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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
Relevant quotes

• “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>
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<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
Summary

• 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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