

Boosting Shared Decision-Making by integrating its steps into the electronic health record

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INTRODUCTION

- Shared Decision Making (SDM) is an important aspect of value-based healthcare (VBHC). Previous research showed a need to improve SDM for patients with Multiple Myeloma (MM).
- At our hospital, digital care pathways (DCP) are developed to map care processes and support VBHC initiatives, by enabling uniform registration and collection of clinical and patient reported outcomes during consultations.
- We hypothesized that a DCP could also support integration of SDM in the care pathway.
- **Aim:** to co-create a solution to improve the SDM process by addressing its elements in the DCP, thereby focusing on the care pathway for MM.

METHODS

- **Design:** Within a 9-month co-creation process of a DCP for MM (2020–2021), we devoted six sessions with a multidisciplinary group of healthcare professionals (HCPs) to creating the SDM solution.
- **Participants:** hematologists, nurse specialists, nurses, quality officer, administrative officers, MM patients and caregivers.
- **Data collection:** Input for the sessions came from:
 - Previous focus groups with MM patients (n= 21)
 - Phone interviews with patients (n=2)
 - Semi structured interviews with HCP (n= 10)
 - **Observations** from audiotapes of consultations (n= 35)
- **Analysis:** Observed SDM behaviours were scored with the OPTION5, leading to a 0–100 score (higher scores = better SDM). Data from interviews and focus groups were qualitatively coded and keyed to relevant SDM elements.

RESULTS – CO-CREATION

Three sequential concepts were co-created and refined before arriving at the final solution (Fig 1). In the design process we made 5 observations:

- Patients need to be prepared and empowered to discuss their preferences with their HCP.
- Checking boxes was a false confirmation of SDM as anyone can check a box without actually having performed the action.
- The solution should not increase registration burden or lead to any other extra work for HCPs.
- Another trigger might be needed to actually induce a behavior change of HCPs, which cannot be achieved by changing registration in the EMR.
- The most important information for SDM is currently not registered (patients preferences, personal situation).

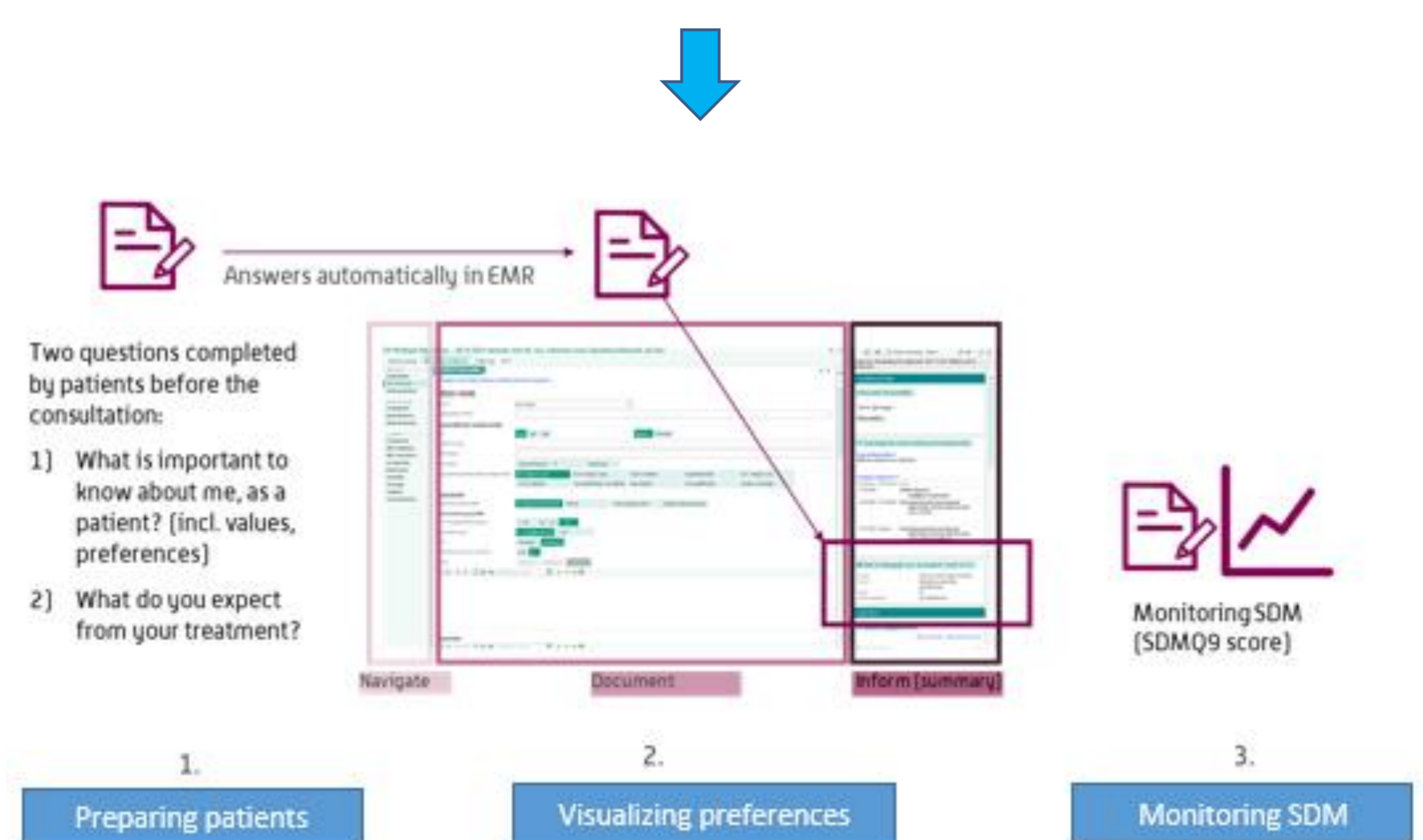


Figure 1. Visualisation of the final solution

RESULTS – DATA COLLECTED AS INPUT

- **Observed:** Some important elements of SDM are *implicitly* present, but not made explicit to patients, hence leading to average SDM scores (OPTION: 20.3 ± 11.4)
- **Patients** feel not optimally prepared for decision-making and do not clearly recall a discussion about their preferences.
- **HCPs** intend to perform SDM, but practical barriers related to the clinical environment pose challenges on their actual SDM behavior. HCPs indicated a need to make SDM more explicit and prepare both HCPs and patients for the process, and foresaw a role for the DCP in this.

CONCLUSION

- We integrated the most often omitted steps of SDM in the digital care pathway for MM.
- The developed solution enables SDM processes to take place over time and by different actors and empowers patients for their role in SDM.
- Registration of patient preferences and SDM experiences in the DCP can support multiple requirements for person-centered care and VBHC, and provides opportunities for development of outcome-based SDM interventions.
- The solution is simple and generic which it easy to scale up to other conditions.

