

Thought Leader Group Vision for Shared Decision Making

- SDM becomes the standard of care for patients in Washington State.
- All key stakeholders in SDM (patients, providers, payers, etc.) have a clear understanding of the value of SDM including the value to the patient and “What’s in it for me”.
- Patients and families expect/demand SDM in their clinical interactions, and are engaged and active partners in the SDM process.
- SDM increases patient experience in a way that can be measured. Relevant patient-driven metrics are identified, tracked and monitored to ensure use and quality of SDM and impact on clinical, patient-centered outcomes, and to allow continuous process improvement.
- SDM is implemented in a way that actively promotes health equity and reduction of disparities; SDM training, tools, and processes incorporate need for cultural humility and sensitivity, including race, ethnicity, language, gender, socioeconomic status, etc.
- Providers are supported in implementing and maintaining SDM such that they experience it as a net positive (improves quality of patient interaction, reduces burden of complicated decisions, and includes appropriate compensation for time) rather than a burden.
- Systems are designed to support easy, efficient, and effective use of SDM and PDAs, including workflow processes, EHR incorporation, etc.
- Financial systems are set up to capture the value created by SDM and PDAs, and use these benefits to support the resources needed for the process (including time as well as financial costs).
- SDM spread includes rural and urban areas, primary care and specialty providers, and diverse patient groups.