Minnesota Shared Decision Making Collaborative Strategic Plan 2012-2016

Vision Statement: We aspire to integrate Shared Decision Making into all healthcare for patients and providers in our community.

Background:

Unwarranted variation in preference-sensitive care continues to occur in Minnesota.[1] As a consequence, some Minnesotans make important medical decisions that are not consistent with their preferences, or are based on incorrect or incomplete information. Improving the US health care system requires simultaneous pursuit of three aims: improving the experience of care, improving the health of populations, and reducing per capita costs of health care.[2]

Shared decision making (SDM) has been shown to improve patient knowledge and clarity about preferences, and to reduce decisional conflict. It also has the potential to increase patient trust in their physicians, compliance, and satisfaction with the decision and the decision process; improve utilization of evidence-based preventive services; and reduce utilization of needlessly invasive medical treatments. The goals of SDM are consistent with and supportive of the triple aim. In addition, SDM has intrinsic value. Patient preferences matter, especially when making preference-sensitive decisions, where the best choice for the patient depends on their values and preferences; and the medical evidence is clear—physicians generally do not know their patients preferences unless they ask about them. Therefore, in many situations, a "shared" rather than delegated model for decision making is desirable.

The Minnesota Shared Decision Making Collaborative was formed in 2008 to enhance effective shared medical decision-making between patients and their clinicians by studying and implementing methods to assure that medical decisions are well-informed by best available evidence and consistent with patient preferences. Over the last 3 years, we have supported significant progress in raising awareness of SDM and encouraging pilots of clinical implementation. The MSDMC believes a continued community wide effort is needed to continue progress towards shared decision making being a more consistently applied operational process in Minnesota. The goals we aspire to over the next four years will lead us closer to achieving both the triple aim and truly patient centered care. Add something about improving quality of life.

Goal	Rationale
1. Impact the culture of the health care system to incorporate SDM principals into organizational philosophy, community mindset and care delivery.	• Support Triple Aim: Improving the health of the populations • Broader scope strategy to create an environment where both patients and providers of health care support SDM.
2. Support SDM implementation in practice and act as a resource for organizations and individuals wanting to learn more about SDM	• Support Triple aim: Enhance the experience of care • Small scale strategies to impact individual patients and health care providers with functional processes and tools to support SDM in all applicable care improvement activities.
3. Impact unwarranted variation in Minnesota	• Support Triple Aim goal: Reduce per capita cost[a] • Focus on conditions where patient preferences play important roles in decision making and where unwarranted variation exists to allow for the potential of decreased utilization.

Aim	Strategies/ Tactics	Measure(s)	MSDMC Goals			Supports Triple Aim		
			1	2	3	Improving the health of populations	Enhance the experience of care	Reduce per capita cost[a]
1. Increase the use of SDM in active programs such as Health Care Homes.	• Create provider educational programs on SDM and offer them to interested organizations • Identify resources to assist in decision support for key conditions and facilitate access to them	• HCH programs currently certified or undergoing certification which have been educated about SDM using programs developed by collaborative members. • Percentage of patients who receive decision support for key conditions • Use of MSDMC measurement tools to evaluate quality of implementation process	√	√	√	√	√	√
2. Development of processes to offer patients SDM	• Identify resources to assist in decision support for key conditions and	• Rate of patients participating in SDM before specialist referral for selected preference sensitive	√	√	√	√	√	√

resources for patients considering preference sensitive decisions: e.g. prior to referral specialists for elective surgery.	facilitate access to them • Provide process tools that allow for efficient implementation of SDM in clinics.	conditions • Reduction in unwarranted variation in care for selected conditions in sites where SDM was implemented and across the state through the Dartmouth Atlas • Number of systems with a process to document SDM was offered and delivered to patients						
3. Integration of SDM principals into current Quality Improvement projects across state	• Encourage organizations like ICSI and Stratis Health to analyze the potential need for SDM in each major project. • Offer education and support for integration of SDM into these projects	• Percentage of projects which specifically have SDM addressed as part of their work plan. • Number of projects which have SDM included in their process.	√	√		√	√	

Aim	Strategies/ Tactics	Measure(s)	MSDMC Goals			Supports Triple Aim		
			1	2	3	Improving the health of populations	Enhance the experience of care	Reduce per capita cost[a]
4. Increase awareness and understanding of and demand for SDM in the community.	• Develop and distribute patient education materials for both community groups and health care providers • Serve as a resource for all parties interested in gaining a better understanding of SDM • Augment MSDMC website to be a trusted and functional information source and implementation support tool • Explore and trial methods for a large scale mass media campaign	• Number of community education programs used • Number of clinical implementation projects that have an SDM patient education component using tools provided by the collaborative. • Educational program attendance • Number of website hits • Number of website downloads of tools • Number of links followed from our website to other SDM materials • Community readiness survey for SDM • Development of a mass media campaign business plan • Trial of campaign in a focused population • Assessment of demand for SDM • Assessment of relationship of SDM to Quality of Life measures	√	√		√	√	
5. Monitor public policy and serve as a resource to policy makers	• Address questions about SDM from policy makers • Maintain contact with member organization lobbyists to be aware of changes in public policy	• Number of policy makers who ask for our input on SDM policy decisions • Number of policy statements distributed. • The collaborative will be aware of	√			√		

	arena • Maintain policy statement on SDM as a tool for lobbyists	all state or national legislation regarding SDM						
6. Sustainability	• Identification of stable sources of ongoing logistical support from both members and outside entities • Development of strategies to support larger scale projects supported by outside funding sources	• Number of member organizations which clearly identify that they are willing to participate in and support the collaborative over time. • Number of grant proposals created • Amount of grant funding secured						

Annotations:
A: The triple aim describes the reduction of per capita cost as a goal. The desired outcome of improving the value provided to patients and showing good stewardship of resources is something that members of the collaborative support. We recognize that overuse of medical care occurs in our community. The unwarranted variation present may be one contributing factor to the rising cost of health care. There is ongoing study to determine the impact of shared decision making on utilization. We recognize that some people support SDM because of the hope that it will reduce cost. In our discussions, the common theme that SDM is important regardless of its impact on cost is also recognized.

1. Shannon Brownlee, MS, John E. Wennberg, MD, MPH, Michael J. Barry, MD, Elliott S. Fisher, MD, MPH, David C. Goodman, MD, MS, Julie P.W. Bynum, MD, MPH. Improving Patient Decision-Making in Health Care: A 2011 Dartmouth Atlas Report Highlighting Minnesota. February 24, 2011
2. Donald M. Berwick, Thomas W. Nolan and John Whittington The Triple Aim: Care, Health, And Cost. Health Affairs vol. 27 no.3 (**2008) 759-769**