

SODEZZ



Sociální determinanty zdraví u sociálně a zdravotně znevýhodněných a jiných skupin populace
(CZ.1.07/2.3.00/20.0063)

Prof. Dr. Hans - Joachim Hannich

„Shared Decision making – a participative Approach in Doctor-Patient-communication“



INVESTICE DO ROZVOJE VZDĚLÁVÁNÍ

25.4.2012

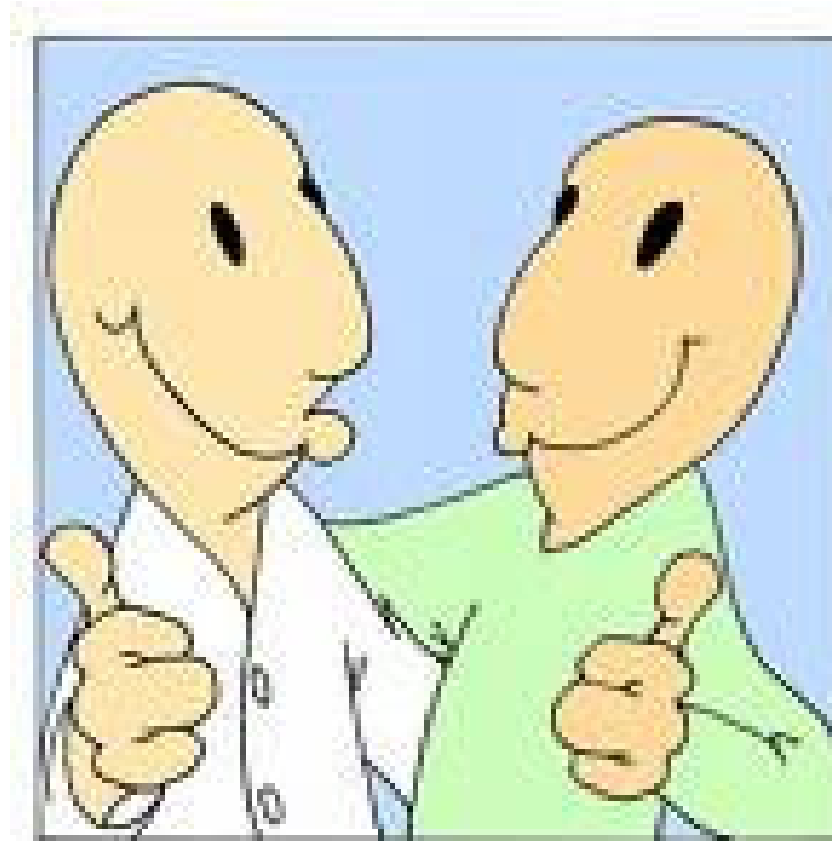


Shared Decision Making – a participative Approach in Doctor-Patient-Communication

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Universitätsmedizin Greifswald

The informed Patient

Burden or Chance in medical treatment?



Overview

- Background
- Main Features
 - History
 - Definition
 - Approach
 - Tools
- Indication
- Transfer
- Conclusions

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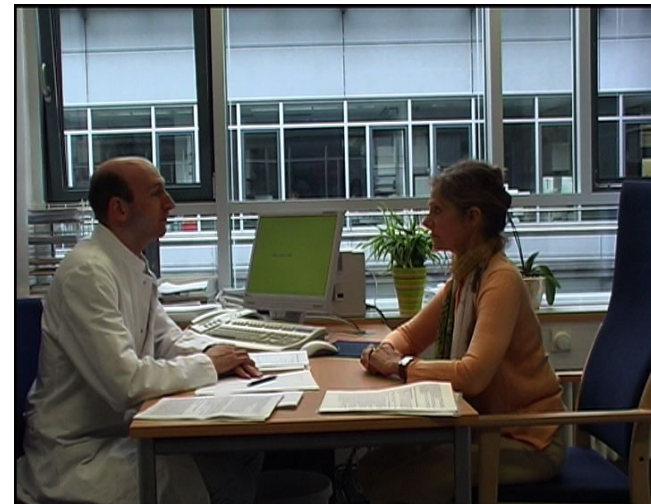
Sociological Arguments: „Information-based society“

reduced doctor-patient-information gap due to new media and, thus, change of expectations for the doctor-patient communication

Patients` expectations (from: The European Patient of the Future“ n : 8119)

- medical expertise
- good doctor-patient-communication
- high need for information
- comprehensible explanations
- time for questions
- to bring in own preferences
- acceptance
- wish for participation in decision-making
- transparency in treatment-planning

(Coulter et al., 2004)



-Background-

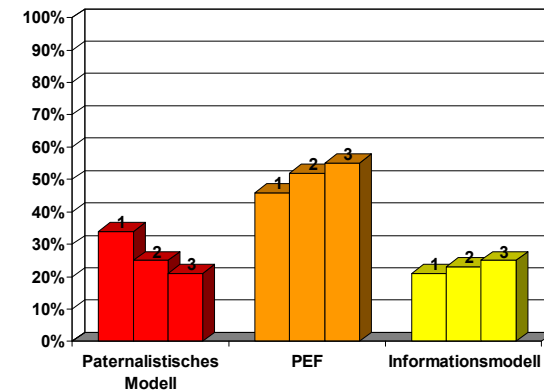
Personal Factors influencing the wish for participation

- younger age
- higher education
- autonomous orientation

Schneider et al. (2005)

Coulter et al. (2004)

Preferred decision model and level of school education



1 = secondary school

2 = gymnasium

3 = university

Medical Arguments:

- progress in medicine allows more choices for treatment
- increase of chronic diseases

Ethical/ legal Arguments:

Patients have the right to participate in medical decisions

EUROPEAN CHARTER OF PATIENTS' RIGHTS (2002)

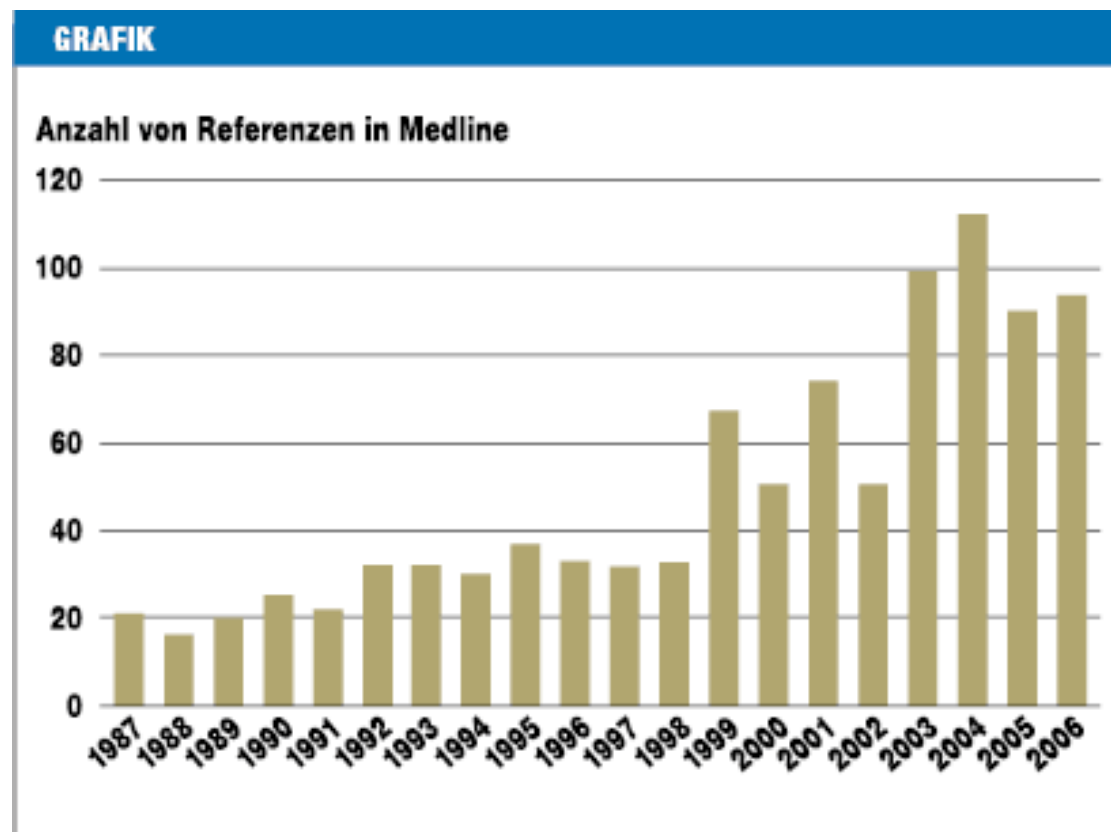
Right of Consent

„Every individual has the right of access to all information that might enable him or her to actively participate in the decisions regarding his or her health; this information is a prerequisite for any procedure and treatment, including the participation in scientific research.“

Right of Free Choice

„Each individual has the right to freely choose from among different treatment procedures and providers on the basis of adequate information. “

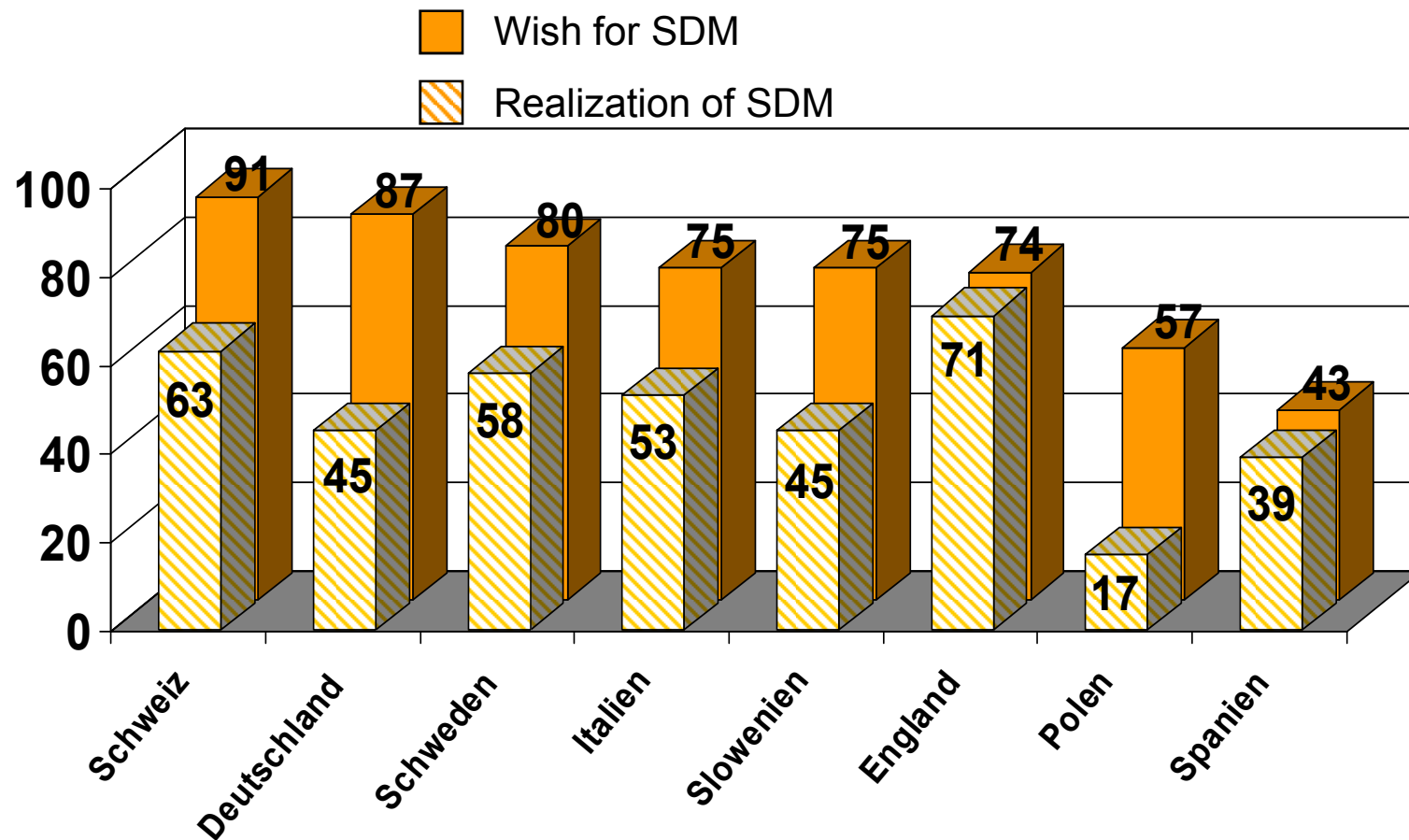
Empirical Arguments:
scientific results promote patients` participation



Anzahl von Publikationen zu Patientenbeteiligung, partizipativer und informierter Entscheidungsfindung

Wish for Participation and its Realization

from: Dierks ML, Seidel G (2005) Gleichberechtigte Beziehungsgestaltung zwischen Ärzten und Patienten – wollen Patienten wirklich Partner sein?



Physicians` Objections against Participation :

- lack of training in communication skills
- lack of time
- increase of uncertainty on the patient`s side
- lack of confidence in the decision-making ability of the patient
- skepticism against the mis- or half-informed patient

(Elwyn et al., 1999)

But: The incidence of malpractice mainly results from deficiencies in the decision- making-process excluding the patient`s perspective. An important quality marker for medical treatment is thus failed.

(Institute of Medicine , 2001)

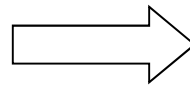
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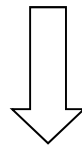
Starting point:

civil right movement in the 60s and criticism against modern medicine

- *patient-empowerment*
- *informed choice*
- *consumerism*
- *Patient as partner*



attempt to promote patient cooperation in treatment



Shared Decision Making (Charles et al., 1994, Elwyn et al.,2000)

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-Definition-

Decision is made by...
Responsibility is taken over by...

Physician



Patient

Paternalistic
Model

Shared
Decision-making

Information-based
Model

the medical expert decides
and is solely responsible for
the treatment

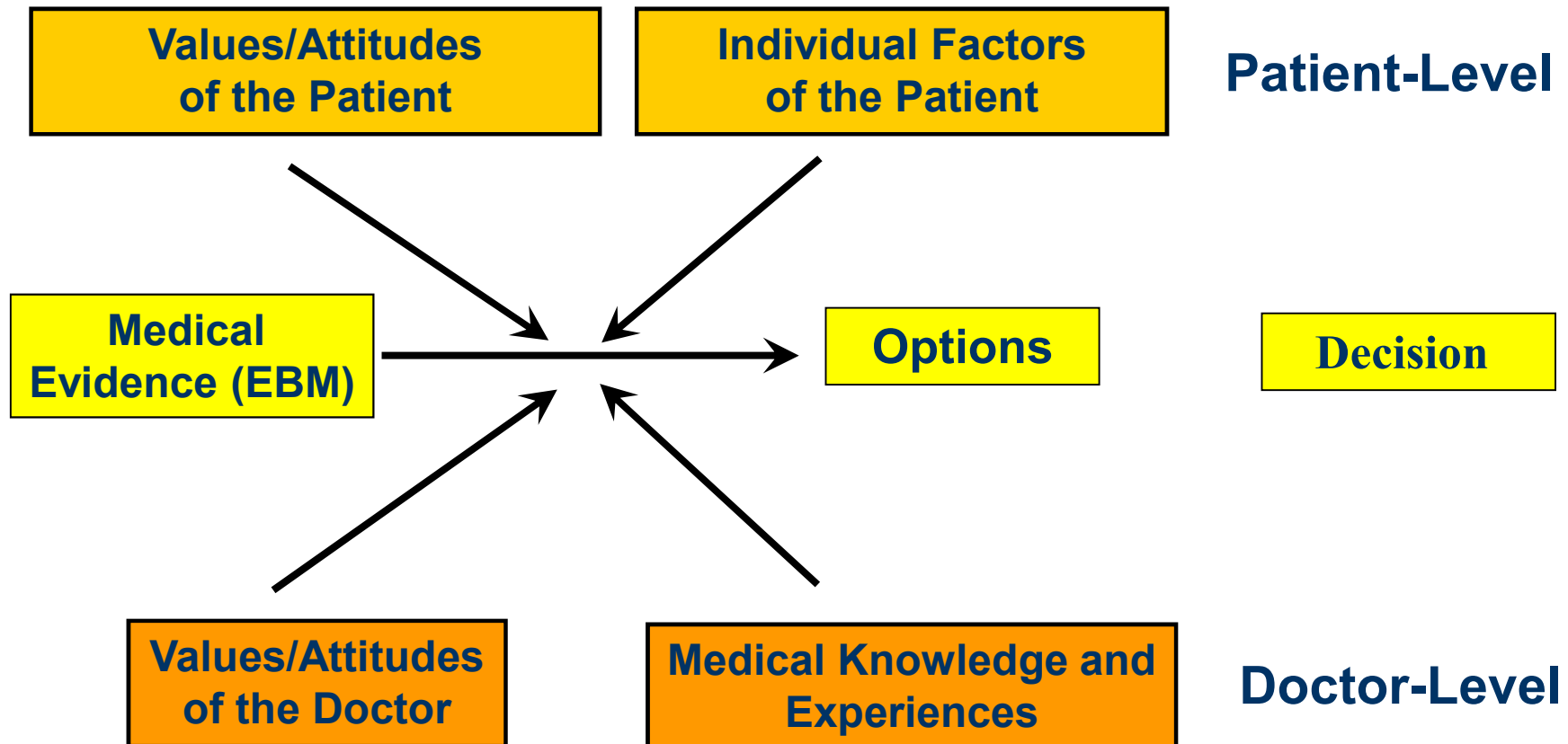
Autonomy of the Patient

the patient as consumer
decides and is solely
responsible for the
treatment

Therefore, SDM can be defined as:

„ ... an interaction process based upon an mutual exchange of information between doctor and patient with the aim to find a joint decision under regard of equal and active participation.“

(Härter, 2004, S. 90)



Competencies of the doctor

- to build up a trustful relationship,
- to describe options in treatment and their risks comprehensible,
- to convince the patient to take over his role in the decision-making-process,
- to explore the patient`s expectations and preferences
- to combine and to assess his own preferences for treatment with those of the patient,
- to make a joint decision.

Competencies of the patient,

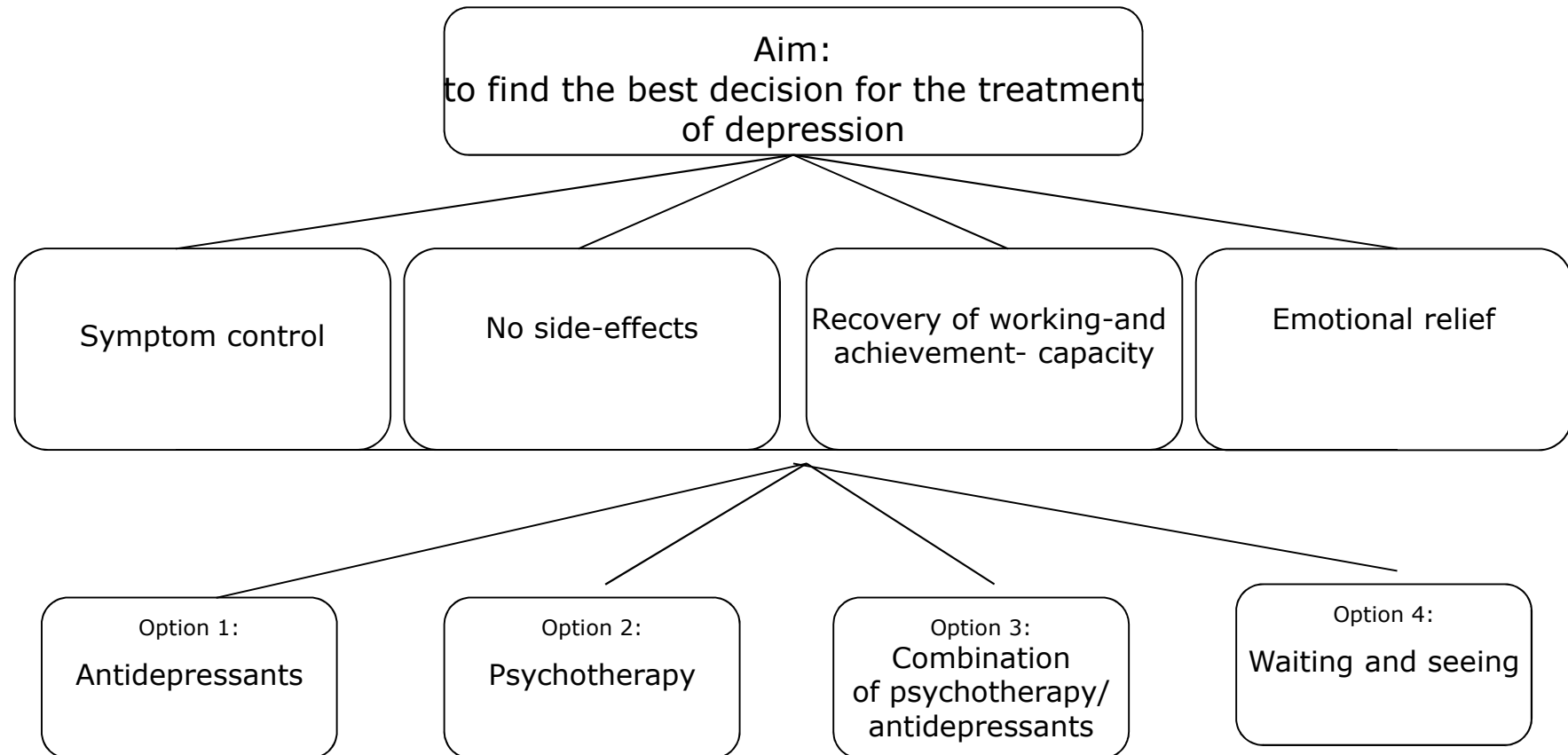
- to participate in the decision-making-process,
- to ask questions,
- to give information about himself,
- to take over responsibility,
- to make a joint decision.

Overview

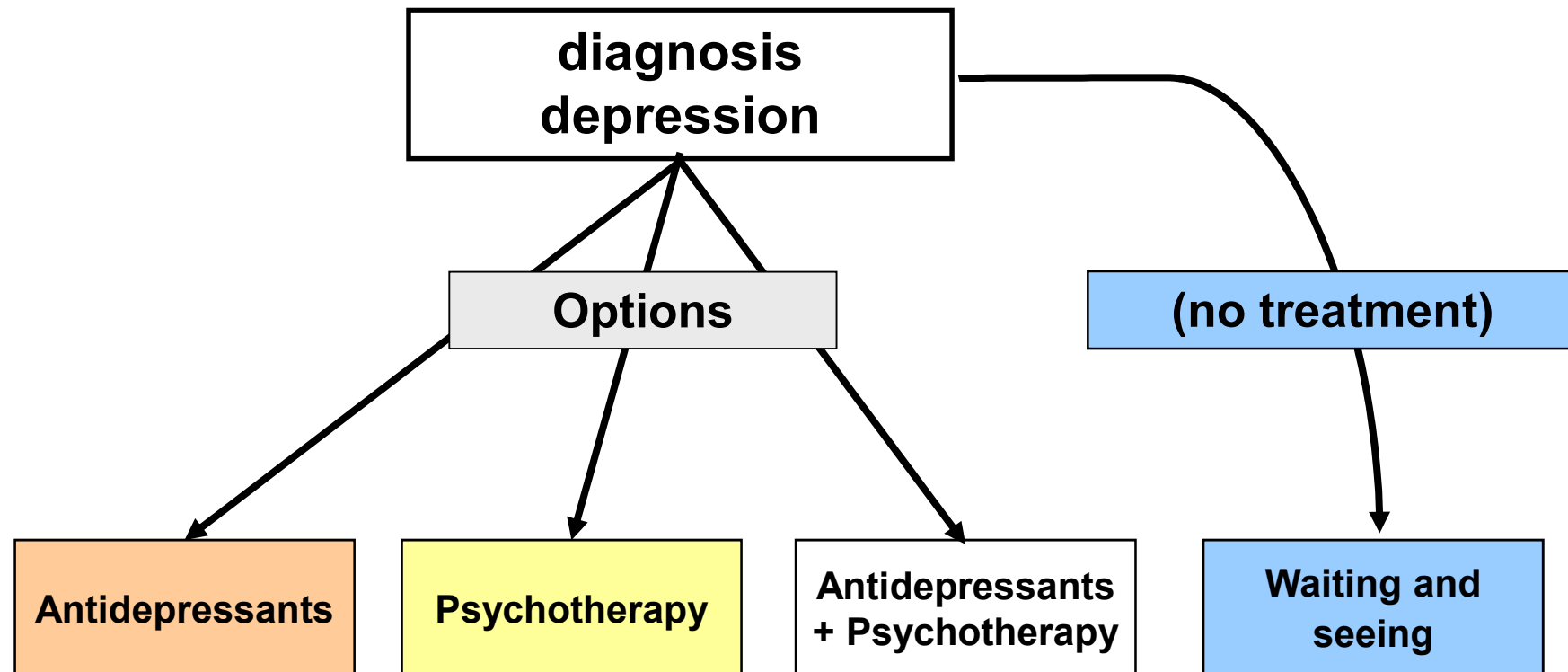
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-Approach-

hierarchically graduated decision-making model (Dolan, 2000)



Alternatives of depression treatment



Steps in a shared Decision-making process:

- Communication of the need for a decision,
- Performing „Equipoise“:i.d.
 - to emphasize the equal status of the partners,
 - to inform about equivalent options for treatment,
- Information about the advantages/disadvantages of the options
- Exploring the understanding, thoughts and expectations of the patient
- Making a joint decision
- Making an arrangement for further steps of realization

(Härter et al., 2004)

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Decision aids:

Collection of techniques designed to help people make better decisions when faced with important, complex problems that involve trade-offs among competing objectives

(Belton&Stewart,2002)

Patient decision aids

- provide information
 - high quality and up-to-date information about the disease
 - available options and expected outcomes
- help to clarify values
- give guidance in assessing the pro- and contra-arguments for each option
- coach how to communicate values and personal issues to providers



- Home
- Mission
- History
- People
- Funding
- Research
- Laboratory
- Network


- Ottawa Decision Aids
 - Ottawa Personal Decision Guide
- A-Z Inventory of Decision Aids
- Cochrane Systematic Review
 - Cochrane Inventory
 - CREDIBLE Criteria
- Training in Decision Support
- Evaluation Measures
- Resources
- OHRI

Ottawa Decision Aids

The following patient decision aids were developed in Ottawa. Some decision aids are available in PDF format or on the Internet and some may be ordered. Others are still under development and not available.

Available Ottawa Decision Aids





Ottawa Personal Decision Guide (OPDG)
The OPDG is available as an [interactive decision aid](#) for use online or a [paper-based decision aid](#) in PDF format.

Decision Aid

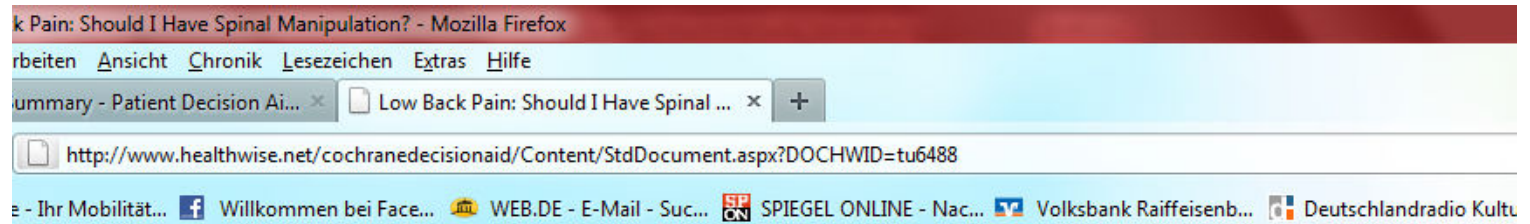
Back Pain

from: <http://decisionaid.ohri.ca/>

The screenshot shows a web browser window displaying search results for 'pain' on the Decision Aid website. The browser's address bar shows the URL: <http://decisionaid.ohri.ca/AZsearch.php?criteria=pain&search=Go>. The search results are organized into categories:

- Back Pain**
 - [Back Pain guide](#) Mayo Clinic
 - [Low back pain: Should I have an MRI?](#) Healthwise
 - [Low back pain: Should I have spinal manipulation?](#) Healthwise
 - [Low back pain: Should I try epidural steroid shots?](#) Healthwise
- Childbirth**
 - [Epidural pain relief in labour](#) MIDIRS
 - [Pregnancy: Should I have an epidural during childbirth?](#) Healthwise
- Heel injuries and disorders**
 - [Plantar fasciitis: Should I have surgery for heel pain?](#) Healthwise
- Osteoarthritis**
 - [Choosing Pain Medicine For Osteoarthritis](#) Agency for Healthcare Research and Quality
- Temporomandibular Joint Dysfunction**
 - [TM disorder: Should I have surgery for jaw pain?](#) Healthwise

The left sidebar of the website contains navigation links: Evaluation Measures, Implementation Toolkit, About Us, News & Events, and a search box with a 'Google Search' button. A small image of a man with glasses is visible in the sidebar.



Options

Low Back Pain: Should I Have Spinal Manipulation?

| | | | | | |
|---------------------------|-----------------------------|---------------------------|---------------------------|---------------------------|--------------------------|
| 1 Get the Facts | 2 Compare Options | 3 Your Feelings | 4 Your Decision | 5 Quiz Yourself | 6 Your Summary |
|---------------------------|-----------------------------|---------------------------|---------------------------|---------------------------|--------------------------|

Get the facts

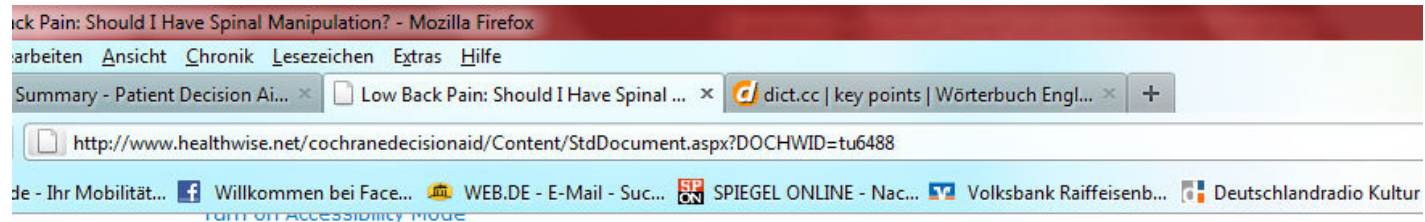
Your options

- Have spinal manipulation for your low back pain.
- Don't have spinal manipulation.

If your symptoms are very bad or are getting worse, this is not a decision you should make right now. See your doctor.

Key points to remember

- Most people with **low back pain** get better with home treatment. Try using ice, moist heat, pain relievers, and mild exercise.
- Certain symptoms, such as sharp pain or low back pain with leg pain or numbness, can be a sign of a serious condition that could be made worse by spinal manipulation.
- Spinal manipulation doesn't work any better for low back pain than medicines and physical therapy.
- Spinal manipulation works for some people but not for others.
- You can't count on spinal manipulation alone. You will also need to learn how to take care of your back and do exercises that help your muscles better support your joints.
- If spinal manipulation leads to more pain, new pain, or numbness in your legs or anywhere else, you should stop this treatment.



Comparison of the options

Low Back Pain: Should I Have Spinal Manipulation?

1
Get the Facts

2
Compare Options

3
Your Feelings

4
Your Decision

5
Quiz Yourself

6
Your Summary

Compare your options

Compare

| | Have spinal manipulation | Use other treatment |
|---|--|---|
| What is usually involved? | <ul style="list-style-type: none"> ▪ You lie on a special table while the practitioner pushes, twists, or presses on your head, shoulders, back, or hips. | <ul style="list-style-type: none"> ▪ You can apply ice or heat to your back, find a comfortable position when you rest, and exercise regularly. ▪ You can take pain medicine. |
| What are the benefits? | <ul style="list-style-type: none"> ▪ Some people get pain relief. | <ul style="list-style-type: none"> ▪ For most people, home treatments relieve low back pain within 4 to 6 weeks. |
| What are the risks and side effects? | <ul style="list-style-type: none"> ▪ Slow pressing or twisting has no known risks. ▪ Although it is rare, forceful or rapid adjustments, especially to the neck, have been linked to serious problems and sometimes death. | <ul style="list-style-type: none"> ▪ Some people keep having back pain even with home treatment. |

Preferences:
What is important for
the patient?

Back Pain: Should I Have Spinal Manipulation? - Mozilla Firefox

bearbeiten Ansicht Chronik Lesezeichen Extras Hilfe

Z Summary - Patient Decision Ai... x Low Back Pain: Should I Have Spinal ... x dict.cc | key points | Wörterbuch Engl... x +

http://www.healthwise.net/cochrane/decisionaid/Content/StdDocument.aspx?DOCHWID=tu6488

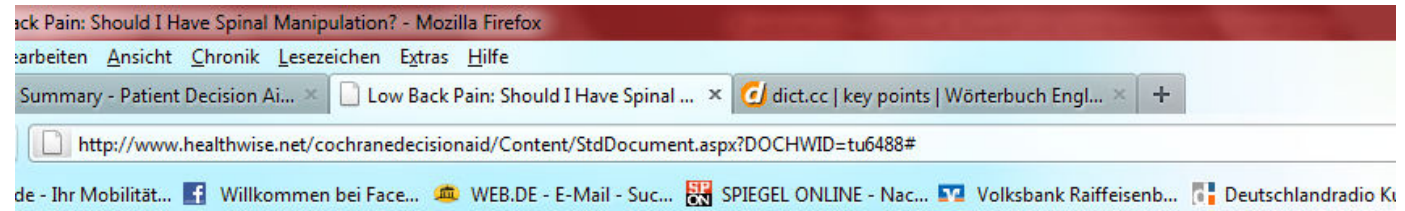
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What matters most to you?

Your personal feelings are just as important as the medical facts. Think about what matters most to you in this decision, and show how you feel about the following statements.

| Reasons to choose spinal manipulation | Reasons not to choose spinal manipulation |
|--|---|
| I feel confident that I can find a practitioner with a good reputation. | I am worried about finding a good practitioner. |
| | |
| More important | More important |
| Equally important | Equally important |
| More important | More important |
| I am comfortable with treatment that involves hands-on contact. | I don't like the idea of treatments that involve physical contact. |
| | |
| More important | More important |
| Equally important | Equally important |
| More important | More important |
| I'm not worried about the risks of spinal manipulation, because I know they are rare. | Even though side effects are rare, I still worry that they could happen to me. |
| | |
| More important | More important |
| Equally important | Equally important |
| More important | More important |

Decision making:
Where is the patient
leaning now?



Decision Point

You may want to have a say in this decision, or you may simply want to follow your doctor's recommendation. Either way, this information will help you understand what your choices are so that you can talk to your doctor about them.

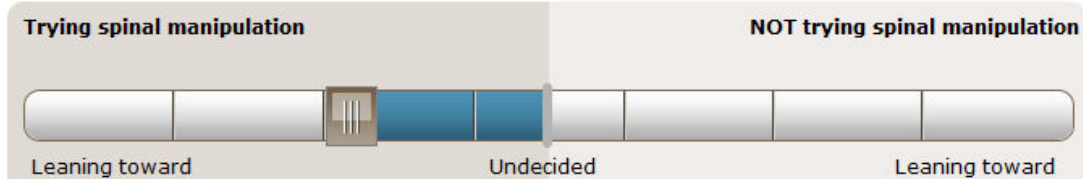
[Turn on Accessibility Mode](#)

Low Back Pain: Should I Have Spinal Manipulation?

- | | | | | | |
|-----------------------------|-------------------------------|-----------------------------|---------------------------|---------------------------|--------------------------|
| ✓ 1 Get the Facts | ✓ 2 Compare Options | ✓ 3 Your Feelings | 4 Your Decision | 5 Quiz Yourself | 6 Your Summary |
|-----------------------------|-------------------------------|-----------------------------|---------------------------|---------------------------|--------------------------|

Where are you leaning now?

Now that you've thought about the facts and your feelings, you may have a general idea of where you stand on this decision. Show which way you are leaning right now.



[< Previous](#)

[Next >](#)

Last Revised: February 3, 2010

Author: Healthwise Staff

Medical Review: William M. Green, MD - Emergency Medicine & Robert B. Keller, MD - Orthopedics

Knowledge-testing

Back Pain: Should I Have Spinal Manipulation? - Mozilla Firefox

gearbeiten Ansicht Chronik Lesezeichen Extras Hilfe

Z Summary - Patient Decision Ai... x Low Back Pain: Should I Have Spinal ... x dict.cc | leaning | Wörterbuch Englisch... x +

http://www.healthwise.net/cochrane/decisionaid/Content/StdDocument.aspx?DOCHWID=tu6488#

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Low Back Pain: Should I Have Spinal Manipulation?

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|--------------------|----------------------|--------------------|--------------------|--------------------|-------------------|
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|--------------------|----------------------|--------------------|--------------------|--------------------|-------------------|

What else do you need to make your decision?

Check the facts

1. Do most people with low back pain get better with home treatment?
 - Yes
 - No
 - I'm not sure

No, that's wrong. For most people, home treatments—such as ice, moist heat, pain relievers, and mild exercise—relieve low back pain within 4 to 6 weeks.
2. Is spinal manipulation a back pain treatment that works for everyone?
 - Yes
 - No
 - I'm not sure
3. Should you stop treatment right away if a spinal manipulation makes your pain worse or causes new pain in your legs or anywhere else?
 - Yes
 - No
 - I'm not sure

Decide what's next

1. Yes No Do you understand the options available to you?

Summary

Effects of decision aids:

Metaanalysis of 34 RCT-studies:

- higher quality of the decision,
- more knowledge about the disease, the options of treatment and their side effects,
- realistic expectation concerning the effects of the treatment chosen,
- higher awareness of one`s own preferences and values,
- reduction of conflicts in decision-making
- more adherence of the patient to the decision,
- no increase of anxiety,
- reduction of over-treatment.

(O`CONNOR et al., 2006)

Overview

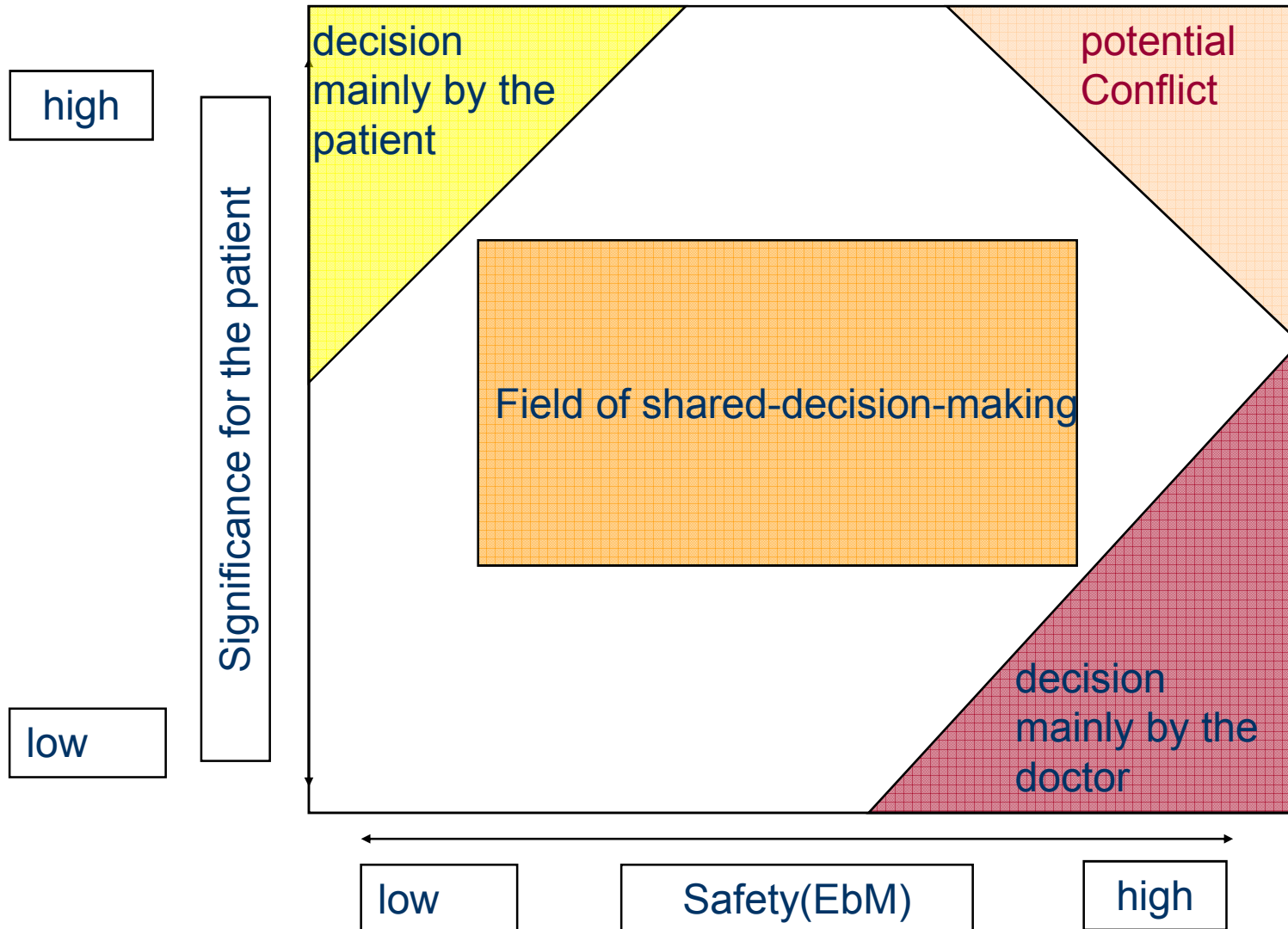
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Indication :

- when different evidence-based options of treatment are available
- when patients have to become experts of their illness in case of chronic or unspecific diseases difficult to diagnose
- in fields where medical evidence is lacking
- when patients wish for their participation
- when the doctor cannot bear the responsibility for treatment alone
- when consequences of the decision have a serious impact on the patient`s life

Contraindication:

- Diseases with an unambiguous pathway of treatment
- Emergency cases



(Whitney, 2003)

■ Doctors Increase of...

- Satisfaction with the patient-contact
- Information about the patient
- Options for treatment

■ Patients Increase of ...

- knowledge
- satisfaction with the doctor-patient-communication
- Satisfaction with the decision-result
- coping strategies with the illness
- compliance
- effects of treatment (partly)

Decrease of ...

- conflicts in decision-making

(Frosch et al. 1999, Bieber et al. 2006)

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Do we need the patient diploma?

- www.patientenuniversitaet.de



-Transfer-

The screenshot shows a Windows Internet Explorer browser window displaying the website 'www.meine-krankenkasse.d'. The address bar shows the file path 'F:\ambulante-patientenschulung.html'. The website content includes a navigation menu with categories like 'Wegweiser & Navigator', 'Mitgliedschaft & Beiträge', 'Service & Downloads', and 'Suchbegriff'. A main section titled 'Ambulante Patientenschulung: Mehr Wissen für chronisch Kranke' features a photograph of a family and text explaining the importance of self-management for chronic conditions like Diabetes, Asthma, and Neurodermitis. A sidebar on the right contains contact information for BKK VBU, including a phone number (01802 - 313172) and a 24-hour service availability claim. The Windows taskbar at the bottom shows several open applications, including PowerPoint presentations and a 'Shared Decision Making' tool.



-Patientenschulung-

The screenshot shows a Windows Internet Explorer browser window displaying the website for 'Therapie Aktiv - Diabetes im Griff'. The page header includes the Wiener Gebietskrankenkasse (WGKK) logo and navigation tabs: AKTUELL, VORSORGE, LEISTUNGEN, SERVICE, and WEGWEISER. The main content area is titled 'VORSORGE > "Therapie Aktiv - Diabetes im Griff"' and features a central box with the following text:

Was ist Therapie Aktiv - Diabetes im Griff?
Ihre Vorteile durch Therapie Aktiv - Diabetes im Griff
Wie können Sie teilnehmen?
[Patientenschulung](#)
[Ansprechpartner/innen für Wien](#)
[Therapie Aktiv-Folder](#)

Below this box is the 'Therapie Aktiv DIABETES IM GRIFF' logo. Further down, the text reads:

Was ist Therapie Aktiv - Diabetes im Griff?
Der Wiener Gebietskrankenkasse ist die optimale Versorgung ihrer Versicherten, besonders jener Menschen mit chronischen Erkrankungen, ein besonderes Anliegen.


The left sidebar lists various services: ANSPRECHPARTNER/INNEN, BEWEGT GESUND, INTEGRATIVES WUNDMANAGEMENT, INTEGRIERTE VERSORGUNG, DEMENZ, VORSORGEUNTERSUCHUNG, BETRIEBLICHE GESUNDHEITSFÖRDERUNG (BGF), SERVICESTELLE SCHULE, RAUCHERENTWÖHNUNG, ERNÄHRUNGSBERATUNG, "THERAPIE AKTIV - DIABETES IM GRIFF", and MAMMOGRAPHIE SCREENING. The right sidebar includes 'MEHR ZUM THEMA' (BEWEGT GESUND), 'MEHR IM INTERNET' (links to therapy and partner pages), and 'KONTAKT' (De Menthon-Bake Nina). The browser's taskbar at the bottom shows several open applications, including PowerPoint presentations and a shared decision-making tool.

Windows Internet Explorer - Patient-als-Partner.de

http://www.patient-als-partner.de/index.php?article_id=31&clang=0

Patient-als-Partner.de

Seite Extras



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CME-zertifizierte Fortbildung

Die Zertifizierung der Internet-Fortbildung für Ärztinnen und Ärzte ist in Vorbereitung. Vor der definitiven Freischaltung des CME-Angebots zur zertifizierten Fortbildung kann ein Interesse per mail angemeldet werden: Andreas.Loh@uniklinik-freiburg.de

Fragen zur Lernkontrolle


Nachfolgende Fragen dienen der Lernkontrolle und können nach dem Durcharbeiten der internetbasierten Fortbildungseinheit beantwortet werden.

[zum Fragebogen>>](#)


Zur Rückmeldung: Fragebogen ausfüllen, das System sendet ihn automatisch an:

Dr. Andreas Loh,
Universitätsklinikum Freiburg,
Abteilung Psychiatrie und Psychotherapie,
Fax Nr. 0761-2706989

- **Welche Argumente sprechen für die Partizipative Entscheidungsfindung?**
- **Welche Modelle der medizinischen Entscheidungsfindung gibt es?**
- **Der Ansatz der Partizipativen Entscheidungsfindung**



**International Shared
Decision Making
Conference 2009,
June, 15-17 2009,
Boston, MA**



**Aktuelles
Trainingsmaterial:
Manual und DVD zur PEF**

www.patient-als-partner.de/index.php?article_id=31&clang=0

Fehler auf der Seite. Internet | Geschützter Modus: Aktiv 100%

On the (political) macro-level :

- patients' participation must become part of disease management programmes to avoid malpractice
- independent institutes provide reliable, valid and independent disease information in an applicable format
- promotion of model-projects for transferring SDM into practice
- it is legally stated that preference-sensitive interventions require patient's information and understanding of the options of treatment
- strengthening the co-determination of patient-groups in decision-making bodies concerning health care policy

On the (institutional) meso-level:

Creating a „receptive environment“ (Grol, 2007)by

- patient-centeredness
- positive attitude of the health professionals towards quality improvement
- emphasis and appreciation concerning the professionals` willingness to learn

„Health care for the future needs doctors and nurses who understand that cooperation, not heroism, is a primary professional value, and people committed to new norms of transparency, measurement and continual improvement.“

(Berwick, 2005)

On the (doctor-patient-) micro-level:

- communication training for doctors
- development and provision of information material for special groups of patients
- continuous quality assessment of the decision aids (e.g. easy access,comprehensibility, evidence based)
- evaluation studies for effect measurement
- local activities in the media to promote the motivation of patients to take over responsibility

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- with the free access to information sources in the medical field the patients` need of for participation has grown
- SDM is an elaborate tool to foster patients` participation
- SDM is an approach to improve the quality of treatment by preventing the danger of malpractice
- for its implementation, barriers on the institutional as well as on the personal level of health agents have to be overcome

Thank you for your attention

