Shared Decision Making Workgroup

January 25th, 2019

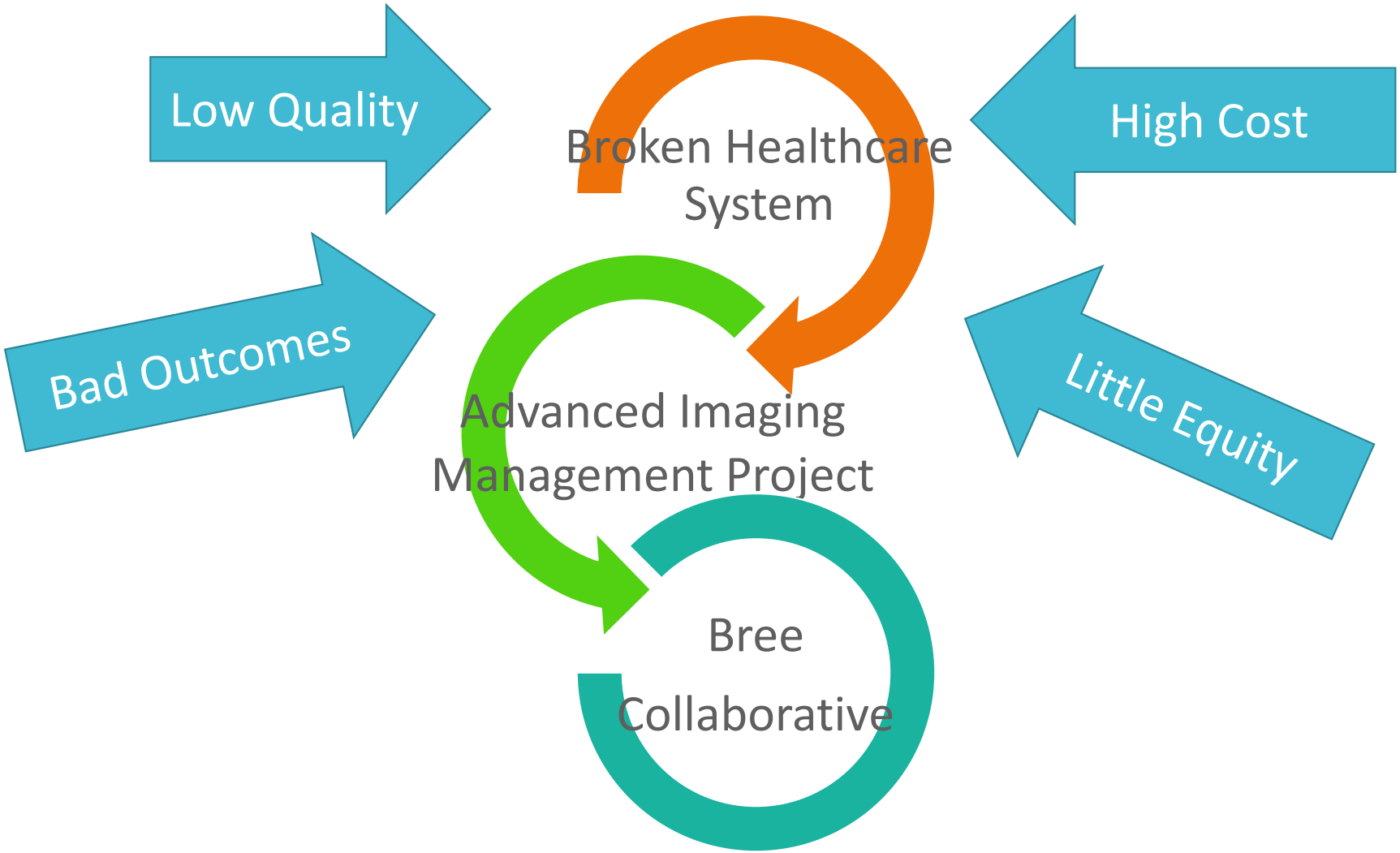
Agenda

- Welcome and Introductions
- Bree Collaborative Overview
  - Background
  - Past Work
  - Implementation
  - Open Public Meetings Act
- Review Previous Shared Decision Making Efforts
  - Statute
  - Thought Leader Group
  - Adoption
- Preliminary Scope of Work
  - Draft Charter and Roster
- Public Comments/Good of the Order

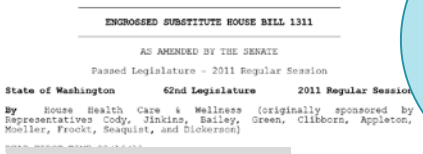
Roberts Rules of Order

- Quorum is 50%+1
  - Need quorum to make decisions
- Decisions made through motions
  - Making a motion
  - Seconding the motion
  - Debate (if needed)
  - Vote
  - Announcing results
- One person: one vote
- Voting limited to members present

Background
2011 Health Care Environment



Background
Members and Topic Selection


ENGROSSED SUBSTITUTE HOUSE BILL 1311

AS AMENDED BY THE SENATE

Passed Legislature - 2011 Regular Session

State of Washington 62nd Legislature 2011 Regular Session

By House Health Care & Wellness (originally sponsored by Representatives Cody, Jinkins, Bailey, Green, Clibborn, Appleton, Moeller, Frockt, Seaquist, and Dickerson)

House Bill 1311

QI Organizations

Employers

Hospitals

23 Members

Physicians

Health Plans

Others

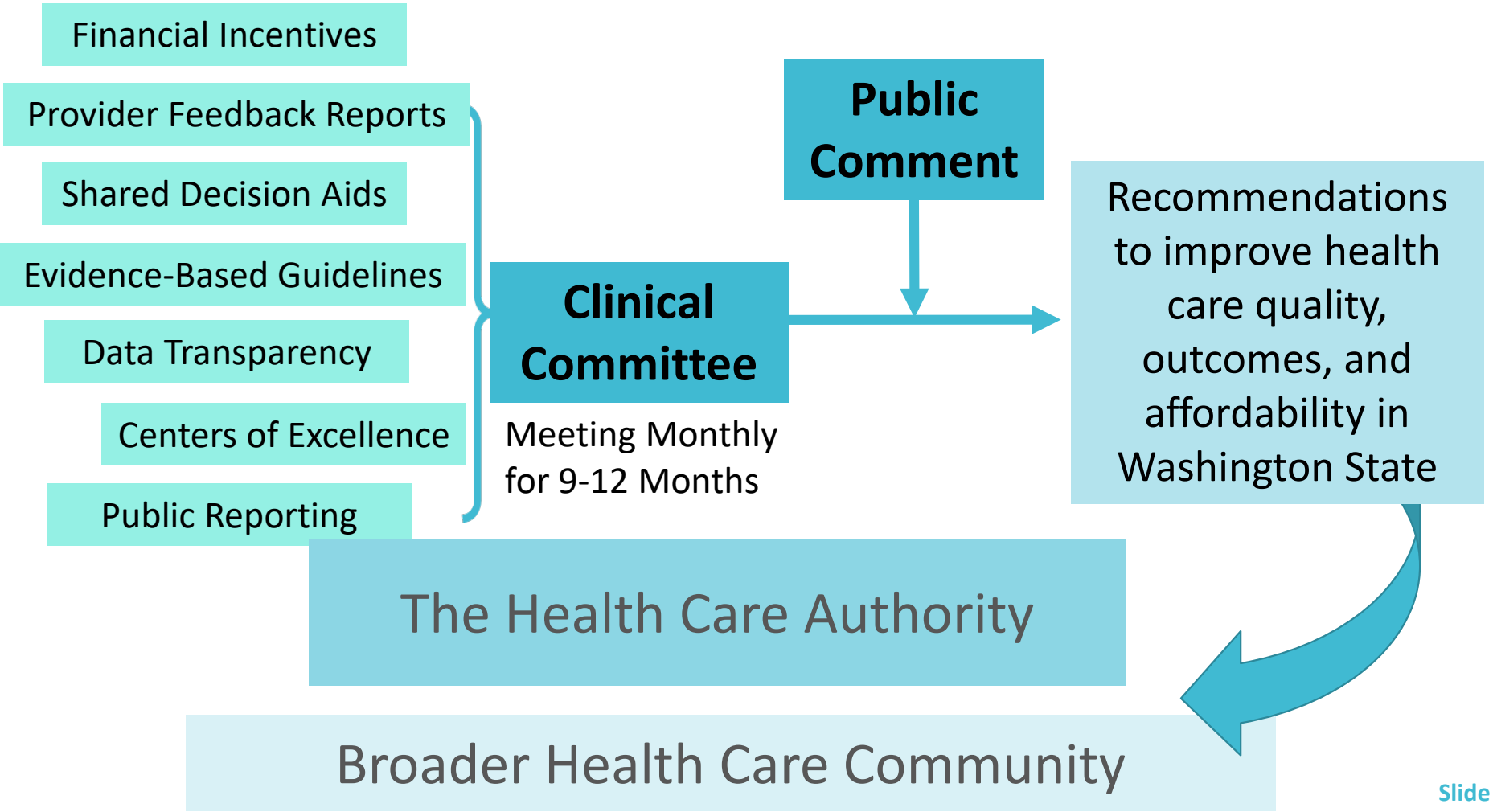
Public Purchasers

Identify health care services with high:

- **Variation**
- **Utilization**

Without producing better outcomes

Recommendations Formed in Clinical Committee



Report and Recommendation Process

Formulation

Select Topics

Bree Collaborative members discuss potential topics with high variation in the way that care is delivered, that are frequently used but do not lead to better care or patient health, or that have patient safety issues. Determination of three new topics by Bree Collaborative member majority vote.

Determination of workgroup Chair (typically Bree Collaborative member)

Convene Workgroup

Selection and recruitment of workgroup members including from health plans, providers, hospitals, and other relevant stakeholders including at least two members of the specialty or subspecialty society most experienced with the health service

Approval of workgroup charter and roster by Bree Members

Development

Workgroup develops initial scope, problem statement, and focus areas. Also identify barriers, drivers of change, and indicators or proxies for success

Updates at Bree Meetings

- Engagement with expert speakers
- Development of stakeholder-specific recommendations
- Development of implementation strategy and action steps (e.g., financial incentives, data transparency)

Presentation at Bree Meeting for vote for dissemination for public comment

Public Comments

Public comment opportunity including online survey and outreach to specific stakeholder groups.

Workgroup meets to address public comments and make any necessary changes to Report and Recommendations

Presentation at Bree Meeting for final adoption

Implementation

Approval by Director of the Health Care Authority.
"…all state purchased health care programs must implement the evidence-based best practice guidelines or protocols and strategies…"

Dissemination of final approved Reports and Recommendations.

Annual reports to Legislature and Governor's Office.

Working with hospitals, health systems, clinics, health plans, purchasers, patients, quality organizations, the Legislature, and the Health Care Authority to implement recommendations.

Re-review

Reports may be selected for re-review annually or if there is new evidence one year after adoption

Topic Areas

- Obstetrics (2012)
- Cardiology (2012)
- Elective Total Knee and Total Hip Replacement Bundle and Warranty (2013 and 2017)
- Elective Lumbar Fusion Bundle and Warranty (2014 and 2018)
- Elective Coronary Artery Bypass Surgery Bundle and Warranty (2015)
- Bariatric Surgical Bundled Payment Model and Warranty (2016)
- Low Back Pain (2013)
- Spine SCOAP (2013)
- Hospital Readmissions (2014)
- End-of-Life Care (2014)
- Addiction and Dependence Treatment (2015)
- Prostate Cancer Screening (2016)
- Pediatric Psychotropic Drug Use (2016)
- Behavioral Health Integration (2017)
- Guidelines for Prescribing Opioids for Pain (2015-Present)
- Opioid Use Disorder Treatment (2017)
- Alzheimer's Disease and Other Dementias (2017)
- Hysterectomy (2017)
- LGBTQ Health Care (2018)
- Collaborative Care for Chronic Pain (2018)
- Suicide Care (2018)

Shared Decision Making

Contain specific SDM recommendations

- Surgical Bundles and Warranties (Lumbar Fusion, CABG, Knee/Hip),
- Low Back Pain
- Prostate Cancer Screening
- Obstetrics
- Bariatric Surgery* (Post implementation roadmap) p 6
- Behavioral Health Integration* (post implementation roadmap) p 10, 12)
- Hysterectomy* (post roadmap p. 4, 11)
- Opioid Use Disorders*(post roadmap p 10, 16)
- Suicide* (post roadmap, same as BHI, above)

Recommend better physician patient communication but not specifically SDM

- End of Life Care (focuses on advance planning and POLST but not SDM)
- Oncology Care
- Alzheimer's Disease and Other Dementias* (post IM roadmap)
- LGBTQ health care* (post roadmap)
- Pediatric psychotropic use* (post roadmap)

Do not have recommendations specifically related to SDM include:

- Addiction and dependence treatment
- Avoidable Hospital Readmissions
- Prescribing Opioids for Pain

Areas for 2019

Guidelines for Prescribing Opioids for Pain
Ongoing

Maternity Bundled Payment Model

Palliative Care

Shared Decision Making

Harm to Self and Others

Reports

- What is the problem?
  - Is variation unwarranted?
  - Does it contribute to patient harm?
- What does it look like in Washington State?
- What are solutions within the medical system?
  - Focus areas
  - Stakeholder-specific recommendations
- How do we get there?

Implementation

- **Agency Medical Directors Group** (AMDG) reviews and approves recommendations which are then forwarded to the Director of the Health Care Authority (HCA)
- **HCA Director** reviews and decides whether to apply to state-purchased health care programs
- Legislation does not mandate payment or coverage decisions by private health care purchasers or carriers
  - Delivery systems and providers not required to implement recommendations

Bree Implementation Roadmap 2016

- Organized into awareness, gaining buy in, transitioning to ideal state, sustainability
- List of top enablers and barriers for providers and health plans
- SDM mentioned repeatedly
- Survey to assess implementation of recommendations across care settings and health plans
  - SDM has low uptake across nearly all substantive recommendation areas where SDM is appropriate

Open Public Meetings Act

- Required of Bree Collaborative meetings and workgroup meetings
- Allows the public to view the “decision-making process
- Training

Roster

OPEN GOVERNMENT/RECORDS TRAINING ROSTER

Course Subject(s) (check all that apply):

- ☐ Open Public Records Act Training (RCW 42.56)
- ☐ Open Public Meetings Act Training (RCW 42.30)
- ☐ Records Retention/Management Act Training (RCW 40.14)

Course Title(s):

Organization(s)/agencies providing training:

Trainer(s):

Format (in person, online, webinar, etc.):

Date:	**Location:**	**Length of time:**
Trainee Name:	**Trainee Signature:**	

Conflict of Interest Form

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Participant Conflict Disclosure

Permanent and ad hoc members of the collaborative or any of its committees may not have personal financial *conflicts of interest that could substantially influence or bias their participation. If a collaborative or committee member has a personal financial conflict of interest with respect to a particular health care service being addressed by the collaborative, he or she shall disclose such an interest. The collaborative must determine whether the member should be recused from any deliberations or decisions related to that service.*

Conflict of Interest decisions must be disclosed and balanced to ensure the integrity of Bree Collaborative decisions while acknowledging the reality that interests, and sometimes even conflicting interests, do exist. Individuals that stand to gain or lose financially or professionally, or have a strong intellectual bias need to disclose such conflicts.

Example: The fact that a member is a health care provider that may provide a service under review creates a potential conflict. However, clinical and practical knowledge about a service is also useful, and may be needed in decision making.

Procedure
Members must sign a conflict of interest form. The Bree Collaborative Chair and/or Bree Collaborative Steering Committee shall make a decision as to whether a conflict of interest rises to the level that participation by the conflicted member could result in a loss of public trust or would significantly damage the integrity of the decision.

The Health Care Authority (HCA) defines conflict of interest as any situation in which a voting member has a relationship with a manufacturer of any commercial products and/or provider of services discussed or voted on during the meeting. Relationship extends to include immediate family member(s).

A relationship is considered as:

1. Receipt or potential receipt of anything of monetary value, including but not limited to, salary or other payments for services such as consulting fees or honoraria in excess of $10,000.
2. Equ… 5%
   ow…
3. Sta… tion
   rep…

Proposed Work Plan

- Monthly meetings starting in January 2019
- Present Roster and Charter January 2019
- Engage experts, talk through barriers
- Final product Fall 2019

Literature Review for Shared Decision Making

Title	Brief Description	Topic	Year Published	Author(s)	Associated Fee/Subscription	MetaAnalysis?
Shared Decision Making in the Medical Encounter: Are We All Talking about the Same Thing?	This article aims to explore 1) whether after all the research done on shared decision making (SDM) in the medical encounter, a clear definition (or definitions) of SDM exists; 2) whether authors provide a definition of SDM when they use the term; 3) and whether authors are consistent, throughout a given paper, with respect to the research described and the definition they propose or cite.	Defining what SDM is	2007 (Medical Decision Making)	Nora Moumjid, Amiram Gafni, Alain Bremond, Marie-Odile Carrere	Subscription or other payment options	Yes (76 reports)
Implementation of Shared Decision Making into Practice						
Group Health's Participation In A Shared Decision-Making Demonstration Yielded Lessons, Such As Role Of Culture Change **(PDF available)**	In 2007 Washington State became the first state to enact legislation encouraging the use of shared decision making and decision aids to address deficiencies in the informed-consent process. Group Health volunteered to fulfill a legislated mandate to study the costs and benefits of integrating these shared decision-making processes into clinical practice across a range of conditions for which multiple treatment options are available. The Group Health Demonstration Project, conducted during 2009–11, yielded five key lessons for successful implementation, including the synergy between efforts to reduce practice variation and increase shared decision making; the need to support modifications in practice with changes in physician training and culture; and the value of identifying best implementation methods through constant evaluation and iterative improvement. These lessons can guide other health care institutions moving toward informed patient choice as the standard of care for medical decision making.	Implementing SDM into practice	2013 (Health Affairs)	Ben Moulton, Jamie King	Open access	No

Washington State Health Care Authority

- *"Shared decision making is a process that allows patients and their providers to make health care decisions together, taking into account the best scientific evidence available, as well as the patient's values and preferences.*
- *Patient decision aids are tools that can help people engage in shared health decisions with their health care provider. Research shows that use of patient decision aids leads to increased knowledge, more accurate risk perception, and fewer patients remaining passive or undecided about their care. For example, a patient decision aid could help a pregnant woman who previously had a cesarean section to determine if she is a good candidate for a vaginal birth after cesarean."*

Source: www.hca.wa.gov/about-hca/healthier-washington/shared-decision-making

Patient Decision Aid Certification

- *"Washington State law recognizes that certification plays a significant role in assuring the quality of decision aids used by consumers, providers and payers.*
- *With support from the Gordon and Betty Moore Foundation, we worked with state and national stakeholders to develop a process to certify high quality patient decision aids for use by providers and their patients in Washington State. Washington State's leadership in creating the decision aid certification process provides a model that other states can adopt.*
- *HCA began accepting patient decision aids for certification in April 2016."*

Source: www.hca.wa.gov/about-hca/healthier-washington/patient-decision-aids-pdas

HCA Certification and Bree Recommendations – Current State

- **Obstetrics:** HCA has certified DAs for certain areas of obstetrics – amniocentesis, down syndrome screening, birth options for big baby, birth options after c-section, prenatal genetic testing.
- **Surgical Bundles:** HCA has certified DAs for hip osteo, knee osteo, spinal stenosis
- **End of Life/Advanced Illness:** HCA has certified (many) DAs for end of life care: CPR, CPR (specific conditions), dialysis over 75, advanced cancer, advanced disease, advanced heart failure, lung, family meetings in ICU, SNF, hospice advanced cancer, extremely premature infants, dementia, breathing aids, tube feeding, lung cancer
- **Cardiac care**: HCA received eight submissions

Shared Decision Making Thought Leader Group
Definitions

- **Narrow:** protocol for specified set of "preference sensitive conditions," including tools)

AND/OR

- **Broad:** approach to patient care in which decisions are made by the patient with help and support from their provider; this process involves an informed, activated patient and a provider who helps the patient to interpret medical information and apply it in concordance with their values
- Beyond informed consent, education, or motivational interviewing
- Bidirectional communication and values exploration are key

- **Thought leader group meant to address spread and sustainability in the broad sense; but in order to be effective and efficient, may focus efforts to specific topic areas. See VALUES handout.**

Shared Decision Making Thought Leader Group
Summary

- Many Stakeholders
  - Need to define roles
  - Need to align with other efforts: WSHA/WSMA, Respecting Choices, Medicaid Transformation, Rural Multipayer, etc
  - Role for the ACHs
- Approach
  - Balance of “big” vs “small” approach: where is the biggest impact possible?
  - Provider group selection: Specialty vs primary care (primary care has broader presence statewide, but already overburdened)

Shared Decision Making Thought Leader Group
Summary

- Facilitators
  - Defining pain points: for providers and others, what important problems can this work solve?
  - Defining “What’s in it for me” (for all stakeholders)/business case
  - Using purchasing power (HCA, Medicare)
  - Educating providers and patients provider side
  - Tools
  - Workflow
- Barriers
  - Increased time. Can address with published evidence.
  - Fear of revenue loss (rate of procedures)
    - Lower risk of lawsuits
    - Better patient outcomes and higher satisfaction
    - If done before specialty appointment, weeds out inappropriate patients
  - Lack of training

Shared Decision Making Thought Leader Group
Implementation Steps

- Clinical champions critical
- Defining Roles
  - Care team members: what does an MD do, vs a health coach, community member or community health worker, RN, MA, etc:
  - Patients
  - Optimize value, include others besides MD
- Defining Process
  - When and where should SDM happen?
  - Example in elective surgery – primary care v specialty care. When is the decision really made and who should discuss; may vary in different systems.
  - How much standardization v variation