# **Bree Collaborative | Shared Decision Making Workgroup**

March 22<sup>nd</sup>, 2019 | 9:00-10:30

## **Foundation for Health Care Quality**

#### **Members Present**

Emily Transue, MD, MHA, Associate Medical Director, Washington State Health Care Authority (Chair)

Leah Hole-Marshall,\* JD, General Counsel and Chief Strategist, Washington Health Benefit Exchange

Steve Jacobson MD,\* MHA, CPC, Associate Medical Director Care Coordination, The Everett Clinic, a DaVita Medical Group

Dan Lessler,\* MD, MHA, Physician Executive for Community Engagement and Leadership Comagine Health

Jessica Martinson, MS, Director of Clinical Education and Professional Development Washington State Medical Association
Karen Merrikin, JD, Consultant, Washington
State Health Care Authority

Martine Pierre Louis,\* MPH, Director of Interpreter Services, Harborview

Karen Posner, PhD, Research Professor, Laura Cheney Professor in Patient Safety, Department of Anesthesiology & Pain Medicine, University of Washington

Angie Sparks,\* MD, Family Physician and Medical Director Clinical Knowledge Development Kaiser Permanente

Anita Sulaiman,\* Patient Advisor & Consultant, IBEX

## Staff and Members of the Public

Steve Levy,\* Washington Patient Safety
Coalition
Alicia Parris, Bree Collaborative
Sarah Pearson, Washington State Health Care
Authority

Laura Pennington, Washington State
Health Care Authority
Allison Weaver, Upstream USA
Ginny Weir, MPH, Bree Collaborative
Emily Wittenhagen,\* Washington Patient Safety
Coalition

#### **CHAIR REPORT AND APPROVAL OF MINUTES**

Emily Transue, MD, MHA, Washington State Health Care Authority, and Ginny Weir, MPH, Bree Collaborative opened the meeting those present introduced themselves.

*Motion:* Approval of 02/22/19 Minutes.

Outcome: Unanimously approved with corrections

#### **TOPIC PRIORITIZATION AND CURRENT STATE**

Workgroup viewed results of *Prioritization Poll* along with response from WSMA network and discussed:

- Karen Merrikin, JD, Washington State Health Care Authority, pointed out that of all bolded results, only
  end of life care has a certified decision aid
  - o Bree recommendations could influence next topics for certification
  - Dr. Transue, some subjects could be combined into one aid such as breast and prostate cancer screening, or depression and ADHD
- Possible existence of quality non-certified aids
  - Ottowa site addresses all 5 bolded topics and will meet a good portion IPDAS (International Patient Decision Aids Standards Collaboration) standards

<sup>\*</sup> By phone/web conference

Angie Sparks, MD, Kaiser Permanente was unable to participate in the survey but gave feedback on the use of decision aids at KP and an overview of how shared decision making is implemented at Kaiser:

- Top 3 utilized are knee, hip, and dysfunctional uterine bleeding respectively along with treatment options for weight loss
- Training is online and interactive
  - o Providers trained on how/when to introduce the topic
    - Introduced upstream by primary care rather than surgeon
  - o Referral criteria for some surgeries e.g. bariatric, fibroid treatment, spine etc.
- Decision aid video provided to patient and followed up with a phone visit or secure email with provider
  - Point of care tool and at home video
  - Mayo Clinic osteoporosis decision aid used
    - Dr. Transue mentioned osteoporosis as a good example of a preference sensitive condition that was not included in the poll

Karen Posner, PhD, University of Washington shared information on the use of shared decision in the UW Medicine Accountable Care Network:

- 4 pilots of shared decision making
  - o Total joint replacement, trial of labor after cesarean, spinal fusion, and end of life care
    - Trial of labor was the most successful
      - Decision aids streamlined the conversations
  - Barriers to success of pilots included:
    - Lack of quality aids
    - Provider pushback
    - Difficulty finding a vendor to do a small pilot for end of life care
    - Leadership was trained but not much provider training
  - o Facilitators in the success of pilots included:
    - Physician champion
    - Operational champion (including IT)
    - Payers requiring shared decision making (incentivizing/reimbursing phone calls)

Dr. Transue asked Dr. Sparks about training given at Kaiser Permanente:

• Dr. Sparks will need to do more research but CME credit is offered, training is required, and a small incentive is included (e.g. gift card)

# Action Item: Laura Pennington, Washington State Health Care Authority will send link to free training available for providers

- Training for both leadership and point of care training are critical
- Karen Merrikin, JD, Washington State Health Care Authority suggested engaging Coverys and Physicians Insurance to encourage uptake

#### **NEXT STEPS FOR PRIORITY AREAS AND DETERMINING SUCCESS**

Group discussed how topic selection might drive implementation:

- Goal is to support broad implementation and change culture and expectations
- Leveraging work that has already been done
  - o A lot of work done in shared decision making in the surgical field
- Selected topics should cover
  - the breadth of lifespan,
  - points of care,

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- and encompass a variety of decisions
- Selecting interest areas where there are no aids could spur conversations with developers
  - o Stages of implementation could be based on rounds of aid certification
- Approach may vary based on whether topic is procedure centered or not
- Where there are opportunities to address treatment equity in these topics
  - Jessica Martinson, MS, Washington State Medical Association, suggested viewing the Health Alliance Disparities in Care Report and making a crosswalk
  - o Joint replacement has significant disparities in being offered to African American men
  - Anita Sulaiman, Patient Advisor & Consultant, IBEX, advised starting where there are areas of communication, cultural and language barriers
    - Possible opportunities to use language/culture appropriate aids from countries that are implementing shared decision making
- Importance of creating metrics
  - Quality and tracking beyond providers
    - Payers and ACHs
  - o HCA tracks formal decision process at centers of excellence

#### **NEXT STEPS AND PUBLIC COMMENTS**

Dr. Transue and Ms. Weir asked for final comments and thanked all for attending. The meeting adjourned.