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Shared Decision-Making in the Emergency Department: Patient and Physician Perspectives

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Shared Decision-Making in the Emergency Department: Patient and Physician Perspectives

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Disclosures

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Stakeholder Engagement: Methods

• Qualitative Methods
  – Semi-structured interviews with physicians
  – Semi-structured interviews with patients/proxies

• Survey
  – Of patients
Participants

• Physicians: 15 Emergency Physicians
  – Western MA
  – Multiple different practice settings
  – Academic and community

• Patients: 29 ED patients/surrogates, 2 EDs
  – Diverse group in age, race, education, health care needs and experience
Relevant findings – Physicians:

• All physicians report using SDM
  – Variable in whom, when, and how well
• Motivation: to give individualized care, avoid algorithms, avoid tests, follow own agenda
• “Time constraints” consistently the #1 barrier
• Also: Uncertainty, Fear of a missed diagnosis, Lack of follow-up, Patient characteristics, Clinical skills/ communication skills
• “I don’t care if they like me, they just have to get better.”
• “Ordering a CT scan is just one click of a button for me...”
• “I don’t really care what any pseudo-scientific study says about this...”
“What research findings or policy changes would encourage your use of SDM?”

*(Participants gave more than one answer each)*.

<table>
<thead>
<tr>
<th>Research Finding or Policy</th>
<th>Number (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Decreased medicolegal risk</td>
<td>5 (33%)</td>
</tr>
<tr>
<td>Improved resource utilization (such as decreased admissions)</td>
<td>5 (33%)</td>
</tr>
<tr>
<td>Guidelines (would encourage use of SDM)</td>
<td>5 (33%)</td>
</tr>
<tr>
<td>Participant expressed anti-guideline sentiments</td>
<td>3 (20%)</td>
</tr>
<tr>
<td>Increased patient satisfaction</td>
<td>4 (27%)</td>
</tr>
<tr>
<td>Improved patient engagement/empowerment</td>
<td>4 (27%)</td>
</tr>
<tr>
<td>Decreased or equivalent morbidity or mortality (ex. Missed MIs)</td>
<td>4 (27%)</td>
</tr>
<tr>
<td>Decreased iatrogenic side effects of interventions</td>
<td>1 (7%)</td>
</tr>
<tr>
<td>Improved patient flow or productivity</td>
<td>2 (13%)</td>
</tr>
<tr>
<td>Research findings wouldn’t influence participant’s use of SDM</td>
<td>1 (7%)</td>
</tr>
</tbody>
</table>
Relevant findings – Patients

- 20 (69%) had some experience “making a decision with a doctor”
- In scenarios discussed, all patients wanted to be involved in decisions (in at least one scenario)
- Patients with more experience with the health care system were more comfortable being involved
  - Except for the oldest
Barriers

• Physician is a poor communicator
• Patient doesn’t understand consequences of decision (so would prefer to leave it “up to the doctor”)

• Patients did not see that decisions were constantly being made
• Patients’ body language often did not reflect how much they would like to be involved
Knowledge is not power, and neither is enough.

Invitation
• Get to know your stakeholders (those who initiate the conversation)
  – Find out what’s important to them

• Don’t expect patients to push for this – most don’t recognize when decisions are being made
Comments
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