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Engaging Providers and Veterans in Shared Decision Making

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LEARNING OBJECTIVES

1) Identify the steps of Shared Decision Making (SDM)
2) Describe findings from a small scale systemic implementation of a SDM intervention
3) Provide an overview and introduction to a newly developed SDM web-based provider training

PERSON CENTERED CARE AND SHARED DECISION MAKING

- Patients and families can bring useful knowledge to care if they are invited to do so (Berwick, 2009)
- SDM promotes active patient involvement in all decisions about treatment and services (Curtis et al., 2010)
- SDM reflects values and processes of patient- or person-centered care, puts the person back at the center of patient-centered care (Drake & Deegan, 2009 as cited in Curtis et al., 2010)
- SDM is about the journey to a decision, not the destination

RECOMMEND SHARED DECISION-MAKING

PROVIDER

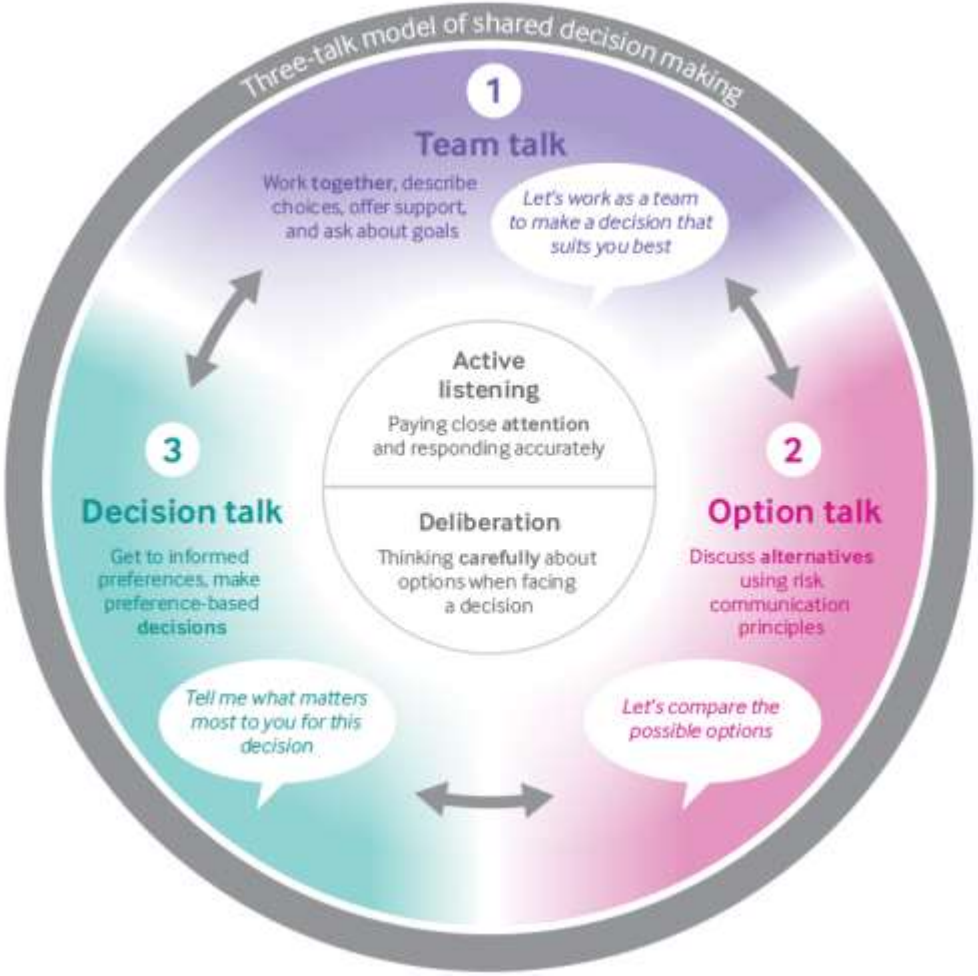
PATIENT

Paternalism

Informed Decision Making

Shared Decision Making is an approach in which providers and patients communicate together using the best available evidence to make decisions.

A Model of Shared Decision Making



Elwyn et al., (2017). A three-talk model for shared decision making: multistage consultation process. *BMJ*, *359*(j4891), 1.

SDM IS NOT

- Giving your patient a brochure
- Only presenting options you personally can provide
- Telling your patient about only 1 option
- Always doing whatever your patient wants
- Forcing your patient to be involved in decisions

BARRIERS TO SDM

- Time
- Structure of the setting
  - How many opportunities for choice are there?
  - Do we systemically support choice?
- Individual provider bias
- Patient discomfort with engagement

EXAMPLE: SMALL SCALE SYSTEMIC IMPLEMENTATION

BRIEF REPORT

Evaluation of a Shared Decision-Making Intervention on the Utilization of Evidence-Based Psychotherapy in a VA Outpatient PTSD Clinic

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The Veterans Health Administration (VHA) has continued to emphasize the availability, access, and utilization of high quality mental health care particularly in the treatment of posttraumatic stress disorder (PTSD). While dissemination and availability of evidence-based psychotherapies (EBPs) have only increased, treatment engagement and utilization have continued to be oft-noted challenges. Administrators, researchers, and individual clinicians have continued to develop and explore novel systemic and individualized interventions to address these issues. Pilot studies utilizing shared decision-making models to aid in veteran treatment selection have demonstrated the impact this approach may have on selection of and engagement in EBPs for PTSD. Based on these promising studies, a Department of Veterans Affairs (VA) outpatient PTSD clinic began to implement a shared-decision making intervention as part of a clinic redesign. In seeking to evaluate the impact of this intervention, archival clinical data from 1,056 veterans were reviewed by the authors for rates of treatment selection, EBP initiation, session attendance, and EBP completion. Time elapsed from consult until EBP initiation was also computed by the authors. These variables were then compared on the basis of whether the veteran received the shared-decision making intervention. Veterans who received the intervention were more likely to select and thus initiate an EBP for PTSD sooner than veterans who did not receive this intervention. Veterans, whether receiving the intervention or not, did not differ in therapy session attendance and completion. Implications of these findings and directions for future study are further discussed.

Keywords: veterans, shared decision-making, evidence-based psychotherapy, posttraumatic stress disorder, PTSD

Table 1

Treatment Differences Based on Engagement in Shared Decision-Making Intervention

Measure	No session	Session	Statistic
Treatment choice			$\chi^2 = 17.33^*$
EBP for PTSD (%)	47	55	
Trauma prep group (%)	36	23	
No Tx alternative referral	17	22	
EBP start (%)			$\chi^2 = 00.01$
No EBP start (%)	34	33	
EBP start (%)	66	67	
Tx completion status			$\chi^2 = 03.80$
No response to scheduling outreach (%)	17	13	
Treatment started but no EBP (%)	17	21	
Discontinue EBP (%)	28	24	
Complete EBP (%)	38	42	
Average EBP session attendance	8.4	8.9	$t = -.985$

Note. EBP = Evidence-based psychotherapy (i.e., prolonged exposure or cognitive processing therapy); Tx = treatment.
* Significance at $p < .001$ level.

Hessinger, J. D., London, M. J., & Baer, S. M. (2017). Evaluation of a Shared Decision-Making Intervention on the Utilization of Evidence-Based Psychotherapy in a VA Outpatient PTSD Clinic. *Psychological Services*, *14*(2), 000.

PATIENT EXPERIENCE

Satisfaction data (n=132) from PCT utilizing SDM as part of treatment planning

- "I think today's appointment was helpful"
  - 93% Agree/Strongly Agree
- "I received enough information regarding treatment options"
  - 96% Agree/Strongly Agree
- "I had an active voice in making my treatment decision"
  - 98% Agree/Strongly Agree
- "I felt my provider made the treatment decision for me"
  - 75% Disagree/Strongly Disagree
- "I am confident about moving forward in treatment"
  - 91% Agree/Strongly Agree

PROVIDER EXPERIENCE

Anonymous 6 month post SDM training survey (n=12)

- 75% able to identify all 3 types of talk (Team talk most often not identified)
- Estimated average time for SDM: 21 minutes
- "I think that SDM is a valuable process to utilize with patients"
  - 100% Agree/Strongly Agree
- "I believe that treatment planning should be determined by:"
  - 58% : "50% Provider/ 50% Patient"
  - 25% : "55% Provider/ 45% Patient"
- "I think SDM is a fancy name for something I am already doing"
  - 64% Agree/Strongly Agree
- "If I am going to forget one type of SDM "talk" it will be
  - 64% Choice/Team Talk
  - 27% None; I am perfect
- "I present "no treatment" as a treatment option:
  - 100% Yes
- Barriers to SDM
  - 55% "Time"
  - 36% "Patient does not want to engage"

NEWLY DEVELOPED
SHARED DECISION MAKING PROVIDER TRAINING

New Training Available for CE Credit

Are you looking for new ways to build trust with clients in a way that is empowering and motivating? Consider adding Shared Decision Making (SDM) to your practice, or brushing up on the SDM skills you already use.

The VA is offering an interactive, web-based training course on SDM. The course was specifically designed for mental health providers who work with the Veteran population, so you'll be able to practice skills in an online environment that simulates your real-world, on-the-job environment. During the course, you will engage in case scenarios and interactions that identify readiness to implement SDM, increase understanding of the SDM process, and demonstrate best practices in SDM.

The course is divided into small modules so you can easily focus on the experiences that fill in your own knowledge gaps. The course will be available via the VA Talent Management System by Summer 2018. Continuing education units will be available for VA employees.

The early reviews are already in! See what your colleagues are saying about this online experience:

> *"...I know a lot of people that would love to have [these] potential scenarios. My favorite part was the decision tree. That was invaluable."*
>
> *"I think it's a good learning tool...better than the average TMS trainings."*

TRAINING COURSE PURPOSE

- Mental Health Provider Training (available VA-wide via TMS this Summer)
- Essential, core component of the VA's national competency-based Evidence-Based Psychotherapy (EBP) Training Program
- Goals are to:
  - Promote SDM and evidence-based practices
  - Provide practical examples and models of SDM with Veterans with a range of mental health conditions, including depression, posttraumatic stress disorder, substance use disorders, and serious mental illness

TRAINING COURSE OBJECTIVES

- Describe the principles of SDM
- Identify the steps of SDM, as outlined in the training
- Identify common barriers to using SDM
- Describe the potential benefits of SDM for Veterans, providers, and healthcare systems
- Identify and practice applications of SDM with Veteran populations

SDM PROGRAM EVALUATION PLAN

- Objective – To evaluate the impact of web course participation in the domains of

Provider Knowledge

- *What information about SDM do clinicians have before/after engaging in training?*

Provider Attitudes and Perceptions

- *What are clinicians' perceptions of SDM before/after engaging in training?*

Provider Confidence in Using SDM

- *How confident do clinicians feel in their ability to engage Veterans in SDM before/after training?*

Provider Use of SDM in Practice*

- *After training, to what extent do clinicians report using SDM?*

** Only applicable to participants who complete course as part of EBP Training Program requirements*

SDM PROGRAM EVALUATION PLAN

Provider Knowledge

- Questions to assess knowledge acquisition
- Administered before and after web course
- *"How is shared decision-making defined?"*
- *"What are the benefits of shared decision-making?"*

Provider Attitudes and Perceptions

- Patient-Practitioner Orientation Scale (PPOS; Krupat et al., 2000)
- Administered before and after web course
- *"The provider is the one who should decide what gets talked about during a visit"*
- *"Patients should be treated as if they are partners with the provider"*

Provider Confidence in Using SDM

- Questions to assess confidence in applying SDM skills
- Administered before and after web course
- *"I feel confident providing detailed information about a range of treatment options"*
- *"I feel confident in my ability to assess and discuss Veterans' strengths, values, needs, and preferences"*

Provider Use of SDM in Practice*

- Dyadic Option Scale (Melbourne et al., 2010)
- Administered to providers and Veterans while provider is participating in EBP consultation
- *"The advantages, disadvantages, and possible outcomes of options were discussed"*
- *"The possibility of coming back to the decision was discussed"*

**Only applicable to participants who complete course as part of EBP Training Program requirements*

RELATED SDM RESOURCES

TreatmentWorksForVets.org

- The toolkit and overall website have been created as public resources for Veterans and providers within the VA health care system, as well as those in community settings, for promoting shared decision-making to increase EBP uptake and engagement
- The toolkit may be accessed through a Provider portal of the TreatmentWorksForVets website (TreatmentWorksForVets.org/Provider), or as a standalone resource

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Thank you!