Shared decision making

Dr Helen Pryce & Dr Amanda Hall
‘no decision about me without me’

- Department of Health incorporate patient consultation at all levels

- Shared decision making is being incorporated into healthcare reforms in the US
Revising the interpretation of evidence-based healthcare

• ‘Evidence based medicine means integrating individual clinical expertise with the best available external clinical evidence…

• ....and compassionate use of individual patient’s predicaments, rights and preferences in making decisions about their care.’ (Sackett, 1997)
Revising the evidence base healthcare mantra

“Real evidence based medicine has the care of individual patients as its top priority, asking, “what is the best course of action for this patient, in these circumstances, at this point in their illness or condition?”

It consciously and reflexively refuses to let process (doing tests, prescribing medicines) dominate outcomes”
(Greenhalgh, 2014)
Shared decision making

• Where there is more than one evidence-based treatment with differing risks and benefits

• Decision on choice of treatment is sensitive to patients values and preferences

• Deciphering treatment preferences from outcome preferences

• Not just choice of location....
Why bother with shared decision making?

• Ethical imperative
• Improves patient knowledge and involvement in care
• Reduces pressure on clinicians
• Reduces preference misdiagnosis
• Reduces unwanted variation in healthcare use
• May reduce healthcare costs
‘I want to hear better’

• More specifically my goals are:
  • To join in conversation in the pub
  • To turn down the volume on my tv
  • To make communicating with me easier for my wife
So what options are there?

- Hearing aids
- Communication training, especially in groups
- Environmental aids
- Waiting/no intervention
How might you present these options?

• Choice talk – there are options, there is a choice to make
• Option talk – pros and cons of the options
• Decision talk – what will be best for you?

• (Elwyn et al, 2012)
# How to inform patients?

## Hearing aids

<table>
<thead>
<tr>
<th>What is involved?</th>
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<tbody>
<tr>
<td>• Being fitted with hearing aids.</td>
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<tr>
<td>• Wearing the hearing aids to help with my hearing problems.</td>
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<tr>
<th>What is expected from me?</th>
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<tr>
<td>• Attending 3 or 4 appointments at a hearing aid clinic.</td>
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<tr>
<th>What are the positives?</th>
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<tr>
<td>• My hearing will be improved when in one-to-one conversation, when in small groups, and when watching television.</td>
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<th>What are the negatives?</th>
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<tr>
<td>• Hearing aids do not sound natural when in noise or in large groups.</td>
<td></td>
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<tr>
<td>• I need perseverance to get used to hearing aids.</td>
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<td>• Most hearing aids are somewhat visible.</td>
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Decision aids

- International standards for the development of decision aids
- Can be paper/on-line/dvd......
- Based on offering evidence based interventions
Our study

• Aim to understand how decision making currently occurs
• Aim to understand decisional and informational needs of patients
Sample

- Recruited from Sirona Care and Health – Audiology and Hearing Therapy service
- Recruited from new cases & review cases
- 20 help-seeking participants
- 1 participant seeking help with hearing loss and tinnitus
- 19 seeking help with hearing loss
Methods

• Observations of encounters first time fits and re assessments (5 participants)
• Focus group discussion of help-seeking and decisions (15 participants)
• Focus group discussion on information that would be helpful (15 participants)
• Focus group feedback on decision aid (current)
How decision making currently occurs

• Decisions made before, during and after clinical encounter

• Decision during clinical encounter is audiologist led

• Few options discussed
Findings- before clinic

- Multiple ‘actors’ in help seeking (Laplante-Levesque (2010) model fits)
- Gradual interpretation of signs as symptoms
- Search for information and opinion
- Make comparisons with others, iterative process of evaluating hearing performance (fits model Pryce & Wainwright, 2008)
Before clinic

• ‘I am asking people to repeat themselves’ (participant 10)
• ‘it got embarrassing when somebody would say something to me’ (participant 2)
• ‘My wife made the decision’ (participant 1)
• ‘I decided to accept whatever the recommendations were’ (participant 4)
• ‘I think you’ve already made the decision and you will accept what they tell you’ (participant 3)
Findings – during clinic

- Audiologist/Therapist prescribes
- Single intervention only
- Advice
- Professional opinion
‘During clinic’ example quotations

• ‘she explained to me that they [hearing aids] probably wouldn’t help me’ (participant 3)
• ‘Did anybody suggest anything other than a hearing aid? No; No; No; No; No’ (researcher and focus group 2)
Findings - Informational needs

- Alternatives and options
- Detail of what hearing loss means
- Ways of managing hearing loss including interventions – incorporating interventions into life
- Practical issues with physical use of hearing aids – glasses, hair, management of controls...
‘Alternatives and options’ – Example quotations

• ‘I quite like the idea of a group programme’ (participant 1)

• ‘I think I’ve learned as much from [focus] group members as I have from staff’ (Participant 2)

• What about other devices?.....

• ‘I don’t need anything special..but in 10 years I might’ (participant 14)
Detail of ‘what hearing loss means’

- ‘It’s a bit overwhelming’ (participant 12)
- ‘You need to know what questions to ask’ (participant 11)
- ‘when you go first you’re a bit in the dark’ (participant 12)
‘Incorporating hearing loss into life’
- Taking responsibility

• ‘It’s a question of what you do’ (participant 11)

• ‘It’s difficult because some people are not good at saying anything are they?’ (participant 13)

• ‘I’ve decided to come because I’m new to hearing loss. I’ve come to learn something.’ (participant 14)
‘Practical issues’

• ‘I don’t know if I’ve got a loop’ (participant 10)
• ‘what’s this loop system?’ (participant 11)
• ‘when you press it it goes beep’. .....’interesting you say that...I’d thought the battery was going.’ (participant 8 &9)
• ‘they are uncomfortable’ (participant 7)
• ‘the sound is terrible’ (participant 6)
• ‘it gets caught up with hair’ (participant 5)
Decision Aid

• Headings:
• What does it involve?
• What is expected from me?
• How will this help my hearing?
• What should I expect?
• Are there situations in which this option might not help?
...continued

- Do I have to pay?
- What maintenance is involved?
- Can this option be altered?
- Do I have to use this option all the time?
- Can I use more than one option?
Comments on decision aid to:

Amanda.hall@bris.ac.uk

Read more:

Thank you

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Melanie Ward and Sirona Hearing Therapy and Audiology team

Aston University

British Society of Audiology