



# Targeting High and Low Value Care

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# What is Shared Decision Making?

A process in which clinicians and patients work together to make decisions and select tests, treatments and care plans based on clinical evidence that balances risks and expected outcomes with patient preferences and values.

-National Learning Consortium,  
HealthIT.gov, 2013

# History of SDM in Washington

- In the early 2000s, Jack Wennberg presented to leaders in Washington on clinical variation across regions of the state
- Response was legislation to support SDM, with goal of reducing variation without restricting choice
- Goal was appropriate utilization based on patient preferences, rather than decreased utilization
  - Evidence suggests SDM decreases overutilization, but helps correct underutilization

Ibrahim SA, Blum M, Lee GC, et al. Effect of a decision aid on access to total knee replacement for black patients with osteoarthritis of the knee: a randomized clinical trial. *JAMA Surg* 2017; 152(1): e164225

# Health Care Authority role in SDM

- Certification of Patient Decision Aids (PDAs)
  - Tools to educate patients and elucidate values
- Leverage our role as purchaser to support clinicians in the use of SDM and PDAs
  - 1.8M Medicaid lives
  - 200K PEB)

# Decision aids: The evidence\*

- Increased knowledge of options
- More accurate risk perceptions
- Lower conflict about decisions
- Choices that are more consistent with values
- Greater participation in decision making
- Fewer patients choosing major surgery



\*Stacey et al. Decision aids for people facing health treatment or screening decisions (Review). Cochrane Database of Syst Rev 2014;CD001431

*"A systematic review of effectiveness of decision aids to assist older patients at the end of life"* March 2017

<http://www.sciencedirect.com/science/article/pii/S0738399116304578>

## Beyond certification – translating research into practice

- Providing training and support to providers
- Accountable Care Program SDM initiative
- Bundled contracting arrangements
- Convening statewide discussion around spread and sustainability



# Case study: Implementation for OB care in ACO program for public employees

- PDA and SDM around trial of labor after cesarean
- 3 sites, each with variations
  - Paper vs. electronic aid vs. group class
- Process included:
  - Provider training
  - PDA selection
  - workflow implementation
  - Maintenance/monitoring

# Results

Successes	Challenges
High VBAC rates and high satisfaction among participating patients	<ul style="list-style-type: none"> <li>• Time               <ul style="list-style-type: none"> <li>○ Heavy workload of clinicians</li> <li>○ Training</li> </ul> </li> </ul>
Provider openness to VBAC increased uptake	Cost of PDAs
High provider engagement (but also frustration)	Assumptions about SDM
Overall satisfaction with provider training	Implementation into EHR is complex
Group class approach	Lack of high quality PDAs
Recognition that SDM can be incorporated into other areas to support Women's Health	



# Value to participating organizations

- Quality training for providers and staff
- PDAs helped guide balanced, evidence-based SDM discussions
- Value for patient in understanding the evidence and pros/cons for the various options available
- Process helped elicit patient values and support informed decisions

# Value to State

- Confirmed opportunity to impact care without limiting choices
- Increased understanding of challenges and benefits of implementation
- Lessons to inform sustainability and spread
  - Understanding benefits to patients, providers, carriers, employers, liability carriers
  - Systematic approach to addressing barriers

# Ongoing SDM efforts

- Certification of aids in topics including:
  - Maternity Care
  - Joint replacement (knee and hip)
  - Spine care
  - End of Life care
  - Cardiac care
  - Multiple efforts underway to support spread of SDM practices

# Other Washington state efforts

- Washington Health Alliance Waste Calculator:
  - Identifies areas of potential overuse
  - <https://www.wacommunitycheckup.org/media/47156/2018-first-do-no-harm.pdf>
- Bree Collaborative:
  - Identifies areas of variation and establishes standards and best practices including appropriateness standards
- Care bundles:
  - TJR and Spine bundles at Centers of Excellence including appropriateness criteria

# What have we learned?

- SDM and the use of patient decision aids:
  - Is critical to delivering patient-centered care
  - Can address inequity in the delivery of care
  - Helps patients understand what is most important to them
  - Increases patient satisfaction with their delivery system
  - Leads to more appropriate utilization of services
  - Can reduce variance in healthcare

# Vision for the future in Washington State

- Spread SDM/use of certified PDAs
- Reduce variation in healthcare
- Measure quality and impact of implementation
- Encourage submissions of different types
- Engage patients in their decisions that impact their health

# Questions?

More Information:

[www.hca.wa.gov/about-hca/healthier-Washington/shared-decision-making](http://www.hca.wa.gov/about-hca/healthier-Washington/shared-decision-making)

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