

Bree Collaborative | Shared Decision Making Workgroup
May 24th, 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)	Jessica Martinson, MS, Director of Clinical Education and Professional Development, Washington State Medical Association
Leah Hole-Marshall,* JD, General Counsel and Chief Strategist, Washington Health Benefit Exchange	Karen Merrikin, JD, Consultant, Washington State Health Care Authority
Steve Jacobson,* MD, MHA, CPC, Associate Medical Director Care Coordination, The Everett Clinic, a DaVita Medical Group	Michael Myint, MD, Swedish Medical Group
Andrew Kartunen, MPH, Program Director, Growth & Strategy, Virginia Mason Medical System	Randal Moseley,* MD, Medical Director of Quality Confluence Health
Dan Kent, MD,* Medical Director, United Health Care	Martine Pierre Louis,* MPH, Director of Interpreter Services, Harborview
Dan Lessler, MD, MHA, Physician Executive for Community Engagement and Leadership, Comagine Health	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

Staff and Members of the Public

Steve Levy,* Washington Patient Safety Coalition	Laura Pennington,* Washington State Health Care Authority
Alicia Parris, Bree Collaborative	Andrew Radolf, Volunteer, WA Health Alliance
Sarah Pearson,* Washington State Health Care Authority	Ginny Weir, MPH, Bree Collaborative

* By phone/web conference

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 4/26/19 Minutes.

Outcome: Unanimously approved with corrections

DETERMINING NEXT STEPS FOR ADOPTION

Workgroup viewed *Draft Recommendations Shared Decision Making* and discussed:

- What actions the group is recommending health systems do
 - Starting with assessment and setting internal goals, as all systems will be in a different place
 - Variation exists within different clinics in the same organization
- How to thoughtfully engage health systems
 - Linking shared decision making work to ongoing work within the organization

- Not an additional ask, but a tool to help advance a goal the organization is already focused on
 - Showing how it can align with the various values of the individual systems
- Goal of getting everyone to some form of action regardless of their current state
- Shared decision making may be embraced on an organization level but not on a physician level
 - How to encourage self-realization that shared decision making is not taking place
 - Can shared decision making take place without an aid?
 - In a one-on-one interaction not necessary, but for a reliable system-wide deployment an aid is necessary for accountability
 - A tool on the systems level and the provider level to self-check
- Angie Sparks, MD, Family Physician and Medical Director Clinical Knowledge Development, Kaiser Permanente, spoke on her experience implementing shared decision making within her organization
 - Providing the patient with knowledge can level the power differential
 - Liked the use of video aids before conversations
- Andrew Kartunen, MPH, Program Director, Growth & Strategy, Virginia Mason Medical System, in his organization found that patients had fewer questions and were more informed
 - Improved throughput and workflow
 - Patient preferences were tracked throughout the process
- Burnout is higher in Washington state than the rest of the country
 - Could reduce burnout and improve job fulfillment
 - Physician is a part of the process, but can be performed by other team members
- Dr. Sparks shared that the decrease in liability and increase in efficiency was appealing to providers
- Michael Myint, MD, Swedish Medical Group, shared that their challenge was not an a systems level, but the operational level of implementing with individual providers
- Recommendations must address three levels, systems, clinics, and providers
 - Dr. Transue suggested including assessments and suggestions for each of those settings, along with concrete action oriented recommendations to get to the next level

Group viewed the NHCQ Guidelines and discussed how best to incorporate:

- Karen Merrikin, JD, Consultant, Washington State Health Care Authority, suggested using the Playbook's beginner, intermediate, and advanced, framework with more concrete instruction
- Two critical elements, establishing a baseline of what shared decision making is, and giving concrete recommendations on how to build into the flow of care
- Next piece is measurement, metrics could help drive adoption
- Ms. Weir agreed with the ask being that organizations move or change in some way

Action item: Dr. Myint and Mr. Kartunen will write language around how shared decision making can advance strategic goals

- Ms. Weir asked the group how close the current state is to a common understanding of shared decision making and what else is needed to get there
 - Dan Lessler, MD, MHA, Physician Executive for Community Engagement and Leadership, Comagine Health, shared some of the elements of shared decision making (e.g. provision of accurate information, eliciting of patient values etc.) but including that the use of a decision aid where available enhances the quality of a shared decision making encounter
 - Ensures that the best evidence in the system is being brought to the patient
 - Beneficial for documentation

- Karen Posner, PhD, Research Professor, Laura Cheney Professor in Patient Safety, Department of Anesthesiology & Pain Medicine, University of Washington, discussed how informational cards are not complete decision aids, but can bring quantitative information to conversations that are usually more qualitative
- Dr. Myint asked the group about using shared decision in areas where it is not necessarily appropriate
 - Out of scope but the skillset could be applied
 - Jessica Martinson, MS, Director of Clinical Education and Professional Development, Washington State Medical Association suggested including an appendix of a Venn diagram giving examples of what is shared decision making, what is not, and what falls into a grey area

Action Item: Dr. Transue will look at previous HCA contractual language and IPDAS criteria for components of an aid

- Ms. Martinson discussed the balancing of standardization with allowing clinics ownership over creating their own implementation plan that will work with their workflow in their clinic
 - While some standardization is necessary, there is variation in clinic workforce, staff support that is challenging etc.
 - Allowing options can address physician resistance
 - Using a principal-based approach
- Ms. Merrikin pointed out that the conversation was very provider centric, what could other entities do
 - Dr. Lessler suggested health plan collaboration to provide standardized tools
 - Dan Kent, MD, Medical Director, United Health Care suggested keeping in mind the least common denominator, making recommendations that are most useful, most universal, and easily implementable
 - Dr. Kent asked how to implement without driving up administrative costs
 - Dr. Transue suggested malpractice carriers have a significant stake
- Commonly available, publicly available free aids are the only way to get broad adoption
 - Developing high quality aids is costly
 - Malpractice carriers have risk trainings, shared decision making could be included in those trainings
 - A collaborative approach with developers could lower prices

NEXT STEPS AND PUBLIC COMMENTS

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