Five Questions: Encouraging Shared Decision Making?

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Partnerships between patients, their families, carers, and those delivering health care services which respect individual needs and values, demonstrate compassion, continuity, clear communication, and shared decision-making.
What is Shared Decision Making?

“....the requirement that a patient with capacity to decide should be informed about the treatment options open to him or her; the risks and benefits of each option; and be supported to make their choice about which treatment best meets their needs.”

General Medical Council (2015) Hot topic: Consent. Making decisions with an adult who has capacity to decide.
Shared Decision Making

• Patients need information about all the choices (including no treatment)
• Need to understand these choices: including risks and benefits
• Need to know how they can self manage better or improve their condition
• Healthcare professionals need to listen and understand about patients’ lives and preferences
Why Shared Decision Making?

• Ethical imperative: two sources of expertise
• Truly informed
• Increased understanding, satisfaction & trust
• Patients more likely to adhere to treatment; tend to choose less treatment; potential to reduce inequalities
5 QUESTIONS

to ask at your appointment before you get any test, treatment or medicine.

1. NEED?
   Do I really need this test, treatment or medicine?

2. BENEFIT?
   What are the benefits to me?

3. RISK?
   Are there any risks or side effects?

4. CHOICE?
   How can I improve my condition or health?

5. IF I DON’T?
   What will happen if I don’t do anything?

Please ask at reception for a card
Evaluation

- Observation during consultations: notes made & themed
- Patient Questionnaires after consultation

Pre-pilot Phase (Nov/Dec ‘17)
Baseline data gathering

Intervention introduced

Observation during consultations: notes made & themed

Patient Questionnaires after consultation

Pilot Phase (Jan/Feb ‘18)
Intervention data gathering

Survey Monkey for staff feedback on intervention

Post Pilot Phase (Feb ‘18)
Intervention data gathering
Evaluation

• What was shared decision making like before intervention?
• What was it like during the intervention?
• Patient view
• Staff view
• What was the impact of 5Qs tool?
• Learning for potential roll out
Sample

Patient Questionnaires: 260 completed – 107 pre-pilot and 153 in pilot phase

Observations: 76 consultations observed – 42 pre-pilot and 34 in pilot phase

Staff Survey: sent to 21 participants. 12 completed (57% response)
Results
• 68% of patients had or had talked about having tests or treatments in their appointment (23% no, 9% did not answer)
• Therefore SDM would be considered an appropriate approach
• Coulter & Collins: appropriate for every clinical consultation where a decision is to be made & no immediate threat to life

Positive Communication, Empathy, Dignity & Respect

- Open Qs/Summarising/Reflection
- Explaining clearly/using tools
- Majority of patients comfortable to ask Qs/share their concerns, issues
- 92.5% agree/strongly agree they were able to share what was important to them
- 100% clinicians agree/strongly agree they want to or try to find out what is important to patients
Positive Communication, Empathy, Dignity & Respect

• Carers/companions involved
• Empathy ++
• Reassurance ++

I feel very comfortable with my GP. I feel listened to, trust and believe in my GP and their opinion/expertise.

I was treated with dignity and respect.

Everything explained well and questions answered. Felt comfortable and at ease.
True Shared Decision Making is not consistently occurring

• informed about the treatment options open to him or her
• risks and benefits of each option
• make their choice about which treatment best meets their needs
True Shared Decision Making is not consistently occurring

1. ‘No treatment’ is not an option routinely discussed
   - In patient questionnaires, most variable responses of all Qs. ‘The options we talked about included not having any treatment or tests’:
     54% agree/strongly agree
     8% neutral
     20% disagree/disagree strongly
     15% not applicable
True Shared Decision Making is not consistently occurring

- **Staff Survey:**

<table>
<thead>
<tr>
<th>Question</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. The options we talk about include NOT having any treatments or tests (12)</td>
<td>42%</td>
<td>33%</td>
<td>25%</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
True Shared Decision Making is not consistently occurring

2. Limited options discussed
   - The majority of patients agree/agree strongly that more than one option was discussed (76%)
   - Staff Survey: consistently talk about more than one option
   - Observations: often only one course of action discussed e.g. How the condition is routinely treated; 'what I think we should do...'; 'the only way to fix this is....'

Am learning and was the only option. Hence no other options discussed. All very good thank you.
True Shared Decision Making is not consistently occurring

3. Limited Risks & Benefits discussion
   - Two clinicians who consistently quantified risks or discussed / explained evidence
   - Tended to vary per patient: e.g. Co-morbidities or patient question.
   - Risk discussion varied for both ‘major’ and ‘minor’ treatments
   - Antibiotics: ‘minor treatment’
True Shared Decision Making is not consistently occurring

3. Limited Risks & Benefits discussion

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<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>4. I explain the risks of all the options (12)</td>
<td>17%</td>
<td>75%</td>
<td>17%</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>5. I explain the benefits of all the options (12)</td>
<td>33%</td>
<td>67%</td>
<td>0</td>
<td>0</td>
<td>0</td>
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- Has the potential to widen inequalities
True Shared Decision Making is not consistently occurring

4. Patient preferences
- Listening & empathy ++
- Preferences re location / timing
- ‘I am sure the option we chose is the best one for me’ 90% agree / strongly agree
- Indicates high satisfaction & contentment
- However, in light of other observations – not ‘fully informed’
What difference did the Five Questions tool make?

- None.....or at least, very little.....
- The tool was not used by patients or clinicians....

<table>
<thead>
<tr>
<th>Question</th>
<th>None</th>
<th>1 or 2</th>
<th>Under half</th>
<th>Over half</th>
<th>Majority</th>
</tr>
</thead>
<tbody>
<tr>
<td>7. Did you see any patients using their 5 Questions card during the consultation? (11)</td>
<td>27%</td>
<td>36%</td>
<td>36%</td>
<td>0</td>
<td>0</td>
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- 55% of staff thought it had made some difference to the consultation
- No significant difference between pre-pilot and pilot results from patient questionnaires
Why wasn’t it used?

• Timing of the ‘Five Questions’
• ‘Permission’ to use
• Time pressures
• MAGIC programme: ‘we do it already’; ‘patients don’t want shared decision making’ – did not explicitly explore these
Encouraging SDM

- Tools alone are not enough
- Attitude → Skills → Tools
- Staff open to the ‘five questions’: 64% agree should be rolled out, 36% unsure, 0% shouldn’t be rolled out
- Training needed: attitude/skills/practice
- 64% agree some sort of training needed for roll out
- Additional tools e.g. Decision Aids
“a receptive culture will truly exist only if clinicians view shared decision making as usual practice and as a fundamental component of safe, effective and compassionate healthcare for patients.....Increasing patient agency, activation and health literacy are equally important.”

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