

# Shared decision making using Routine Outcome Monitoring: a value based mental health care initiative in the Netherlands

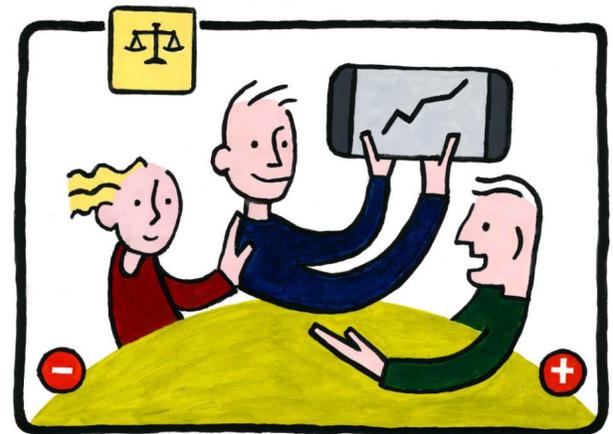
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## Introduction

Although the evidence was expanding, in mental health care shared decision making (SDM) was not widely applied. Moreover, the use of clinical outcome questionnaires in SDM was relatively new. This so called Routine Outcome Monitoring (ROM is the term used for PROMs in Dutch mental health care) implies regular measurements of clinical outcomes during treatment and provides feedback on the patients' progress. It has the potential to be a useful tool to improve the communication between patients and clinicians, involve patients in decision making about treatment and reduce Decisional Conflict (DC). DC refers to the degree to which patients were engaged in and felt comfortable about important clinical decisions. In the Netherlands a Quality Improvement Collaborative program was conducted aiming to implement and evaluate SDM using ROM (SDMR).

## Methods

This national Value Based Mental Health Care (VBMHC) initiative promoted ROM in areas that are covered by the ICHOM set i.e. symptoms, functioning and recovery. In addition a model was developed and implemented to use ROM in the dialogue between patients and clinicians about choices in treatment. In this initiative, clinicians were facilitated in SDMR by training and supervision sessions. It was investigated whether this VBMHC initiative had added value for patients and clinicians. In a RCT SDMR was compared with decision making as usual with DC as primary outcome and treatment outcome as secondary outcome.



## Results

A significant better ROM implementation was demonstrated in the intervention teams. This was showed by the higher level of actual use and perceived clinical utility of ROM in daily practice, reported by patients ( $p=0.013$ ,  $d=0.39$ ) and clinicians ( $p=0.000$ ,  $d=1.31$ ). The implementation of SDMR did not lead to reduced DC for all patient groups. However, patients with depression reported less DC ( $p=0.047$ ,  $d=-0.69$ ). Although, this trial did not show a higher level of SDM in the intervention teams, we found that if SDMR was applied well, patients reported less DC (SDM:  $p=0.000$ ,  $d=-0.45$ ; ROM:  $p=0.021$ ,  $d=-0.32$ ), which was associated with a better treatment outcome (clinical outcome:  $p=0.001$ ,  $d=0.40$ ; quality of life:  $p=0.006$ ;  $d=-0.54$ ).

## Conclusion

Except for patients with mood disorders, we found no effect of the intervention on patient-reported DC. This might be explained by the less than optimal uptake of this generic intervention, which facilitate clinicians in SDMR and did not support patients directly. The study proofs that the increased clinical usage of ROM, in the areas as specified in the ICHOM set, was of added value for both patients and clinicians in the evaluation of treatment. Regarding the positive association of a higher level of SDMR on less DC and better treatment outcomes, the results encouraged further national investments in patient-oriented development, research and tailored implementation of SDMR in the context of VBMHC.

**SDM using ROM** → **Decisional Conflict** → **Treatment Outcome**

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