

## CMO4: SDM as part of a wider culture change

### Intervention studies

Author and year	Study design	Participants	Intervention	Supporting evidence
Health Foundation 2017 <sup>1</sup>	Video describing SDM for deprescribing in care homes	Older adults living in care homes	Structured reviews were carried out by clinical pharmacists. Their findings then discussed at an appointment at care home which involved the resident, the resident's family, a pharmacist and a nurse from the care home. Where possible, the resident's GP also attended this meeting. Together, they made decisions about which medications to stop, change or add.	<ul style="list-style-type: none"> <li>• Evaluation showed it significantly reduced unnecessary prescribing across care homes and reduced the risks of harm to residents caused by medications.</li> <li>• Net annualised savings of £77,703 or £184 per person reviewed.</li> </ul>
Austin 2015 <sup>2</sup>	Systematic review	Adults living with advanced or life-limiting diseases including 2 about older	Decision tools for serious illness – print, video, or web-based tools for advance care planning (ACP) or decision aids for serious illness Most are designed to be used prior to the consultation.	<ul style="list-style-type: none"> <li>• Decision aids for the seriously ill could reduce health care intensity and costs by decreasing unwanted major high-cost interventions or hospitalizations; these outcomes have not been studied.</li> </ul>

		people and 4 about dementia		
Elwyn 2013 <sup>3</sup>	Systematic review (17 studies)	Not specified	<p>Focused on work designed to implement patient decision support interventions (DEIs) into routine clinical settings.</p> <p>Included: 1) brief tools designed for use in synchronous encounters (face-to-face or mediated by other means) and 2) more extensive tools (booklet, video, DVD, or websites) that clinicians recommend patients to use, either before or after clinical encounters.</p>	<ul style="list-style-type: none"> <li>• Little evidence of sustainable adoption at organisational levels.</li> <li>• ‘Reliance on clinicians to refer patients to these tools leads to limited utilization, and so using system-based approaches, where feasible, may help reach more patients.’ p6</li> <li>• ‘for those with undifferentiated problems identifying decision support needs ahead of a visit may be impossible.’ p6</li> <li>• Review suggests many professionals ‘<b>distrust</b>’ the content of the tools, question their evidence-base and believe that they do not reflect local data.</li> </ul>
Holmside Medical Group 2014 <sup>4</sup> UK	Case study	Primary care	The Year of Care - an initiative to give holistic care for people with multimorbidity. Involving all clinical staff and the patient/family in producing, monitoring and updating a care plan which focuses on the QoL for the patient.	<ul style="list-style-type: none"> <li>• Patient satisfaction and engagement has increased, there are less unplanned attendances at the practice (not clear how this was measured).</li> <li>• ‘Experience from elsewhere would suggest that it takes two or three years to make a difference to clinical outcomes as habits of both patients and professionals die hard and engagement increases over a number of care planning cycles.’ p8</li> </ul>

			<p>A lot of cross-disciplinary training. E.g. receptionists trained as Phlebotomists, nurses gaining generic skills etc.</p> <p><b>Patient &amp; Carer preferences &amp; goals</b></p> <p><b>Interprofessional working</b></p>	<ul style="list-style-type: none"> <li>• QOF figures remained the same.</li> </ul>
<p>Glenpark Medical Practice 2016 <sup>5</sup> UK</p>	<p>Report of the introduction, implementation &amp; impact of Care &amp; Support Planning for people with multiple LTCs.</p>	<p>Patients with long term conditions</p>	<p>The Year of Care initiative Practice staff all focused on holistic approach to care for people with multimorbidity. Longer appointment times with algorithm for adding extra time. Combines all chronic disease monitoring into one annual review.</p>	<ul style="list-style-type: none"> <li>• Pts <b>feel free to ask questions</b> and feel that the HCPs are <b>interested in them</b> as people not just in the condition. “I feel like I can ask the questions rather than just being questioned” .... “They were interested in how I felt” ... “I got a chance to ask things rather than being asked” ... “I learned a lot”. p3</li> <li>• ‘Conversations are different now – the agenda setting prompt has given patients <b>permission</b> to talk about things and has led to some more interesting conversations’. p1</li> <li>• ‘the implementation of the process has valued the development of the staff as much as it has valued the expertise and lived experience of the patients’. p2</li> <li>• ‘staff are enthusiastic and enjoy working in a different way’. p4</li> <li>• ‘patients like the new system’. p4</li> <li>• QoF data collection all done in one go so less chasing up at end of year.</li> </ul>

				<ul style="list-style-type: none"> <li>Health outcome data not reported.</li> </ul>
Jones 2011 <sup>6</sup> USA	Process evaluation with RCT	People at risk of CVD (69% over the age of 55)	Use of a web based tool for Pts to choose interventions and a tool for providers to view Pt risk, choice and expert advice. Tool was completed with a researcher before the Pt met with their provider as usual. Goal was to facilitate discussion that reflected Pt preferences in context of evidence based (EB) recommendations.	<ul style="list-style-type: none"> <li>Both Pt and HCP needed to be invested in and engaged with SDM at each stage.</li> <li>Poor provider adoption - providers only viewed patient choice data in 20% of the encounters.</li> </ul>
Legare 2014 <sup>7</sup>	Systematic review	Healthcare professionals and patients. Most common clinical conditions: cancer & CVD.	Determine the effectiveness of interventions to improve healthcare professionals' adoption of SDM.	<ul style="list-style-type: none"> <li>'Targeting both members of the decision-making dyad (patient and health-care professional) may be more likely to be effective than those targeting solely the healthcare professional or solely the patient'. p26.</li> <li>Authors conclude 'It is uncertain whether interventions to improve adoption of SDM are effective given the low quality of the evidence. However, any intervention that actively targets patients, healthcare professionals, or both, is better than none'. p2</li> </ul>

Non-intervention study

Author and year	Study design	Participants	Focus	Supporting evidence
Couet 2015 <sup>8</sup>	Systematic review	Studies that have used the OPTION assessment tools	Observe the extent to which health-care providers involve patients in decision making across a range of clinical contexts.	<ul style="list-style-type: none"> <li>• ‘Therefore, it seems unrealistic to ask health-care providers to bear the responsibility of involving their patients in health-care decisions single-handed – the patients themselves and communication tools are also a big part of the solution’. p555</li> </ul>
Edwards 2009 <sup>9</sup>	Systematic review of qualitative studies		To identify external influences on information exchange and SDM in healthcare consultations and conceptualise how information is used both outside and within a consultation.	<ul style="list-style-type: none"> <li>• The receptiveness of healthcare practitioners to informed patients is crucial to information exchange and empowerment.</li> </ul>
Eaton 2015 <sup>10</sup>	Opinion/discussion	Primary care and people with LTC	To introduce and explain the Year of Care initiative.	<ul style="list-style-type: none"> <li>• The clinician training curriculum, which explores attitudes, behaviours, and clinic infrastructure changes simultaneously with skills, has shown that complex transformational change can occur in UK general practice enabling care and support planning to become the norm for large numbers people with long term conditions.</li> </ul>
Joseph-Williams 2014 <sup>11</sup>	Systematic review	All patient groups	systematically review patient-reported barriers and facilitators to shared decision making (SDM) and develop a taxonomy of patient-reported barriers	<ul style="list-style-type: none"> <li>• Decision aids are successful at supporting patients in the SDM process, but they fail to address the essential first step of ‘preparing for the SDM encounter’ including perceiving the opportunity and personal ability to be involved.</li> <li>• Patients need knowledge and power to participate in SDM.</li> </ul>

				<ul style="list-style-type: none"> <li>• Authors argue that need to ‘address the entry level factors to SDM such as changing subjective norms and redefining patients roles, before secondary process factors such as information provision and value clarification.</li> </ul>
Politi 2011 <sup>12</sup> USA	Development of a model – knowledge synthesis	NA	To present a communication model to help better understand quality medical decision making, and how patient-centred, collaborative communication enhances the decision-making process.	<ul style="list-style-type: none"> <li>• “Clinicians may have been trained to display confidence to patients and emphasize an illusions of certainty to increase Pts trust” p580</li> <li>• Doctors’ discomfort with uncertainty might also lead them to engage in a more paternalistic style of decision communication.</li> </ul>
Tietbohl 2015 <sup>13</sup> US	Qualitative	Primary care clinics	Demonstrate how applying Relational Coordination (RC) theory to DESI implementation could elucidate underlying issues limiting widespread uptake.	<ul style="list-style-type: none"> <li>• A high level of RC within clinical settings may be a key component and facilitator of successful DESI implementation.</li> <li>• Building partnership with whole team instead of focusing on clinician-Pt relationship may facilitate SDM.</li> </ul>

## References

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