Department of Veterans Affairs **VHA NOTICE 99-02**
Veterans Health Administration
Washington, DC 20420 **June 15, 1999**

SHARED DECISION MAKING

1. Purpose. This Notice announces the benefits and opportunities for Department of Veterans Affairs (VA) medical facilities to implement shared decision making. It promotes system-wide implementation of shared decision making, cognizant of the system-wide structures and processes that affect implementation. This Notice describes educational resources and potential strategies to support implementation of shared decision making. ***NOTE:*** *Additional educational materials are being developed including a Resource Guide containing a bibliography and suggested referrals, which will be published and distributed nationally at a future date.*

2. Definition. Shared decision making has been defined by S. H. Woolf, as: "…the case for letting patients decide which choice is best….A process by which patients are educated about likely treatment outcomes, with supporting evidence, and engaging with them in deciding which choice is best for them, taking into account their preferences, values and lifestyles."

3. Background and Rationale

a. **Background.** Dynamic changes in communications, computer access and internet usage have all contributed to more interest in and a firmer knowledge base for the general population relative to health care information and informed decision making through partnerships with providers. The Veterans Health Administration (VHA) needs to disseminate notice that there are existing and developing educational programs and products available to assist in the implementation of shared decision making.

b. **Rationale.** The VHA has long been a leader in the delivery of quality health care. The national system of dedicated clinical, managerial and administrative professionals allows and enhances opportunities to implement dynamic state of the art programs and processes to continually reach for and achieve significant goals. In implementing shared decision making, each Veterans Integrated Services Network (VISN) and VA medical center will:

(1) Have the latitude to develop and establish a mechanism to facilitate shared decision making between the patient and the provider across the continuum of care. The shared responsibility between the provider and the patient for considering health options and making sound decisions should enhance both the patient and the provider's relationship.

(2) Integrate the shared decision making concept with other published VHA policies such as Customer Satisfaction, Informed Consent, Primary Care, Continuum of Care, Health Promotion and Disease Prevention. In addition, it has linkage to the Telephone Liaison Care Program and similar private sector initiatives.

(3) Use the educational materials to provide the overall framework and mechanisms to achieve success in establishing a shared decision making process.

4. **Goals and Examples.** In order to maximize the best possible choices in health promotion, disease prevention, and treatment options relative to the patients' preferences, values and lifestyles, the patient and the provider should develop a partnership that allows for open, honest and serious discussions.

a. **Goals.** The VHA staff are encouraged to develop and implement strategies and processes that allow providers and patients to participate as equal partners in making decisions concerning health issues across the continuum of care. These strategies and processes should improve patient-provider partnerships which enhance:

(1) The patient's understanding of the options for health promotion and disease prevention.

(2) The patient's knowledge of disease entities.

(3) Self-management skills.

(4) Risks and benefits of treatment options.

(5) Ability of both patients and clinicians to effectively and openly communicate about these issues and topics.

NOTE: *The Veterans Health Administration mentions the following several products and services simply as examples of what VA officials may wish to consider using to promote shared decision making. VHA does not endorse their use.*

b. **VA-Bayer Workshops.** These workshops are an example of a program which may help support whatever implementation strategy is selected.

(1) The programs in the Health Care Communications product line are aimed at improving the quality and quantity of communications with veterans and their families, particularly in health care settings. Effective communication can:

(a) Improve diagnostic accuracy,

(b) Increase patient involvement in decision making,

(c) Increase adherence to treatment regimens,

(d) Improve health outcomes,

(e) Increase patient satisfaction,

(f) Increase clinician satisfaction, and

(g) Decrease risk of untoward outcomes.

(2) There are VA-Bayer programs available for all clinicians, i.e., physicians, physician assistants, nurse practitioners, clinical nurse specialists, dentists, psychologists, optometrists, podiatrists, etc.

(a) Clinician-Patient Communication to Enhance Health Outcomes. This workshop presents critical research findings that demonstrate the linkages between effective communication and enhanced health outcomes. It provides participants with an opportunity to analyze realistic videotaped interactions. The participant's task is to discriminate between those interactions that are effective and ineffective. The workshop provides participants with an opportunity to practice techniques and receive feedback from their peers. This workshop can be offered in 1/2-day and 1-day versions. ***NOTE:*** *Category I Continuing Medical Education (CME) credits have been approved for each version of the workshop.*

(b) Difficult Clinician-Patient Relationships. This workshop enables participants to identify situations that cause them the greatest difficulty and to consider the various factors that lead them to apply the label "difficult." The workshop introduces two models: one for framing the dimensions of difficult relationships, and one for framing strategies a clinician can use in these situations. Using fifteen videotaped case studies drawn from a variety of specialties, each presenting a unique difficulty, participants test out the various strategies for responding to these situations. This workshop can be offered in 1/2-day and 1-day versions. ***NOTE:*** *Category I CME credits have been approved for each version of the workshop.*

(c) Choices and Changes: Clinician Influence and Patient Action. This workshop provides clinicians with an opportunity to explore their own beliefs about the change process and to test out these beliefs against the empirical literature that has developed during the past 20 years. The workshop also provides clinicians with specific strategies that can be used within the time-limited constraints of the typical clinic visit. Participants practice the strategies with videotaped and live case situations and receive feedback from their peers. This workshop can be offered in 1/2-day, 1-day, and 2-day versions on the level of mastery that is desired. ***NOTE:*** *Category I CME credits have been approved for each version of the workshop.*

(d) Communication: A Risk Management Tool. This 2-hour workshop encourages participants to identify and examine the assumptions they hold that may lead them to use communication approaches that expose them to malpractice litigation. Through videotaped enactments of actual clinician-patient encounters, participants learn to identify functional and dysfunctional behaviors. Participants have opportunities during the workshop to practice behaviors they want to adopt. ***NOTE:*** *This workshop is approved for 2 hours of Category I CME credit.*

c. **Self-Management Chronic Diseases.** This 7-week, 2.5-hour-per-week program is taught in community settings by trained lay leaders. The program serves between 10 - 15 people with chronic conditions and their significant others. The sessions are highly interactive and focus on skill mastery, such as developing an exercise program, problem solving, communication skills and coping with the emotions of a chronic disease. ***NOTE:*** *A 6-month randomized, controlled trial at community based sites found that those participating improved their healthful behaviors, improved their health status, and decreased their days in hospital (see reference subpar. 5d).*

d. **Enhancing Patient Education Skills**

(1) As a result of shortened inpatient stays and the increase in outpatient services, patients need to become more active in their own care, and staff need to provide effective patient education experiences in brief clinical encounters. The program is based on VA's commitment to help patients understand and manage their health problems. It uses a client-centered approach to patient education and helps clinicians empower their patients to take an active role in treatment and develop self-care skills.

(2) "Enhancing Patient Education Skills" is a continuing education program that prepares clinicians to use a variety of research-based techniques to maximize the effectiveness of patient education. Emphasis is on techniques that can be used in brief encounters with patients. Because education and information is one of VA's Customer Service Standards, participation in this program provides credit towards the number of required hours of continuing education related to Total Quality Improvement principles such as customer service.

e. **Healthwise.** The intent of the Healthwise handbook is to help veterans incorporate sensible, well-designed self management strategies into their own health care. Primary care providers and telephone triage staff sometimes encourage the use the Healthwise reference book during visits or telephone contacts with the veteran. The use of the book, reinforced by staff, aims to increase appropriate use of medical services, thereby reducing cost and improving care.

f. **Meducator Interactive.** A compilation of modules on chronic diseases and associated problems that clients access via touch screen software to learn disease management skills. Each module contains many story-vignettes with actual clients describing how they managed some aspect of their chronic illness.

g. **Interactive-Distance Learning.** Videoconferencing may be used as an effective, relatively inexpensive, and well received delivery method for group classes with patient participants (chronic pain class for example). Videoconferencing has been used successfully for CME classes with physicians on clinical topics.

h. **Internet.** The internet is a tool veterans are using in increasing numbers. Pre-developed educational materials (available from Employee Education System (EES) in April 1999) may be placed on the internet to help selected veterans participate in their self-care. Providers and other clinicians can also access educational information related to shared decision making through this medium.

i. **Community Resources.** Many facilities have agreements with local cable access television stations to run patient educational programs. This communication medium can help introduce key concepts of shared decision making to another segment of the veteran population in a more familiar manner.

5. References

a. Charles, D., Gafni, A., Whelan, T. "Shared Decision-making in the Medical Encounter: What does it mean? (or it takes at least two to Tango)," Social Science in Medicine. 44(5) 1997: 681-692.

b. Greenfield, S., Kaplan, S., Ware, J.E. "Expanding Patient Involvement in Care: Effects on Patient Outcomes," Annals of Internal Medicine. 102(4) 1985:520-528.

c. Woolf, S. "Shared Decision-making: The Case for Letting Patients Decide Which Choice is Best," The Journal of Family Practice. 45(3) 1997:205-208.

d. Lorig, K., Sobel, D., Stewart, A., Brown, B., Bandura, A., Ritter, P., Gonzalez, V., Laurent, D., and Halsted, R. "Evidence Suggesting That a Chronic Disease Self-management Program can Improve Health Status While Reducing Hospitalization," Medical Care. 37(1) 1999:5-14.

6. Inquiries. Questions may be directed to the Employee Education System Office at (314) 894-5742, or Fax to (314) 894-6550.

7. Responsible Office. The Primary and Ambulatory Care Office (112) is responsible for the contents of this notice.

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Under Secretary for Health

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