

EvidenceBoost

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for Quality *A series of essays highlighting evidence-informed management and policy options for improving quality of care*

INTRODUCE PATIENT DECISION AIDS TO IMPROVE CLINICAL DECISION-MAKING QUALITY FOR “GREY ZONE” DECISIONS

The Problem: Clinical decision-making is not in line with patients’ personal values and preferences

Patients face a number of screening and treatment decisions that are neither black nor white. The case of early detection of prostate cancer is one example, where a commonly used screening test — prostate-specific antigen (PSA) testing — detects levels of a protein which is associated with prostate cancer.ⁱ This test is not definitive, yet it can lead to treatment which has a dramatic impact on quality of life.ⁱ

Patient decision aids offer patients and physicians help for these “grey zone” decisions, enabling them to make informed decisions in line with the patient’s personal values.ⁱⁱ Unfortunately, doctors sometimes take a “one size fits all” approach to care.ⁱⁱⁱ

While more physicians — particularly family doctors — favour the idea of shared decision-making, evidence shows this support has largely not led to a change in practice.^{iv} For example, a study of general practitioners in the U.K. found that while doctors supported a shared model, they were not using one.^v

Strategy for Change

One way to improve the quality of clinical decision-making — and the quality of healthcare in general^{vi} — is to actively engage patients who wish to be involved through the use of patient decision aids.^{ii, iv} Decision aids are particularly relevant where two or more “medically reasonable alternatives” exist for treatment or screening.ⁱⁱ Physicians can use these tools to help patients arrive at shared, informed, and values-based decisions.ⁱⁱ For example, for women considering breast cancer surgery, surgeons can offer patients an audiotape and workbook that provides photos, an overview of possible outcomes, and an exercise to help patients clarify their values.^{vii}

Decision aids work to improve patients’ knowledge, enable realistic expectations of treatment or screening benefits and harms, and increase patients’ participation, comfort level, and personal certainty in clinical decision-making.ⁱⁱ

To implement decision aids in practice, four key steps are necessary.ⁱⁱ First, a library of reliable decision aids that meet the needs of the population must be available. Fortunately, several libraries of quality decision aids already exist,^{ii, viii, ix} of which the Cochrane Inventory of Patient Decision Aids is the most well-evaluated.^{ii, viii} Second, practitioners willing to use decision aids in their practice must step up. Third, system support for the delivery of decision aids must exist, offering clarity for providers in terms of when and how to embed decision aids in the care pathway. Finally, practitioners and patients must be capable of engaging in shared decision-making, which means training and support must be available.

What the Research Says

Generally, patients are not particularly knowledgeable about the probable outcomes of treatment options.ⁱⁱ Relative to usual care, the most significant benefits of patient decision aids are improved patient knowledge of options and outcomes^{ii, x-xiv} and more realistic expectations of the harms and benefits of those options.^{ii, x, xiv} In the research consulted, patient decision aids improved patient knowledge from nine to 30 percentage points, with an average improvement of 19 percentage points.ⁱⁱ

Decision aids also allow greater patient participation in decision-making, which leads to patients feeling more comfortable about their chosen course of treatment.ⁱⁱ This greater comfort level, in turn, leads to fewer patients who are undecided.ⁱⁱ

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At a more basic level, decision aids help address the everyday problems of busy clinics, where physicians have only a few minutes to spend with patients, do not always have the necessary skills to communicate risks,^{iv} and where credible information is not always readily available in a format that patients understand.^{xv}

Decision aids also have a role in preventing the over-use of options that informed patients don't value. For example, they reduce the use of aggressive surgical procedures by 24 percent in favour of more conservative options, without affecting health outcomes.^{xvi}

Conclusion

Patient decision aids recognize an active and participatory role for patients in securing appropriate, effective, safe, responsive, and ultimately quality healthcare.^{iv} Of course, decision aids are of little value if they are ignored in practice.

To assist practitioner efforts, training programs and system support are necessary.^{ii, xvi} In the end, implementing decision aids into routine care will involve a collaborative effort, with practitioners taking the lead to introduce good, quality decision aids that are already available for their and their patients' use.ⁱⁱ

For more information about improving quality of care, see the foundation's managing for quality and safety web page at www.chsrf.ca/research_themes/safety_e.php.

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