CPC
Comprehensive Primary Care

Equity and Shared Decision Making

Finding Answers: Disparities Research for Change

www.solvingdisparities.org

A National Program of the Robert Wood Johnson Foundation with Direction and Technical Assistance from the University of Chicago

Introductory Comments

Perry W. Payne Jr., MD/JD/MPP
CMMI/CMS

Presenters from Finding Answers

Rachel Voss-DeMeester, MPH

Mona El-Shamaa, MPH

Health Equity and CPC

1. Health equity is an integral part of quality
2. Tailor quality improvement interventions to reduce disparities and improve quality
3. Focus on equity to maximize the impact of your CPC work

Finding Answers
Disparities Research for Change
www.solvingdisparities.org

Agenda

- Linking Equity and Shared Decision Making
- Equity Issues to Consider when Implementing Shared Decision Making
- Stories from the Field

Agenda

- **Linking Equity and Shared Decision Making**
- Equity Issues to Consider when Implementing Shared Decision Making
- Stories from the Field

Shared Decision Making

1. Bidirectional exchange: health information + patient preference

2. Discussion, Deliberation & Physician Recommendation

3. Agreeing on a decision

- *"SDM is supported by evidence from 86 randomized trials showing* ***knowledge gain*** *by patients, more* ***confidence in decisions****, more* ***active patient involvement****, and, in many situations, informed patients elect for more conservative treatment options."*

(Stacey, et al, Cochrane Database of Systematic Reviews, 2010)

SDM in PY 2013 and PY 2014

- CPC Milestone 7 (SDM):
  - Identify a decision point
  - Implement a decision aid and integrate it into clinical processes
  - Monitor usage
- As you plan, understand and anticipate the needs of diverse patients to better engage them.
  - Use culturally tailored outreach and introductions
  - Maximize SDM participation rates

Equity-focused SDMs' benefit to practices

- Incorporating equity concerns now may help you later
  - SDM improves patient-centeredness and individualized (tailored) care
  - Improving patient-centeredness and reducing health disparities improves overall quality (CPC goal)
  - SDM increases patient satisfaction (CPC Milestone 4)
  - Care Management (Milestone 2) that incorporates SDM has been shown to be more effective and reduce costs

Beyond the Milestone

- Decision aids are an important way to deliver SDM:
  - Also consider more open-ended conversations that are patient-directed
- Decision aids can (and should) enhance communication.

Invest in SDM

- SDM conversations do take already-limited physician time, especially for complex patients.

- **But,** time spent on SDM is an investment.
  - Improve patient-provider communication
  - Improve efficiency
  - Improve outcomes

When to use decision aids

- Consider a Comprehensive SDM approach:
  - Discrete one-time decisions vs. many "micro-decisions" (chronic disease)
  - Pick decision aids that address an identified weakness in adherence or patient knowledge
  - Supplement decisions aids with less-structured discussion

Disparities reduction and SDM

- Poor adherence and a lack of patient understanding can drive disparities.
- SDM increases adherence and patient knowledge.
- SDM increases patient engagement.
- SDM helps providers understand patient preferences and barriers to treatment.

Agenda

- Linking Equity and Shared Decision Making
- **Equity Issues to Consider when Implementing Shared Decision Making**
- Stories from the Field

Engage Diverse Patients in SDM

- Before SDM takes place, clinicians need to offer it, and patients need to agree to participate.
  - Clinicians sometimes offer SDM less frequently to racial minority populations.
  - However, racial minorities prefer SDM as frequently as whites.

Engage Diverse Patients in SDM, cont'd

- To increase uptake of SDM, introduce SDM in a culturally adapted way.

- Reasons that some populations may be more skeptical of sharing decision-making:
  - Lack of trust
  - Resignation to lower-quality care

Ensure Culturally Competent Communication

- Ensure that SDM conversations are culturally competent.
  - Engage with the broader social network

- SDM conversations should encourage two-way discussion.
  - Educate the patient
  - Elicit patient goals and preference

www.minorityhealth.hhs.gov

Account for Health Literacy and Numeracy

- As a group, minority patients are at significant risk for low health literacy.
- Health literacy AND numeracy affect patient decisions
  - Shape understanding of options and outcomes
  - Can affect adherence and self-management
- Patients may require assistance to navigate complex information (and decision aids)

Focus on Patient Needs

- Learn how values differ among population subgroups.
- Be aware of multiple identities (gender, sexual orientation, religion, etc.).
- Involve family where appropriate.
- Communicate health consequences clearly and respectfully.
- Be aware of external factors that affect patient risk assessment.

Choose the Right Decision Aids

- Mode of delivery may affect impact.
- Decision aids should be engaged jointly, with patient and provider discussing the questions and information within the aid.

CPC
Comprehensive Primary Care

Stories from the Field

Shared Decision-Making: African-Americans with Diabetes

Monica E. Peek, MD, MPH
University of Chicago
Section of General Internal Medicine
Chicago Center for Diabetes Translation Research

IMPROVING DIABETES CARE AND OUTCOMES ON THE SOUTH SIDE OF CHICAGO

Get Involved, Participate!

DONATE | VOLUNTEER | ADVOCATE

HOME | INFORMATION FOR PATIENTS | ABOUT THE PROJECT | OUR PROJECT SITES | MEET THE TEAM

Our six participating clinics, dedicated to improving diabetes care and outcomes, assemble for one of their Quarterly Meetings to share recent successes and discuss ongoing challenges. **Read More >**

Information for Patients »

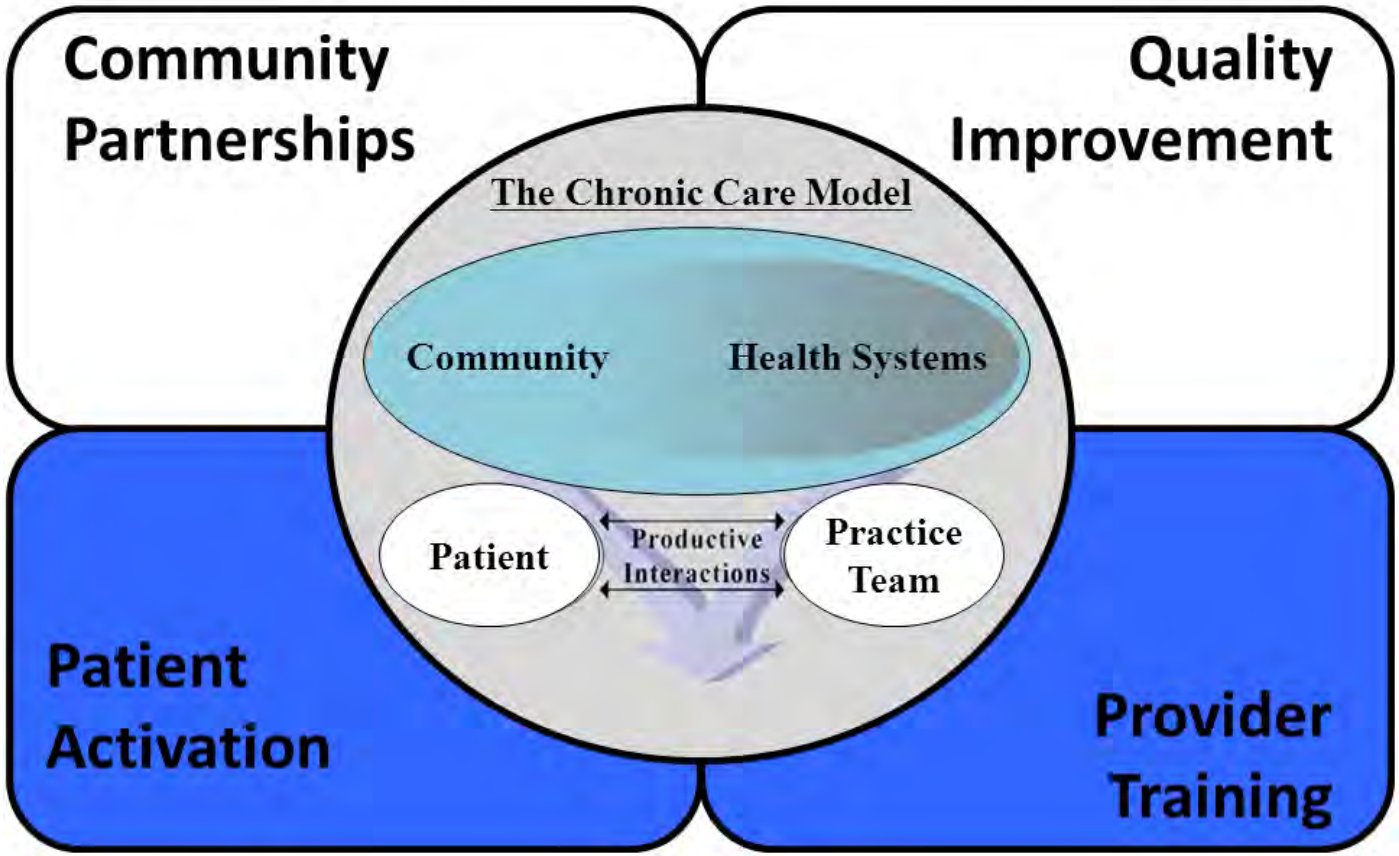
Improving Diabetes Care and Outcomes on the South Side of Chicago

We aim to reduce widely documented disparities in diabetes, to increase awareness of diabetes issues, and to empower the South Side community to use its knowledge, partners and resources to combat this disease.

New on SouthSideDiabetes.org

Read our January 2012 article in *Health Affairs* and the accompanying feature describing our collaborative approach to diabetes care.

IMPROVING DIABETES CARE AND OUTCOMES ON THE SOUTH SIDE OF CHICAGO



Patient Activation: SDM

- Patient communication training
  - Culturally tailored diabetes education
  - Shared decision-making
  - Weekly staff-led classes
- SDM
  - Interactive Education
  - Video, Game, Role-Play
- Improvements
  - Confidence
  - Behaviors
  - Diabetes Control
- www.southsidediabetes.org

SDM: Role of Narrative

"**It changed how I interact with the doctor**… **by me seeing the video, I did have the presence of mind to at least ask**, 'What is this [medication] for? How often should I take it?'" [Film]

"**They kind of built me up**… we'd be like we're at a doctor's session … and then she would say things that she know is not right either, but then **she wants to know are we going to catch on to it and just let it go or will we just speak up**? … sometimes you don't be wanting to question your doctor and it be kind of hard, especially if you really like them and stuff. So, **she was just like building us up so that you've got to be able whether you like the doctor or not**." [Role play]

Building an SDM Foundation

- Empower patients (Pt/physician relationship)
  - Let them know you value their opinion (and why)
  - Tell them about the "3Ds" (Discuss, Debate, Decide)
  - Increase their expectations about involvement in care (partners)
  - Chronic SDM: multiple micro-decisions to revisit over time
- Address uncomfortable barriers
  - Trust
  - Perceived discrimination
  - Cultural differences
- Involve support staff (organizational culture)
  - Staff meetings
  - Resources in waiting room (SDM video, posters/flyers)
  - Pre-visit coaching by LPN, MA (goals for discussion, 2 key questions)
  - Diabetes/health educator; incorporate SDM messages/skills

Funders

- Merck Company Foundation
- NIDDK R18 DK083946
- NIDDK P30 DK092949
- NIDDK K23 DK075006
- NIDDK K24 DK071933
- University of Chicago CTSA Pilot and Collaborative Translational and Clinical Studies Award

CPC
Comprehensive Primary Care

Personalized Decision Support for Older Patients with Diabetes

Elbert S. Huang, MD MPH FACP
University of Chicago

Diabetes Care Guidelines Now Emphasize Individualization

- Older patients (>60) represent 50% of the diabetes population.
- Care goals for general population (A1C<7.0%) may not always be appropriate.
- New guidelines emphasize individualization.
  - Health status (e.g., comorbid illnesses, frailty)
  - Patient preferences
- May be difficult to implement in practice.

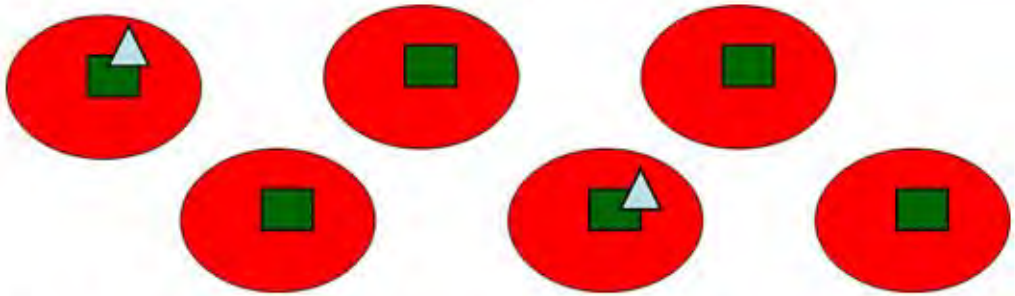
Personalized Diabetes Care Web-Based Tool

- Provide personalized calculations*
  - Life expectancy
  - Risk of developing complications
- Elicit treatment preferences
  - Desire to avoid complications
  - Desire to avoid medications
- Screening results for geriatric conditions

**Ann Intern Med.* 2008; 149(1): 11-19.

What is an A-1-C Test?

- The A-1-C test is a blood test that allows doctors to see how many hemoglobins have sugar attached to them.



- The A-1-C test shows how high or low your daily blood sugars have been the past few months.

<< BACK

NEXT >>

© 2011 The University of Chicago
5801 South Ellis Avenue
Chicago, Illinois 60637
(773) 702-1234

ID:	6.7031

PERSONAL DIABETES CARE RESULTS

Please take these results of the survey with you to your doctor's appointment. He or she can explain to you what it means for you and your current treatment of your diabetes.

All About You	
Age:	77
Sex:	F
Weight:	138 lbs
Height:	5 feet 4 inches
BMI:	23.68505
Duration of Diabetes:	16 yrs

General Health Questions	
1. Are you a smoker?	No
2. Do you have trouble with bathing and showering?	No
3. Do you have trouble remembering to pay your bills?	No
4. Do you have trouble walking many blocks?	No
5. Do you have trouble pushing large objects such as a chair?	No

Implementation Decisions

- When should tool be used?
  - Clinic is busy!
- How do we give access to a web tool?
  - 80% of older South Side Chicago patients do not have access to internet
- What about literacy and language?
- How to feed information to doctor?

Implementation Decisions

- When should tool be used?
  - Before a clinic visit
- How do we give access to a web tool?
  - Computer in private room with assistant
- What about literacy and language?
  - Low literacy language
  - Spanish language version to be developed
- How to feed information to doctor?
  - Patient brings printout to visit

Conclusions from Pilot Trial

- Personalized decision support tool :
  - Encouraged active A1C goal selection discussion
  - Decreased patient decisional conflict
  - Had tendency to increase appropriate personalization of A1C goal based on life expectancy
- Mirrors general findings from other decision aid trials

Implementation Takeaways

- Have to consider pace of clinic when deploying decision support tool
- Create a special space – library
- Access considerations
  - Patients may not have computer/internet
  - Literacy and numeracy
  - Will likely need assistant
- Despite challenges, patients generally like and appreciate decision support

Questions and Answers

REMINDER:
Equity and CPC follow-up sessions

- Patient Experience
  - Tuesday, February 18 at 2 p.m. Eastern
- Care Management
  - Wednesday, February 26 at 2 p.m. Eastern

What Is Next?

- March 4 (Noon ET): MS3: Asynchronous Access
- March 11 (1 p.m. ET): Put a Feather in Your CAHPS: Reviewing CPC CAHPS Results
- March 18 (1 p.m. ET): Deep Dive into Behavioral Health Integration
- March 20 (11:30 a.m. – noon ET): CPC Attributions Refresher
- March 20 (Noon – 12:30 p.m. ET): National Open Mic
- March 25 (2 p.m. ET): Deep Dive into Self-Management Support

This material was prepared by TMF Health Quality Institute under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. Any statements expressed by the individual and resources cited in this publication are not an opinion of, nor endorsement by, TMF or CMS.