Bree Collaborative | Shared Decision Making Workgroup June 28th, 2019 | 9:00-10:30 Foundation for Health Care Quality

Members Present

Emily Transue, MD, MHA, Associate Medical	Jessica Martinson, MS, Director of Clinical
Director, Washington State Health Care	Education and Professional Development,
Authority (Chair)	Washington State Medical Association
David Buchholz, MD, Medical Director, Premera	Karen Merrikin, JD, Consultant, Washington
Leah Hole-Marshall,* JD, General Counsel and	State Health Care Authority
Chief Strategist, Washington Health Benefit	Randal Moseley,* MD, Medical Director of
Exchange	Quality Confluence Health
Andrew Kartunen, MPH, Program Director,	Karen Posner, PhD, Research Professor, Laura
Growth & Strategy, Virginia Mason Medical	Cheney Professor in Patient Safety,
System	Department of Anesthesiology & Pain
Dan Kent, MD,* Medical Director, United Health	Medicine, University of Washington
Care	Angie Sparks,* MD, Family Physician and
Dan Lessler,* MD, MHA, Physician Executive for	Medical Director Clinical Knowledge
Community Engagement and Leadership,	Development Kaiser Permanente
Comagine Health	Anita Sulaiman,* Patient Advisor & Consultant,
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Staff and Members of the Public

Steve Levy,* Washington Patient Safety	Ginny Weir, MPH, Bree Collaborative
Coalition	Emily Wittenhagen,* Washington Patient Safety
Alicia Parris, Bree Collaborative	Coalition
Sarah Pearson,* Washington State Health Care	
Authority	

* 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 5/24/19 Minutes. *Outcome:* Unanimously approved with corrections

DETERMINING NEXT STEPS FOR ADOPTION

Workgroup viewed Draft Recommendations Shared Decision Making and discussed:

- In *Background* under "*four priority focus areas*" group added documentation and coding to the final bullet
 - o Possibly adding language about enhanced liability from informed consent
 - Highlighting benefits from a patient perspective
- Ms. Weir asked the group for feedback on the Figure X: Appropriateness of Shared Decision Making
 - Group agreed Figure could possibly misinterpreted as is
 - Should be populated with different/more examples

- Showing as a continuum with evidence for, evidence against, and a band of shared decision making appropriate conditions in the middle
- Including the key phrase "preference sensitive"
- Adding a footnote that patient may always decline treatment
- Adding a graphic of the hallmarks of shared decision making
- Group agreed to add a definition of when shared decision making is appropriate
 - Preference sensitive
 - Strong evidence for multiple treatments
 - Ambiguous evidence for multiple treatments
 - Some amount of uncertainty
 - Including watchful waiting as an option
 - Group won't be able to be comprehensive in all the scenarios where shared decision making can be made
 - Age can effect which medically appropriate treatment options there are
 - A great deal of nuance
- Recommending health care systems to consider where in the work-stream or referral process to implement the decision aid
 - May be appropriate at multiple points
- Group agreed to provide examples but to remain general

Action Item: Jessica Martinson, MS, Director of Clinical Education and Professional Development Washington State Medical Association and Dan Kent, MD, Medical Director, United Health Care will draft diagram of primary and secondary drivers of adoption of shared decision making

- Group agreed to include HCA decision aid certification criteria rather than full IPDAS (International Patient Decision Aid Standards) criteria as an appendix
 - Including an link to criteria on HCA website so that up-to-date criteria are accessible as they evolve
 - HCA list is manageable and concise
 - HCA criteria asks about availability of multiple languages and readability

Action Item: Karen Merrikin, JD, Consultant, Washington State Health Care Authority, will draft language regarding the certification criteria, additionally a description of shared decision making law, key definitions, and documentation requirements

- Changed sentence from "do not use in lieu of medical advice" to "these recommendations are not intended for use in lieu of medical advice"
- Group considered how to build in inclusion of consumer assisters, advocates, liability carriers or other groups
- How to reference professional and specialty associations, liability carriers
 - Disseminating information to clinicians
 - Funding access to aids
 - Angie Sparks, MD, Family Physician and Medical Director Clinical Knowledge Development Kaiser Permanente, advised state certifications as specialty organizations may be biased toward certain interventions that may be reflected in the aid

- Andrew Kartunen, MPH, Program Director, Growth & Strategy, Virginia Mason Medical System, pointed out it would not be possible for providers to accomplish objectives under *Providers* without system support
 - Group considered ways to combine *Providers* and *Health Systems* while still preserving the different roles

Group considered possible metrics and discussed:

- How workgroup member organizations currently track use of decision aids
 - Dr. Sparks shared that her organization actively measures decision aid use with joint replacement
 - Difficult to measure due to the usage of multiple delivery methods (e.g. mail and online)
 - Do not measure engagement
 - Multiple organizations used to test patients on their knowledge of their condition but discontinued because it was burdensome to patients
 - Tracking decisions being made
 - Complexity of tracking decisions made due to confounding factors (e.g. incentivizing breast cancer screenings) confounding results

Action Item: Ms. Weir will look into how Medicare tracks use of decision aids where shared decision making is required

Action Item: Ms. Merrikin will look into CMS documentation requirements where shared decision making is required

NEXT STEPS AND PUBLIC COMMENTS

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