

## **Bree Report Review Template**

**Name of Reviewer:** Beth Bojkov

**Year of Review:** 2025

**Report:** [Shared Decision Making](#)

**Reviewer Recommendation:** **Reaffirm** (all up to date)

### **Report Narrative Summary:**

Shared decision making is a key component of patient-centered care, defined by the Washington State Health Care Authority as “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.” Shared decision making is appropriate for treatments, management options, or screenings that are: (1) preference-sensitive and (2a) have high-quality clinical evidence for more than one option including no treatment or (2b) that have a lack of evidence and no clinical consensus on the best option (i.e., clinical equipoise). To be effective, shared decision making must be supported by high quality communication between a provider and patient, and in some cases family members or others, about risks, benefits, and exploration of values and goals.

The Shared Decision Making workgroup’s goal is statewide movement toward greater use of shared decision making in clinical practice at a care delivery site and organizational level. The goal is for all care delivery sites to move toward greater adoption using a stages of change framework (i.e., precontemplation, contemplation, preparation, action, maintenance). Some organizations will be starting in the precontemplation phase (e.g., leadership engagement and buy-in) while others will be ready to start action (e.g., pilots or implementation of shared decision making in one health service area such as abnormal uterine bleeding), and others will be maintaining or spreading use. Note that other change management models can also be used to support implementation.

The workgroup frames the recommendations under four priority focus areas:

- A common understanding and shared definition of shared decision making and the benefit of shared decision making.
- Ten priority areas as an initial focus for the health care community.
- Highly reliable implementation using an existing framework customized to an individual organization.
- Documentation, coding, and reimbursement structure to support broad use.

Recommendations are presented to support these four focus areas on the following pages. Shared decision making is defined and compared to motivational interviewing and informed consent on pages 3-5. Recommendations are framed and presented as action steps for individual stakeholders including patients and family members, patient advocates and community organizations, providers, health care delivery organizations and systems, provider associations, employers, health plans and professional liability associations, and for the Washington State Health Care Authority on pages 6-9. Various strategies for implementation using a stages of change approach are presented on pages 10-11. Mechanisms for documenting that shared decision making has occurred, how to code, and strategies for reimbursement

are discussed on pages 12-13. The legal background of shared decision making in Washington State is presented on pages 14-15. Metrics for tracking shared decision making are listed on page 16-17.