

Getting better together: New study looks at shared medical decision making

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Shared decision making refers to a set of principles that can be employed by patients and their physicians to explicitly incorporate patient preferences and values into clinical decision making. Past research shows that patients, who have an enhanced knowledge of their medical conditions and treatment alternatives, demonstrate a reduced anxiety when it comes to medical decision making.

A recent study in the *Journal of Bone and Joint Surgery* looked at a group of patients with advanced hip and [knee osteoarthritis](#) and found that they reached an informed [treatment](#) decision after their first visit with an [orthopaedic surgeon](#). Specifically, this study found the use of DVDs, booklets and a health coach helped patients quickly and confidently arrive at a [treatment decision](#).

"Orthopaedics is a type of medicine that embodies preference-sensitive care," said lead author Kevin Bozic, MD, MBA, vice chair of the department of orthopaedic surgery at the University of California, San Francisco and chair of the American Academy of Orthopaedic Surgeons (AAOS) Council on Research and Quality. "This means that for many orthopaedic conditions, there are several treatment options that may be appropriate for a given patient. Since there is no "right answer", patient values and preferences must be taken into account when formulating a treatment plan. This is what shared decision making is all about," Bozic added.

Study Details:

- One hundred and twenty-three patients with OA of the hip or knee who were considered medically appropriate for hip or knee replacement were randomized to a shared decision making intervention group or usual care group.
- Patients in the intervention group received a DVD and booklet describing the natural history and treatment alternatives for management of OA of the hip or knee. The booklet explicitly compared the risks and benefits of surgical and non-surgical options in a balanced fashion.
- Intervention group patients after reviewing the DVD and booklet then got on the phone with a trained health coach to develop a list questions for their orthopaedic surgeon based on their preferences and values.
- Patients in the control group only received information about the surgeon's practice and a one-page informational handout about the signs and symptoms, diagnosis, and treatment options.
- Patient characteristics were similar in both groups. The majority of patients were over 60 years of age, female, non-Hispanic, completed at least some college education, earned more than \$50,000 per year and were insured by either private insurance or Medicare.

Key Findings:

- Fifty-eight percent of patients in the intervention group reached an informed decision during the first visit compared to 33 percent of patients in the control group.
- The [intervention group](#) reported higher confidence in knowing what questions to ask their doctor.
- There was no significant difference between groups in the percentage of patients choosing surgery.

"When patients feel more prepared for their visit, and they are armed

with credible, factual information about their condition as well as treatment alternatives, they feel empowered and confident to make a decision that is consistent with their preferences and values."

Dr. Bozic hopes this research will help uncover the benefits and dispel the myths surrounding shared decision making.

"Shared decision making can help improve the quality and efficiency of the healthcare we deliver and more importantly, is patient-centered. Our next step with this research is to overcome implementation challenges and make this model applicable to all physicians. The challenge is that we need to develop efficient ways to deliver specific shared [decision making](#) tools (decision aides, health coaches) to make these value-enhancing tools available to a wider range of orthopaedic surgeons and their [patients](#)."

Provided by American Academy of Orthopaedic Surgeons

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