Shared Decision Making in Psychiatry: Fostering the Therapeutic Alliance in the Digital Age

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Today’s Speakers

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Ms. Bergeson is a person with lived experience. She works as peer lead for 7 Cups, an online support community that serves over 2 million people each month through the work of 250,000+ trained listeners from 189 countries, where she integrates the learnings of the national consumer community into this new online support delivery mechanism. Through consultancy with Open Minds and RREAP, Ms. Bergeson works to build or improve consumer activation and engagement support programs and services for many clients.

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Objectives

- Introduce shared decision making and discuss its process and potential benefits
- Discuss barriers to implementation of shared decision making and tools for engaging patients and providers in a 2-way dialogue
- Consider the implementation of digital technology in shared decision making
Overview of Shared Decision Making
Shared Decision Making in Supporting Recovery

**Past**

**Traditional View of SMI**
- Mental illness is a chronic disability
- Treatment focus: symptom reduction and relapse prevention

**Recovery-Oriented Care**
- Most people with SMI improve significantly over time
- Individuals with SMI can have independent, meaningful lives

**Present**

SAMHSA defines recovery as “a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential”

SAMHSA’s 4 major dimensions that support a life in recovery:

- Health
- Home
- Purpose
- Community

Shared decision making, an emerging best practice in health care, is consistent with empowerment, self-determination, and recovery.

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SAMHSA, Substance Abuse and Mental Health Services Administration; SMI, serious mental illness.


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**Shared Decision Making: An Emerging Best Practice in Health Care**

SDM offers a systematic process and the tools to help patients and their providers:

1. **Obtain, understand, and exchange clinical evidence and care information**
2. **Consider and discuss care options together**
3. **Make a decision about health care**

*Shared decision making tools (e.g., decision aids and resources) can support this step in the process.*

SDM, shared decision making.

Goals of Shared Decision Making

- SDM helps balance information about conditions and treatment options with individual’s preferences, goals, cultural values, and beliefs

- It is especially important when patients arrive at a crossroads of medical options
  - For some decisions, there is 1 clearly superior path
  - For most, however, ≥1 reasonable path exists, and different paths entail different combinations of possible therapeutic effects and side effects

SDM, shared decision making.
Benefits of Shared Decision Making

• As a patient-engagement strategy, SDM can help enhance the therapeutic alliance\textsuperscript{1-3}

• Studies indicate that using SDM in mental health care can help improve\textsuperscript{4,5}:
  – Patient satisfaction
  – Patient engagement in managing care

• Studies outside of the mental health arena have also illustrated that SDM may help to:
  – Reduce costs\textsuperscript{4,6,7}
  – Increase patient knowledge\textsuperscript{8}
  – Foster accurate risk perceptions\textsuperscript{8}
  – Lessen internal conflict about decisions\textsuperscript{8}
  – Increase the likelihood that patients receive care aligned with their personal values\textsuperscript{8}

SDM, shared decision making.


\textsuperscript{3} Matthias MS et al. Psychiatr Serv. 2014;65(12):1488-1491.


\textsuperscript{5} Swanson KA et al. Med Care Res Rev. 2007;64(4):416-430.


Patients and Providers Have Positive Attitudes Toward SDM, but May Not Engage in it

A systematic review describing current patient and provider perspectives regarding the SDM process found that:

- For both patients and providers, attitudes toward SDM tended to be positive, whereas actual engagement in SDM tended to be lower
- Pros of tests or treatments were often more likely to be discussed than cons
  - Often, providers did not ask patients whether they wanted a test or treatment that may be unnecessary

Factors that influenced the type of information exchange and whether patients’ preferences were addressed:

- Tests or procedures being considered
- Patient demographics (e.g., race or gender)
- Patient perception of disease-related mortality risk
- Patient perceptions of treatment effectiveness
- Patient perception of disease risk
- Provider knowledge and beliefs about treatment efficacy
- Provider perceptions of patient preferences
- Provider specialty

SDM, shared decision making.
Shared Decision Making for Providers
Steps of the Shared Decision Making Process

**Establish a partnership**
- Patients and providers have equally important roles in establishing a partnership

**Exchange information***
- Patients are encouraged to discuss experiences, history, preferences, values, and cultural beliefs
- Providers are receptive and describe treatment and service options in detail

**Weigh the options**
- Patients and providers evaluate pros and cons of options based on preferences, values, and cultural beliefs
- Watchful waiting may be a viable choice

**Make a decision**
- The process of decision making is shared, but the final decision rests with the person using the services
- Both patients and providers can review and revise the decision, if needed

*Shared decision making tools (e.g., decision aids and resources) can support this step in the process.

HCP Engagement in Shared Decision Making

- Define and explain the health care problem
- Present options
- Discuss benefits, risks, and costs
- Clarify patient values and preferences
- Clarify the patient’s understanding
- Present what is known and make recommendations
- Discuss patient self-efficacy
- Make or explicitly defer a decision

HCP, healthcare provider.
Potential Barriers to Provider Participation in SDM

Lack of awareness
SDM is often not included as part of provider education

Integration concerns
A strategy to integrate SDM into the practice’s workflow is required

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Lack of clarity on the part of the provider when discussing treatment options may leave patients with insufficient information for making their decision, or may overwhelm them with confusing information

Perceived time requirement and constraints

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Judgmental behavior that does not consider patient preferences
While many patients tend to have similar concerns (e.g., cost, level of functionality, QoL), patients with different lifestyles may select different treatment protocols

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Lack of empathetic communication
Lack of empathy may hinder patient trust, leading the patient to disengage from SDM

Provider bias
Assumptions that the provider knows what the patient is most concerned about or would choose may not be correct

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QoL, quality of life; SDM, shared decision making.
To engage patients in shared decision making, providers must be prepared to:

- Relinquish their role as the single, paternalistic authority
- Become more comfortable with discussing emotionally charged issues
- Train to become more effective coaches or partners
- Avoid labeling decisions as “wrong” based on differing values or preferences
- Consider technological aids for decision making with their patients
- Get more comfortable with acknowledging their uncertainty

Talking With Patients About Setting Goals to Support Wellness

- Talking with patients about setting goals to support wellness
  - Goal setting may help patients focus on what they would like to achieve in the future\(^1\)
  - Treatment is a means to the goal of recovery, i.e., reaching one’s full potential\(^2\)
  - Keeps patients engaged in their treatment choices and plan\(^3\)
    - Increased engagement may improve adherence\(^4\)

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Normalizing Language in Mental Health

- Normalization is a CBT strategy that may help patients understand that their feelings and experiences are often felt by others, even those without a diagnosis of a mental health condition
  - Can be used to support a strong therapeutic relationship
- Key messages of normalization
  - The patient is not alone
  - Many people experience mental health issues and symptoms every day
  - Symptoms may be effectively managed and/or treated

Goals of normalization

- Develop healthy thoughts and knowledge of condition
- Minimize self-criticism
- Embrace a problem-solving way of thinking
- Regard providers as allies in treatment and management

Negative feelings and not reaching goals are NOT symptoms of mental illness, but rather are a part of life

CBT, cognitive behavioral therapy.

Shared Decision Making for Patients
Roles in a Shared Partnership: A 2-way Conversation

Providers should respect the special knowledge that patients have about themselves

Patients should respect the special knowledge that providers have about their conditions

Patients should ensure that the provider knows their:
- Experiences
- Life history
- Preferences
- Values
- Cultural beliefs
- Treatment history

Potential Barriers to Patient Participation in SDM

1. The number of choices could be overwhelming.

2. Patients may experience regret, or reject options to spare themselves regret.

3. The anticipation of choice and control may lead to disappointment when expectations meet clinical realities.


5. Patients may be concerned about making a physician or provider angry if they do not choose the recommended course of treatment.

6. Stigma and shame can impact patient’s willingness to engage in open communication.

7. Patients may not feel safe or may not have experience communicating in a way that assumes an equal partnership, clinicians may need to be patient and persistent.

8. Valuing options can be difficult, as patients may not foresee how they will adapt to illness.

SDM, shared decision making.


Breaking Through Barriers to Shared Decision Making: Patients

To participate in shared decision making, patients must seek:

- The support they need to express values and preferences and to be able to ask questions without censure
- Access to effective tools to help understand options and consequences of their decisions

Prepare for your visits

Write a list of your concerns and questions and take them with you.

Tell your provider what matters to you

When your provider asks you a question, answer honestly. This may help your provider understand and respect what matters to you.

You may have information that can help your provider

Conversely, your provider may have information that can help you; be open.

Ask questions if things aren’t clear

Ask your provider to explain why he or she is recommending a certain treatment for you and continue to ask questions until what you hear makes sense.

Suggestions for Patients to Be More Active in Shared Decision Making (continued)

Remember what was said

It may be helpful to write down what your provider says or ask your provider for written instructions. Consider taking someone with you to doctor visits.

Don’t be afraid

Talk about what those options with which you agree and disagree; it helps keep the discussion open. It also may help find treatment options that match what you prefer.

Follow up on your plan and with your provider

If you say you will do something, try to do it. If you can’t, be honest as to why. Contact your provider if you have other questions or concerns. Establish an ongoing dialogue.

**Goal Setting**

- Which wellness goals are most important to me?
- What is my time frame to address these goals?
- How can I work toward achieving them?
- What obstacles might I face?
- Who can help me?
- How will I track progress?

**Preparing for an Appointment**

- My recovery goal is:
- How have I been feeling recently?
- How have my medicines been working?
- Have I been having any side effects?
- Have I been able to do what I want recently?

**At the Appointment**

- This is what I’m going to do between visits:
- This is what we’re going to discuss at my next appointment:

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Digital Technology in Shared Decision Making
Digital Tools in Shared Decision Making

- Tools, such as interactive decision aids, patient portals, personal health records, and secure electronic messaging, can help with shared decision making\(^1\)
  - Patients can access decision aids and education materials via a patient portal and communicate via secure messaging with their health care teams about their decisions
  - Practices can build triggers into EHR to remind providers to give patients a decision aid
- A *NEJM* Catalyst Insights Council survey* on patient engagement reported that respondents believed the most effective engagement tools to embed care into delivery were\(^2\):

<table>
<thead>
<tr>
<th>Tool</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient portals</td>
<td>68%</td>
</tr>
<tr>
<td>PRO measures</td>
<td>56%</td>
</tr>
<tr>
<td>Online/mobile scheduling</td>
<td>40%</td>
</tr>
<tr>
<td>Secure email</td>
<td>38%</td>
</tr>
<tr>
<td>Wireless/wearable devices</td>
<td>26%</td>
</tr>
</tbody>
</table>

*Includes 555 completed surveys from a qualified group of US executives (26%), clinical leaders (26%), and clinicians (48%) at organizations directly involved in health care delivery.

\(^1\)Respondents also reported using apps and text messaging to collect patient input.

EHR, electronic health record; *NEJM*, New England Journal of Medicine; PRO, patient-reported outcomes; US, United States.

Widespread Use of Digital Devices Includes Patients With SMI

- Digital exclusion of patients with SMI has declined in recent years, despite being a major concern in the past¹
- A 2014 survey of psychiatric outpatients across 4 US study sites found²:

80% had access to the internet

86% had a cell phone

63% expressed a willingness to use a smartphone app to monitor their own mental health

58% had a cell phone

Psychiatric outpatients

General population

71% expressed a willingness to use a smartphone app to monitor their own mental health

• Patients with SMI own and use digital technology, often on a daily basis³,⁴
  – However, a digitally excluded minority still exists and efforts to facilitate inclusion of this population may require providing assistance in developing the skills necessary for the use of technology¹

SMI, serious mental illness; US, United States.

Possible Features of Digital Tools to Support Shared Decision Making in Patients With SMI

Apps for shared decision making for use by patients with SMI may include:

- Daily diary to track experiences
- Access to treatment plans, goals, and safety plans
- Suggested questions for patients to ask their HCP and a way to save answers
- A visual scale to weigh the pros and cons of decisions
- Content featuring physicians and patients discussing the pros and cons of various medical screenings, procedures, and treatment options
- Access to selected resources, such as:
  - Condition overviews and guides
  - Self-management tools
  - Videos featuring patients who have faced a treatment decision

HCP, healthcare provider; SMI, serious mental illness.
Possible Features of Digital Tools to Support Shared Decision Making in Patients With Other Disorders

Apps created for shared decision making in other therapeutic areas have included\(^1,2\):

- The ability to track satisfaction with current performance in a goal area over time
- Interactive decision aids that prompt patients to think about what matters most to them
  - Can be saved to the patient record, giving the care team better insight
- Focused health education materials to support the patient after a decision has been made
- Online training to help providers enhance and practice their communication skills in realistic situations

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Considerations in the Use of Technology in Supporting SDM: Cons*

- Overuse may undermine quality of patient–HCP relationship if it replaces time spent with patient.
- May increase health disparities for patients who lack health literacy skills, knowledge to use app, or access to app.
- Apps that challenge traditional roles are unlikely to change situations in which strong hierarchy of authority is preferred.
- Apps containing incorrect information could mislead patients.
- Relative lack of regulations concerning mHealth apps.
- Some apps may increase anxiety among patients (e.g., too frequent reminders).
- Security concerns exist regarding patients’ information.
- Training may be required for use.

*Based on mobile health applications.
HCP, healthcare provider; SDM, shared decision making.
Considerations in the Use of Technology in Supporting SDM: Pros*

- Can impact satisfaction with patient–provider interactions†
- Can empower patients
- Can improve SDM opportunities and encourage greater participation in medical decision-making
- May increase efficiency of HCPs, save them time, and provide a platform for real-time connectivity with their patients
- Updated features make provision of the most up-to-date information possible
- Does not require travel to HCP’s location (extends reach in more remote areas)
- May be cost-efficient and reduce burden of paper documents
- Can provide better visualizations, allowing for improved patient understanding

*Based on mobile health applications.
†App features such as fast accessibility, easy-to-follow procedures, and/or affordability can also impact satisfaction.
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Questions
Closing
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