictions, may be too strong for our rational, long-term planning. ~Peter Singer

Physicians most likely would argue that there is simply insufficient time to adopt the shared decision making approach, particularly in the current managed care era in which most office based physicians feel pressured to see an increasing number of patients in the same amount of time. ~Dr. Michael J. Barry

Source: [http://www.brainyquote.com](http://www.brainyquote.com)
Definition

An informed decision is one where a reasoned choice is made by a reasonable individual using relevant information about the advantages and disadvantages of all the possible courses of action, in accord with the individual’s beliefs.
A set of principles for informed/shared decision making (IDM/SDM):

- At least two participants, the clinician and patient be involved;
- That both parties take steps to build a consensus about the preferred treatment;
- And that an agreement is reached on the treatment to implement.
History of IDM/SDM

- The traditional style of medical decision-making where doctors take sole responsibility for treatment decisions is being challenged.

- Critics of shared decision-making argue that most patients do not want to participate in decisions.
Data-informed decision-making (DIDM) refers to the collection and analysis of data to guide decisions that improve success.

While *data-driven* decision-making is a more common term, *data-informed* decision-making is a preferable term since decisions should not be based solely on quantitative data. [http://en.wikipedia.org/](http://en.wikipedia.org/)
Health Care: Many clinicians have called for an increased emphasis on the patient's role in clinical decision making. However, little is known about the extent to which physicians foster patient involvement in decision making, particularly in routine office practice.

How well do physicians foster the informed participation of patients in important clinical decisions?

PAR: procedures, alternatives and risks
Contexts

- Business
- Education
Challenges

- Patient/physician reports
- Direct observation
- Complexity
Challenges

- “It would take too much time to do all that”
- “But we [physicians] already do that”
- “What about patients who don’t want to be involved?”

Challenges to putting informed shared decision making into practice are perceived lack of time, physicians’ predisposition and skill, and patients’ inexperience with making decisions about treatment
Barriers

- Unfounded concerns about the capacity of persons with mental illnesses to make informed decisions,
- Discomfort on the part of some mental health care providers at the shift in roles required by SDM,
- Unease on the part of some mental health consumers regarding their ability to take the responsibilities offered through SDM,
- Lingering public fear and prejudice around mental illness and persons with mental illnesses.
Advantages

- Practitioners can best obtain relevant information on illnesses and intervention (Charles & Demaio, 1993).
- Clients can best make decisions because of the unique values they place on outcomes and the necessary tradeoffs based on preferences and needs (Charles & Demaio, 1993).
- SDM is a self-evident right because each person should determine what happens to his or her body (Nelson, Lord, & Ochocka, 2001).
- Surveys demonstrate near universal client desire to receive health care information and to participate in treatment decision-making (Benbassat, Pilpel, & Tidhar, 1998).
Advantages, continued

- SDM leads to improvements in the provider-client relationship and health outcomes, such as treatment adherence, treatment satisfaction, and biomedical outcomes (Stewart, 1995).
- An SDM orientation can be very effective in promoting consumer engagement in and responsibility for his or her care. They may generalize to other facets in an individual’s recovery plan.
- An interaction of mutual respect is fostered and modeled. This can be a confidence builder for consumers.
- SDM can be empowering to individuals (Schauer et al., 2007).
Disadvantages

- Clients may experience regret, or may reject options to spare themselves the possibility of regret (Loomes & Sugden, 1982).
- There is difficulty in valuing options because clients cannot foresee how they will adapt to illness (Jansen, Kievit, Nooij, & Stiggelbout, 2001).
- The anticipation of choice and control may lead to disappointment when expectations meet clinical realities (Adams & Drake, 2006).
- Consumers may be concerned about making a physician or provider angry if they do not choose the recommended course of treatment (Schauer et al., 2007).
Models of Informed Consent

- Event Model
- Process Model
Knowing Your Rights

- Right to see and copy your medical records
- Right to obtain copies of tests
- Right to privacy and confidentiality of your medical records
- Right to seek second opinions
- Right to register complaints
- Right to full disclosure if you are asked to participate in clinical trials or research studies
- Right to refuse treatment at any time
- Right to be informed about and consent to any treatment
Process

- Recognition that a decision needs to be made;
- Identification of partners in the process as equals;
- Statement of the options as equal;
- Exploration of understanding and expectations;
- Identifying preferences;
- Negotiating options/concordance;
- Sharing the decision; and
- Arranging follow up to evaluate decision-making outcomes.

Simon et al. (2006)
Factors Associated with IDM

Decision Context

Type of health decision

Seriousness of the outcome

Familiarity with the decision

Level of Certainty

Health domain

Recipient
Factors Associated with IDM

1. All possible information/rely on MDs recommendation/intuitive “gut” response
2. Personality traits, need for control, beliefs about patient/doctor roles, current state of health or illness, degree of depression/anxiety, individual’s ability to understand health information

Decision Maker: Varying degrees of involvement
Factors Associated with IDM

Heuristics

- Experience-based techniques for problem solving, learning, and discovery that give a solution which is not guaranteed to be optimal.
- Used to speed up the process of finding a satisfactory solution via mental shortcuts to ease the cognitive load of making a decision.
- Strategies using readily accessible, though loosely applicable, information to control problem solving in human beings and machines.
- Examples: Using a rule of thumb, an educated guess, an intuitive judgment, stereotyping, or common sense.

Decision Making Theories

- Normative theory
- Descriptive theory
- Prescriptive theory
Competencies

- The set of knowledge, skills, and abilities needed for the practice of informed shared decision making
- A framework for teaching, learning, practice, and research
- Mainly related to communication skills
Competencies: Physicians

1. Develop a partnership with the patient
2. Establish or review the patient’s preferences for information (such as amount or format)
3. Establish or review the patient’s preferences for role in decision making (such as risk taking and degree of involvement of self and others) and the existence and nature of any uncertainty about the course of action to take
4. Ascertain and respond to patient’s ideas, concerns, and expectations (such as about disease management options)
5. Identify choices (including ideas and information that the patient may have) and evaluate the research evidence in relation to the individual patient.

6. Present (or direct patient to) evidence, taking into account competencies 2 and 3, framing effects (how presentation of the information may influence decision making), etc. Help patient to reflect on and assess the impact of alternative decisions with regard to his or her values and lifestyle.

7. Make or negotiate a decision in partnership with the patient and resolve conflict.

8. Agree on an action plan and complete arrangements for follow up.
Competencies: Physicians, cont.

- Explicitness
- The informed patient
- The informed physician
- Shared decision making
- Completeness
Competencies: Participants

- Define (for oneself) the preferred doctor-patient relationship
- Find a physician and establish, develop, and adapt a partnership
- Articulate health problems, feelings, beliefs, and expectations
- Communicate with the physician; Understand and share relevant information
- Access and Evaluate Information
- Negotiate decisions, give feedback, resolve conflict, agree on an action plan
The defining characteristics of partnership derive from the models of mutual participation and contracts.
Partnership

- Implies mutual responsibilities (both physician and patient have something to gain and contribute)
- Requires attention to, and explicit discussion about, the relationship
- Is dynamic and adapts to changing circumstances of either party
- Can be initiated at any time, but takes time to develop; most encounters ought to provide opportunities for partnership building
- Is key to the other informed shared decision making competencies.
Identifying Information Resources

- Medical textbooks (see resources)
- Medical journals, peer-reviewed/non-reviewed
- Physician guidelines
- Consumer health books/magazines
- Medical newsletters
- Pamphlets and booklets
- Programs and abstracts
Identifying Information Resources

- Audiotapes and videotapes
- Computer databases and CD-ROMs
- News reports (newspapers, television and radio news, television documentaries)
Individuals must receive the following in order to meet informed consent requirements:

1. Diagnosis
2. Discussion of proposed treatment and benefits
3. Knowledge of risks and chances of success
4. Knowledge of alternative forms of treatment
5. Prognosis if treatment is refused
6. Opportunity to ask questions
7. Consent forms
Requirements

- Individuals must meet the following requirements in order to legally give informed consent:
  1. Fully informed
  2. Of legal age
  3. Mentally competent of making a decision about the treatment
  4. Be able to consent voluntarily (Individuals should feel free to question, accept or reject treatment)
Questions to Ask Your Doctor

- What are the side effects, both short- and long-term, of the proposed treatment(s)?
- What are the known survival rates with and without treatment?
- Is this treatment covered by my insurance, Medicaid, Medicare, or HMO?
- What treatment or specialists would you recommend if there were no restrictions or insurance guidelines?
Questions to Ask Your Doctor

- What life changes will be necessary during treatment?
  - Will I need to quit my job?
  - Will I need to travel to a medical center for some period of time?
  - Will I need help in my home during the recovery period?

- What will be my expected quality of life during and after treatment?
  - Will I be bedridden for a long period of time or permanently?
Questions to Ask Your Doctor

- Does the HMO or insurer compensate you for seeking this course treatment over others?
- What medical assistance will I need during recovery?
  - Will I need and have access to physical therapists, home nursing, etc.?
Outcomes of IDM

- Limited research on SDM in mental health care, but evidence does exist that components of SDM result in positive outcomes for health care consumers.
- The use of client-centered communication reduces consumer stress and improves functional status.
- Consumers who report fully expressing themselves and receiving all the requested information had better functional outcomes than those who did not.
- The provider’s ability to “display concern, warmth, and interest” was the most powerful predictor of consumer satisfaction (Adams & Drake, 2006, p. 94).
Can decision making be facilitated?

Do people who have more information make better decisions?

Does the way in which we present information change the effectiveness of the decision?

Does the context affect decision making?

Does the effectiveness of information on decision making vary by medical setting?
I CHOOSE

To live by choice, not by chance,
To be motivated, not manipulated,
To be useful, not used,
To make changes, not excuses,
To excel, not compete.

I choose self-esteem, not self-pity,
I choose to listen to my inner voice,
not to the random opinions of others.
Questions
Our **Decision Aid Library** (Dartmouth-Hitchcock) includes a video about shared decision making, *Getting The Healthcare That's Right For You*. The video provides an introduction to evidence-based medicine and shared decision making.

**Adrian Edwards** and **Glyn Elwyn** (eds.) “Shared decision-making in health care: Evidence-based patient choice” Second Edition 02 April 2009
SAHMSA: “Shared Decision-Making in Mental Health Care Practice, Research, and Future Directions”  
SMA09-4371; 9/2011  
Gives an overview of shared decision-making (SDM), an intervention that enables people to actively manage their own health. Examines research on the effects of SDM in general and mental health care and includes recommendations for advancing SDM in practice.
Bekker., H, et al., Informed Decision making: an annotated bibliography and systematic review (Health Technology Assessment 1999; Vol 3: No1)
Oster, Joseph; Thomas, Lucy; Joseff, MD Darol: Making Informed Medical Decisions, O’Reilly, 2000