Implementing decision aids affects care decisions in urology

March 23 2015

After Group Health Cooperative implemented video-based decision aids for men with two common prostate conditions, rates of elective surgery for benign prostatic hyperplasia (BPH) and rates of active treatment for localized prostate cancer declined over six months. But the total cost of health care for those patients did not fall significantly, according to a new report called "Decision Aids for Benign Prostatic Hyperplasia and Prostate Cancer" in the *American Journal of Managed Care*.

"Although professional societies emphasize the role of shared decision making in helping men make treatment decisions about BPH and prostate cancer, evidence is limited about the impact of integrating decision aids into clinical practice to support this approach," said study leader David Arterburn, MD, MPH, a general internist and associate investigator at Group Health Research Institute.

"We found that implementing video-based decision aids for BPH and localized prostate cancer in a large, multi-site urology group practice setting was associated with fewer men with medically treated BPH choosing to undergo elective surgical intervention and fewer men with localized prostate cancer choosing to undergo hormonal, surgical, or radiation treatment," Dr. Arterburn added.

For men with medically treated BPH (that is, those who were already receiving prescription medications to treat their BPH), the study found the rate of surgical intervention for BPH declined by 32 percent; but for those with untreated BPH, the rate didn't fall significantly. And for men

with localized prostate cancer, rates of active treatment declined by 27 percent.

Trend toward lower costs

There was a trend toward lower total health care costs after decision aid introduction for these conditions, but this finding was not statistically significant. Possible reasons include small sample sizes, Dr. Arterburn said, even though this observational study included more than 4,000 patients—and is part of the largest study to date of implementing patient decision aids in the context of quality improvement for urologic care. Another possible reason is that choosing nonsurgical treatment for BPH and "active surveillance" for localized prostate cancer may generate costs related to follow-up and testing.

This implementation and evaluation were part of Group Health's large-scale quality-improvement program, which has achieved the world's largest distribution of video-based decision aids for any single organization. Since 2009, Group Health has used a multimodal strategy—involving a multidisciplinary team of Group Health leaders, providers, and staff—to give patients more than 50,000 video-based decision aids in 12 preference-sensitive health conditions in six specialties. Patients can watch the videos alone or with their families either on a DVD that is mailed to them or online on Group Health's secure website for patients. Delivery of decision aids has been rising with time at Group Health, and implementing provider skills training in shared decision making is helping to ensure high-quality patient conversations. Prior research on this shared decision-making program linked implementing decision aids to lower costs and rates of joint replacement surgery for arthritis.

BPH, which becomes more common with age, means this male reproductive gland is enlarged without raising cancer risk. And localized

prostate cancer means it hasn't been found to have spread throughout the body. For both BPH and localized prostate cancer, no single treatment has been conclusively shown to be best, long-term outcome evidence is limited, alternative treatment options have varying benefit-risk profiles, and informed patients may choose to avoid any treatment whatsoever.

"That means patients with both BPH and localized prostate cancer are good candidates for shared decision making conversations," Dr. Arterburn said. Decision aids help patients who are at a crossroad: deciding which treatment to pursue when a health condition is in a clinical gray area with more than one treatment option, each with pros and cons—and little evidence to say any one option is better than another.

Prior randomized trials of various decision aids have found that patients are more likely to make informed choices that are aligned with their preferences when they have access to easily understood, evidenced-based information about treatment options' risks and benefits. They also tended to choose more conservative, less invasive options—and to be more satisfied with what happens to them, regardless of the option they chose. But more research is needed to understand whether these tools can improve long-term patient satisfaction with decision making and quality of life.

More information: *American Journal of Managed Care*, www.ajmc.com/publications/issu … -and-Prostate-Cancer

Provided by Group Health Research Institute

Citation: Implementing decision aids affects care decisions in urology (2015, March 23) retrieved 26 April 2024 from

https://medicalxpress.com/news/2015-03-decision-aids-affects-decisions-urology.html

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